

ARIANNA DÍAZ SOTO

**IMPACT OF THE FAMILY EDUCATION AND SUPPORT PROGRAM ON
FAMILY FUNCTIONING**

**IMPACTO DO PROGRAMA DE FORMAÇÃO E APOIO FAMILIAR NO
FUNCIONAMENTO FAMILIAR**



UNIVERSIDADE DO ALGARVE

Faculdade de Ciências Humanas e Sociais

2021

ARIANNA DÍAZ SOTO

**IMPACT OF THE FAMILY EDUCATION AND SUPPORT PROGRAM ON
FAMILY FUNCTIONING**

**IMPACTO DO PROGRAMA DE FORMAÇÃO E APOIO FAMILIAR NO
FUNCIONAMENTO FAMILIAR**

Mestrado em Psicologia Clínica e da Saúde

Trabalho efetuado sob a orientação de:

Prof. Doutora Cristina Nunes



UNIVERSIDADE DO ALGARVE

Faculdade de Ciências Humanas e Sociais

2021

Impacto do Programa de Formação e Apoio Familiar no Funcionamento Familiar

Declaração de autoria do trabalho

Declaro ser a autora deste trabalho, que é original e inédito. Autores e trabalhos consultados estão devidamente citados no texto e constam da listagem de referências incluída.

Copyright

A Universidade do Algarve reserva para si o direito, em conformidade com o disposto no Código do Direito de Autor e dos Direitos Conexos, de arquivar, reproduzir e publicar a obra, independentemente do meio utilizado, bem como de a divulgar através de repositórios científicos e de admitir a sua cópia e distribuição para fins meramente educacionais ou de investigação e não comerciais, conquanto seja dado o devido crédito ao autor e editor respetivos.

Abstract

Families at psychosocial risk need psychoeducational interventions to improve their parenting skills and family dynamics in general. The Family Training and Support program is a psycho-educational and community program aimed at promoting positive parenting, based on an ecological-systemic and a family preservation approach. It was specifically designed for at-risk families and aimed to promote positive parenting and prevent child maltreatment, using experiential and participatory methodology. The aim of the present study was to assess the impact of the Family Training and Support program on family functioning. A quasi-experimental design was used. The assessment was carried out with a pre-test and post-test, one control group and one intervention group. The sample of the study was composed by 31 parents living in the Algarve (15 parents included in the intervention group, and 16 in the control group). Results showed that the family functioning had a significant improvement in the families that received the intervention. Therefore, the implementation of this program is recommended as an effective way to improve the quality of life and family functioning of families at psychosocial risk in Portugal.

Key Words: At-risk families, Family functioning, Parenting training and support, Positive parenting, Psychoeducational intervention.

Resumo

As famílias em risco psicossocial necessitam de intervenções psico-educativas para melhorar as suas capacidades parentais e as dinâmicas familiares em geral. O programa de Formação e Apoio Familiar é um programa psicoeducativo e comunitário que visa a promoção da parentalidade positiva, com base numa abordagem ecológico-sistémica e de preservação familiar. Foi desenhado especificamente para famílias em risco e tem como objetivo promover a parentalidade positiva e prevenir o maltrato infantil, usando uma metodologia experiencial e participativa. O presente estudo teve por objetivo avaliar a eficácia do Programa de Apoio e Formação Familiar nos níveis de funcionamento familiar numa amostra de famílias do Algarve. Foi utilizado um desenho quase-experimental e a avaliação foi realizada com pré-teste e pós-teste, um grupo controle e um grupo intervenção. A amostra do estudo foi composta por 31 pais dos quais 15 integraram o grupo de intervenção, e 16 o grupo de controlo. Foi avaliado o funcionamento familiar através do SCORE-15 (*Systemic Clinical Outcome and Routine Evaluation*), que inclui três dimensões: Fortaleza Familiar (recursos e capacidade adaptativa da família), Comunicação Familiar (avalia a comunicação no sistema familiar) e Dificuldades Familiares (avalia a sobrecarga de dificuldades no sistema familiar). A avaliação do programa provou a sua eficácia, e foi evidenciado que o funcionamento da família teve uma melhoria significativa nas famílias que receberam a intervenção. Por conseguinte, recomenda-se e encoraja-se a continuação da implementação deste programa para melhorar a qualidade de vida e o funcionamento familiar das famílias em risco psicossocial em Portugal.

Palavras Chave: Famílias em risco, Formação e apoio familiar, Funcionamento familiar, Intervenção psicoeducativa, Parentalidade positiva.

Index of Contents

	Page
I. Introduction	1
II. Literature Review	3
2.1 Families at risk: characteristics and psychosocial profile	3
2.2. Family Functioning	6
2.3. Family Education and Support Program	9
2.3.1. Evidenced Based Program	9
2.3.2 Family Education and Support Program: Contents and Structure	12
2.4. Investigation Question	16
2.5. Aims	17
III. Methodology	17
3.1.Participants	17
3.2.Instruments	17

3.2.1. Sociodemographic Questionnaire	17
3.2.2. Systemic Clinical Outcome and Routine Evaluation (SCORE-15)	18
3.3.Procedure	19
IV. Results	20
4.1. Sociodemographic characteristics of participants	20
4.2. Comparison of Family Functioning in the Intervention and Control Group	22
IV. Discussion	28
V. Conclusion	30
VI. References	31

Index of Tables

	Page
Table 2.1. Contents of the Family Education and Support Program	15
Table 4.1. Sociodemographic data of participants	21
Table 4.2. Comparison of pre-test Family Functioning in the Intervention and Control Group	23
Table 4.3 Pre-test and post-test comparison of Family Functioning in the Intervention and Control Group	25

Index of Figures

	Page
Figure 4.1. Family Strengths in Intervention and Control groups on pre-test and post-test	26
Figure 4.2. Family Communication in Intervention and Control groups on pre-test and post-test	26
Figure 4.3. Family Difficulties in Intervention and Control groups on pre-test and post-test	27
Figure 4.4. Total SCORE-15 in Intervention and Control groups on pre-test and post-test	27

I. Introduction

Families at risk are a problem that needs to be addressed with increased consideration. Since it is in the family that children and adolescents are cared for, if they are the result of a family that has mistreated them, there is a greater probability that as adults, they will have a harder time adjusting and integrating harmoniously into the society we live in (Portugal & Alberto, 2010).

Interventions for positive parent-child relationships are fundamental to the prevention of child maltreatment. It is possible to prevent the problems associated with at-risk families that are negatively influencing the upbringing of minors. This can be done through intervention programs aimed at enabling parents or caregivers to recognize the associated problems and to teach them how to cope with these difficulties and to learn strategies to improve their parenting practices (Carpenter & Donohue, 2006).

The Family Training and Support program, originally created in 2011 by the social action services in Seville, aims to provide psycho-educational intervention for parents of families at risk, to teach them how to identify problematic situations, how to deal with them in a positive way and to improve their parenting styles (Hidalgo, Jiménez, et al., 2016).

Family functioning is a measurable variable that shows family dynamics, parental styles, communication, among other aspects that are important when assessing and carrying out a family intervention (Olson, 2000; Cassinda et al., 2016).

That is why in the present research the objective was to know the characteristics of family functioning in a group of families at psychosocial risk (from Albufeira, Algarve). It also sought to evaluate the effectiveness of the program by carrying out an evaluation of family functioning in these families after the implementation of the Family Training and Support program.

The selection of the sample, as well as the coordination, implementation and subsequent evaluation of the program was carried out by a research team from the University of Algarve, coordinated by Prof. Cristina Nunes.

In the present research, first we present the literature review of what the family is the characteristics of families at risk, the definition of family functioning, and the structure and contents of the Family Training and Support program, as well as studies that demonstrate that it is an evidence-based program.

The objectives of the research as well as the method, the participants and the instruments that were used are shown below.

Finally, the results of the implementation of the Family Training and Support program and the analysis of its effectiveness in the population of participating families to which it was applied are shown.

