Development of a Facilitator’s Manual for The Family Table Program: Adult Edition

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Dedication

This is dedicated to the love of my life, who saved me from myself, and inspired me to be a better person. You made this project what it is and your love lights my life. You will always be my sunshine and for that I am forever grateful.
Abstract

In the modern age, families are sacrificing health, nutrition, bonding, and skill development by abandoning cooking and gathering together for meals. We live in a quicker world full of demanding schedules and expectations, which adds to the stress faced by families today. Both low-intensity family therapy and culinary skill development have been shown to be effective ways to strengthen the family unit, but a gap exists in the literature regarding a treatment program combining the two. The Family Table program was developed to address this gap. Combining cognitive-behavioural skills and cooking classes, the Family Table Program aims to increase family meals prepared and eaten together, while reducing stress in family relationships. To assist facilitators in running this new program, two manuals were created, one for adult and the other for child participants. The development of the adult manual is outlined in the present report, including weekly breakdowns of lessons, discussion topics, rationales, handouts, activity sheets, and suggestions for cooking activities. The intended participants, design, setting, and measures for the pilot implementation of the Family Table program are also described, and the manual is presented. The major recommendations for this program are that future implementation should include a comparison group, e.g. waitlist control, and that it has the potential to be modified and adapted for use with a wide range of populations.
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Chapter I: Introduction

Western priorities and increased demands on people and time have changed the ways in which families eat, not only in the types of food consumed, but also in the way in which they consume them: in the car, in their rooms, in front of the television, and at their desks. Meals have been removed from the table and families are gathering around them less and less. Neumark-Sztainer, Wall, Fulkerson, and Larson (2013) found that more than one third of adolescents reported having less than two family meals per week. Health, nutrition, family bonding, and skill development have been sacrificed in favour of cheaper, faster, and more unnatural foods. The value of food was once based on descriptions such as homemade, comforting, natural, and memorable. Now food is valued based on descriptions such as easy, efficient, cheap, and ready-to-eat. Families are not taking the time to eat together and this has created risks and consequences, of which the most visible is an increase in consumption of fast food and other less healthful foods (Berge, Maclehose, Larson, Laska, & Neumark-Sztainer, 2016). The benefits of families eating together more frequently include significantly reducing the risks of children engaging in dangerous behaviours such as substance abuse, dietary disorders, depression, and poor academic performance (Neumark-Sztainer, Wall, Fulkerson, & Larson, 2013). When families eat together, they grow together.

There appears to be considerable research exploring and demonstrating the importance of bringing families back into the kitchen and around the table in order to strengthen the family unit. However, there is a lack of empirically validated methodology indicating how to do so. At the heart of getting families to spend time together is increasing bonding and communication, which can be achieved by low-intensity family therapy. Cognitive Behavioural Therapy (CBT) is a widely-used approach in family therapy as it encompasses assessment, feedback, education and routine evaluation (Patterson, 2014). Though it seems simple to teach families to cook and interact with each other, an intervention combining culinary skill development and Cognitive Behavioural skill development in order to increase the amount of time families spend together does not appear to exist in the literature. Accordingly, this gap could be filled by the creation of a treatment program combining these two elements in order to increase engagement in family meals and interactions. By teaching culinary skills and nutritional information, and incorporating family-based Cognitive Behavioural principles and strategies, families can strengthen their bonds and change any dysfunctional family dynamics. When families change the way they think about food, value food, and value mealtimes, healing can begin.

Such a program has been designed, and the manual documented in this thesis will be used to implement the trial run of The Family Table program. The Family Table is an eight week-long program, which entails two hour session once a week. The sessions consist of a psychoeducation portion for the first hour, and a cooking portion for the last hour. The program uses low-intensity therapy to teach cognitive-behavioural skills and techniques. Low-intensity CBT involves guided self-help interventions, and can be delivered through books, classes, and computer and online resources (Freire et al., 2015). Guided self-help has shown equivalent treatment outcomes to traditional expert-led CBT (Cuijpers, Donken, Van Straten, Li, & Andersson, 2010). The program aims to provide accessible family therapy within a fun environment, so the participants can learn to help themselves without placing any stigmas or a financial burden on them. Adults will initially be taught the basic behavioural principles of positive reinforcement and modeling to shape the children’s performance inside and outside of
the program. Specifically, for positive reinforcement they will use praise and positive feedback. These tools are a simple and effective way to stimulate behaviour change (Rabinovich, Morton, Crook, & Travers, 2012). Each week’s session has a theme, with a psychoeducational and cooking lesson to match. Psychoeducational topics include: the cognitive-behavioural model, levels of cognitive processing, negative automatic thoughts, cognitive distortions, cognitive restructuring, activity scheduling, progressive muscle relaxation (PMR), deep breathing exercises, the mind/body connection, and communication skills. A primary assumption of the CBT model is dysfunctional and distorted thinking influence mood and behaviour (Farmer & Chapman, 2016). This goes hand in hand with the goal of the Family Table, which is to change families thinking and behaviour in an effort to bring them together around the table and create new habits and routines for lasting change.

In today’s world, cooking and spending time at the dinner table is difficult to do, but at what cost? The loss of nutritious foods, culinary skills, and quality family interactions is tremendous and unnecessary. The Family Table program challenges families’ opinions on time honored traditions by demonstrating the importance of eating right and spending time together. Increasing these activities has the potential to improve family members’ mental and physical health. Combining CBT and cooking is a basic concept, yet it has never been done before. Developing this manual allows for accurate and effective implementation of the Family Table program, which will greatly improve the program for research participants. This manual works in combination with The Family Table Program Manual: Children’s Edition (Fazackerley, 2017). Both manuals were created together and reflect the same core lessons and structure. This manual targets the adult population of participants, while its partner targets the child participants. It is hypothesized that participation in the Family Table program will lead to increased meals together and meals prepared together. This thesis will focus on the creation of a manual for the adult psychoeducation portion of the program. The purpose of this project is to develop a manual that can be used by future facilitators of the Family Table program. The manual provides easy step by step instructions on how to deliver the eight-week program to participants, understanding of the concepts used, expectations for intended outcomes, and useful handouts and activities to use during sessions.

Overview of the Product

The manual created for this thesis and program consists of an introduction section, an outline for running an information session, and complete instructions and content for the eight weekly program sessions. The introduction section details the theoretical foundation of the Family Table program, looking at eating and cooking together, CBT, food, and effects of stress around meals and family bonding. Also provided in the introduction section is a logic model of the Family Table program, and information on creating a scrapbook for participants that is filled with family resources and memories. The second section of the manual looks at administering a client information session, which will be held before the program starts and involves baseline data collection. The manual, especially the information and weekly session sections, is designed to take facilitators step-by-step through running the program. Direct instructions with rationales are provided, along with handouts and activity sheets. Each of the eight sessions is broken down by events, with the needed materials provided as separate figures that can be copied for reuse. There are weekly group discussions and cooking activities; each have specific suggested themes and recipes.
Overview of Thesis

The main chapters of this thesis are: introduction, literature review, methodology, results, and discussion. The introduction outlines the rationale for the Family Table program, and theories that it draws from and uses. The introduction also states the hypothesis for the program, and provides a brief overview of the manual and the thesis. The literature review chapter explores the research on CBT and family dynamics to ensure that the best practices and techniques are used in conjunction with the manual. Techniques outlined in the manual are summarized and analyzed in this chapter, as well as gaps in the literature. Following the literature review, the methods and procedures for creating the manual are outlined. This includes the development of activities, content, and evaluation tools included in the manual. The manual itself and changes made to it, based on implementation and participant feedback, will comprise the results section. Finally, the discussion section will address strengths, limitations, challenges to service implementation, contributions to the behavioural psychology field, and recommendations for future research.
Chapter II: Literature Review

Family meals

Daniels, Glorieux, Minnen and van Tienoven (2012) determined that the amount of time devoted to cooking and preparing meals is very closely linked to the perceived value placed on mealtimes and how much stress is associated with the process itself. In addition to the causal link between time and stress, it was found that organization, socioeconomic status, and importance of meals were also key factors influencing food preparation and mealtimes. The traditional event of gathering for family meals to celebrate holidays is as relevant as ever. However, studies have shown that the structure of the family meal is an ideal opportunity for parents and children to communicate, bond, set expectations, and problem solve (Neumark-Sztainer et al., 2013). In addition to using the family meal as an ideal framework for strengthening family relationships, Offer (2013) explains that routine family meals can have a protective effect on children and youth experiencing depressive symptoms, as well as increase social skills, and decrease stress. When families establish a routine of eating together more frequently, children experience a significant reduction in the likelihood of experiencing or engaging in high risk behaviours such as substance abuse, dietary disorders, depressive behaviours, and school disengagement (Neumark-Sztainer et al., 2013).

Lora, Sisson, DeGrace, and Morris (2014) conducted a study using data from the National Survey of Children’s Health in the United States in order to determine if the frequency of family meals influenced the social behaviours of children ages 6 to 11. The study identified four key areas: engagement in school, positive social skills, problematic social behaviour, and parent/child aggravation. Increased frequency of family meals was associated with an increased probability of children engaging in school, using socially positive behaviours, and decreased use of problematic social behaviours. The only area which did not result in any change was that of parent/child aggravation (Lora, Sisson, DeGrace, & Morris, 2014). Family meals are a key element in the quality of family life, and as such can be used as a vehicle for change and treatment. In this study there is a gap within the results. Though increased engagement and the establishment of routine family meals demonstrated a positive impact on the children’s behaviour, there is still the remaining effects of parental aggravation. Therefore, it has been considered that adding the component of low-intensity cognitive behavioural therapy for families will further the benefits which have been established by the family meal alone.

Low-intensity Cognitive Behavioural Therapy

The Cognitive Behavioural Therapy model is a triadic pattern of thoughts, feelings, and behaviours influencing each other. Each of the three interact and affect each other. Humans are constantly appraising the importance of events within and around them, and that is why cognitive processing is given a central role in this model (Wright, Basco, & Thase, 2006). Low-intensity family therapy is described as being similar to structured psychoeducation and is considered a practical and economical alternative to other costly and time consuming interventions (Vossler & Moller, 2015). By comparison, high-intensity family therapy is considered a more aggressive and direct approach often required to work through an isolated family crisis or very specific trauma. While this intensive form of therapy is effective in bringing family through variable and time sensitive problems, low-intensity family therapy is designed to build up protective factors, identify areas of risk, and teach families they skills they require in order to problem solve for themselves as challenges arise (Vossler & Moller, 2015).
Low-intensity Cognitive Behavioural Therapy (CBT) is a commonly used intervention strategy with families as it encompasses assessment, feedback, and routine progress checks to help families move through therapy at a pace and direction which is best for them (Patterson, 2014). Bennett-Levy (2010) explains that the effective use of low-intensity CBT requires adapting therapy components to the specific needs of the client. This may entail changing routine practices, communication methods, and other means of treatment delivery in order to best benefit the client. CBT interventions which are considered to be low-intensity involve self-guided interventions and has proven effective with individuals who are experiencing a variety of challenges, but are not considered to be in crisis (Freire et al., 2015). In this form of therapy, there is limited clinician involvement, and it relies on the client to take on greater responsibility for the treatment process (Freire et al., 2015). This intervention strategy can be delivered in a class format to groups, through reading and literature, and even online (Freire et al., 2015).

As with any intervention strategy there are limitations. In the case of low-intensity therapy, these can be found in the broad nature of tools and strategies used within this form of structured psychotherapy. For this strategy to be as effective as possible, it places a significant amount of responsibility on the family to use and practice these skills within a wide variety of challenges which may occur. By comparison, high-intensity therapy clearly targets a specific family challenge and works to resolve it, requiring infrequent maintenance by the family and a very specific set of antecedent conditions which prompt their use of skills taught.

**Culinary Skills, Food, and Nutrition**

According to Hartmann, Dohle, and Siegrist (2013), there has been consistent degradation in home based cooking skills since the nineteenth-century. In the past, life skills like cooking would have been taught in school. As that is no longer the case, Hartmann et al. (2013) suggest that there are two core problems causing this skill deficit epidemic. The first, is a significant decline in intergenerational transferring of basic food preparation skills taught within the home (Hartmann, Dohle, & Siegrist, 2013). The second, is the demand of time society is faced with daily, which influences people’s thoughts and behaviours about food, and finding time to cook and eat. Hartmann et al. (2013) explain that convenience, time, and effort are the three biggest influences on current food behaviours. They further explain that this change in skill acquisition is also highly influenced by traditional gender roles. After surveying men and women, it was found that men associated cooking skills with pleasure rather than necessity, while women expressed a general indifference towards cooking as it was a task they needed to complete regardless of whether or not they enjoyed doing it (Hartmann et al., 2013).

A limitation to be considered within this study is that culinary skills are perceived differently by different individuals. For example, two people could prepare spaghetti with marinara sauce. One could open a jar of sauce and a package of noodles, cook them according to the instructions on their packages, and serve. The other, however, could crush the tomatoes, stew them for a long time, and add all the right spices and seasonings. They could make the pasta dough, let it rest, then feed it through a pasta maker before boiling and adding them to the sauce. In both cases they have each served spaghetti with marinara sauce, and the individual using packaged ingredients may have found that ordeal quite challenging, while the other individual might have considered that meal to be quick and easy. Skill level is relative. Additionally, though not addressed directly within the article, the societal and cultural influences could impact the ways in which we consider cooking skills, eating habits, and the importance of these as a whole.
Fulkerson et al. (2011) defend the need for more meals prepared by families in their homes, as parents are responsible for ensuring that their children receive the nutrients they require during crucial periods of growth. There are several systemic, social, and economic reasons why parents may not always have access to nutritious foods for their children. However when meals begin with raw ingredients, whatever they are, the likelihood of the meals containing greater nutrients than a take-out meal are much greater. Oddy et al. (2009) explain that there is evidence linking a balanced diet, positive mood, and better cognitive abilities. Furthermore, consuming the recommended intake of fruits and leafy greens can contribute to more adaptive behaviours (Oddy et al., 2009). Oddy et al. (2009) point out that the Western dietary pattern of red meat, sweets, and fast foods is in direct conflict with this evidence.

