Research Proposal

Title: Developing Resiliency in Children through a Life Skills Training: Randomized Trial Effects of a Family-Based Intervention

Background and Significance

Facing a stressful life event or traumatic event, mostly children are adversely affected by these events. When children struggle with stress or life difficulties, their mental health, social, and academic functioning are adversely affected and often maintained to adulthood that accompany with stress, distress, or aggression (Coie, 1996; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Egeland, Carlson, & Sroufe, 1993). Children at risk for experiencing mental health difficulties after a stressful life event or traumatic event as well as a disaster or act of terrorism include those who are near to or actually witness the event, those who lose loved ones as a result, and even those children who merely live in the affected community or watch coverage of the event on television. Children, those both directly and indirectly involved, are particularly vulnerable to the far-reaching impact of terrorism and disasters. Experiencing a disaster and terrorist event directly can cause posttraumatic stress reactions, anxiety, fear, worry, grief, and behavioral problems in young people. For example, the adverse effects by disaster events as posttraumatic stress disorder (PTSD) that develops in response to witnessing or experiencing a threatening or harmful event that elicits fear, helplessness, or horror. More than 40% of children exposed to disasters and typically within three months after that stressful event. Moreover, the negative impacts present more than 15 years after a terrorist event. Approximately 75,000 New York City public school children in grades 4 through 12 suffered from the September 11th event for six months after faced this event, including children who were not directly affected by the event (Carlson et al., 2012, NCH- The Bridge Child Care Development Service, 2007).

The need to prepare and help people who exposure to stressful life event or traumatic event, especially children is particularly important, not only because these children are at increased risk by those life events, but also because the research clearly shows that, child conduct problem is typically intensified following entry into school and put the children at increased risk for peer rejection, school dropout, drug abuse, and delinquency (Costello et al., 2003; Dishion & Patterson, 2006). The literature reviews also suggest that life experiences play a significant role in child problems. Peer rejection, and stress and distress personalities are likely developed to aggressive behaviors and chronic delinquents (Cillessen & Bellmore, 2004; Costello et al., 2003). Additionally, while children face to those stressful events, their parents are in the same situations. When parents struggle with stressful life event or traumatic event, their families share the fear, sadness, and confusion that accompany the parent’s distress (Berman, 2007; Riley et al., 2008). These strong emotions can negatively affect the primary environment in which children develop and reduce the sense of security, belonging, and love that children need to grow healthfully and competently (Patterson 1995, Sander & McCarty, 2005). The emotions and events that disrupt family relationships and cohesion also reduce supports and connections outside the family, negatively impacting the health, well-being, and functioning of every family members and the family as a whole (Sills, Shetterly, Xu, Magid, & Kempe, 2007).

After contact traumatic events, some children will rebound, but some will continue to have problems, and some may develop problems long after the event. Especially in times of stress, children’s reactions are greatly influenced by the adults around them, many of whom are dealing with their own stress reactions. Improving skills to buffer those stressful life events in the child will not likely continue and sustain if the family system remains unchanged and unadapted. Strong social support is a vital key to help and promote these children (NCH, 2007; Werner, 2000). The literature strongly supports that family functioning variables have both direct and mediating effects on family bonding, conduct disorders, school bonding and adaptation, and later delinquency in youth (Barrera & Hockenberry, 2007; Borkowski, Ramey, & Stile, 2002; Werner, 2000). Using this approach was believed to provide the intervention to family and children when they faced with the difficult challenge of coping with stressful events such as disaster, terrorist or other traumatic events. Research has shown
that interventions focusing on improving family communication of pro-social and healthy values and expectations, resiliency, and child protective factors (Kumpfer & Tait, 2000; McCart, Priester, Hobart Davies, & Azen, 2006). In addition, parent participation in preventive program is seen to be helpful to children and school, and be the mediating effect of life skills resources because parents are a powerful influence on cultivating child value and behaviors (Kumpfer & Tait, 2000; Patterson, 1995). Especially children learn those all from their parents to develop social skills and cope with life’s challenges (Bandura, 1986; Bigner, 2006).