II. Literature Review

2.1. Families at risk: characteristics and psychosocial profile

The importance of the family lies in the fact that it is the first place where human beings make their first relational contact. It is responsible for structuring each individual to grow and develop psychically and emotionally, forming their identity and personality (Lopes et al., 2018).

The family also becomes fundamental in society, acting as the primary pillar, which means that if we have a society based on harmonious and socially well-adjusted families, we will have a powerful nation. It has been determined that a family is well-adjusted and possesses adequate social interactions between its members, once they have an excellent communication, cohesion and flexibility within its family dynamics (Portugal & Alberto, 2010; Simões et al., 2011).

When trying to define the concept of family, it can be verified that it is not a static concept, which has been registering variations over time. Systemic theory provides an adequate vision for family assessment and intervention, defining the family as a system, characterized by being in constant transformation and activity, with a capacity for self-regulation, open to interaction with other subsystems and organized in a systemic hierarchy (Portugal & Alberto, 2010).

For instance, as is to be expected the main functions of the family are the care and support of its members, the education of children and the satisfaction of their needs. The family is an agent that institutes habits, ensures development, and contributes in the modification of a large number of behaviors of its members, which will be useful to them as adults (Garibay, 2013).

In the contrary, there are families that cannot guarantee a satisfactory development for their members. Families that are considered to be at psychosocial risk, are characterized by having a low educational level and low-skilled occupations, existence of economic difficulties, insecurity in the area of residence and single parenthood (Rodrigo et al., 2008).

In these families, parents have difficulties understanding and meeting the needs of their children, by the fact that there are external agents that make it impossible for them to be parents with the capacity to generate positive parenting results (Nunes, Jiménez et al., 2016).

Consequently, families that do not promote family health or ensure development for children and adolescents are more prone to be at psychosocial risk. In these environments, those family members responsible for caring, giving attention, and educating a minor, abandon their parental functions or make inappropriate use of them, compromising or harming the personal and social development of the minor (Máiquez et al., 2000).

It is a fact that interventions for positive parent-child relationships are fundamental to the prevention of child maltreatment. It is therefore important to highlight the need to assess child, parent and family characteristics in order to understand the possible factors that contribute to abusive behavior. Especially those indicators in the interaction process that lead to parent-child aggression, as well as precursors to dysfunctional child-parent relationships. By understanding those factors, child maltreatment and other risk factors in such families could be prevented through interventions that educate them in positive parenting practices (Carpenter & Donohue, 2006).

In Algarve, several studies have been carried out that characterize the psychosocial profile and the needs to support families at psychosocial risk. Nunes, Lemos et al. (2013) point out in their study that perceived social support has been a widely studied variable, and yet, in Portugal, there are few investigations on social support in families with minors at psychosocial risk. 133 mothers participated in the study with children appointed by the Children and Youth Protection Commissions of the Algarve. They found that a significant number had suffered stressful life events with a high emotional impact, both in the past and in the last three years, which were: the death of a family member, economic problems, marital conflicts, and psychological problems. They also found that mothers reported greater emotional needs, and observed a low presence of support from professionals, leaving friends and family members their only source of support.

Following on from the studies carried out in the Algarve on families at psychosocial risk, the parental stress has been encountered as an aversive variable that influences

negatively in the family system. Ayala-Nunes, Lemos and Nunes (2014) in their study on the relationship between parental stress and parenting skills in a group of mothers at psychosocial risk in the Algarve, found remarkably high levels of parental stress, especially in mothers of adolescents and those who were unemployed.

As expected, families at risk in Portugal are highly vulnerable for the reason of living in poor resourcing contexts and for accumulating multiple stressful life events, all of which leads to limited and compromised parenting skills (Nunes & Ayala-Nunes, 2015). Also, is important to point out that the most popular risk factors found in families at risk from Algarve (also found in several other investigations) were related to low income, unemployment, justice and/or marital conflict, ill family member in need of caregiving, abuse in adulthood, divorce, and mental health disorders (Macedo et al., 2013; Nunes & Ayala-Nunes, 2015).

All above is reconfirmed in the study carried out by Nunes and Ayala-Nunes (2017), as they observed that these families lived in precarious economic situations and had low schooling, and, on average, had medium-high levels of perceived effectiveness and parental satisfaction. These results highlighted the need to seek increased parental satisfaction and to readjust the feeling of effectiveness perceived as one of the main objectives of psychoeducational interventions in families at risk in Portugal. Ayala-Nunes, Nunes and Lemos (2017) in their study analyzed the psychosocial profile of a group of Portuguese families at risk, and found that parents with less social support, especially emotional support, had high levels of parental stress.

All the risk factors already mentioned, which are present in the families referred to as being at psychosocial risk, have negative influences on various aspects of child development, and sometimes, it is hard to measure it. In the study conducted by Ayala-Nunes, Jiménez et al. (2018), where these authors tried to know the levels of child well-being in relation to parental, family, and social variables, in a sample of parents served by social support services in Spain and Portugal, and found that both family functioning and parental style influence children's socio-emotional and academic well-being.

By all the aforementioned studies, it is a fact that in Algarve is necessary to continue with intervention studies for families at psychosocial risk in order to strengthen their

knowledge about the family and parental processes, and to prevent the risk factors in these types of families.

2.2. Family Functioning

For these families at psychosocial risk and with various difficulties, it is important that a family intervention is carried out to prevent it, with a psychoeducational methodology and focused on achieving greater family well-being. The fact that it is carried out in group with the participation of all family members, as well as at the same time that the problematic situations occur, ends up becoming therapeutic, because it conducts them to learn about their family characteristics, thus strengthening their interpersonal relationships and improving the quality of life in their family (Lindsay et al., 2011).

One of the concepts that is plausible for intervention is *Family Functioning*. This concept constitutes the synthesis of family relationships as an interactive and systemic group in a given social and historical context. Family Functioning is characterized by the family's ability to work together and adapt to different situations, especially those of greatest stress, in order to maintain calm and be able to confront difficulties, without negatively impacting their family dynamics (Cassinda et al., 2016; Carvalho et al., 2018).

Minuchin (1974) proposes a conceptual scheme of Family Functioning that considers the family as an open social system that is in constant transformation, and that goes through a set of steps that allow the family to develop and restructure. The family must therefore adapt to the circumstances, maintaining its organization and continuity and allowing its elements to grow psychosocially (Minuchin, 1974, c.p, Carvalho et al., 2018).

Likewise, Family Functioning is related to the ability to deal with stressful events and overcome them in a healthy way. What distinguishes one family from another is not the absence of problems, but the way it faces these difficulties and its competence to resolve them. Crises can even stimulate the family system to develop skills and resources (Walsh (1996).

Moreover, regarding Family Functioning, in the 1980s there was a gap between theory, clinical practice and research. For this reason, Olson developed the Circumplex Model of the Marital and Family Systems. This model proved to be especially useful for the multidimensional understanding of the family, since it integrates three dimensions: cohesion, flexibility, and communication (Olson, 2000).

Family systems vary along two dimensions: Cohesion (the connecting factor and emotional bonding family members have toward one another), and Flexibility (the change factor, the ability for marital or family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress). The third dimension is Communication, which acts as a mediating factor between the two previous ones (Vickers, 1984; Olson et al., 2019).

According to the Circumplex Model, Cohesion reflects the emotional connection that family members establish with each other: emotional bonding, boundaries, coalition, time, space, decision making, friends and interests of the family. There are 4 levels of cohesion: ranging from very low, low, low-moderate and very high. What is expected for optimal family functioning is a medium to low cohesion level, because cohesive families are able to be in equilibrium between separateness and togetherness (Olson, 2000; Olson et al., 2019).

Moreover, Flexibility demonstrates the quality / expression of leadership and organization, the way roles / rules are established in relationships: discipline, control, negotiation styles, role relationships. The 4 levels of Flexibility range from rigid (very low), structured (low to moderate), flexible (moderate to high) and chaotic (very high). It is equally explained that the middle levels (structured and flexible) are those expected for an adequate family functioning (Olson, 2000; Olson et al., 2019).