The creation of convenience foods was intended to come into play only when time did not allow any other possible options. Reliance on convenience foods as a legitimate meal option has generated great concern (Hartmann et al., 2013). Changes in perspective about food and meals alter the way they are prioritized. Daniels et al. (2012) found that when cooking and food preparation are connected with desirable or pleasurable activities, interactions, and for the purpose of bringing happiness or enjoyment to others, the dedication of time to these tasks increases.

**Program Design**

When families gather for a meal, positive changes may occur, but the significance of that change is relative only to the quality of communication, bonding, and relationship building that takes place during the meal (Meier & Musick, 2014). To ensure that families experience meaningful change in their bonds and interactions, it is not enough to only increase the frequency with which they eat together. Families also need to be provided with the skills and strategies they require to increase the effectiveness of their communication, the quality of their emotional connections, and deepening of their family relationships. A survey conducted by Fulkerson et al. (2011) in which parents of school-aged children were asked to describe the most helpful components of a meal-related program, determined the most amount of stress was related to mealtimes. Participants highlighted feeding tips, family-friendly recipes, culinary skill development, culinary planning and preparation tools, and increasing the variety of foods the family will eat as key areas (Fulkerson et al., 2011). The family meal as a ritualistic event contains emotional, behavioural, and cognitive aspects which makes it an ideal basis for therapeutic intervention (Possick, 2008).

**Psychoeducational Components**

Psychoeducational groups can be empowering and improve coping by providing new information or correcting misinformation (Gitterman & Knight, 2016). This compliments and lends itself to the low-intensity therapy concept the Family Table program uses. Psychoeducation has two important elements: the curriculum, or what is to be taught, and how it is taught to participants (Gitterman & Knight, 2016). The Family Table program is teaching basic CBT skills within a kitchen environment to provide a new treatment experience. Techniques are taught and then participants are given the opportunity to practice them during the culinary portion of each session. Psychoeducational groups are an intervention of choice currently, because of their effectiveness, cost efficiency, and ease of use (Black, Weisz, Mengo, & Lucero, 2015; Champe & Rubel, 2012). The Family Table program curriculum consists of lessons and skills from behavioural and CBT theories outlined below.
Positive Reinforcement and Praise. Positive reinforcement has the power to shape and strengthen behaviour (Skinner, 1958). The Family Table teaches parents behavioural skills including positive reinforcement during the first session, so they can use these skills to encourage appropriate behaviour by the children in the cooking segments. Reinforcement is a key component in behavioural modification, and is the process of strengthening a behaviour by the immediate consequence that follows it (Miltenberger, 2012). Positive reinforcement involves giving an individual something they want to have or to do as a consequence of behaving how you want them to, and increases the probability that the desired behaviour or response will happen again (Mayer, Sulzer-Azaroff, & Wallace, 2014). When asking parents to bring their children into the kitchen, ensuring that they understand and can use positive reinforcement as a behaviour modification strategy to maintain appropriate behaviour and promote safety is an integral element of program design (Utter & Denny, 2016). Taking time to evaluate valued reinforcers is a key step in using positive reinforcement (Miltenberger, 2012). Additionally, the use of praise as a bridge between the distribution of reinforcers is an effective way of maintaining and managing behaviours (Miltenberger, 2012).

Modeling. Social Learning Theory states that people learn from one another, through observation, imitation, and modeling (Bandura, 1977). The program wants families to learn from each other, and the parents are taught to model appropriate behaviour for their children to imitate. This skill is taught to the parents during the first session and used throughout the program by the facilitators as well. Modeling is a form of prompting in which they demonstrate the proper way to engage with their children (Miltenberger, 2012). Observational learning, which encompasses modelling, is a form of learning whereby a model in one’s environment performs a behaviour that is then imitated by the observer (McLeod, 2016). In observational learning, there are four behaviour requirements which must be performed in order for an observer to successfully imitate a model: attention, retention, reproduction, and motivation (McLeod, 2016). The attention condition requires the observer to notice the modelled behaviour. The retention condition suggests that the behaviour must be remembered by the observer in order for it to be imitated. The reproduction condition states that the observer must be physically and cognitively able to complete the behaviour being modelled. Lastly, the motivation condition requires the modelled behaviour to be positively reinforced in order for the likelihood of the observer to imitate it (McLeod, 2016). Behaviour which results in something positive or desirable will more likely be imitated again, however the observer does take into consideration the consequences experienced by the model before performing the behaviour themselves demonstrating that imitation is not a blind action (McLeod, 2016).

Negative Automatic Thoughts. Within the Cognitive Behavioural Therapy Model, negative automatic thoughts are considered a mechanism for maladaptive change in people’s mental health (Soflau & David, 2016). Negative automatic thoughts are the immediate negative evaluations made about ourselves, current situations, or future situations (Beck, 1967). Negative automatic thoughts amplify life stresses and can cause emotional and behavioural problems (Flouri & Panourgia, 2014). Negative automatic thoughts affect several areas of participants’ lives. The program teaches participants the theory behind negative automatic thoughts and how to change them. After the lesson, there are activities that involve the participants listing a negative automatic thought and then changing it to a positive one.

designated six central categories of cognitive distortions: overgeneralization, magnification and minimization, personalization, absolutistic (all-or-nothing) thinking, selective abstraction, and arbitrary inference. Wright, Basco, and Thase (2006) describe overgeneralization as illogically extending a conclusion made about isolated incidents over a broad range of functioning. They define magnification and minimization as exaggerating or minimizing the significance of an event, attribute, or sensation. They state that personalization is when someone relates external events to themselves when there is little or no basis for it. This also includes taking excessive blame and responsibility for negative occurrences. Wright et al. (2006) define absolutistic (all-or-nothing) thinking as classifying judgements about oneself, others, or personal experiences into one of two categories (e.g. flawed or perfect, all good or all bad). This is important to demonstrate to participants, in the program, how their thoughts can work against them and ties into negative automatic thoughts. Cognitive distortions are identified and taught to participants during the fourth session with negative automatic thoughts.

**Cognitive Restructuring.** Identifying cognitive distortions is the first step in cognitive restructuring. Cognitive restructuring is an overarching strategy of identifying automatic thoughts and teaching skills for changing cognitions (Wright et al., 2006). Another technique is coping self-talk, where in response to negative automatic thoughts the client thinks positively and silently repeats (Wright et al., 2006). Along with cognitive restructuring, another crucial mechanism for success is perceived control (Muris, Mayer, den Adel, Roos, & van Wamelen, 2009). Clients need to feel confident and believe that they have control over their own thoughts and behaviours in order for lasting change to occur (Muris et al., 2009). The family Table program uses cognitive restructuring to help participants change their thoughts. The lesson on negative automatic thoughts highlights cognitive restructuring, identifying negative automatic thoughts, and coping self-talk as means to handle cognitive distortions and negative automatic thinking. Participants are taught the concept and then given the opportunity to use it during activities.

**Activity Scheduling.** Activity scheduling is a behavioural tool used in CBT whereby an individual fills out a section of their schedule in order to better visualize their activities, or lack of activities, in order to create a strategy for change (Jacobson, Martell, & Dimidjian, 2001). While it is an intervention commonly used with individuals who are living with depression or social anxieties and experiencing social isolation and withdrawal, activity scheduling can be equally effective with individuals who persistently feel as though they have no time (Brannen, O’Connell, & Mooney, 2013). One of the key features of this tool is that it teaches participants how to take back control over time (Jacobson et al., 2001). The Family Table program incorporates activity scheduling into its curriculum because it provides a way for families to make time for cooking and eating together. It is heavily incorporated into the program because the fifth session is centred on activity scheduling. In this session, participants are taught how to do it, the benefits of using it, and provided with activities to see how it will best fit into their lives.

**Progressive Muscle Relaxation and Deep Breathing.** Relaxation techniques are an essential part of CBT, as they demonstrate the power of the Cognitive-Behavioural Model by allowing the user to change their thoughts and feelings by altering their behaviour (Field, 2009). PMR is the systematic voluntary tensing and relaxing of various muscles throughout the body to reduce feelings of stress and anxiety, as well as promote feelings of relaxation and grounding (Field, 2009). Since its creation in 1934 by an American physician, PMR has undergone several
adaptations and is widely used in a variety of therapies and treatment settings (Field, 2009). Our bodies and minds are entirely connected to one another, and when we learn how to control this connection we can experience relief in a variety of situations (Karren, Smith, & Gordon, 2014). One of the most powerful connections that humans experience is the interaction between worry, anxiety, stress, and breathing. When we breathe slowly, deeply, and with purpose not only are we calming the physical sensations which accompany these negative feelings, but we begin to experience a calming and peace in our minds (Karren et al., 2014). Our mind-body connection works both ways, so just as we can calm our bodies by focusing our minds, so too can we calm our minds by focusing on our bodies (Karren et al., 2014). PMR and deep breathing are easy techniques that can be used by participants whenever need. They are used within the program as a quick means of addressing stress that may come up for participants in their daily lives. These skills are taught and practiced in the seventh session of the program.

Communication Skills. Interpersonal communication is a complex interaction we all engage in daily. It is comprised of several facets and requires our ability to be mindful of several types of information coming towards us at any given time (Knapp & Daly, 2002). For example, we are meant to hear what someone is saying to us, interpret the words they are using, the order they are in, the tone they are using, the context of the statement, as well as the nonverbal cues which accompany the words such as their body language or facial expressions (Knapp & Daly, 2002).

A variable which greatly influences the way in which we communicate is the basic assumption that each party holds when entering the exchange. One individual assumes that the person listening will understand exactly what it is that they are saying, while the other individual assumes that the person speaking is going to say exactly what it is they mean to say, as a result the skill of active listening is an essential teaching component when increasing a client’s communication skills (Knapp & Daly, 2002). Active listening can be successfully achieved by completing five steps (Park, 2012). First, the listener should position their body to demonstrate visually that they are ready to listen, as well as making eye contact and nodding to offer acknowledgement of what was said. Second, the listener should do their best to eliminate or reduce as many distractions in their environment as possible. If necessary, the listener should indicate that they would like to devote their full attention and will do so as soon as they complete the task they are currently involved in. Third, Park (2012) explains that the listener should listen for the emotions being expressed by the speaker and should look for contradicting body language. Fourth, the listener should repeat back to the speaker what they have just heard and confirm with the speaker if they have been understood correctly. Lastly, Park (2012) states that the listener should refrain from offering solutions or advice unless it has been explicitly solicited. Communication skills are important to any interpersonal relationship, especially with other family members. The Family Table program wants to improve families’ communication skills and get them sitting around the table again. The sixth week of the program is making time to talk and is focused on communication skills. Participants are taught how to actively listen and steps to effectively communicate.

Summary

Secure family relationships, increased communication, improved quality of family life, and significant reductions in maladaptive behaviours in children are all maintained by the consistent routine of families eating together (Daniels et al., 2012; Neumark-Sztainer et al.,
Family meals provide an organic means of conducting low-intensity family therapy. This is an effective and practical form of CBT, as it teaches families a variety of skills and techniques which can be used to work through countless issues modern families face (Wright et al., 2006; Patterson, 2014; Freire et al., 2015; Bennett-Levy, 2010; Vossler & Moller, 2015). The secondary component of the program designed promotes culinary skill development, eating habits, and nutrition. Our current societal perceptions of nutrients, meal preparation, and consumption patterns have resulted in detrimental impacts on people’s physical and mental health (Hartmann et al., 2013; Fulkerson et al., 2011; Oddy et al., 2009; Daniels et al., 2012). Today’s food-related concerns generally stem from popular food trends established in the media or how food pertains to the gain and/or loss of weight, however culinary efforts and skill sets are rarely considered and therefore are neglected. The skills and techniques found within low-intensity CBT can be taught and encouraged through the vessel of mealtimes, so too can culinary development. Together, these components create the ingredients for meaningful changes in the lives of families.
Chapter III: Method

Participants

This manual is designed to be used with the pilot research of the Family Table program, but at the time of writing was based solely on best practices according to relevant literature. The manual was designed to be used with families, especially those experiencing family dysfunction or stress around mealtimes. A family is defined as having a minimum of one guardian who is over the age of 18 and either provides the majority of meals for the child or spends a significant amount of time with the child, as well as a minimum of one child who is between the ages of 5 and 12. For the initial program, there were set inclusion and exclusion criteria for participating families. In the future, it is anticipated that the manual can be adapted for many different target populations.

The inclusion criteria for family selection were as follows:

- Families that do not engage in family meals or only to a maximum of two per week
- Families that typically purchase mostly prepackaged or processed foods
- At least one parent/guardian member can read English at a grade 5 reading level
- Families that self-identify as experiencing some form of family dysfunction
- Families that self-identify as experiencing family stress surrounding mealtimes, food, meal planning, and/or eating
- Gross household income between $30,000 and $65,000

The exclusion criteria for family selection were as follows:

- Children under the age of 5 and over the age of 12
- Families with a member(s) that has life threatening food allergies
- Children currently displaying or with histories of violent/aggressive behaviours in social/group settings (e.g. CD, ODD, etc.)
- Families unwilling to learn about healthy family meal practices such as planning meals for the week ahead of time, cooking together, and eating a minimum of three meals a week together
- Families who currently have some level of healthy family attachment indicated by time spent together engaging in extracurricular activities, parental involvement in the children’s academic and social activities, schooling and social lives, and any other natural indicators of a healthy family unit such as good communication and a calm home environment, etc.