Resiliency is the appropriate personality as strength and positive adaptation that help a person or family cope with stress or life difficulties, increasing the likelihood of rebound from difficult situations (Kirby & Fraser, 1997). The resilient children exhibit in their coping and development of competence in the face of challenges. Resilient children are notably different from non-resilient children in terms of having greater problem-solving, coping with stress, self-regulatory skill, and self-esteem, as well as in receiving more active parental monitoring (Berman, 2007; Gilligan, 1999). Life skills training is used to help children not only acquire knowledge, but also develop relevant skills to enable them to reduce the risk of behaviors and negative consequences (Botvin & Griffin, 2004). This skills training is one of the best alternative strategies for the proper practice in essential abilities for managing child life, particularly decision-making and critical thinking ability by considering information and behavior consequences, and ability in recognition of strong feelings in one’s self and others to modulate one’s own behavioral response, resolve disagreements, and follow rules in a productive and healthy manner (WHO, 2003).

This present study aims to examine the effectiveness of the intervention program that is specially designed to develop child life skills intended to develop resiliency by using parent training combine with child life skills training through the implementation of a theoretically based intervention using an experimental study design. The children will be trained to develop beliefs, attitude and behaviors, and directly practice to be the resilient children, whereas their parents will be taught about the risk and protective factors for resiliency and trained for developing resilience in their child. Repeated measures analyses of variance will be used to test the primary outcome as children’s resiliency and a maintained outcome across time by group. Comparison between the experimental (child training and parent training) and control (children and parents do not receive training) groups will be conducted immediately after the intervention and at the 2nd month after the completion of the intervention.

**Purposes**

The purpose of the study is to examine the effect of the life skills training program focused on resiliency on the resilience of children at immediately after the intervention and at the second month follow-up after the implementation of the intervention.

**Research questions**

1. What is the effect of the life skills training program focused on resiliency on the resilience of children?
2. Does the resilience of children significantly change across the two time periods at immediately after the intervention and at the second month after the interventions?

**Theoretical framework**

The conceptual framework of this study is derived from social cognitive theory (Bandura, 1986) which views the importance of the family as the major environment of their children in the process of observational learning and role models. Modified behavior is a result of cognitive, environmental, and behavioral influences, is considered to use in both child life skills training and parents training (Botvin & Griffin, 2004; WHO, 2003). The process of child life skill development based on Bandura’s social
cognitive theory focus on the socialization environment produced by the family and parents that viewed as the major environment of their children. The most important issue of this perspective is that there are three determinants of individual behavior which demonstrate through the reciprocal relationship and influence of the individual and their environment.

Figure 1  **Triadic reciprocal determinism (Bandura, 1986)**

Moreover, the concept of resilience provides a useful lens for viewing established conceptual framework and key developmental research. The model presented in this paper is based on an analysis of the resilience literature and Bandura’s social cognitive theory, and is organized in relation to those three key concepts: (1) resilience as a process influenced by culture, individual attributes, and life changes; (2) the family as the context of development; and (3) potential environmental supports for the development of resilience housed in societal institutions, friendship networks, and the extended family. The conceptual framework of this study is shown in Figure 2.

Figure 2  **The conceptual framework**
Literature Reviews

Resilience: The literature contains various definitions of resilience. Some studies have defined resilience as the ability of an entity to recover or bounce back from the adverse effects of a natural or manmade threat (Egeland at al., 1993; Gilbert, 2010). Resiliency is viewed as strengths that help a person or family cope with stress or life difficulties, increasing the likelihood of rebound from difficult situations (Kirby & Fraser, 1997). In addition, resilience is used to mean the ability to withstand a hazard without suffering much harm. Resilience in this paper refers to the ability to recover after suffering harm from a hazard, stressful life and traumatic event, and implies both the ability to adjust to normal or anticipated stresses and strains and to adapt to sudden shocks and extraordinary demands (Gilbert, 2010; NCH, 2007; Tierney, 2003).

Literature reviews have indicated that resilience is really about the ability of a person to cope with living in spite of stresses. Psychologists suggest that the resilience is built on three main concepts as follow (Northern Territory Government, 2011): (1) I CAN make a difference. (2) I AM a worthwhile person. (3) I HAVE people around I trust and who love and support me.