Finally, the third dimension of the Circumplex Model would be the Family Communication, which works as a facilitator of the other dimensions of Cohesion and Flexibility. Communication in Family Functioning is the ability to listen and express oneself, in a clear, empathetic, direct way, and without any family member feeling disrespected. The way to measure this dimension is to evaluate in a group the so-called listening and expressing skills, and it is expected that in a family with adequate Family Functioning, they tend to have

a very good communication between them, which means that good communication helps families adjust their levels of cohesion and flexibility to better deal with developmental or situational demands (Olson, 2000; Olson et al., 2019).

According to Olson (2000), and based on the hypotheses of the Circumplex Model, it is understood that a good balance between Cohesion, Adaptability and Communication translates into a healthier Family Functioning, while unbalanced levels between Cohesion, Adaptability and Communication are associated with more problematic family functioning. Balanced families have better communication and greater family satisfaction (Olson, 2000; Olson et al., 2019).

The hypothesis of this model is that healthy families have adjusted levels of Cohesion and Flexibility, and families with problematic functioning have extreme levels of them both. Remarkably high or low levels of Cohesion and Adaptability, will lead to long-term problems, both for individuals and for their relationships (Lopes et al., 2018; Olson et al., 2019).

In conclusion, Family Functioning is understood as a harmonic relationship and balance between the relationships of the family members, and the way its members act together and with others. Meaning that everything that affects one of the family members can impact others, and for that reason became the importance for studying how to improve the family functioning (Andrade & Martins, 2011).

The Systemic Clinical Outcome and Routine Evaluation (SCORE-15) is an instrument that has been tested and verified as suitable for measuring Family Functioning. This instrument allows the evaluation of dimensions related to family flexibility, communication and also the difficulties presented by the family and their way of coping with them. It can even measure the changes that have occurred after a therapeutic intervention. For these reasons, this test has been selected for the present research (Vilaça et al., 2017; Olson et al., 2019).

2.3. Family Education and Support Program

2.3.1. Evidence Based Program

Evidence-based practice (EBP) is a concept widely known for decades, but was only formally identified 15 years ago as a systematic method for psychological services and treatments. Since that time, there has clearly been a transformation in the governments, public health policy makers as well as in health professionals around the world, who have decided collectively that the provision of health services should be based on evidence. This method consists in a series of techniques or procedures that have been proven to be efficient for a specific mental health problem and its intervention (Mazurek, 2007).

Regarding family intervention programs, as well as the rest of psychosocial intervention programs, it is not only sufficient to design and implement the programs, but is also necessary to evaluate them, and thus be able to link evidence and its effectiveness (Maya & Hidalgo, 2016).

Family intervention programs must rely on an analysis of the needs of the subjects to which it is directed at the moment of its planning, as well as an adequate theoretical formulation of it. After the application of the program, it is necessary to carry out rigorous and scientific evaluations focused on knowing its effectiveness, its efficiency, and its ability to generalize the results, this with the objective of being considered an evidence-based program (Maíquez et al., 2000).

Amongst the most important elements in relation to the implementation of the family intervention programs, figure institutional support, knowledge and experience of professionals, flexibility, and fidelity in the application of the program. First and foremost, institutional commitment and support is one of the components to determine the success of a program. In this sense, it is necessary to have technical support to guarantee the success of the application of this type of program. Likewise, an adequate selection process for professionals, providing them with specific quality training and maintaining supervisory tasks throughout the entire period of application are indispensable and essential conditions for a proper implementation of the family programs (Jiménez & Hidalgo, 2016).

The other variable that is important for a family intervention program to be considered as evidence-based at the time of application is fidelity, understood as the degree to which the program application meets with the provisions of the original design. It has been proven that higher levels of fidelity yield better results of the programs. To promote fidelity, it must be ensured that the elements identified as key are kept in all applications of the program; however, it should not be forgotten that it is crucial the balance between fidelity and flexibility throughout the implementation process, since the adaptation of the program to different intervention contexts constitutes a fundamental element to guarantee its dissemination and validity (Jiménez & Hidalgo, 2016).

Thus, considering flexibility as another important variable for a program to be evidence-based, it is assumed that even if a program has proven to be effective and efficient, this is not enough to ensure its dissemination. A program will be ready for dissemination when it has proven its effectiveness in various contexts, for which it is necessary to make certain adaptations (Jiménez & Hidalgo, 2016).

As Lindsay et al. (2011) explained, it is possible for the successful and large-scale implementation of family programs based on evidence to be implemented at the community level. Therefore, the implementation and application, as well as the evaluation of family training programs in the Portuguese community is a topic of importance to be addressed by mental health professionals.

Regarding the implementation strategies of the Family Education and Support Program, it should be highlighted, in first place, that it is a program that has significant institutional support. Specifically, it is part of the Municipal Plan for Prevention and Attention to Children and Adolescents at risk, and it has been applied consistently since 2009 in different areas by the Community of Social Services in Seville, Spain (Hidalgo, Jiménez, et al., 2016).

In addition, the Family Education and Support Program requires training of professionals in charge of its application. In fact, its design includes a training plan aimed at professionals. The training takes place over two courses and it addresses aspects related to the theoretical and methodological foundations that support the Family Education and

Support Program, the content structure of the program and the necessary guidelines to facilitate its implementation. In the same way, the program has been highly positively evaluated by each of the professionals who have applied it, agreeing with the methodology, content taught and the implementation rules thereof (Hidalgo, Jiménez, et al., 2016).

Possibly the most distinctive implementation strategy of the Family Education and Support Program has to do with flexibility. This flexibility feature allows adjustments to be made to certain aspects of the program and at the same time ensures the maintenance of the central elements and, in this way, facilitates the dissemination and validity of the program. For example, the flexibility of the Family Education and Support Program allows applications of longer and shorter duration, although in all cases there are some fundamental contents that must be worked on (key elements of the Program, Hidalgo, Jiménez, et al., 2016).

In the same way and in relation to the selection of participants and the composition of the groups, the Family Education and Support Program was designed for a profile of families with a moderate psychosocial risk, however, thanks to its flexible nature, it can be adapted to groups with different degrees of risk. The formation of mixed groups in which they are integrated families of different risk levels can facilitate the exchange of experiences and the confrontation of alternative models. In this sense, the program manual provides specific guidelines for group training and management, as this is considered a key element to ensure the effectiveness of the program (Hidalgo, Jiménez, et al., 2016).

Amongst the results obtained in the evaluation of the application of the Family Education and Support Program in Social Services Community of Seville are the acquisition of knowledge by parents about different processes, evolutionary and educational, the decrease of coercive parenting, the increase in satisfaction and parental efficacy, and the improvement of the quality of life of children and adolescent (Maya &Hidalgo, 2016).

Also, Hidalgo, Sánchez et al. (2014) also conducted an evaluation study of the Family Education and Support Program with a subsample of 152 families from social Services Community of Sevilla. Once again, they found positive results in terms of the evaluation of

both its implementation and the perceived satisfaction of the users, and in terms of the assessment of the program by the professionals who implemented it.

With all the studies mentioned above, it can be concluded that the Family Education and Support Program has already been applied in different places and contexts, having positive results that are repeated over time, making it an evidence-based program that generates positive changes in the families to whom it is applied. Currently, the Family Education and Support Program is being used in the Community Social Services of Seville as a central resource for family preservation and strengthening interventions. It has also been used and implemented in other countries such as Peru and Portugal, with equally good results (Maya & Hidalgo, 2016; Hidalgo, Jiménez, et al., 2016; Ayala-Nunes, Jiménez et al., 2018).

2.3.2 Family Education and Support Program: Contents and Structure

Stratton et al. (2014), in their work, developed a scale that measures the extent to which family dysfunction leads to psychological problems, and the impact of problems on families. They also found that the quality of Family Functioning would reflect the most important achievements of a family therapy, going beyond possible improvements in the way people in the family relate.

The current perspective of family intervention brings together, to a greater extent, the intervention processes as resources to support families, focused on family preservation and strengthening. In this sense, family intervention has ceased to be oriented towards the prevention of maltreatment, and has shifted its focus to give greater importance and emphasis to the promotion of good treatment, through teaching and strengthening of family functioning (Maya & Hidalgo, 2016).