In the future it is anticipated that the manual can be adapted to a broad variety of populations.

Participants were recruited through local agencies providing services to children and families such as Youth Diversion, YMCA, St. Vincent De Paul Society, Better Beginnings, and schools within the Limestone District School Board. Referrals were made by staff at these agencies, and final selection was made by the facilitators. Advertisements to recruit families
were also posted in these agencies and on social media. In addition to recruitment posters (Appendix A), referral forms were provided to agencies and families could self-refer or have their case manager complete the form for them (Appendix B). Consent forms specific to the study and including all of the legally required information were created. One for the parents, and another in appropriate language for the children. The research protocol and consent forms were reviewed and approved by the St. Lawrence College Research Ethics Board, and were signed by all participants before participating in the program.

**Design**

The manual was created by the author during a 14-week field placement as part of an applied thesis in the Honours Bachelor of Behavioural Psychology at St. Lawrence College. Cognitive-Behavioural skill building and psychoeducation are the primary focus of the manual. Additionally, there is a behavioural skills lesson in the first session of the program, which teaches the adults how to use modeling and positive reinforcement, in the form of praise, with their children during the cooking portions of the program. The manual is intended for facilitators to use with families experiencing dysfunction and stress at home. It provides detail descriptions of how to implement sessions each week, including instructions on leading group discussions, teaching weekly psychoeducational lessons, and running activities related to the psychoeducation and cooking. Review of best practices and research evidence was used as the basis for choosing and outlining skills used for the program. Cognitive-Behavioural concepts and skills chosen for psychoeducation included: levels of cognitive processing (e.g. consciousness, automatic thoughts, and schemas), negative automatic thoughts, cognitive distortions, cognitive restructuring, activity scheduling, PMR, deep breathing, the mind body connection, and communication skills. The techniques are described in a straightforward manner, so it is easy for facilitators to understand and implement with participants. For each session, handouts, activity sheets, summary sheets of the previous week’s lesson, and any needed content materials are provided. This is for the facilitator’s ease, and to ensure consistent delivery of the Family Table content.

**Setting**

The information session took place at St. Lawrence College in a classroom. The classroom had chairs and desks, along with a computer and projector in order to present the information needed for the session. The desks were set up in groups of four with chairs positioned around the grouping in a half moon pattern so that all participants can see the front of the classroom and the PowerPoint presentation. The idea was that families would sit together. The program sessions took place at Loblaws’ Cooking Lab in Loblaws, 1100 Princess Street, Kingston, Ontario. The lab is a bright, wide open space modelled similarly to a family’s home. This means that it includes stoves, microwaves, fridges, sinks, and other common cooking tools which families typically have in their own kitchens. This location is designed to feel comfortable, to be safe, and to best accommodate teaching.

**Measures**

At the time of the creation of the manual, testing of effectiveness was not included in the process. Upon completion of the inaugural run-through of the program, feedback was collected in the form of a participant survey. The program evaluation was given to participants in the final session of the program, and included five questions on the outcomes of the program and
improvements for future implementation of the Family Table program. The survey also provided a space for participants to leave any additional comments they had. Feedback received from the program evaluations is assessed later in the discussion chapter. For the clinical trial of the Family Table program, two measures were used. The Parenting Stress Index-Short Form (PSI-SF) (Abidin, 2012) was used to measure dysfunction in the parent-child relationship. The PSI-SF is made up of 36 questions that are scored using a 5-point scale, ranging from strongly agree to strongly disagree. Scores are divided across the following three subscales: parental distress, parent-child dysfunction interaction, and difficult child. The PSI-SF was chosen because the parent-child relationship and interactions are the main focus of the Family Table Program. The PSI-SF was filled out by participants during the information session to collect baseline data, and again during the final session of the program. One of the intentions of the Family Table program was to decrease stress of the participating families, along with increasing meals prepared and consumed together. To record the number of meals consumed and prepared together, participants were asked to fill out a Weekly Frequency Questionnaire. The questionnaire was made up of seven questions, with the intention of only analyzing how many meals were eaten and prepared together as a family. The rest of the questions were control questions to ensure participants gave truthful answers. They were asked to fill out the Weekly Frequency Questionnaire during the information session to collect baseline data, and then again at the start of each session for the duration of the program.

**Procedures**

*Part I: Introduction:* This portion of the manual provides an overview of the Family Table program. It introduces the user to the theories behind the program and provides them with some psychoeducation on: cooking and eating together, cognitive behavioural therapy and psychoeducation, food and health, and the effects of stress around meals and family time. Next is a logic model of the Family Table, which gives an overview of the inputs, outputs, resource, short-term outcomes, and long-term outcomes of the program. The final part of this section is ideas about creating a scrapbook and family resources for participants to receive at the end of the program. This allows them to have documentation of their times during the Family Table program, and a place to keep recipes and other resources for future use.

*Part II: Client Information Session:* This portion of the manual provides an overview of the client information session which will be run before the first session of the Family Table Program. Within this chapter there is a description of how the session should run, a breakdown of the eight sessions framework, information regarding consent, and directions regarding data collection.

*Part III: Weekly Sessions:* This section of the manual consists of weekly segments corresponding to each of the eight sessions in the program. Each segment includes a day’s agenda, weekly data collection information, discussion topics, psychoeducational lessons, activities, cooking lesson goals and expectations, and a summary sheet of the session’s key points.
Chapter IV: Results

Product

The Family Table Adult’s Program Edition manual (Appendix C) was created for facilitators to run the program independently in its entirety. It is to be used in conjunction with the Children’s Edition manual. The manual provides the vision of the Family Table program, literature overviews supporting the evidence-based practices used in the manual, detailed breakdowns of each weekly session, replicable required resources and materials to run all activities, and any additional notes facilitators may require. The manual describes the step by step instructions to present each session of the program thoroughly, and provides suggestions for discussion topics and cooking activities that allow facilitators to make the program unique for their clients.
Chapter V: Discussion

Summary

This thesis documented the conception of a new family therapy program, and the creation of a manual for facilitators to use for its implementation. The Family Table program came to fruition out of a gap in the literature. This gap is the demonstration of the effective combination of low-intensity family therapy and culinary education for families facing interpersonal challenges, and not eating together. It was envisioned that a program addressing this gap would be able to help strengthen such families, and improve both their mental and physical health. Creating a program combining these two elements could make an important contribution to the fields of psychology and social services.

The program is composed of both low-intensity family therapy and culinary components. The first component is presented in the form of specially selected psychoeducational tools, techniques, and strategies. The program teaches participants psychoeducation based on evidence-based CBT, and behavioural techniques and skills. Empirically validated behavioural skills such as positive reinforcement (Utter & Denny, 2016), praise (Miltenberger, 2012), and modelling (McLeod, 2016) are used to teach parents how to interact with their children, in sessions and outside the program, to increase effectiveness of the treatment. Each weekly session teaches CBT lessons based on empirically supported best practices, and include: goal setting (Bachler et al., 2016), negative automatic thoughts (Soflau & David, 2016), cognitive distortions (Wright et al., 2006), cognitive restructuring (Muris et al., 2009), activity scheduling (Brannen et al., 2013), PMR (Field, 2009), deep breathing techniques (Karren et al., 2014), and communication skills (Knapp & Daly, 2002). These skills were selected because they have been found to be effective in enhancing an individual’s ability to problem-solve, communicate, and manage relationships more effectively. The skills acquired can be used by each individual family member to enrich family relationships, and be applied to other areas of their lives.

The second component in the design of the program is hands-on culinary training, which is crucial and what makes the Family Table program novel and unique. The literature revealed a fundamental need to bring families back into the kitchen and around the dinner table (Neumark-Sztainer et al., 2013; Berge et al., 2016). Mealtimes are an age-old setting for solidifying the parent-child relationship and enriching family bonds. Cooking classes were chosen as an ideal means of including this component, as it provides practical culinary skill development, healthy family interactions, and time spent together. The organic nature of a cooking class promotes the psychoeducational skills being taught and can be easily be replicated outside of the program. The result of the combination of these two components was the eight weekly sessions that are outlined in the manual.

Strengths

When looking at the strengths and limitations of this project, there are two areas to examine, the manual itself and this new treatment program as a whole. The primary strength of the manual is its readability. The manual is easy to read and interpret. It is presented in order that facilitators can immediately start running the program on their own. With that in mind, the next strength is the fact that the psychoeducational content is created to be photocopied and used by facilitators. The manual includes handouts and work activities that can be copied and handed out immediately in their sessions. Also included are summary sheets of everything taught for each
session, which can be used for review in the following weeks. Another strength of the manual is that it leaves space, in the discussion and cooking activities, to tailor the program to the specific set of clients. This adaptability allows for future interdisciplinary and intercommunity partnership and interactions. Furthermore, the final strength of the manual is that it is widely adaptable. It can be manipulated to suit many niche populations, such as geriatrics, couples, singles, and young adults.

The main strength of the Family Table is that it is a novel idea that addresses a gap in the literature. At its core the program is a simple idea, but no interventions have yet combined cooking and psychoeducation. The program uses non-confrontational techniques that are empirically tried, tested, and can create improvements in family interactions and communication. The tools taught are beneficial to the family, and are also transferable to other aspects of the individual participants’ lives. The skills the Family Table program teaches are easily generalized. Another strength of the program is that eating is an activity we all have to do daily, so the likelihood that families will continue to use what they learn is significantly increased. If the quality of family interactions and meals benefit from the program, it will provide immediate and consistent forms of natural reinforcement that will strengthen the use of the skills learned. The last strength of the program is that it is culturally sensitive. The skills and themes chosen transcend a variety of cultures, ethnicities, and religions and can be adapted for any type of family composition.

Limitations

Although the manual and the Family Table program are innovative and unique, the following limitations should be considered. The main limitation of the proposed program and manual is that they have yet to be tested in the real world. There is no supporting research or data to justify its effectiveness. The program will be evaluated and future studies may document the success of combining culinary skills and low-intensity family therapy. Facilitators do require both the adult’s edition, described in this paper, and the accompanying children’s edition (Fazackerley, 2017) to teach the program. As previously mentioned, the manual leaves the discussion and cooking activities portions of the manual open for the facilitator to adapt to their own needs. While this can be seen as a strength, it can also be considered a limitation by those looking for a complete package. The manual does not provide step-by-step instructions in these sections, only suggested questions for discussion and recipe ideas, and thus requires some original thought. For this reason, no set scripts for discussions or exact recipes were included in this version of the manual. Another limitation is that cost or budgeting of running the program are not addressed in the manual. The final limitation is a lack of additional content for extra or alternative sessions for facilitators to run. The manual outlines eight weeks of content. There is no content for the scenario of facilitators needing to spend more time on a specific skill or if different CBT techniques would better benefit their clients.

Another potential limitation of the program and the initial research study is that it only relies on self-report data to demonstrate success. This means there a several confounding variables that could influence participants’ responses. The pilot study proposed for the Family Table program does not have a control group, to which treatment outcomes can be compared. The inclusion criteria for the initial study does not include families of lower social economic status (SES), and discriminates against their inclusion. Families with lower SES do not have the income or access to required resources to be successful with parts of the program. They would
greatly benefit from the low-intensity family therapy components, but are also faced with vulnerability and challenges. As mentioned earlier, the psychoeducational components of the program have no flexibility or variety in their presentation. This limits addressing the needs of specific participants or groups’ needs if required. The final limitation of the program is that it is limited in scope. At this point, the program is unproven and targets only certain family populations. It is the creators’ belief that if effective, the Family Table program can be applied to so many other populations and areas of concern.

**Multilevel Challenges to Service Implementation**

There are multilevel challenges to the implementation of the Family Table program and the use of the manual by facilitators to do so. These challenges occur at the client, program, organizational, and societal levels. Outlined are the potential challenges, as well as those faced during the trial research run of the program. These challenges should be considered by facilitators prior to implementing the program.

**Client level.** Most of the client level challenges revolve around internal motivation for change. The client must want to change and be motivated to do so in order to incorporate and sustain in daily life the skills and techniques taught in the Family Table. Participants have to be willing to commit two hours of their time for eight weeks. The program also requires a commitment from not just an individual, but all members of the family. Everyone has to show up to the sessions and buy into the content for it to work. Resistance is a significant client challenge, and has to do with willingness to participate in activities, using the skills that have been taught, and being open to trying new foods and ways of thinking. Another challenge is reinforcing clients during session. Everyone has different reinforcement preferences and needs, and it can be difficult to select what will work for the whole group of participants. Finally, a practical challenge faced by participants is transportation to sessions.

**Program level.** The fact that the Family Table program is a new and untested treatment is the main challenge at this level. It is unknown how well the activities will work and if the content is presented in the most effective way. In the early stages of creating the manual, it was challenging to plan out lessons without details and certainty of settings and resources available. The sessions were envisioned with unlimited access to resources, and written in the manual to be adaptable for facilitators. Another challenge faced at the program level is presenting the adult psychoeducation in an ineffective setting. The Loblaws cooking lab only had one room, so adult psychoeducation was taught in the causal sitting area outside. The program was designed for the adults and children to be separated for the psychoeducational component. The final challenge at the program level was the techniques and skills used with the Family Table program are not effective if clients do not practice and use them on their own at home.