Furthermore, the essential abilities for developing resiliency in children are decision-making and problem-solving skills, coping with stress skill, critical thinking skill, self-regulatory skill, and self-esteem skill (Berman, 2007; Botvin & Griffin, 2004; Braverman, 2001; Gilligan, 1999; NCH, 2007; WHO, 2003).

Life skills training: Over the past thirty years, life skills training (LST) has been found to produce positive behavioral changes and better skills, especially regarding taking responsibility for making healthy choices, resisting negative pressures, and avoiding risky behaviors (Botvin & Griffin, 2004; WHO, 2003). Life skills are cognitive, emotional, interpersonal and social skills that enable individuals to deal effectively with the challenges of everyday life. The World Health Organization (WHO) has recommended that LST programs, for children, include content addressing: decision making; problem solving; critical and creative thinking; interpersonal relationship skills; self-awareness; empathy; coping with emotions and stress; and, effective communication (Botvin & Griffin, 2004).

Prior research, consistently, has shown that LST programs have a positive effect on prevention of risky health practices (i.e., drinking, smoking, abusing drugs, and engaging in unprotected sex) (Cook, Gresham, Kern, Barreras, & Crews, 2008). With regard to the statistical effectiveness of LST programs, the results of meta-analyses have shown effect sizes ranging from 0.28 to 0.32 (Cook et al., 2008; Wilson, Gottfredson, & Najaka, 2001). In addition, prior research has found the effectiveness of LST programs, for children, to be positively influenced when parents are included. When a family-focused approach is used in a LST program, child behavioral problems are reduced, on average, nine times more than when solely child-focused approaches are used (McCright et al., 2006). Thus, in order to increase the effectiveness of developing and changing child behaviors, most LST program developers are combining parent training with child skills training.

Parent training programs: Over the past two decades, when parent training has been included as part of risk prevention programs for children, the training has addressed parents’ ability to practice sound child-rearing skills (i.e., parent-child communication, support, modeling, monitoring, supervising, and stress and coping management), as well as consciously think about their children’s development (Bigner, 2006; Davis, Day, & Bidmead, 2002). Unfortunately, few studies, conducted in Asian countries have included parent participation in their child life skills development programs, particularly those in Thailand. Preventive interventions that emphasize parent participation have not been widely utilized because of the widespread belief that it is impossible to get parents to participate (The Family Network Foundation, 2008).
Methodology

**Design:** The randomized controlled trial design is planned to provide the best possible evidence to resilience development in children.

**Ethical Considerations:** Approval to conduct the study will be granted by the Research Ethics Review Committee of the primary investigator’s (PI) institution and the directors of the schools used as research settings. All potential participants and their parents will be informed about the study’s purposes, the intervention program, confidentiality and anonymity issues, and potential risks and benefits. They also are explained what their voluntary participation will entail; they could withdraw without repercussion. All of the potential subjects and their parents that consent to participate will be asked to sign an assent or a consent form.

**Setting:** The study will be conducted at the sample schools in Prathamthani province that is the disaster area from big crisis flood in the last year. Prior to randomizing, via lot drawing will be used each school’s and student’s identification number.

**Sample:** The target populations in this study are school-age children who can read and write Thai language (grades 4th-6th) and their parents who are living in disaster-urban area in order to understand and appropriately participate in the program. The sampling elementary School was randomly selected via drawing lots method by the researcher. The approximate sample size for the single group repeated measures design was determined based on statistical power analysis, at a significance level of .05, a desired power of .80, and the average correlation of the subjects’ responses to the number of repeated measures (Stevens, 2009). The sample size for the single group repeated measures design is be at least 82 subjects per group. The attrition rate (20% of the sample size) will be added to each group. The study then has to enroll at least 98 participants per group.

The PI will contact the sampling school for collaboration and to build relationships. The researcher and research team will meet with the school administration committee, parent-teacher association, and school health team for providing information about intervention and data collection and facilitating the intervention in June 2013. After gaining permission from the school and approval from the Committee on Human Rights Related to Research Involving Human Subjects, Thammasat University, data collecting processes will be employed from July to September 2013.