This means that it is possible to promote better Family Functioning through intervention programs. As expressed by Hidalgo, Menéndez, et al. (2009), intervention with families has evolved into much more positive forms of care and action, with a preventive

focus and aimed at preserving and strengthening the family. Since the family is considered the primary context to guarantee a steady and adequate development, the intervention tries to support and teach families so that they can fulfill their basic functions.

Furthermore, family care has evolved from being only in serious cases of risky situations to a more preventive and comprehensive view, including not only those families at risk with legal proceedings, but also those that have been found in difficult situations as well. The purpose of the intervention would be to strengthen and optimize Family Functioning from a preventive perspective (Hidalgo, Menéndez, et al., 2009).

Thus, the authors Hidalgo, Menéndez, et al. (2009) developed the Family Education and Support Program, which consists of psycho educational and group interventions aimed at parents, with the main purpose of teaching them a better way of conducting themselves into the family and achieving a better Family Functioning, being the purpose for this interventions the training and support for parents to optimize the parental role and to improve their educational capacity.

The design of this program is supported by a project of previous research in which, through the evaluation of 301 families using the Social Services of the city of Seville, explored the psychosocial profile of these families and, above all, its main support needs were identified (López et al., 2007).

Designed specifically to serve the needs of families in a situation of psychosocial risk, the general purpose of the Family Education and Support Program is to provide mothers and fathers (currently using Social Services) a source of support that allows them to perform their educational tasks and responsibilities more successfully and effectively. This intervention for the parents should have an impact on the Family Functioning, optimizing interpersonal relationships and daily family dynamics. In this sense, the Family Education and Support Program aims to promote a positive parental role, having the improvement of parental competences and skills through a participatory and experimental methodology as a main purpose (Hidalgo, Menéndez et al., 2009; Maya & Hidalgo, 2016).

Hence, citing the authors Hidalgo, Menéndez et al., (2009) the Family Education and Support Program has the following specific objectives:

- ✚ Promote greater knowledge in parents about the evolutionary development of their children that will allow them to perceive their influence as educational agents and lead to a positive influence in that development.
- ✚ Promote more assertive and satisfying interactions between parents and children, teaching fathers and mothers there are better and more effective ways to educate that can be used daily.
- ✚ Teach parents better coping strategies when faced with stressful situations for their development and personal growth.
- ✚ Facilitate in the parents the adaptation to the change and various transitions, normative and non-normative, in the dynamics of the family cycle (the transition from children to adolescence, separation and divorce situations, etc.).
- ✚ Create a meeting place between fathers and mothers from different families that serve to facilitate the exchange of experiences and to strengthen informal social support networks.

In relation to contents, the Family Education and Support Program consists of fourteen modules grouped into five thematic blocks, preceded by an introductory block. Developmental aspects and parenting skills constitute the central axis that articulates work modules, and in the same way it is included across the length of the whole program. Strategies for development and personal improvement are also taught (strategies for coping with problems, strengthening self-esteem, establishment of social support networks, etc. Table 2.1 shows the contents of the Family Education and Support Program (Hidalgo, Menéndez et al., 2009).

Table 2.1*Contents of the Family Education and Support Program*

Modules	Contents
<i>Module 0</i>	<i>Introduction</i>
Block I	Human Development Processes
<i>Module 1</i>	<i>Child Development</i>
<i>Module 2</i>	<i>Adolescence Development</i>
<i>Module 3</i>	<i>Adult Development</i>
<i>Module 4</i>	<i>The Family System</i>
Block II	Parent-Child Relationships
<i>Module 5</i>	<i>Acting as a Parents</i>
<i>Module 6</i>	<i>Educational Styles: Norms and Discipline</i>
<i>Module 7</i>	<i>Educational Styles: Communication and Affection</i>
<i>Module 8</i>	<i>Conflict Resolution</i>
Block III	Other relationships in the family environment
<i>Module 9</i>	<i>Couple Relationships</i>
<i>Module 10</i>	<i>Sibling Relationships</i>
Block IV	Family Relationships with Community
<i>Module 11</i>	<i>Social Support and Community Integration</i>
<i>Module 12</i>	<i>Family and School</i>
<i>Module 13</i>	<i>Constructive and Healthy Hobbies and habits</i>
Block V	Psychological Adjustment Problems
<i>Module 14</i>	<i>Psychological Adjustment Problems during Childhood and Adolescence</i>

Source: Hidalgo, Menéndez et al (2009).

As illustrated by Table 1, it shows the contents corresponding to each one of the modules, as well as its organization in thematic blocks, as it appears in the materials used by professionals to prepare the work sessions. Each one of the program modules includes a list of objectives and many activities (with different dynamics and duration) that allows addressing each of the objectives of the intervention. The sessions do not have a single definitive format, but each session must be planned and evaluated in advance by the professional, considering the specific characteristics of the group, the objectives that it is intended to achieve in each session and the time available to do so (Hidalgo, Menéndez et al., 2009).

Regarding the methodology, the Family Education and Support Program uses an active and experiential methodology, based on the reflection and auto-analysis of their parental styles. The specific procedures that allow achieving these goals are inductive methods based on reflection, discussion, and group elaboration work and that is why the activities included in the program to address the objectives of each module use different types of group dynamics (brainstorming, discussions, role-playing, case analysis, small group work and subsequent sharing, etc., Máiquez et al., 2000).

This Program was adapted and translated into Portuguese by a team of professionals from the University of Algarve lead by Prof. Cristina Nunes, and has already been implemented in Albufeira and Cabo Verde.

2.4. Investigation Question

Will the Family Training and Support program positively contribute to improve the levels of Family Functioning in Portuguese Families?

This project aims to analyze whether the application of the Family Support and Training Program manages to establish positive variations in the levels of Family Functioning in a sample of Portuguese families, so that this Program is used as a useful tool for training and family support work.

2.5. Aims

- To evaluate the effectiveness of the Family Support and Training Program on levels of Family Functioning in a sample of Portuguese families, namely Families Strengths, Family Communications and Family Difficulties.

III. Methodology

3.1. Participants:

The sample was composed of 31 parents (from at-risk families) who were selected by the Albufeira City Council technicians. Participants were aged between 24 and 61 years ($M=37.94$, $SD=10.15$). Of these, 25 were mothers, and six fathers. Of the total sample, 15 formed the intervention group (IG), having participated in at least three sessions of the Family Education and Support Program, and 16 formed the control group (CG). The children of the participants were aged between 12 and 18 years ($M=8.77$, $SD=4.90$), of which 58.60% were male

3.2. Instruments:

3.2.1. Sociodemographic Questionnaire:

The Sociodemographic Questionnaire was applied in the pre-test phase, which collected information regarding to age, sex, schooling, parental occupation, income, composition and family structure, as well as information on the sex and age of children.

3.2.2. *Systemic Clinical Outcome and Routine Evaluation (SCORE-15):*

The Systemic Clinical Outcome and Routine Evaluation (SCORE-15) was applied in the pre-test and post-test phase, which is a 15-item self-response questionnaire for individual family members that assesses several dimensions of family functioning, namely Family Strengths (resources and adaptive capacity of the family), Family Communication (assesses communication in the family system) and Family Difficulties (assesses the overload of difficulties in the family system). Each dimension presents 5 items corresponding to family routine, nature and impact of family problems and possible therapeutic needs, and the individual evaluates how he/she describes each item to his/her family, using a 5-point response scale ranging from "Describes us very well" to "Describes us very badly". Here are some example for each dimension:

- Family Strengths: "We trust each other";
- Family Communication: "In my family, we often do not tell each other the truth";
- Family Difficulties: "We find it difficult to deal with everyday problems" (Vilaça et al., 2017).