**Organizational level.** The creation and implementation of this study was a unique endeavour. As such it had different challenges at this level because the program was run with assistance from two organizations not under one. This led to adapting the original vision of the program to suit the needs and wants of both the organizations. Limitations and parameters were placed on the project because one of the organizations involved deals with research, so they have different requirements and standards than the typical social service agency. The program will be run in partnership with Loblaws, which brought new ideas and resources that were incorporated into the final product. Though challenging, these alterations were made to ensure the pilot program and its evaluation could be carried out so as to assess the impact of the program. There
were also inter-organizational communication challenges faced throughout the project. It was important to keep in contact throughout the development process to keep everyone up to date and make sure deadlines were not missed, especially as the manual was being created. The final challenge at the organization level was resources. It was not possible to have the funding for all elements desired for the initial run-through, which required occasional improvisation.

**Societal level.** Most of the challenges faced at the societal level revolve around public opinion and ways of thinking. It was difficult to inspire faith and confidence in the program in some areas of the community. With a concept so simple, it may have seemed unworthy of funding or attention to some people. One of the biggest challenges the Family Table program faces is that pre-crisis family intervention is not widely-recognized as a priority. It is common practice to address behavioural, mental health, and family challenges as they occur, instead of being proactive and creating programs to address them beforehand. It is a different way of thinking, but one that could prove to be most effective. This goes with the next challenge, which is that contemporary meal priorities do not support the themes and vision of the program. As mentioned earlier, everything is in a rush in western society and we are not taking the time to cook and eat together, as well as reap the benefits that come with these activities. Another challenge was potential stigma facing parents participating in the program. Others might see them as poor providers, or judge them for seeking family therapy services.

**Contributions to the Field of Behavioural Psychology**

The present study contributes to the field of behavioural psychology because the literature reviewed and analyzed provided evidence that creating a program combining cooking, eating, and low-intensity family therapy may have a positive impact on families in need through community-based programming. The creation of this manual and the research to follow on the program may lead to the diffusion of a new treatment option. Practically speaking, this study provides a manual for facilitators and organizations in the community to use and adapt for future use with a variety of different target populations. The program has the potential to strengthen families in several areas and increase nutritious family meals on a large scale. The program outlined in this manual addresses family needs that are not considered to be in a crisis stage, and this can lead to future programming that addresses a currently underserved population. This program is an early intervention, which allows families to acquire skills they can use in the event of greater family challenges. In future programming, this can be used as an early and easy intervention to teach families to be self-sufficient and independent with any upcoming challenges. The final contribution to the field is that this program can open up new areas and populations in society for CBT and behavioural applications.

**Recommendations for Future Research**

As previously noted, there are areas to be addressed in future research; these may lead to modifications in the program. The majority of these recommendations apply to the Family Table program itself, and it should be noted that the scope of this thesis was the creation of the program and a manual. At this time, the program is being evaluated, and further assessment and evaluation of the program would be the first recommendation. Future research on the program should have larger treatment samples and compare them with a matched control group, e.g. families on a waiting list. It was not possible to have as many participants as desired in the pilot testing, due to limited funding, time, and available space. For the same reasons, it was not possible to form a control group. Future researchers could also include another group of
participants who only received culinary skills training and activities for comparison with those in the full program with culinary skills and low-intensity family therapy, and with no-treatment control group. It is recommended that future research measure changes in different variables, while running the Family Table program. The initial study will assess the effects the program has on the number of meals consumed and prepared together and dysfunction in the parent/child relationship. Future studies could measure variables such as communication, mood, and attachment. There could also be implementation of a means to empirically test the efficacy of the psychoeducation techniques taught. The manual could be updated for future studies. It is recommended that the manual include actual recipes that could be used be facilitators running the program. Another addition would be a more in-depth discussion section that included set scripts to lead discussion groups with participants. The main recommendation for future research is adapting and modifying the program for different populations such as addictions, geriatrics, youths, couples, and others. The Family Table program teaches simple concepts in a low-intensity setting that makes it suitable for several other populations and areas of need in the community.
References


THE FAMILY TABLE PROGRAM
ST. LAWRENCE COLLEGE & THE CENTRE FOR EDUCATION, BEHAVIOURAL RESEARCH & INTERVENTION IN THE COMMUNITY

ABOUT THE FAMILY TABLE
The Family Table is a program designed for families experiencing difficulties surrounding mealtimes, cooking family meals, and spending time together.

This program incorporates low-intensity family therapy and cooking lessons in order to increase meals shared as a family, cooking together at home, and experiencing better quality time spent together.

THE PROGRAM
The Family Table is a FREE 8 Week research program designed to strengthen family relationships and bring families back into the kitchen around the table. Held at Loblaws Cooking Labs at the Kingston Centre location, each week families will participate in a 45 minute low-intensity therapy session and a 1 hour cooking class as a family.

THE RESEARCH
- As few as ONE family meal per week greatly reduces a child’s risk of experiencing an eating disorder, obesity, substance abuse, and academic failure.
- Families who spend time cooking together experience strengthened relationships, better communication, greater feelings of safety and trust.
- Children who eat with their families are less likely to experience depression, social anxieties, and report feeling more confident and secure in their daily lives.

PARTICIPATION
Upon a participant screening, families entered into the program are required to:
- commit to attending for all 8 weeks
- complete 2 brief surveys, as well as 1 weekly survey
- sign consent & confidentiality forms to keep everyone safe

For Registration Information Contact:
Scott Dennison
sdennison30@student.sl.on.ca
or
Kate Fazackerley
kfazackerley28@student.sl.on.ca
Is Your Family Spending Time Around The Dinner Table?

If not, then The Family Table Program can help...

- Literature demonstrates that as few as ONE family meal per week significantly reduces a child’s risk of experiencing an eating disorder, obesity, substance abuse, academic failure, and other challenging issues.
- When families spend time cooking and eating together, family relationships are strengthened through more effective communication, greater feelings of safety and trust.
- Children who eat meals with their families are less likely to experience symptoms of depression, social anxieties, and have reported feeling more confident and secure in their daily lives.

The Family Table Program is an 8-week research program designed to strengthen family relationships through Cognitive Behavioural Therapy and Cooking Lessons. Each week families will participate in a FREE Cognitive Behavioural Therapy Session and then enjoy an interactive cooking lesson as a family!

We are looking for families who may be experiencing family stress, a desire to strengthen family relationships, an interest in learning more about healthy eating habits and cooking, and would like to increase the amount of time spent together as a family around the dinner table and more!
## Appendix B: Referral Form

### The Family Table Program

#### Referral Form

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<th>Inclusion Criteria</th>
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<tr>
<td>Families that do not engage in family meals or only to a maximum of 2 per week</td>
<td>Children under the age of 5 and over the age of 12</td>
</tr>
<tr>
<td>Families that typically purchase mostly prepackaged or processed foods</td>
<td>Families with a member(s) that has life threatening food allergies</td>
</tr>
<tr>
<td>At least one parent/guardian member can read English at a grade 6 reading level</td>
<td>Children currently displaying with histories of violent/aggressive behaviours in social/group settings (e.g. CD, ODD, etc.)</td>
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<tr>
<td>Families that self-identify as experiencing some form of family dysfunction</td>
<td>Families unwilling to learn about healthy family meal practices such as planning meals for the week ahead of time, cooking together, and eating a minimum of 3 meals a week together</td>
</tr>
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<td>Families that self-identify as experiencing family stress surrounding mealtimes, food, meal planning, and/or eating</td>
<td>Families who currently have some level of healthy family attachment indicated by time spent together engaging in extracurricular activities, parental involvement in the children’s academic and social activities, schooling and social lives, and any other natural indicators of a healthy family unit such as good communication and a calm home environment, etc.</td>
</tr>
</tbody>
</table>

#### Agency Name:

#### Name of Individual Writing Referral:

#### Name of Family:

#### Number of Adults:

#### Number of Children and ages:

#### Family Contact Information:

#### Agency Contact Information:

I am referring the family mentioned above to The Family Table Program based on the inclusion and exclusion criteria provided above.

---

Signature

Date
Appendix C: The Manual
The Family Table Program Manual

Adult’s Program Edition

Developed by: Scott Dennison
Bachelor of Behavioural Psychology Honours, BBPH
St. Lawrence College & CEBRIC
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Part I:
Introduction

“If you can't feed a hundred people, then feed just one.”
-Mother Teresa
The Family Table Program

This manual is designed for facilitators interested in implementing The Family Table program within their agency or institution. The Family Table Program Manual exists in two parts, the second of which is the adult’s facilitation manual which you are currently reading, and the first part is the children’s facilitation manual, *The Family Table Program Manual: Children’s Edition* (Fazackerley, 2017). The program has a running time of eight weeks, each session is two hours in duration, and each session is split into 45 minutes of Cognitive Behavioural Therapy, during which time children and parents learn separately, and 75 minutes of a family cooking lesson.

The Family Table program has been designed for families who are experiencing moderate dysfunction and stress, particularly surrounding meal times, meal preparation, spending time together as a family, and maintaining strong family relationships. Literature demonstrates that families with school age children experience a significant amount of stress surrounding these challenges (Fulkerson et al., 2011) and throughout the program you will see why overcoming these barriers as a family can greatly improve their quality of life as a family unit.

This program has a very clear and seemingly simple mission, which is to bring families back into the kitchen and around the dinner table. This idealistic vision hopefully brings back fond memories of your own time spent around the table, eating home cooked meals, surrounded by the people you love. Somewhere along the line the value we as a society held regarding food and what that can do and mean for our families changed and priorities changed. The Family Table program has undertaken the ambitious challenge of creating a modern family table. Psychoeducation, nutrition, and culinary skill development all culminate into a program which brings the entire family back to basics. By teaching adaptive techniques, tools, and skills to manage stress, time, values, and communication through low-intensity Cognitive Behavioural Therapy and psychoeducation, as well as bringing the family back into the kitchen for short and comprehensive hands-on cooking lessons, families will be able to cook together, eat together, and grow together.

As you read through this facilitator’s manual keep in mind that the treatment goals are to increase the number of meals eaten as a family, to increase the number of meals cooked together in the home, and to decrease feelings of stress within the parent/child relationship, all of which will be measured through careful data collection. However, be equally mindful of the evidence of treatment success which will not be so easily measured, such as anecdotal information and feedback. Lastly, find parts of the program that you identify with as a facilitator. Whether it be eating a more balanced diet, cooking more frequently, communicating emotions more effectively, or sharpening active listening skills. When we are committed to the education and tools that we teach we can make genuine connections with our groups as they too are making that commitment.
Chef John Besh once said “Growing up, I learned most of life’s important lessons at the dinner table”. The Family Table program provides parents and children with the skills and tools they need to create a quality family life worth cooking for.

**Cooking and Eating Together**

The ever increasing societal demands placed on parents and their children to accomplish more in less time has influenced every aspect of daily living, including meals. As a result, the way in which parents and children view and value meal times has significantly changed. The value of food was once based on descriptions such as homemade, comforting, natural, memorable, and shared. Now the value of food is often based on descriptions such as easy, efficient, cheap, and ready-to-eat. To avoid the stress of mealtimes, families have taken favour with more convenient options despite the sacrifices to their family’s health and nutrition, quality time spent together and skill development. Though French fries, canned foods, and microwaveable meals have their place and even some positive attributes, conceding our own health and well-being, as well as that of our families, is much too perilous.

The risks and consequences are not always immediately apparent, but research demonstrates that they exist and they permeate our lives and those of our children, increasing stress and further straining the parent-child relationship. Neumark-Sztainer, Wall, Fulkerson, and Larson (2013) explain that when families create a routine of eating meals together more frequently, the risk of children and adolescents seeking or living with maladaptive behaviours such as substance abuse, dietary disorders, depression, and poor academic performance are significantly reduced.

Special occasions and holidays seem to dominate reasons for having a family meal. However, Neumark-Sztainer et al. (2013) explain that the structure of a family meal is an ideal opportunity for parents and children to bond, communicate, and strengthen their relationships with one another. Furthermore, regularly scheduled family meals can reduce depressive symptoms in children and adolescents, as well as increase social competencies and decrease feelings of stress (Offer, 2013).

When families cook together and eat together their purpose changes collectively. What may begin as a means of simply feeding the body becomes so much more such as an opportunity to connect with the food that they are putting in their bodies, where it comes from, how it is mixed, measured, and cooked to create a meal or not just a location to eat such as the dinner table, but a meeting place for conversation, problem solving and building relationships. As the Cognitive Behavioural Therapy model demonstrates, when we change our thoughts we change our behaviours and The Family Table program is in part designed to change the way our clients think about eating and cooking together.

“If you’re stressed, then it’s fine dining we suggest!”

-Disney’s Beauty and The Beast
Cognitive Behavioural Therapy & Psychoeducation

The Family Table Program has been designed to combine low-intensity Cognitive Behavioural Therapy (CBT) and structured psychoeducation into age appropriate lessons aimed directly at challenges related to family meals, food, and family dysfunction.

Vossler and Moller (2015) suggest that low-intensity family therapy, which is akin to structured psychotherapy, can be significantly beneficial and economical. High-intensity therapy, as it compares to low-intensity family therapy, calls for a more direct and aggressive approach in solving a very specific and often isolated family crisis. This form of therapy is very helpful and can bring families through highly complicated and critical problems. However, due to the nature of low-intensity family therapy, the focus on building up protective factors and honing in on risk factors, families learn the skills they require to better communicate, problem-solve, and mediate in a variety of areas instead of devoting high-intensity therapy to one major family issue, which is often better treated with a more intensive intervention (Vossler & Moller, 2015). A common low-intensity therapy technique used when working with families is CBT as it includes assessment, feedback, and routine evaluation, which can help families progress through therapy in the direction that is best for their family (Patterson, 2014). The use of low-intensity CBT intervention strategies involves changing the way services are delivered, changes made to routines practices, and the way in which service providers communicate, all while adapting interventions to the specific needs and contexts of their clients (Bennett-Levy, 2010).