Data will be collected from all participants, particularly the students. The baseline assessments were completed with both experimental and control groups before implementation. The parents will be randomly assigned to the experimental group or control group, using lots (number of parents) drawing by the research assistants. The students will be also recruited correspondingly their parents. Then, the participant who met the inclusion criteria will be invited to the study. The participants who are willing to participate will be recruited for intervention. The post-test data will be collected at immediately after the intervention and at the second month follow-up after the implementation of the intervention.

**Instrument:** Data will be obtained from each subject via use of the Proactive Coping Inventory (PCI-Thai version). The questionnaires consist of the Demographic Data Questionnaire (DDQ) and the Proactive Coping Inventory (PCI). The PI develop the DDQ in order to obtain information for each participant on the following age, gender, religion, parents’ education, parents’ occupation, and family monthly income.

The Proactive Coping Inventory (PCI), originally developed by Greenglass, Schwarzer, and Taubert and Thai translated by Oraphan Tatha, Puchong Laorujisawat, and Esther Greenglass (Tatha, Laorujisawat, & Greenglass, 2012), consisted of 55 items that assessed proactive coping 14 items, reflective coping 11 items, strategic planning 4 items, preventive coping 10 items, instrumental support seeking 8 items, emotional support seeking 5 items, and avoidance coping 3 items. The Cronbach’s alpha, for this portion of the questionnaire, ranged between 0.70- 0.81.
**Intervention:** Two interventions were used in this study. These interventions included a: Life Skills Training Program focused on Resiliency (LST-R), for the children in experimental and Parent Training Program for Developing Resilient Children (PTP-RC), for the parents in the experimental group.

1. The Life Skills Training Program focused on Resiliency (LST-R), developed by the PI, focused on providing information about and promoting the resiliency development in children. The content validity of the program will be examined by three experts (i.e., two nursing faculty members and one educator with experience and skills in child cognitive behavioral strategies).

2. The Parent Training Program for Developing Resilient Children (PTP-RC), developed by the PI, focused on promoting and providing information on parenting skills and resiliency development needed for supporting the resiliency development in children. The PTP-RC will be reviewed for content validity by three experts (i.e., two nursing faculty members and one educator with clinical experience and skills in family-child nursing care and family counseling).

**Data Analysis:** Descriptive statistics will be used to analyze the participants’ demographic characteristics. Chi-square and independent t-test will be used to evaluate differences, between the experimental and control groups. Analysis of covariance and repeated measures ANOVA will be employed to test change, over time, in each group, and the difference between groups, with the exception of the demographic variables. Additionally, the standardized difference between means will be calculated to determine the effect size of treatment or the magnitude of the treatment effect. A small effect size is defined as 0.20, a moderate effect size as 0.50, and a large effect size as 0.80.

**Research Team with Brief CVs:** Number of Members: 1

**Project Leader:**

Name: __

Institution: Faculty of Nursing, Thammasat University

Current Position: Assistant Professor

Highest Educ. Attainment: Doctor of Philosophy (Nursing)

Nationality: Thai

Gender: Female

Age: 45 years old

Training/Visiting: Parent Advisor Training Course (15 credits), Florence Nightingale School of Nursing & Midwifery, King’s College London, University of London, UK (2010)

Publication:

## Project Schedule

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## Total Budget (USD): US$ 10,500

1. Honorarium for two research assistants $3,000
   ($300 x 5 months x 2 persons)
2. Payment for parents in experimental group’s incentive $1,000
   ($10x100 persons)
3. Payment for parents in control group’s incentive $500
   ($5x100 persons)
4. Payment for instruments’ validators $1,000
5. Payment for collecting and analysis data $500
6. Material used in two interventions $1,000
7. Printing/photocopy $1,000
8. Transportation $1,000
9. Food and drink for implementation and collecting data $1,000
10. Postage and mail/mobile phone $500

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Reference


Summary

Title: Developing Resiliency in Children through a Life Skills Training: Randomized Trial Effects of a Family-Based Intervention

Background and Significance

Facing a stressful life event or traumatic event, mostly children are adversely affected by these events. When children struggle with stress or life difficulties, their mental health, social, and academic functioning are adversely affected and often maintained to adulthood that accompany with stress, distress, or aggression (Coie, 1996; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Egeland, Carlson, & Sroufe, 1993). Improving skills to buffer those stressful life events in the child will not likely continue and sustain if the family system remains unchanged and unadapted. Using this approach was believed to provide the intervention to family and children when they faced with the difficult challenge of coping with stressful events such as disaster, terrorist or other traumatic events.