The Systemic Clinical Outcome and Routine Evaluation (SCORE-15) was developed in 2010 by Stratton, Bland, Janes and Lask. Both the Portuguese version and the original version resulted in good internal consistency in terms of its global scale and proved to be an instrument with reasonable psychometric properties, being a valid indicator of family functioning and its progressive change. In addition, by filling out the evaluation, families are encouraged to have an open discussion, reflection and share certain aspects of the participants, allowing the collection of information that can be useful for therapy interventions at the same time. Lower scores are indicative of more positive functioning and higher scores correspond to greater difficulties in the family (Vilaça et al., 2017).

Internal consistency for the present study, estimated by Cronbach's alpha, was $\alpha = .86$ to Family Strengths, $\alpha = .17$ to Family communication, and $\alpha = .72$ to Family Difficulties.

3.3. Procedure:

The parents were selected by Albufeira City Council technicians and three trained psychologists in the Family Education and Support Program implemented it. The pre and post-test evaluation was carried out by a research team coordinated by Prof. Cristina Nunes from the University of Algarve. In the intervention group, the pre-test was conducted in the second session of the program. In the control group, the pre-test and post-test were scheduled with the participants and were administered at the same period of time. After the intervention, the post-test interviews were conducted again with both groups after the end of the program. In the intervention group, only participants who had completed more than 3 sessions of the Family Education and Support Program were considered. All participants were asked for written informed consent, emphasizing the anonymous and confidential nature of their responses to the questionnaires. Participation was voluntary, without any financial reward, and it was made explicit that they could leave at any time without any negative consequences.

Regarding procedures of the Family Education and Support Program application, 14 sessions were applied: Child and Adolescent development; Adult Development; The Family System; Acting as a Parents; Educational Styles, Norms and Discipline; Communication and Affection; Social Support and Community Integration; Conflict Resolution; Constructive and Healthy Hobbies and habits; Family and School Relationships; and Adjustment Problems. Each of the sessions lasted 2 hours, in which 2 to 3 activities were worked on. The minimum number of participants per session was 5 and the maximum 10.

IV. Results

4.1. Sociodemographic characteristics of participants

As shown in Table 4.1, the participants age was between 24 and 61 years old ($M = 37.94$, $SD = 10.15$). Of these, 25 were mothers, and six fathers. The children of the participants' age varied between 12 and 18 years old ($M = 8.77$, $SD = 4.90$), of which 58.60% were male.

The income of the families is on average between 927.47 ($SD = 541.13$) and 1,011.36 ($SD = 336.50$). Regarding the family type, most of the families were two-parent families. Also as shown in Table 4.1, regarding the jobs' qualification, most participants had a low job qualification and only have primary education.

It can be assessed that these are families at psychosocial risk, like previously stated and supported by the literature review. Therefore, the characteristics of the sample are in line with the type of population at whom the Family Support and Training Program is aimed at. Also, it is observed that both groups (intervention and control) were equally distributed and for this reason in the pre-test phase they were both comparable and similar in their characteristics.

Table 4.1*Sociodemographic data of participants*

	<i>Intervention</i>	<i>Control</i>	
	<i>M (DP)</i>	<i>M(DP)</i>	<i>t(df)</i>
Age			
Parents	38.93(12.87)	37.00(7.04)	0,523(29) ^{ns}
Children	6.87(3.96)	10.56(5.14)	2.23(29) [*]
Income			
	927.47 (541.13)	1,011.36 (336.50)	0.50(27) ^{ns}
	N / %	N / %	χ^2
Gender			
Female	10	15	
Male	5	1	3.64 ^{ns}
Children Gender			
Female	7	6	
Male	8	10	0.27 ^{ns}
Family Type			
Single-Parent Type	6 / 40.0%	3 / 18.7[CN22] %	1.70 ^{ns}
Two-Parent Type	9 / 60.0%	13 / 81.3%	
Job qualification			
Low	11 / 84.6%	9 / 56.3%	
Medium	2 / 15.4%	5 / 31.3%	
High	0 / 0.0%	2 / 12.5%	3.21 ^{ns}
Studies' level			
Primary School	12 / 80.0%	7 / 43.8%	
Highschool	3 /20.0%	7 / 43.8%	
University	0 / 0.0%	2 / 12.5%	4.89 ^{ns}

Note: ns- not significant, * p < .05

4.2. Comparison of Family Functioning in the Intervention and Control Group

Firstly, to find out whether there were differences between the intervention and control groups in the pre-test phase, the Student's t-test for independent samples was calculated. The t-test is used when two experimental conditions exist, and different participants were designated for each one (Field, 2009). When analyzing Table 4.2, no significant differences were observed in the Family Functioning in the pre-test phase for both intervention (IG) and control group (CG).

Therefore, as shown in Table 4.2, the difference obtained in the Family Strengths dimension in the pre-test measure between the intervention group and the control group was not considered statistically significant $t(29) = -0.36, p > 0.05$. Similarly, the difference obtained in the Family Communication in the pre-test measure for both groups (IG and CG) was not considered statistically significant $t(29) = -1.26, p > 0.05$. Also, the difference obtained in the Family Difficulties dimension in the pre-test measure was statistically significant $t(29) = -2.16, p < 0.05$. Parents from intervention group presented more difficulties than the control group. Finally, the difference obtained in the Family Functioning variable in the pre-test measure for both groups (IG and CG) was also not considered statistically significant $t(29) = -1.60, p > 0.05$. This confirms the equality of the mean levels of participants' responses to the SCORE-15 in both independent groups (IG and CG) in the pre-test phase, which means that before applying the Family Support and Training Program, both groups had a similar level of Family Functioning.

Table 4.2

Comparison of pre-test Family Functioning in the Intervention and Control group

	<i>Intervention</i> (<i>N</i> =15)	<i>Control</i> (<i>N</i> =16)			
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t(gl)</i>	<i>p</i>	<i>d (r)</i>
Family Strengths	3.40 (1.11)	3.28 (0.82)	-0.36 (29)	.723	.13(.06)
Family Communication	3.84 (0.60)	3.63 (0.33)	-1.26 (29)	.219	.43(.21)
Family Difficulties	3.75 (0.54)	3.18 (0.89)	-2.16 (29)	.039	.77(.36)
Total SCORE-15	3.62 (0.59)	3.36 (0.47)	-1.60 (29)	.122	.48(.23)

For the evaluation of the effectiveness of the Family Support and Training Program, a pretest-posttest repeated measures analysis was performed. Z-scores were used to determine the significance of the contrast. Significance parameters < 0.05 were considered indicators in favor of the effectiveness of the program, as well as an effect size $r > 0.50$ (Field, 2009). Table 4.3 summarizes the repeated measures test. The pretest-posttest means and standard deviations of the intervention group (IG) are shown with their corresponding contrast, significance level and effect size in the dimensions evaluated. As can be seen, significant changes were observed in the responses to the SCORE-15 (the sum total of the 3 dimensions) after the implementation of the Family Support and Training Program, accompanied by high effect sizes ($M = 2.80$, $SD = 0.65$) than in the pre-test ($M = 3.66$, $SD = 0.59$), $z = -2.39$, $p < 0.05$, $r = 0.56$ (See Table 4.3 and Figure 4.4).

Similarly, Table 4.3 and Figure 4.1 show that the Family Strengths dimension was found to be significantly lower after the Family Support and Training Program was applied. This can be concluded from the mean scores obtained by the participants being lower in the post-test ($M = 2.35$, $SD = 1.00$) than in the pre-test ($M = 3.40$, $SD = 1.11$), $z = -2.38$, $p < 0.05$, $r = 0.44$, because lower scores are indicative of more positive functioning.

However, although in the Family Difficulties dimension the mean scores obtained by the participants were lower in the post-test ($M = 2.95$, $SD = 0.64$) than in the pre-test ($M = 3.75$, $SD = 0.74$), $z = -1.90$, $p < 0.05$, $r = 0.55$, it is not considered to have a large and statistically significant effect, probably most likely due to the small sample size in IG ($n=15$, See Table 4.3 and Figure 4.2).