This program will be using the strategies found within CBT such as transforming Negative Automatic Thoughts, Activity Scheduling to manage stress, Progressive Muscle Relaxation and Deep Breathing to decrease stress and increase relaxation, and data collection to assess behaviour change. Additionally, structured psychoeducation regarding effective communication skills, cognitive distortions, and the mind/body connection will be used.

The premise of CBT as a therapy model which demonstrates that our thoughts, feelings, and behaviours are constantly influencing one another is an effective and comprehensive model for both children and adults to follow. As you progress through each week, literature and handouts will be provided at age appropriate levels to help you facilitate conversation surrounding these tools, skills, and concepts, in addition to activities designed to help clients practice their newly acquired skills and reinforce the new information they have learned.

“We are shaped by our thoughts; we become what we think. When the mind is pure, joy follows like a shadow that never leaves.”

-Buddha
Food & Health

Our minds and bodies have a strong and interconnected relationship. Our bodies are greatly impacted by the foods that we eat, therefore it only stands to reason that our minds are equally affected by what we consume.

An important part of The Family Table program is not simply changing the way our clients think about food in terms of it being a vehicle for creating strong family relationships, but to have them consider the role food plays in our mental health.

In week three of the program, clients will be learning about the ways in which our food can influence our mood, sleep, brain power, and a whole host of cognitive and psychological functions. The literature surrounding food and our mental health is extensive and both dietitians and psychologists agree that what we eat can play a significant role in our mental wellbeing. Here are some evidence-based facts pertaining to what we eat and how we feel:

- In adults, meals which are high in carbohydrates reduce reaction time, concentration, and motor function (Kaplan, 1988)
- There is a positive relationship between family connection, mental wellbeing, and cooking skill ability (Utter, Denny, Lucassen, & Dyson, 2016)
- Evidence exists linking a balanced diet, positive mood, and better cognitive abilities. A diet consisting of the required intake of fruits and leafy greens can contribute to more adaptive behaviours (Oddy et al., 2009)

For additional information regarding what we eat and how it impacts our mental health status, please see the handouts within the Week Three chapter of this manual. While the adults will be learning more about food and its influences from a more scientific standpoint, the children will be focusing on learning more about where their food comes from and the impact that food has on their bodies. The hope is for all participants to consider food from yet another perspective and to challenge the idea that healthy foods simply have to do with managing our appearances and other purely physical health-related concerns.

"Life expectancy would grow by leaps and bounds if green vegetables smelled as good as bacon."
- Doug Larson
The Effects of Stress Around Meals & Family Time

Stress and time are eternally bound, and the amount of time people devote to preparing meals can often be related to the value placed on mealtimes, and the amount of stress associated with mealtimes. It is influenced by a multitude of factors such as organization, financial standing, and prioritization (Daniels, Glorieux, Minnen, & van Tienoven, 2012). When food and meal preparation are associated with pleasurable activities, social interaction, and for the purpose of bringing pleasure to others, as opposed to strictly self-sustenance, the desire to spend more time and dedication in the kitchen increases (Daniels et al., 2012).

As parents of school-aged children experience some of the greatest amounts of stress around mealtimes, a study by Fulkerson et al. (2011) determined, through a survey following the completion of an experiment, that the most helpful programs for parents include: tips about feeding, family friendly recipes, skills surrounding meal preparation and planning, and increasing the variety of foods the family will eat.

The Family Table program is designed to tackle this stress from two directions. One, it will create practical solutions to alleviate stress by spending time on further developing cooking skills, creating opportunities for children to try new foods and learn how to help in the kitchen, providing a resource for child-friendly recipes that can be made quickly, and learning ways to manage time and increase organization through activity scheduling. The second way is by providing parents and children alike tools and strategies for promoting relaxation and reducing feelings of stress or anxiety. In Week Seven, clients will be introduced to deep breathing, Progressive Muscle Relaxation, the importance of self-care, and other ways of coping with these intense feelings in an adaptive way.

Another way the program works to reduce stress surrounding meals and mealtimes is by working through negative automatic thoughts and cognitive distortions related to these feelings of stress. Families by nature are chaotic and the demands and pressures placed on parents and their children are always increasing. Participating in this program will not make all of life’s problems disappear! However, by teaching evidence-based strategies, coping mechanisms and other practical tools to empower our clients to acknowledge, process, and then address these situations and feelings on their own, we are setting them up for success.

Our hope is that not only will they use these acquired skills and strategies within the home and with their families, but that they will generalize to their schools, workplaces, and other relationships in their lives.

“You cannot control what happens to you, but you can control your attitude toward what happens to you, and in that, you will be mastering change rather than allowing it to master you.”

-Sri Ram
The Family Table Logic Model

The above logic model gives a broad overview of the intended purpose and goals for The Family Table program. While there are other variables which may contribute to the short and long term outcomes, the main areas indicated above are considered to be the primary factors causing the listed outcomes.
Scrapbook & Family Resources

At the end of The Family Table Program, we would like each family to take away a scrapbook filled with memories from their time in the program, recipes they created as a family, and all of the handouts and resources from the psychoeducational sessions.

It is our hope that the families will not only keep this book as a reminder of time they spent together working on their family unit, but that they will also refer back to it and use it as a resource.

To create the contents for their scrapbook, put together the following items:

✓ Dividers for each week
✓ The children’s and adult’s content related for each week (this may include handouts, worksheets, and summary sheets)
✓ The recipes from each week
✓ Pictures taken of the family during each week’s cooking lesson

Organize and decorate the scrapbook anyway you like and in any order you feel is best. Feel free to add any additional resources you may have used, any additional resources from your agency or others, and blank copies of thought records, activity schedules, and any other resources families can use.

Present the finalized scrapbook to each family at the graduation party during week 8 and include a space in the back where they can keep their graduation certificates.
Part II:

Client Information Session

"I never met a meal I didn't like!"

-Miss Piggy
**Introductions & Overview**

This is the first exposure to the program that participants will have, outside of the advertising that recruited them initially. The information session should be held in an open space with tables or writing space for the participants. For this session, writing utensils for participants and, if possible, an overhead projector to display information for everyone will be needed. This meeting should not take longer than 45 minutes to an hour. Take this opportunity as facilitators of The Family Table program to introduce yourselves to clients and provide an overview of the program. One of the goals for this session, outside of providing them with the information they need to participate in the program, is to begin building rapport. If possible, share a little about yourselves, including education and training backgrounds, interests in nutrition and strengthening families, and the hopes and vision for how the program will run. Try to make this a relaxed setting and feel free to answer any questions participants may have about you or the program. This session should be a safe space and make everyone feel comfortable and welcomed.

After the introduction, provide a brief overview of the program and what the participants will be doing. Give a description of the program broken down by week, which is outlined in Figure 1. Project the weekly breakdown for everyone to see or provide handouts for participants. This should be a brief listing of the themes and activities for each week, to give participants a taste of the program and an idea of what to expect in the weeks to come. Again, make sure clients feel free to ask questions or voice concerns and provide any other necessary logistical and safety information they may require above and beyond the information provided in the consent forms.

The information session should include the following information and adhere to a similar layout as the following:

1. Welcome participants and thank them for coming
   a. An optional step would be to provide refreshments for participants
2. Introduce team members
3. Congratulate the families for taking the first step towards strengthening their family unit and increasing their physical and mental health by participating in the program
4. Provide a brief summary of the program, including its goal, mission, and reason for being
5. Provide an outline of the 8 weeks, including the psychoeducational topic for the week, as well as the food theme for the week. This outline can be found in Figure 1
6. Hand out consent forms and go over them with the group. Allow plenty of time for participants to read over it carefully and ask questions (Figure 2)
7. Ensure that everyone has your contact information and review the start date and location of the program
8. Thank everyone for coming and provide a little time at the end for additional questions, comments, or concerns
Week One
- Introductory Session (Looking forward)
- Fun decorating food

Week Two
- The importance of gathering and why we don’t (Benefits)
- International food to share

Week Three
- How we see food (Values)
- Family recipes

Week Four
- Dinner time chaos (Negative Automatic Thoughts)
- 30 Minute Meals

Week Five
- Preparing for the week together (Activity Scheduling)
- Easy lunches

Week Six
- Making time to talk (Communication Tools)
- Weekend dinners

Week Seven
- Fun as a family (Stress Reduction)
- Family night snacks

Week Eight
- Graduation Party (Looking Back)
- Celebration foods

Figure 1. A breakdown of The Family Table Program by week. Each week includes a psychoeducational theme and a food activity theme.
Consent

With introductions and the program overview finished, it is now time to collect consent forms from participants. Agencies should have consent forms that can be tailored for use with the Family Table program, however sample consent and assent forms are available (Figure 2). As a group, go over the consent forms and allow time for families to ask questions before filling them out on their own; at the same time child participants will need to go through an assent form with their parents/guardians. The consent form should explain the purpose of the program, potential benefits and risks to participating, confidentiality of personal information, participants’ right to withdrawal from the program at any time, and contact information for further information. Forms should be passed out and participants should be instructed to read them in their entirety and sign them. Participants should be given adequate time to read their own forms and read the assent forms with their children. All participants should receive a photocopy of the signed consent form they filled out and should be made aware of this at the information session.

During the group overview of the consent forms, areas to highlight should include the rights of each participant, any risks of harm as a result of participation, and the benefits clients may expect to experience as a result of participation.

Ensure that contact information is prominently displayed for easy access and reiterate that families are welcome to contact you at any point if they have questions, comments, or concerns. It is important to note that if families want to further discuss problems they are experiencing at home or other issues which would be more suitable for focused family therapy, that boundaries are established and referrals made to an agency or individual who could provide them with the services they require. While we will encourage participants to be open, share, and work through the stresses that may permeate their families or even their own personal lives, it is important that the focus for this program remain on stress surrounding meals, family time, family meals, and other food, nutrition, and family bonding related topics.

“There was never a night or a problem that could defeat sunrise or hope.”
-Bernard Williams
Child Assent Script

Hi there! Our names are Scott and Kate, and we are students at St. Lawrence College. We are doing a research project and we would like your help. If you take part in our project, we will show you how to talk openly with your parents, how to learn more about healthy eating, and how to cook meals together with your parents. We will also ask you to complete a short survey.

We will meet once a week for 2 hours with you and your parents to learn more about working together as a family and cooking fun dishes together. We will do that for 8 weeks. At the end of the 8 weeks, we will ask you to fill out another survey. We hope that by learning more about healthy eating, easy ways to talk with your parents, and cooking together, meal times at home will become more fun and interactive.

If you have questions while taking part in this research project, you can talk to us or your parents any time. You are free to take part or not. If you would like to stop at any time, just let us or your parents know.

Do you have any questions?

Would you like to take part?

If you would like to help us with our research project, please write your name below:

_________________________________________________________
Project: The Family Table  
Co-Investigators: Scott Dennison & Kate Fazackerley  
Principle Investigator: Kim Trudeau-Craig  
Institution: St. Lawrence College  
Institution/Agency: CEBRIC

Invitation

You are invited to take part in a research study. We are students in our 4th year of the Behavioural Psychology program at St. Lawrence College and we have teamed up with The Centre for Education, Behavioural Research and Intervention in the Community (CEBRIC) to create an applied thesis research project. The information in this form will help you understand our project. Please read the information carefully and ask all the questions you might have before you decide if you would like to take part.

Why is this research study being done?

Our project is called The Family Table. It is an 8-week program designed to help families learn more about the importance of sharing meals together, teaching children how to feel comfortable in the kitchen, and how parents and children can increase the strength of their relationships. This will be done by participating in a 2-hour session once a week, where you and your family will learn helpful life skills and tools, as well as participate in a fun cooking class together. Data will be collected during the program in the form of a questionnaire to be completed once at the beginning of the program and again at the end, as well as a short questionnaire each week to help keep track of information such as how many meals the family have shared together that week. This data will help inform us on the program’s success and for educational purposes. All data will be presented anonymously leaving out any identifiers that would breach confidentiality.

Participant Inclusion and Exclusion Criteria

Participants will be required to meet the following criteria to participate in the program. These criteria are for research purposes.

Inclusion Criteria

- Families that engage in a maximum of 2 family meals each week
- Families that typically purchase prepackaged or processed foods
- At least one parent/guardian can read English at a grade 5 reading level
- Families that self-identify as experience some form of family dysfunction
- Families that self-identify as experiencing family stress surrounding mealtimes, food, meal planning, and/or eating
- Gross household income between $30,000 and $65,000

Exclusion Criteria

- Children under the age of 5 and over the age of 12
- Family with a member(s) that has life threatening food allergies
- Children currently displaying violent/aggressive behaviours in social/group settings
- Families willing to learn about healthy family meal practices such as planning meals for the week ahead of time, cooking together, and eating a minimum of 3 meals a week together
- Families who currently have some level of healthy family attachment indicated by time spent together engaging in extracurricular activities, parental involvement in the children’s academic and social activities, etc.
What will you need to do if you take part?

If you choose to take part in the study there will be eight, 2-hour sessions of The Family Table program. Sessions will be held on weekday evenings at the Loblaws cooking labs at the Kingston Centre and will be run by Scott, Kate and a clinical supervisor from St. Lawrence College. Each session will include a fun cooking activity for your entire family. The goal of these activities is to participate as a family and enjoy your time together preparing and then sharing your finished product! You will be encouraged to use skills you learn in the sessions throughout the week in your home and we will provide tools to help make that possible. The more you and your family practice the skills you will be learning, the greater the benefits you will see.

There are therapeutic tools and strategies which will be taught throughout the course such as breathing techniques to calm anxiety and reduce stress, cognitive restructuring which teaches participants to notice negative thoughts and replace them with positive ones, and other helpful tools and techniques. To measure whether these tools are working, two types of data will be collected during the project which will involve participants completing surveys. These surveys are:

1. The Parental Stress Index (Short Form). This survey will be filled out by parents once during the first week of the program and once during the last week of the program. The survey takes approximately 15-minutes to complete and is done with paper and pen.