Little is known about family-based prevention programs for developing resilient children in Thailand, there are sizeable gaps in the effectiveness of the family-based intervention in assessing the value of resilience development in children or not. The program interventions in this study consist of the life skills training program focused on resiliency and the parent training program for developing resilient children. Those two programs aim to develop resiliency in children.

Purposes: The purpose is to examine the effect of the life skills training program focused on resiliency on the resilience of children at immediately after the intervention and at the second month follow-up after the implementation of the intervention.

Research questions

1. What is the effect of the life skills training program focused on resiliency on the resilience of children?
2. Does the resilience of children significantly change across the two time periods at immediately after the intervention and at the second month after the interventions?

Design: The randomized controlled trial design.

Ethical Considerations: Approval to conduct the study will be granted by the Research Ethics Review Committee of the primary investigator’s (PI) institution and the directors of the schools used as research settings.

Sample: Approximately 98 school-age children who can read and write Thai language (grades 4th-6th) and their parents live in disaster-urban area, including Prathumtani Province.

Instrument: The Proactive Coping Inventory (PCI-Thai version) will be used to obtain data.

Intervention: Two interventions were used in this study. These interventions included a: Life Skills Training Program focused on Resiliency (LST-R), for the children in experimental and Parent Training Program for Developing Resilient Children (PTP-RC), for the parents in the experimental group.

Data Analysis: Descriptive statistics, Chi-square, independent t-test, analysis of covariance, and repeated measures ANOVA will be used to test change, over time, in each group, and the difference between groups with the exception of the demographic variables. Additionally, the effect size of treatment will be calculated to determine the magnitude of the treatment effect.

Total Budget (USD): US $10,500

Project Duration (months): 6 months (May-October 2013)

Research Team (the number of member = 1)

Project Leader: 
Faculty of Nursing, Thammasat University, Thailand
E-mail: __
Regional Research Competition 2013
Toward a More Resilient Society
Application Cover Page

RESEARCH PROPOSAL

Project Title: Developing Resiliency in Children through a Life Skills Training: Randomized Trial Effects of a family-based Intervention.

Total Budget (USD): US $ 10,500

Project Duration (months): 6 months

RESEARCH TEAM

No. of Members: 1

Project Leader:

Name: __

Institution: Faculty of Nursing, Thammasat University

Current Position: Assistant Professor

Highest Educ. Attainment: Doctor of Philosophy (Nursing)

Nationality: Thai

Gender: Female

Age: 45 years old

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To whom it may concern:

This letter is to convey my strong support for [Name] in her application for the Japan International Cooperation Agency (JICA) scholarship, in cooperation with the Global Development Network (GDN) and East Asian Development Network (EADN). If granted, it will allow her to continue to conduct her research work on family-based prevention programs for developing resilient children in Thailand. As Dean of Faculty of Nursing, I have known [Name] quite well from 2001 until the present. Her responsibilities include teaching nursing students and conducting research. She extremely hard worked with her previous research on the project entitled “The effect of a parent training program, in conjunction with a life skills training program for school-age children, on children’s life skills, and parents’ child-rearing skills and perceptions of support for child life skills development”.

To date, [Name]’s proposal will show a result to develop on resilient children in Thailand. The interventions that will result from [Name]’s research consist of a life skills training program, focused on resiliency, and a parent training program for developing resilient children. Those two programs aim to develop resiliency in children.

I will be happy to share any more information about [Name] if required. I will end this letter by once again, strongly recommending her for the JICA scholarship. Please feel free to let me know if I can provide you with any further information.

Sincerely yours,

[Signature]

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