Table 4.3 and Figure 4.3 shows that the Family Communication dimension is also not statistically significant and has a very low magnitude effect, even that the mean scores obtained by the participants were lower in the post-test ($M = 3.10$, $SD = 0.73$) than in the pre-test ($M = 3.84$, $SD = 0.60$), $z = -1.84$, $p < 0.05$, $r = 0.48$. Once again, probably due to the small sample size in IG ($n=15$).

It is important to note that in the dimensions of Family Difficulties and Family Communication the difference found between the intervention and control groups is not considered statistically significant, this result is attributed to the small sample size in IG ($n=15$), and also by the fact that in both dimensions is where the participants obtained a higher average (they had greater difficulties in these dimensions).

However, it can be noticed that the Family Support and Training Program had positive and statistically significant effects, especially when looking at the results of the responses to the SCORE-15 and the Family Strengths dimension.

Table 4.3

Pre-test and post-test comparison of Family Functioning in the Intervention and Control group.

	Pre-test	Post-test	Z	p	d (r)
	M (SD)	M (SD)			
Family Strengths					
Intervention group	3.40 (1.11)	2.35 (1.00)	-2.38	.017	.99(.44)
Control group	3.28 (0.82)	3.23 (1.01)	-0.94	.937	.05(.02)
Family Communication					
Intervention group	3.84 (0.60)	3.10 (0.73)	-1.84	.066	.10(.48)
Control group	3.63(0.33)	3.86 (0.54)	-1.04	.301	-.51(-.24)
Family Difficulties					
Intervention group	3.75 (0.54)	2.95 (0.64)	-1.90	.057	1.35(0.55)
Control group	3.18 (0.88)	3.51 (0.93)	-0.80	.426	-0.36(-0.17)
Total SCORE-15					
Intervention group	3.66 (0.59)	2.80 (0.65)	-2.39	.017	1.38(0.56)
Control group	3.36 (0.46)	3.53 (0.25)	-0.79	.432	-0.459(-0.22)

Note: Intervention group: pre-test $N = 15$; post-test $N = 8$; Control group: pre-test $N = 16$; post-test $N = 14$

Figure 4.1

Family Strengths in Intervention and Control groups on pre-test and post-test

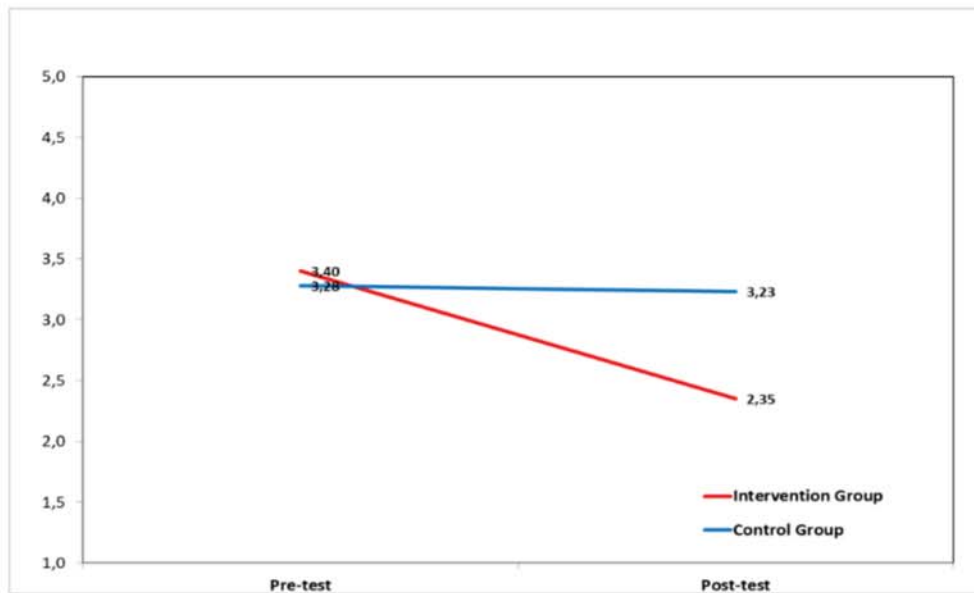


Figure 4.2

Family Communication in Intervention and Control groups on pre-test and post-test