2. A weekly frequency questionnaire. Each week at the beginning of the session, parents will be asked to fill out a short questionnaire that ask general questions about meals, cooking, groceries, and other food related habits from the previous week. The questionnaire will be completed using paper and pen, and will take approximately 2-minutes to complete.

What are the potential benefits of taking part?

The potential benefits of taking part in this research study may include eating more often together as a family, cooking more meals at home, healthier eating habits, better cooking skills, less stress and anxiety about meal times and overall increased quality of life for you and your family. Studies have shown that when families prepare and eat meals together regularly, family tension is reduced, communication between family members increases, and the risk of children experiencing obesity, substance abuse, eating disorders, and academic breakdown are substantially reduced.

What are the potential disadvantages or risks of taking part?

The risks from taking part in this research study are minimal but may include having to make time to attend the 2-hour sessions during your week, encouraging your children to actively participate, and openly participating in discussions during sessions may cause some discomfort or emotion (e.g. family dynamics, budgeting, communication skills, values, priorities, etc.). Physical risks may occur while engaging in the cooking lessons (e.g. allergic reactions).

What happens if something goes wrong?

Everybody is different and if you or your children have any strong reactions to the program or questionnaires, you may talk to Scott, Kate, or the principle investigator, Kim Trudeau-Craig. If there is a medical emergency which takes place during the cooking lessons, all the proper medical procedures will be followed. The kitchen is equipped with up-to-date first aid kits. A large component of the cooking lessons is learning about safe meal preparation, handling of food, and kitchen equipment. Kitchen tasks and participation will be highly encouraged, but based on skill level and age appropriateness (e.g. boiling water vs. tearing lettuce). Also, each week ingredients will be discussed before any food handling begins and any allergies or food sensitivities should be disclosed during the introduction session.
Will the information you collect from me in this project be kept private?

We will make every attempt to keep any information that identifies you strictly confidential unless required by law. The consent forms and completed questionnaires will be kept in a locked filing cabinet at St. Lawrence College in the CEBRIC office. The computer files with the study data will be kept in a password protected file on a secure, password protected computer. All study documents and results will be kept securely for 7 years at St. Lawrence College in the CEBRIC office, after which they will be destroyed. Your name or other identifiers will not be used in any reports, publications, or presentations resulting from this project.

Confidentiality

All information collected from surveys, questionnaires, and during sessions will be kept confidential. Limitations to confidentiality include: files subpoenaed by court of law; suspected or disclosed child abuse or neglect by any persons; and/or a reported risk of harm to the client or to others.

Your name or other identifiers will not be used in any reports, publications, or presentations resulting from this project. Additionally, no participants’ names or personal information will be used in any forms of dissemination, nor will data/results be linked to any participants by name. When specific participants or results are discussed in any form (e.g. publication in any peer reviewed journal, presentation of results at conferences, etc.) fake names will be used for participants’ to maintain confidentiality.

Do you have to take part?

Taking part is voluntary. It is up to you to decide whether to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. You are free to stop taking part at any time without giving any reason and without experiencing any penalty or negative effects. If you decide to stop, please speak to Scott, Kate or Kim Trudeau-Craig. If you choose to withdraw from the study, you can ask that your data not be used if you wish.

Contact for further information

This project has been reviewed and approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Kim Trudeau-Craig, principle investigator from St. Lawrence College and CEBRIC. We appreciate your cooperation.

If you have any additional questions or concerns, feel free to ask us, Kate Fazackerley (kfazackerley28@sl.on.ca), or Scott Dennison (sdennison30@sl.on.ca). You can also contact our Kim Trudeau-Craig (ktudeau-craig@sl.on.ca) or you may contact the St. Lawrence College Research Ethics Board at reb@sl.on.ca.
**Consent**

If you agree to take part in this research project, please complete the following form and return it to us as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained in the CEBRIC office in a secure cabinet at St. Lawrence College.

By signing this form, I agree that:

- ✓ The study has been explained to me.
- ✓ All my questions were answered.
- ✓ Both the possible harm and benefits of this study have been explained to me.
- ✓ I understand that I have the right not to participate and the right to stop at any time.
- ✓ I am free now, and in the future, to ask any questions I have about the study.
- ✓ I have been told that my personal information will be kept confidential.
- ✓ I understand that no information that would identify me will be released or printed without asking me first.
- ✓ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

____________________________________  ______________________  _____________
Participant Name                     Signature of Participant  Date

____________________________________  ______________________  _____________
Student Printed Name                Signature of Student        Date

*Figure 2.* Sample consent and assent forms which can be tailored for any population, agency, or institution.
Baseline & Program Data Collection

The final task for the information session is to collect baseline data from the adult participants. The child participants will not be required to provide any data during the program other than a short program evaluation as feedback during the last session. The purpose of collecting data from participants is that it will help track their progress throughout the program and can be a helpful visual tool as facilitators to find areas which may need more attention. During the information session, parents or guardians will be completing two questionnaires, the Weekly Frequency Questionnaire and the Parenting Stress Index Short Form (PSI-SF).

The Weekly Frequency Questionnaire is a quick seven question form that will be given to the adult participants at the start of each session. Its main purpose is to collect information on the number of meals each family cooks and eats together. The questionnaire also includes control questions; which data will not be collected or recorded. The control questions are included to keep the participants blind to the purposes of data collection so that they cannot or are less likely to falsify their responses. Take time to explain that this is a quick survey, which will be given out each week. Provide time for participants to fill this out and allow for any questions they may have. The Weekly Frequency Questionnaire can be found in Figure 3.

The PSI-SF is also a questionnaire that will take adult participants about 15-20 minutes to complete. Participants should be informed that they will be asked to fill it out during the information session and then once again in the final week of the program. Monitor participants and be available to answer any questions they may have as they complete the questionnaires. The PSI-SF has not been included in this manual as it must be purchased. The PSI-SF is not a necessary part of providing this programming, however it can be a very effective way of measuring reductions in stress within the parent/child relationship following the implementation of the program.

“Data! Data! Data! I can’t make bricks without clay!”
-Sir Arthur Conan Doyle
Figure 3. Weekly Frequency Questionnaire which parents will complete at the beginning of each session.
Part III:
Weekly Sessions

“Life is a combination of magic and pasta.”
-Federico Fellini
WEEK 1: INTRODUCTORY SESSION

The first week of the program is designed to ensure everyone becomes acquainted with the format of the program and have them start thinking about what they want to take away from their experience. To begin, go over the rules and guidelines for the psychoeducational and kitchen portions of the session. Next, the adults will be taught some behavioural tools, which they can then start using during the cooking portion of the session. Then, there will be a group discussion and activities all with the intention of getting participants to think ahead, and increase their motivation and participation. Teaching participants to think ahead will increase their investment in the program and willingness to change.

Meet and Greet

To start the first week, welcome everyone and introduce yourself again for anyone who may not have been at the information session. Provide an icebreaker like having everyone say who they are and something about themselves. Nothing too elaborate, but enough to get everyone comfortable with each other and learn each other’s names fairly quickly. Every week a brief form of meet and greet can be done with the participants. Following the meet and greet, the day’s agenda should be briefly read through. This can be presented in various ways from written on a board to handouts passed out to each participant. However it is displayed, it should be easily visible for all participants throughout the session.
Rules and Etiquette

For the first week, list and explain rules and etiquette to be followed while participating in the Family Table program. In following weeks, simply remind participants of the rules and possibly post them somewhere for all to see. Provided are the rules we set for our initial group, but feel free to add and adjust them to your preferences and needs.

Rules:
- Treat each other with respect.
- Be open minded and try new things.
- Listen to what everyone has to say.
- Anything personal shared stays here.
- Share your thoughts. Discussions are only as good as what you put into them.
- No violence or threatening people here.
- Follow the instructions of the cooking staff. It is for your own safety.
- Report any injuries if they happen.
- Never be afraid to ask questions.

Weekly Frequency Questionnaire

Every session, after listing the day’s agenda, have the adults fill out the Weekly Frequency Questionnaire. This will be their “homework” for the week. Pass out the questionnaire and provide writing utensils for them. Once they are finished, collect them and store them safely for future analysis and research purposes. The Weekly Frequency Questionnaire and be found in Figure 3.

Group Discussion

Each session the week’s theme will be introduced and will be the main topic for a group discussion. This will bring out some information about the participant’s home life, encourage the group thinking about new ideas and concepts, as well as give them the opportunity to learn and problem solve with other group members. To begin, start the discussion off by introducing topics or questions that are relevant to the week’s theme. The first week is an introduction and you are looking to learn about how each family eats at home. Also, find out their expectations and concerns about the process of participating the program, while encouraging them to think openly about change. Discussions should extend for 5-10 minutes or until everyone has participated. Be mindful of the time and ensure that the group is being moderated in such a way that allows all who wish to share, the opportunity to do so.

Suggested discussion topics and questions:
Eating habits, Eating/Cooking Challenges, being open to change, expectations, fears, and hopes for the program.
**Behaviour Skills Lesson**

For the first session, we want to teach the parents/guardians some behavioural terms and concepts, so they can use them during the cooking activities and at home with their children. The goal is to give them new knowledge and show them the power of using these simple techniques during their time at the Family Table session. The two behavioural concepts covered are modelling and positive reinforcement. Provide participants with a definition, the handouts outlining the concepts (Figure 4 and Figure 5), and some of examples of how to use these new tools.

**Modelling**

Modelling is what we want the adults to do to shape the children’s behaviour. Modelling is a form of prompting in which they demonstrate the proper way to behave to their children (Miltenberger, 2012). This would include but not limited to: listening to the instructors, following instructions, being respectful to everyone else, being safe with kitchen equipment, sharing with others in the kitchen, and cleaning up after themselves. Just by modelling the smallest actions to their children, will have a huge impact on how they behave and what they get out of the program. If the adults are aware of this impact and thinking about their own actions, you are already on the right track.

**Positive Reinforcement**

Reinforcement is a key component in behavioural modification, and is the process of strengthening a behaviour by the immediate consequence that follows it (Miltenberger, 2012). We want the parents to be conscious of this process and use it to shape the children’s behaviour and increase participation in activities. Positive reinforcement involves giving an individual something they want to have or to do as a consequence of behaving how you want them to (Mayer, Sulzer-Azaroff, & Wallace, 2014). During the program, we want to teach the adults to provide positive reinforcement using praise. This means that whenever their children behave appropriately or do something they are taught; the parents will say some words of encouragement to them. Praise is not the only type of positive reinforcement, but it is the most immediate one that can be used while in the kitchen. It is a good idea to teach the adults about different forms of positive reinforcement, but if needed only focus on the use of praise during sessions.
Figure 4. Handout for parents about modelling.
If a *BEHAVIOUR* results in something *POSITIVE*, then we are more likely to engage in that same behaviour *AGAIN*!

*Figure 5*. Handout for parents about positive reinforcement.
**Goal Setting Activity**

Goal setting is one of the main components of CBT because it motivates clients and helps them learn how to solve their own problems (Wright, Basco, & Thase, 2006). During this exercise, participants should be thinking about what they want to get out of the Family Table program, and setting goals to help hold them accountable for obtaining their own success. This is a quick activity that can be done by having the adults write their goals on a blank piece of paper or using the goal sheet provided in this manual (Figure 6). Once they have completed their goals collect them to add to their scrapbook, which they will receive at the end of the program.

**“I Hope to” Letters Activity**

The following activity is best done in conjunction with goal setting to promote forward thinking and to encourage active participation in the program. The “I hope to” letter is meant to encourage participants thinking about what they want to get out of the program for not only themselves, but their families too. Like setting goals, if they have positive expectations for the experience they are about to partake in then they will most likely have positive results. Have the participants fill out the provided I hope to letters (Figure 7) and then seal them in an envelope. Collect the envelopes and inform everyone that they will open them on the final week of the program to see if their hopes come true.
The Family Table

Name: ______________________

The goal I would like to achieve by the end of this program is...
______________________________________________________________________________
______________________________________________________________________________

This goal is important to me because
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I will take these 3 steps to accomplish my goal:

ONE: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

TWO: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

THREE: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I will know that I have accomplished my goal when
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Two things that will help me stick to my goal are:

ONE: ______________________________________________________________

TWO: ______________________________________________________________

Figure 6. Goal Setting Activity Worksheet.
I Hope To...

Write a letter to yourself describing what you hope to get out of this experience. It can be small goals, specific behaviours, thoughts, or feelings. For example, you may hope that by the end of this program you are in the habit of buying healthier snacks for yourself and your family. Don’t feel that your hopes have to be too big or too complicated – it is whatever you feel is best for you!

Consider this exercise the second step in taking charge of your wellness, as well as that of your family. The first step was participating in this program!

I hope that I...

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I hope that my children...

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I hope that my family...

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature:__________________________      Date:______________

*Figure 7. I Hope To Activity Worksheet.*
Cooking Activity

Every session will end with an approximately hour long cooking activity and consumption of the final product created. The hope is that each week participants will acquire new culinary skills, gain nutritional knowledge, spend time together, strengthen their family bonds, and create lasting memories. During the cooking, you can take photographs of the families participating and having fun. This will provide a unique memento to add to the scrapbook they will receive at the end of the program. Each week’s recipe should be collected and added to participants’ scrapbook as well. This way they can relive the memories of their time in the program, and will be able to recreate these recipes at home.