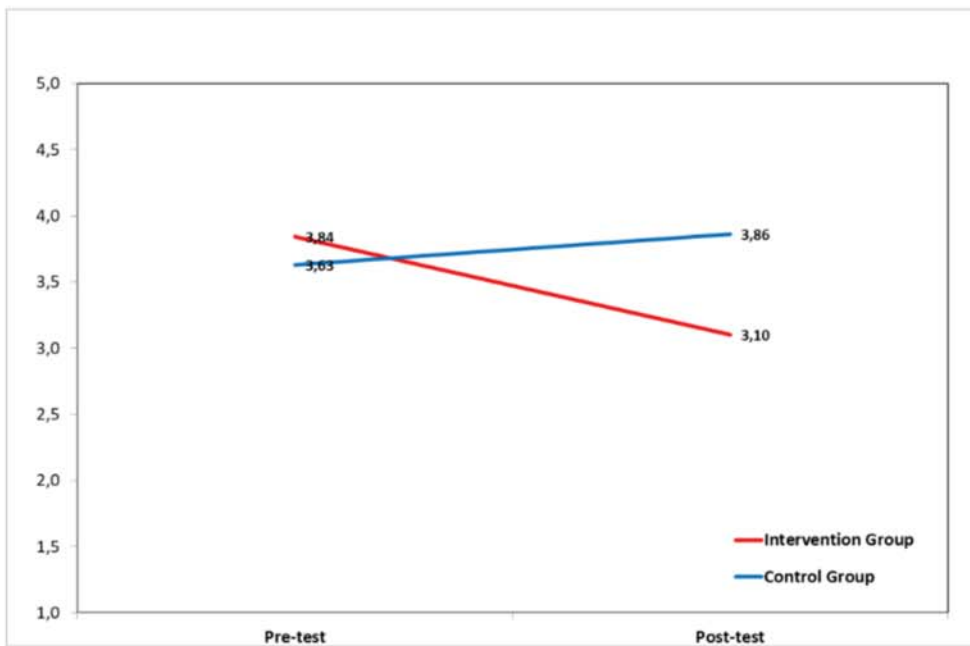


Figure 4.3

Family Difficulties in Intervention and Control groups on pre-test and post-test

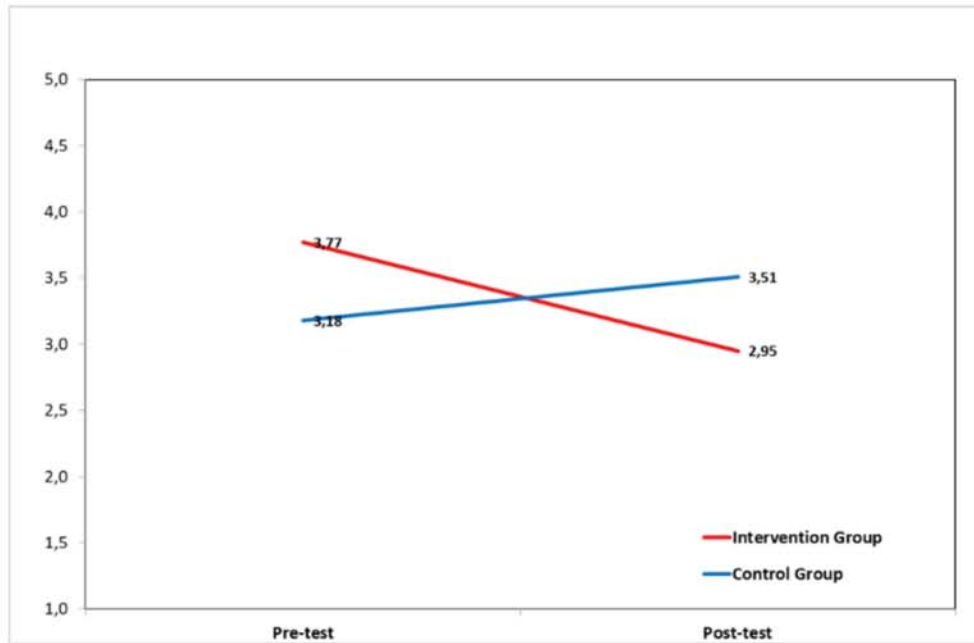
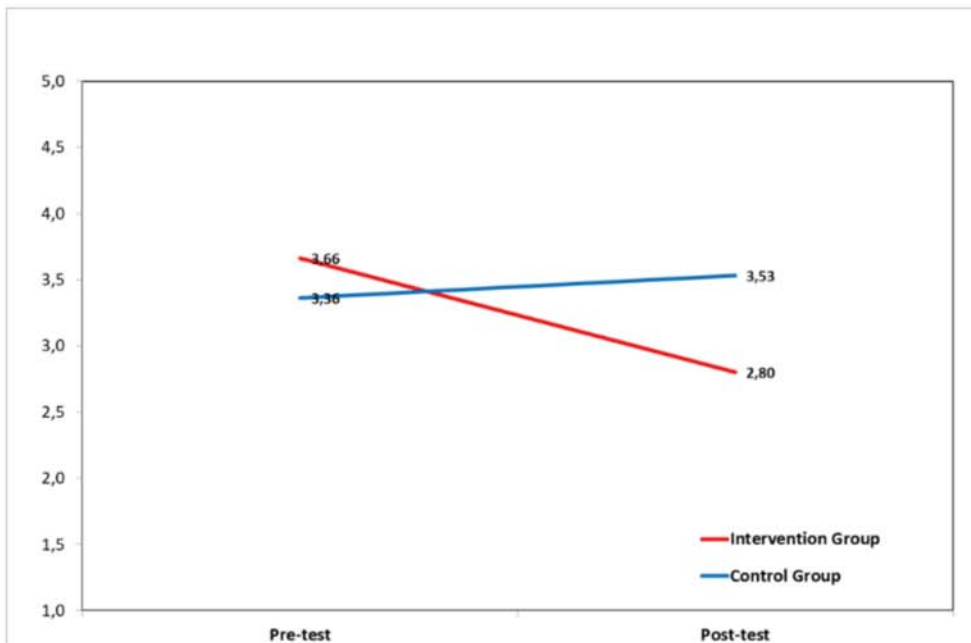


Figure 4.4

Total SCORE-15 in Intervention and Control groups on pre-test and post-test



V. Discussion

The family is a context where human development starts. It is responsible for structuring each individual to grow and develop psychically and emotionally, shaping the person's identity and personality. As is to be expected, the family is important in the role of developing personality and psychological resources that will be useful for the person in the future. (Lopes et al., 2018; Portugal & Alberto, 2010). Conversely, there are families at psychosocial risk that cannot guarantee a satisfactory development for their members due to personal and relational circumstances, as well as by adverse influences of their environment. These types of families are more prone to abandoning their parental functions or making an inappropriate use of them, compromising or harming the personal and social development of the minor (Máiquez et al., 2000; Nunes, Jiménez et al., 2016).

In Algarve, several studies have been carried out that characterize the psychosocial profile and the needs to support families at psychosocial risk (Nunes, Lemos et al., 2013). As can be seen in the socio-demographic analysis of the participants to whom the Family Education and Support Program was applied in this research, they are families at psychosocial risk (the type of population at whom the The Family Education and Support Program is aimed at). For example, the psychosocial profile of a group of Portuguese families at risk were analysed. It was found that parents with less social support, especially emotional support, had high levels of parental stress (Ayala-Nunes, Nunes et al., 2017).

Family Functioning is a dimension that is plausible for intervention in this families called at psychosocial risk. It is understood as a harmonic relationship and balance between the relationships of the family members, and the way its members act together and with others (Andrade & Martins, 2011; Cassinda et al., 2016). It is possible to promote better Family Functioning through intervention programs. The Family Education and Support Program consists of psychoeducational and group interventions aimed at parents, with the main purpose of teaching them a better way of conducting themselves into the family and achieving a better Family Functioning (Hidalgo, Menéndez, et al., 2009).

Evaluation should be considered a fundamental part of an intervention program, as it is the only way to know its scope and level of effectiveness (Máiquez, et al., 2000). The

objective of this study was to analyze the effectiveness of the Family Support and Training Program and to determine whether, after its implementation, it is able to establish positive variations in the levels of Family Functioning in a sample of Portuguese families. Participants from our study live in precarious economic, employment and educational conditions and therefore are considered families at psychosocial risk. Designed specifically to serve the needs of families in a situation of psychosocial risk, the general purpose of the Family Education and Support Program is to provide mothers and fathers (that use Social Services) a source support that allows them to perform their educational tasks and responsibilities more successfully and effectively (Hidalgo, Menéndez et al., 2009).

It is important to highlight that this study found that once the Family Education and Support Program was applied, the levels of Family Functioning improved significantly in the families to which it was applied to. To a greater extent on the SCORE-15, and the Family Strengths dimensions. Positive differences were also found in the dimensions of Family Difficulties and family Communication once the program was applied, but the difference was not statistically significant probably due to the small sample size in IG ($n=15$), and maybe because in both dimensions the participants had obtained a higher average (they had greater difficulties in these dimensions). Nevertheless, the results of the study are considered adequate and statistically significant.

Therefore, the effectiveness and suitability of the the Family Education and Support Program for use in intervention Family Therapy is once again confirmed, reaffirming it as an evidence-based program whose use will yield excellent results for these families who are at psychosocial risk (Hidalgo, Menéndez et al., 2009; Maya & Hidalgo, 2016). In addition, the data available so far highlight the effectiveness of the program to respond to some of the support and training needs of the families using the social services. (Hidalgo, Menéndez et al., 2009; Maya & Hidalgo, 2016; Ayala-Nunes, Jiménez et al., 2018).

Finally, we would like to highlight the importance of this therapeutic tool for the professional practice of the clinical psychologist. The Family Education and Support Program allows the evaluation and care of families who are at psychosocial risk. It can be implemented step by step in a standardised way and is able to accurately monitor the changes that occur in family functioning over time and after the intervention is carried out. It is

therefore important for future studies with families at psychosocial risk to continue implementing this program, always following the guidelines and structure of its application and correction.

As limitations found in this study, it should be noted that due to being carried out during the pandemic season (Covid-19) it was difficult to find a larger sample, and in that sense two dimensions did not have enough variability to be considered significant statistical difference between the pre- and post-test after the program was applied. In future, we recommend the application of the Family Education and Support Program on a much larger sample.

VI. Conclusion

It can be concluded that the Family Education and Support Program is shown to be efficient and effective in improving the family functioning of families at psychosocial risk in Portugal. Therefore, its implementation is recommended to contribute to the prevention of risk factors associated with these families at psychosocial risk.

Additionally, it is proven and confirmed once again that it is an evidence-based program and that by following the recommendations for its implementation and evaluation, positive and favourable results can be obtained in the intervention for the targeted families.

Finally, it is recommended that further research be continued to confirm its effectiveness and also to make use of the benefits it brings in the area of intervention for families at psychosocial risk.

VII. References

- Ayala-Nunes, L., Lemos, I., & Nunes, C. (2014). Predictores del estrés parental en madres de familias en riesgo psicosocial. *Universitas Psychological*, 13(2), 529–539. <https://doi.org/10.11144/Javeriana.UPSY13-2.pepm>
- Ayala-Nunes, L., Jiménez, L., Jesus, S., Nunes, C., & Hidalgo, V. (2018). A Ecological Model of Well-Being in Child Welfare Referred Children. *Social Indicators Research*, 140(2), 811–836. <https://doi.org/10.1007/s11205-017-1807-x>
- Ayala-Nunes, L., Nunes, C., & Lemos, I. (2017). Social support and parenting stress in at-risk Portuguese families. *Journal of Social Work*, 17(2), 207–225. <https://doi.org/10.1177/1468017316640200>
- Carvalho, J. L., Relva, I. C., & Fernandes, O. M. (2018). Funcionamento familiar e estratégias de resolução de conflitos na fratria. *Análise Psicológica*, 36(1), 61–73. <https://doi.org/10.14417/ap.1354>
- Carpenter, A. & Donohue, B. (2006). Parental satisfaction in child abuse and neglect: A review of standardized measures. *Aggression and Violent Behavior*, 11(2006), 577-586. <https://doi.org/10.1016/j.avb.2006.02.002>
- Cassinda, M., Angulo L., Guerra V. & Louro, I. (2016). Estructura factorial, confiabilidad y validez de la prueba de percepción del funcionamiento familiar en adultos angolanos. *Revista Cubana de Medicina General Integral*, 35(4), 1–8. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21252016000400005&lng=en&tlng=en
- Field, A. (2009). *Descobriendo a Estatística usando o SPSS*. 2da Ed. Porto Alegre: Artmed
- Garibay, R. S. (2013). Enfoque sistémico: Una introducción a la psicoterapia familiar. https://www.academia.edu/37729816/Enfoque_sist%C3%A9mico_una_introducci%C3%B3n_a_la_terapia_familiar_sist%C3%A9mica-Salvador_Garibay_Rivas
- Jiménez, L. & Hidalgo, M.V. (2016). La incorporación de prácticas basadas en evidencias en el trabajo con familias: los programas de promoción de parentalidad positiva. *Apuntes de Psicología*, 34(2-3), 91-100. https://www.researchgate.net/publication/318116406_La_incorporacion_de_practicas_basadas_en_evidencias_en_el_trabajo_con_familias_los_programas_de_promocion_de_parentalidad_positiva
- Hidalgo, M.V., Jiménez, L., López, V.I., Lorence, B. & Sánchez, J. (2016). Family Education and Support program for families at psychosocial risk: The role of implementation

process. *Psychosocial Intervention*, 25 (2), 79-85.
<http://dx.doi.org/10.1016/j.psi.2016.03.002>

Hidalgo, M. V., Menéndez, A. S., Sánchez, H. J., Lorence, B., & Jiménez, G. L. (2009). La intervención con familias en situación de riesgo psicosocial: Aportaciones desde un enfoque psicoeducativo. *Apuntes de Psicología*, 27(2), 413-426.
<http://www.apuntesdepsicologia.es/index.php/revista/article/view/155>

Hidalgo, M. V., Sánchez, H. J., Lorence, B., Menéndez, S. & Jiménez, L. (2014). Evaluación de la implementación del Programa Formación y Apoyo Familiar en Servicios Sociales. *Escritos de Psicología*, 7(3), 33-41. <http://dx.doi.org/10.5231/psy.writ.2014.1211>

Jiménez, L. & Hidalgo, M.V. (2016). La incorporación de prácticas basadas en evidencias en el trabajo con familias: los programas de promoción de parentalidad positiva. *Apuntes de Psicología*, 34(2-3), 91-100.
https://www.researchgate.net/publication/318116406_La_incorporacion_de_practicas_basadas_en_evidencias_en_el_trabajo_con_familias_los_programas_de_promocion_de_parentalidad_positiva

Lindsay, G., Strand, S. & Davis, H. (2011) A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental-wellbeing and children's behavior when implemented on a large scale in community settings in 18 English local authorities: the parenting early intervention pathfinder (PEIP). *Public Health*, 11, 962-974. <https://www.ncbi.nlm.nih.gov/pubmed/22208676>

Lopes, J. C., Carvalho, I. R. & Monteiro, O. F. (2018). Funcionamento familiar e estratégias de resolução de conflitos na fratria. *Análise Psicológica* 1(35), 61-73.
<https://doi.org/10.14417/ap.1354>

López, I., Menéndez, S., Lorence, B., Jiménez, L., Hidalgo, V. y Sánchez, J. (2007). Evaluación del Apoyo Social mediante la Escala ASSIS: descripción y resultados en una muestra de madres en situación de riesgo psicosocial. *Intervención Psicosocial*, 16(3), 323-337. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-05592007000300003

Macedo, C., Nunes, C., Costa, D., Ayala, L. & Lemos, I. (2013). Coesão, A. E., Famílias, E. M., & Risco, E. M. (2013). Apoio social, acontecimentos stressantes, adaptabilidade e coesão em risco psicossocial. *Sociedade Portuguesa de Psicologia da Saúde - SPPS* 14(2), 304-312.
http://www.scielo.mec.pt/scielo.php?script=sci_abstract&pid=S164500862013000200007&lng=pt&nrm=iso

Máiquez, M.L., Blanco, A.V., Rodrigo M. J. & Vermaes I.P. (2000). La evaluación de la eficiencia en la intervención familiar: generalizabilidad y optimización del programa experimental para padres. *Psicothema* 12(004), 533-542.
https://www.researchgate.net/publication/262562924_Aprender_en_la_vida_cotidiana

Un programa experiencial para padres Learning in daily life An experiential parenting program

- Maya, J. & Hidalgo, M. V. (2016). Evaluación de la implementación del Programa de Formación y Apoyo Familiar con familias peruanas. *Apuntes de Psicología*, 34(2-3), 119-128. <http://www.apuntesdepsicologia.es/index.php/revista/article/view/603>
- Mazurek, B. M. (2007). The Evidence-Based Practice Mentor: A Promising Strategy for Implementing and Sustaining EBP in Healthcare Systems. *World views on evidence-based nursing*, 4(3), 123-125. <https://doi.org/10.1111/j.1741-6787.2007.00094.x>
- Nunes, C., & Ayala-Nunes, L. (2015). Familias em risco Psicossocial: desafios para a avaliação e intervenção. *Revista da Psicologia da Criança e do Adolescente*, 6(1), 95–108. <http://hdl.handle.net/11067/3544>
- Nunes, C., & Ayala-Nunes, L. (2017). Parenting sense of competence in at psychosocial risk families and child well-being. *Bordon*, 69(1), 155–168. <https://doi.org/10.13042/Bordon.2016.48589>
- Nunes, C., Lemos, I., Ayala Nunes, L., & Costa, D. (2013). Acontecimentos de vida stressantes e apoio social em famílias em risco psicossocial. *Psicologia, Saúde & Doenças*, 14(2), 313–320. http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1645-00862013000200008
- Olson, D. H., Waldvogel, L., & Schlieff, M. (2019). Circumplex model of marital and family systems: An update. *Journal of Family Theory & Review*, 11(2), 199-211. doi:10.1111/jftr.12331
- Olson, D. (2000). Circumplex Model of Marital and Family Systems. *The Association for Family Therapy*, 22, 144–167. <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=9&sid=484de6c1-55f1-49f8-bad7-266c3f4f8545%40sdc-v-sessmgr03>
- Portugal, A., & Alberto, I. (2010). O Papel da Comunicação no Exercício da Parentalidade: Desafios e especificidades. *Psychologica*, II(52), 387–400. <https://impactum-journals.uc.pt/psychologica/article/view/1062/510>
- Rodrigo, M. J., Máiquez, M. L., Martín, J. C., & Byrne, S. (2008). *Preservación familiar. Un enfoque positivo para la intervención con familias*. Madrid: Pirámide.
- Simões, S., Farate, C., & Pocinho, M. (2011). Estilos educativos parentais e comportamento de vinculação das crianças em idade escolar. *Interações*, 20, 75–99. https://www.researchgate.net/publication/259978149_Estilos_Educativos_Parentais_e_Comportamentos_de_Vinculacao_das_Crianças_em_Idade_Escolar
- Stratton, P., Lask, J., Bland, J., Nowotny, E., Evans, C., Singh, R., Janes, E., & Peppiatt, A. (2014) Validation of the SCORE-15 Index of Family Functioning and Change in

detecting therapeutic improvement early in therapy. *Journal of Family Therapy*, 36, 3-19. <https://doi.org/10.1111/1467-6427.12022>

Vickers, H. (1984). Young Children at Risk-Differences in Family Functioning. *University of Delaware*, 87(5). <https://doi.org/10.1080/00220671.1994.9941253>

Walsh F. (1996). The concept of family resilience: Crisis and challenge. *Family Processes*, 35(3), 261- 81. <https://doi.org/10.1111/1545-5300.1996.00261>