For the first session, we do not want to overwhelm the participants. After all the information in the psychoeducational portion this week, the cooking activity should be something light and fun. A simple recipe that will get the families used to the kitchen setting and give them an opportunity to create something together that is quick and easy. This will let the families have fun and provide immediate reinforcement. Before getting started, go over any kitchen safety tips and rules, so participants are aware of their surroundings and the tools in the kitchen. One of the benefits of using cooking as a part of this program is the flexibility it provides in program planning. For the remainder of cooking portions of the manual, there will be no specific recipes or activities. Instead there will be a provided purpose or rationale for the cooking portion that week which ties into the theme for that session, as well as some suggested recipes. Feel free to apply your own ideas and recipes when running your own program. Remember that you want the adult participants to use the behavioural skills you taught them with their children. You should try to use modelling and positive reinforcement yourself whenever the opportunity arises. This will demonstrate the power of these techniques and yield positive results for the entire group.

Suggested recipes:
Decorating cupcakes, Decorating cookies, Mini pizzas, Baking muffins, etc.
Week One Summary

Modeling

- A technique where learning occurs by imitation alone. The general process involves one person modeling for another by exhibiting the behaviours to be imitated by the others.

  *You want to model for the children...*
  - Listening to the instructors
  - Following instructions
  - Being respectful
  - Being safe with kitchen tools
  - Sharing with others
  - Cleaning up after yourself

Positive Reinforcement

- Adding a reinforcing or desired incentive/consequence following a behaviour that makes it more likely the behaviour will happen again.
- When a favourable event, outcome, or reward occurs after a response, that particular response will be strengthened.
- Praise is a form of positive reinforcement, and is expressing warm approval or admiration of another’s actions. This is expressed through compliments or encouragements.

  *Provide praise to the children when...*
  - They behave appropriately
  - Do something they are taught
  - Imitate any of the behaviours you are modeling
WEEK 2: THE IMPORTANCE OF GATHERING AND WHY WE DON’T

Introduction

Week two is all about the importance of gathering as a family, and identifying the barriers that get in our way from doing so. We will also be teaching the participants the basics of CBT. The goal for this session is to help parents reflect on the obstacles they face when trying to get the family together for meals, and then showing them the ways in which CBT will help them eliminate these challenges. During this session we will introduce participants to the theory behind CBT, so in future sessions we can teach specific skills and techniques for them to use.

Day’s Agenda

✓ Weekly Frequency Questionnaire
✓ Summary of Last Week
✓ Principals of Cognitive Behavioural Therapy (CBT) Lesson
✓ Group Discussion
✓ Cooking Activity

Summary of Last Week

Each week provide participants with a brief summary of what was taught in the previous week’s session. This will act as a refresher to remind participants and set up the lesson for the day. For convenience, a summary sheet has been provided at the end of each week to be used for the following week’s session. This week we want to recap the lesson on behaviour skills, so the adult participants will continue to use these when cooking with their children.

Principles of Cognitive Behavioural Therapy (CBT) Lesson

This week we are going to introduce the participants to Cognitive Behavioural Therapy (CBT) and the Cognitive-Behavioural model, which is the foundation of the psychoeducation provided in the Family Table program. We are using a simplified form of the Cognitive-Behavioural model to make it easier for participants to understand. The
model is a circular pattern of thoughts, feelings, and behaviours. Each of the three interact and affect each other. Humans are constantly appraising the importance of events within and around them, and that is why cognitive processing is given a central role in this model (Wright et al., 2006). How we think effects how we feel and act. Just knowing that simple concept can open up the possibilities for change. After introducing the group to the CBT model, briefly teach them about the concept of levels of cognitive processing, which include *consciousness, automatic thoughts, and schemas*.

*Levels of Cognitive Processing*

When examining the CBT model, when need to be aware of the three levels of cognitive processing. The highest level is *consciousness*, which can be defined as a state of awareness wherein rational decisions can be made (Clark, Beck, & Alford, 1999). Having conscious attention enables us to monitor and evaluate our interactions with the environment, link current experiences with past memories, and strategize how to plan and control future actions (Sternberg, 1996). We want the participants to be aware and conscious of how their thoughts can affect their behaviour. Giving them a brief explanation about consciousness will help them be more receptive to learning about the next two levels of cognitive processing. The following levels are related to reflective independent information processing, and participants need to learn how to recognize and change how they think at these levels in order to change how they feel and behave (Wright et al., 2006). The next two levels of cognitive processing are automatic thoughts and schemas.

*Automatic thoughts*

These are thoughts that rapidly fill our minds, especially when we are in the middle of situations or recalling events, which are neutral in nature (Wright et al., 2006). We can teach the group about these thoughts, and identify them by writing down some examples people are having at that moment.

*Schemas*

This is another simple yet abstract concept, like automatic thoughts. Schemas are core beliefs that we use as templates or rules for processing information (Wright et al., 2006). We can briefly discuss some of the participants’ core beliefs here to help illustrate the concept of schemas. CBT emphasizes techniques to detect and modify our inner thoughts, and this is what we will be teaching the group in the weeks to come.
Cognitive Behavioural Therapy

Cognitions are our thoughts. They can be conscious thoughts which are rational and aware, automatic thoughts which come to us quickly and are not always rational, or our core beliefs which influence the way we process information.

Behaviours are our actions. They can be felt, seen, and heard by those around us. They serve a variety of purposes such as helping us escape unpleasant situations, gaining attention from others, acquiring items we want or need, and satisfy internal needs.

This form of therapy is structured, goal oriented and focused. It teaches us how to use a variety of skills, tools, and strategies to help change thoughts and behaviours which are causing problems in our lives. It is based in positivity, evidence-based practices, and self-help.

The CBT Model is based on a two-way relationship between our thoughts and behaviours. Cognitions and behaviours influence one another.

Cognitions

Feelings

Behaviours

Figure 8. Handout for parents about Cognitive Behavioural Therapy.
Group Discussion

This week we want to get everyone thinking about gathering as a family and the challenges that prevent them from doing so. The plan is that if we can identify challenges and barriers that are preventing our families from having meals together they will start thinking about solutions. The goal of this group discussion is to find out what kinds of barriers impact your participants, as well as any trends or habits that their family has fallen into which keeps them from cooking and eating together. Another important feature in this week’s discussion is reminding them of positive memories and experiences that they have had while gathered as a family and the feelings associated with those positive memories. Demonstrating to participants the way in which our feelings and thoughts can shape our behaviours, and referring back to the CBT model will help ingrain this concept and demonstrate its effectiveness.

Suggested discussion topics and questions:
What is the importance of gathering as a family? What types of things prevent us from having meals together? Memories of family dinners, Pros and cons of family meals, and Benefits of eating together.

Cooking Activity

For the second week, we want to have a cooking activity that involves food to share. Think family style recipes that require everyone to sit around the table to eat. The main focus of this session is gathering the family together, so we want a dish that is going to do just that. Intended outcomes for this activity are increased family interaction and communication, new culinary skills and recipes, time together, and bonding. The long term intended outcome of this activity is building new habit forming behaviours that will bring the family together at the dinner table.

Suggested recipes:
Fajitas, Tacos, Fondue, Paella, Chicken Gyros, etc.
Week Two Summary

Cognitive-Behavioural Model

We are constantly appraising the importance of occurrences within and around us. This is why thoughts are central to the model.

Levels of Cognitive Processing

Consciousness
State of awareness, where we make decisions on a rational basis. In this level of thinking we can monitor what is going on and connect past experiences, while planning and controlling future actions.

Automatic Thoughts
Thoughts that are rapidly filling our mind. They can relate to anything from past events, current situations we are in, and pure randomness. They are always happening and we do not have to hold on to them.

Schemas
Concepts and theories we all have of what is common or normal. Cognitive outlines and models of how we think about things. They help us organize and interpret information.
WEEK 3: HOW WE SEE FOOD

Introduction

For the third session, you want to focus on how the participating families view and value food and each other. You will be exploring food and family values this week. The hope is that we can show participants that food can be the vehicle for change in their lives. That it can bring them together to overcome obstacles, that it can be a source of increased nutrition and health, and that it can be a way to spend more time together and get to know each other better. There will be a lesson on how food effects the mind/body connection, which mirrors how CBT explains that thoughts effect behaviours. The hope of this week is to strengthen participants’ thoughts that cooking and eating together is an easy and effective way to bring their families closer together.

Summary of Last Week

This week, briefly review the main points of the principles of CBT. Utilize the summary sheet provided at the end of last week’s section. Focus on the CBT model and how important it is to be mindful of the way our thoughts impact our behaviours and the way of behaviours equally can influence our thoughts.

Group Discussion

In this discussion, we want to learn what food means to our participants. We want to discover some information about their history with food and mealtimes, particularly surrounding their childhood and youth. Did they have large family meals when they were young? Did they ever help their parents cook or prepare ingredients? We want to find out how they value food and what types of family values they were raised with and hope to have with their children. This discussion is not necessarily about traditional family values.
or insisting that traditional Western family values are necessary in anyway, but is more focused on having participants reflect on their values, the values they wish to instil in their families, and how food and mealtimes can be used as a vehicle for infusing those values. There may be a chance to address family values and expectations as they existed 20 or 30 years ago and how they compare to the expectations of a modern family. This may be an excellent opportunity to look at practical solutions or ways to recreate these family experiences in a more modern and feasible way.

**Suggested discussion topics and questions:**
What does food mean to you/your family? What importance do you place on mealtimes and food preparation? What was dinner time like when you were a kid? Did you ever help out in the kitchen when you were younger, Food as a vehicle for change.

*Lesson on Food and the Mind/Body Connection*

Every day the media and the other influences in our environment remind us about the ways in which what we eat impacts our bodies. We are shown, not always in the most positive ways, the way different foods shape our bodies, influence our heart health, impact our blood sugar, and a wide variety of other body-related health and image issues. However, one influence we do not often hear about is the way in which what we eat can greatly impact our minds and our mental health. What youth and adults eat can impact their mood, sleep patterns, emotional stability and cognitive abilities (Oddy et al., 2009). Additionally, a reminder of the power of the CBT model can be found in the food choices we make depending on our emotional state. When we are feeling more positive we may make choices about food which contribute better to our health and therefore increasing our positive mental state, however if we are in a negative space we may choose foods which will likely enhance or perpetuate our negative emotions (Oddy et al. 2009).

While going through the handouts on food and our mental health (Figure 9 and Figure 10), it would be beneficial to ask the group to comment on any foods or behaviours related to food they have noticed impact their mental health. This could be in a positive or negative way. This exercise will help reinforce the idea that everyone is unique and experiences things differently, however it may also bring forward some shared experiences or habits which can increase normalization and create bonding within the group.
There are 3 Categories of food effects on our brains

**ONE:**
Foods we consume in small amounts but are very strong
E.g. Caffeine, Sugar
We feel their effects quite quickly depending on how much we consume and our tolerance levels.
E.g. Sugar gives us a rush.

**TWO:**
Foods affecting our brains slowly (days to weeks)
E.g. Potatoes, Chocolate
In this category we feel the effects associated with not receiving enough of the nutrients these foods contain.
E.g. Too little sugar causes laboured brain function.

**THREE:**
Slow-acting foods which effect us for life
E.g. Colourful fruits & Vegetables
No noticeable immediate changes in brain function, but all of these foods provide the brain with protection against the effects of oxygen.
Consuming oxygen leads to aging.

**Food and Development - What's eaten during key developmental stages can have a profound impact on the brain.**

**Adolescents**
Sugar & High-fructose Corn Syrup (now found in things like bread, yogurt, salad dressing) when consumed frequently can cause high levels of stress hormones in the brain. In youth this can lead to anxiety and depression.

**Adults**
Obesity and being overweight has been linked to memory loss and greater shrinking (some shrinking is normal with aging) in the region of the brain responsible in part for learning and memory.

*Figure 9. This handout is all about food and the ways in which it impacts our brains.*
Figure 10. A handout outlining eating habits which promote mental health.
Cooking Activity

For this session, we want a cooking activity that encourages families to look at food from a different perspective. This could include some sort of traditional family recipe that reminds them of positive memories and the value of gathering around the dinner table. It could also be something related to preserves or other traditional methods of storing and keeping foods to help change how they view and value food. We want to teach the family about traditional food preparation methods and open their minds to different cooking activities they can do to spend time together at home. Again, the goal this week is to think of food as a vehicle for spending time together and infusing the values we hold into our families.

Suggested recipes:
Jams, Pickles, Stewed tomatoes, Canned peaches, etc.
Week Three Summary

- What we eat can impact our mood, sleep, emotions, and cognitive abilities.
- Our emotional state effects the food choices we make.

3 Categories of Food Effects on Our Brains

- Foods we consume in small amounts, but are very strong (e.g. caffeine, sugar)
- Foods affecting our brains slowly (e.g. potatoes, chocolate)
- Slow-acting foods that affect us for life (e.g. colourful fruits and vegetables)

What’s eaten during key developmental stages can have a profound impact on the brain.

- Adolescents who frequently consume sugar and high-fructose corn syrup can have anxiety and depression, due to high levels of stress hormone in the brain caused by these ingredients.
- For adults, obesity and being overweight has been linked to memory loss and abnormal shrinking of regions of the brain.

Eating Tips for a Healthy Brain

- Eat regularly
- Eat fruits and vegetables
- Stay hydrated
- Eat good fats found in oils
- Eat protein and fibre
- Avoid or cut down on caffeine
WEEK 4: DINNER TIME CHAOS

Introduction

Week four is all about the chaos around mealtime, and the negative thoughts that may be impacting participants’ behaviour. The thoughts we have control how we feel about ourselves and the world around us (Wright et al., 2006). This in turn, effects how we behave. We want to teach the participants about negative automatic thoughts (NATS), and strategies to overcome them. This will include a lesson and activity on NATS. For the cooking portion of the session, we will be focusing on creating nutritional and substantial meals quickly. This will better prepare families for cooking at home where there are other variables and stresses.

Summary of Last Week

To start this session, provide a brief summary of the lesson on food and the mind/body connection. Please refer to the provided summary sheet at the end of the previous section. Feel free to hand out copies to your participants.

Group Discussion

For this week’s discussion, our goal is to find out what kind of thoughts the participants are having around mealtimes. We are hoping to bring up some common negative thoughts the group may be having so we can show them that they are not alone. We are also looking to find out a bit about each family’s schedules, thoughts, and worries about meals. Ask about common worries about cooking and family meals. This should bring out a lively discussion and allow for feedback from everyone in the group. The main topic should be thoughts. We want the group to be discussing their thoughts around eating and cooking together as a family. The goal is to get the participants to identify and
acknowledge their negative thoughts before we show them how to address them. It is important to moderate the discussion in such a way that participants do not feed off of each other’s negative thoughts and to monitor people’s non-verbal behaviours for signs of stress and anxiety. Sometimes saying our negative thoughts out loud, maybe even for the first time, can be overwhelming so be sure that everyone remains safe and that the focus is on identifying negative automatic thoughts for the purpose of transforming them into more rational and adaptive ones.

**Suggested discussion topics and questions:**
Chaos around dinner time, What prevents you from cooking/eating together? Common worries about mealtime, Worries about cooking, Thoughts about cooking, Thoughts about family meals, Thoughts about what to cook at home, etc.

**Lesson on Negative Automatic Thoughts (NATS)**

The focus of this week’s lesson is negative automatic thoughts (NATS). We want to inform the group on what NATS are, how to identify them, and how to manage them. Within the CBT model, NATS are considered a mechanism for maladaptive change in people’s mental health (Soflau & David, 2016). NATS are the immediate negative evaluations we make about ourselves, our current situation, and our future (Beck, 1967). NATS amplify life stresses we are dealing with and can cause emotional and behavioural problems (Flouri & Panouragia, 2014). We want the group to be aware of their NATS, so they can take actions to change or let them go. Next we are going to teach the group about cognitive distortions or errors.

Cognitive distortions go hand in hand with NATS. They are characteristic errors in logic that occur in our thinking and automatic thoughts (Beck, 1963, 1964). Clark, Beck, and Alford (1999) designated six central categories of cognitive distortions: overgeneralization, magnification and minimization, personalization, absolutistic (all-or-nothing) thinking, selective abstraction, and arbitrary inference. For our lesson we focus on the first four listed, because they are simplest and most relatable for the time we have for the lesson. Wright, Basco, and Thase (2006) describe overgeneralization as illogically extending a conclusion made about isolated incidents over a broad range of functioning. They define magnification and minimization as exaggerating or minimizing the significance of an event, attribute, or sensation. They state that personalization is when someone relates external events to themselves when there is little or no basis for it. This also includes taking excessive blame and responsibility for negative occurrences. Wright et al. define absolutistic (all-or-nothing) thinking as classifying judgements about oneself, others, or personal experiences into one of two categories (e.g. flawed or perfect, all good or all bad). Try to have the group share personal experiences with these distortions. It will make it easier to explain with real life examples. Provided below are some examples to get the ball rolling.
Overgeneralization:
• A guy hurts a girl’s feelings and breaks up with her. The girl then starts to think that all men are untrustworthy and/or cheaters.
• You get a C on a test, and start thinking everything in your life is falling apart and you can’t do anything right.

Magnification and Minimization:
• Joan had rehearsed a speech for her brother’s wedding. When the day arrives she stumbles over a few word at first, but ends up giving a heartfelt speech. Afterwards, many people compliment her on the speech, but Joan is embarrassed by her slip ups and feels like she has ruined the special occasion.
• Doug feels light-headed during the onset of a panic attack. He thinks that he is going to faint, have a heart attack, or die.

Personalization:
• Beth was late to the dinner party and thinks she caused the hostess to overcook the meal. She tells herself “if only I had left earlier this wouldn’t have happened”.
• During hard economic times a company is forced to lay off employees. One of the managers thinks, “This is all my fault. I should have seen it coming and worked harder. I’ve let the company down”.

Absolutistic (all-or-nothing) Thinking:
• Ken’s friend Rob has a family and what appears to be a happy life. Rob has financial strains and everything is not perfect, but Ken thinks “Rob has everything perfect, and I have nothing”.
• I’m a conservative or a liberal. I’m good at something or I’m bad at something.

For the last part of the lesson, focus on how we adjust NATS. This should involve identification, cognitive restructuring, and coping self-talk. Now that we have taught the group about NATS and cognitive distortions, we want them to be able to identify them when they are occurring. Identifying cognitive distortions is the first step in cognitive restructuring. If they are aware that errors are occurring, then they can do something to change them. Cognitive restructuring is an overarching strategy of identifying automatic thoughts and teaching skills for changing cognitions (Wright et al., 2006). For our purposes we want the group to start recording their NATS and writing positive alternatives to them. This will be practiced in the following activity. Another good technique is coping self-talk, where in response to our NATS we think positively and repeat encouraging things to ourselves. This can even be used with the restructuring of the NATS, by saying the positive alternatives they have written out to themselves. Along with cognitive restructuring, another crucial mechanism for success is perceived control (Muris, Mayer, den Adel, Roos, & van Wamelen, 2009). Participants need to be confident and believe they have control over their own thoughts and behaviours in order for lasting change to occur.
COGNITIVE DISTORTIONS & NEGATIVE AUTOMATIC THOUGHTS

**Negative Automatic Thoughts**
are quick flashes of thoughts or images that are triggered by our environment. They are subconscious in nature and are usually self-defeating. Most often they are not based in fact, can cause us to feel and behave in unhelpful ways, and can be difficult to identify.

**Cognitive Distortions** are inaccurate ways of thinking causing us to believe things that aren’t really true. They often reinforce negative thoughts/feelings we are experiencing. Common ones include:

- **Black & White Thinking** - things are one way or the other. There is no middle ground.
- **Overgeneralization** - Seeing a single unpleasant event as part of a never-ending cycle.
- **Catastrophizing** - Disproportionately magnifying or minimizing an event or action.
- **Personalization** - A thought that anything another person says, does, or happens is a direct reaction to us. At times, we believe that we are the direct cause.

**Ways to Identify Negative Automatic Thoughts**

*Situation Specific:* look for situations that create strong shifts in emotion.

*Distorted:* listen for signals that indicate irrational or distorted thinking (Cognitive Distortions).

*Repetitive:* look for patterns and themes when you become aware of a negative automatic thought.


Figure 11. Handout on NATS and Cognitive Distortions.
**NATS Activity**

After the lesson, run this quick activity to help solidify the concepts and teach the participants how to change their thinking. Pass out one of the provided sheets (Figure 12), or write out examples for all to see. The activity is very simple. Provide an example of a negative automatic thought and ask the participants to change it so it is a positive one. Go through a few of these with the group or have them complete the sheet and go over the answers. Make sure to take it up with the group so you can ensure they are understanding and doing it correctly. Remind participants that they can use this tool in all areas of their lives and that their children also experience these types of thoughts, therefore practicing this skill at home would be beneficial for all.
Automatic Thoughts

Our thoughts control how we feel about ourselves and the world around us. Positive thoughts lead to us feeling good and negative thoughts can put us down. Sometimes our thoughts happen so quickly that we fail to notice them, but they can still affect our mood. These are called automatic thoughts.

Oftentimes, our automatic thoughts are negative and irrational. Identifying these negative automatic thoughts and replacing them with new rational thoughts can improve our mood.

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Automatic Thought</th>
<th>New Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: I made a mistake at work.</td>
<td>“I’m probably going to be fired. I always mess up. This is it. I’m no good at this job.”</td>
<td>“I messed up, but mistakes happen. I’m going to work through this, like I always do.”</td>
</tr>
</tbody>
</table>

**Figure 12.** Handout for NATS Activity.
Cooking Activity

This week’s cooking lesson is about showing the participants that they can still make a high quality meal in a short amount of time. We want to prepare the adults to cook at home, where there are time constraints and other stresses. The goal is to show them they can make something substantial, and better than getting take out, in a short amount of time. The idea is to overcome time constraints like they have learned to overcome negative automatic thoughts. By showing them they can cook a 30-minute meal, it is one less fear or worry they will have when it comes to cooking at home. This week is about overcoming obstacles and increasing the groups’ confidence.

**Suggested recipes:**
Stove-top mac and cheese, Breakfast for dinner, Crockpot Chili, etc.
Week Four Summary

NATS are immediate negative evaluations we make about our current situation, ourselves, and our future. They amplify stresses in our lives, and can lead to emotional and behavioural problems.

Cognitive Distortions or errors

- Cognitive distortions are characteristic errors in logic that occur in our thinking and subconscious, through automatic thoughts.

Types of cognitive distortions we discussed

Overgeneralization - illogically extending a conclusion made about isolated incidents over a broad range of functioning.

Magnification and Minimization - exaggerating or minimizing the significance of an event, attribute, or sensation.

Personalization - when someone relates external events to themselves when there is little or no basis for it. This also includes taking excessive blame and responsibility for negative occurrences.

Absolutistic (all-or-nothing) Thinking - classifying judgements about oneself, others, or personal experiences into one of two categories (e.g. flawed or perfect, all good or all bad).

Cognitive Restructuring

- How we change NATS. First you must identify them when they occur, and then you restructure the negative thought into a positive one.
- Repeating these newly revised thoughts to yourself is known as coping self-talk.
WEEK 5: PREPARING FOR THE WEEK TOGETHER

Introduction

For the fifth session, we will be learning about scheduling as a means to create more time together as a family. Activity scheduling is a basic concept that all will understand, but participants may underestimate the value of it. Activity scheduling is a key behavioural component of CBT and it helps one to objectively assess what they have going on and prioritize what they must accomplish in a given amount of time. This provides opportunities to take out certain activities and make time for others. The goal of this week is not to have participants create schedules, but to think about ways to make changes to their existing schedules, which will create opportunities for family time and cooking. There will be a group discussion, a lesson on activity scheduling, a quick activity, and cooking.

Summary of Last Week

Give the group a summary of last week’s lesson on negative automatic thoughts. Focus on the core concepts and make use of the provided summary sheet which can be found at the end of the previous section. Feel free to handout a copy of the summary sheets as these can be an effective source for recalling information and discussions had during the previous week’s session.
**Group Discussion**

This week we want to find out what kind of activities the participants have in their average weekly schedule. We are looking to find out if and how they plan their week. Not everyone will schedule their weeks, and this is fine. We want to start a discussion about scheduling and have participants think about the benefits of it, as well as have them assess the activities in their week. The group format of this discussion may also present opportunities for participants to learn from one another. If someone mentions effective scheduling strategies, encourage them and find out more about what they do. We want to focus the discussion on what the participants do to plan and what their priorities are during the week.

**Suggested discussion topics and questions:**
How do you plan your week? What are your priorities in the week? Tips and tricks people use to manage their schedules, Where can you say no in your week? Are there any tasks you can delegate to others? How do you prioritize your activities? etc.

**Lesson About Activity Scheduling**

Activity scheduling is often seen as a task that takes more time than it is worth, however once routinely practiced, this behavioural strategy is highly effective. While it is an intervention commonly used with individuals who are depressed and experiencing social isolation and withdrawal, activity scheduling can be equally effective with individuals who persistently feel as though they have no time. One of the key features of this tool is that it teaches participants how to take back control over time (Jacobson, Martell, & Dimidjian, 2001). By systematically planning out a week’s events, activities, and requirements we can begin to prioritize and take charge of how we fill our time. Use the handout provided to go through the process of successfully prioritizing a week’s worth of activities with participants (Figure 13).
We may never experience the feeling of having too much time. However, using the hours we do have as efficiently as possible can help us reduce stress, increase feelings of accomplishment and satisfaction, and provide us with opportunities to engage in activities which are often left out. E.g. Self-care

Using an activity planner to map out what the week has in store is an excellent way to help prioritize everything that needs to be accomplished. There are several ways to help prioritize weekly activities and tasks such as:

1. Decide which are important and which are urgent
2. Assess the value of the task. How many people does it impact? What will happen if it doesn't get done right away?
3. Determine where you have some wiggle room. Who else could accomplish the task? Is it time sensitive?
4. Know when to say no or cut something from the list.

Once you have determined the value of something, family dinner might take precedent over another activity or task.

There are ways of using the technology available to help organize, prioritize, and schedule activities. When we take the time required to organize the week, we create more time for other valued activities. There are several free apps to help. Getting the kids involved is an excellent way to delegate tasks and teach them the value of prioritizing and scheduling their time.

*Figure 13. Handout for participants about scheduling and tools for effective planning.*
Scheduling Activity

To help solidify the week’s lesson, run a brief activity to get them to apply and practice some of the strategies taught about prioritizing and organizing their week. Hand out the provided blank schedule (Figure 14) and ask the participants to write out the schedule of one of their busier days. This could be a day they know they are always busy or even just a list of the activities for that day, whatever is easiest for the participants. Once they have written out their schedule, ask them to prioritize all the things they have written into it. Tell them to prioritize using the strategies you have just taught them, and to refer to their handout if they need help. Have them prioritize the activities numerically, with one being the most important. Then, have them consider the activities or events ranked the lowest on their list. Why has it been ranked so low and how did they come to that conclusion? Have them consider the rest of their week at a glance and encourage them to use the same strategies to prioritize, rearrange, and even eliminate items from their week which could be replaced by more valuable events such as family meals and time spent together.

It is important to recognize that individuals may experience some anxiety during this activity as they are facing how busy their lives are. Additionally, you may experience significant feelings of resistance from individuals during this activity as it is very natural to believe that all activities are important, urgent, necessary, and imperative. Challenging these assertions sensitively, empathetically, and productively will help ensure that clients feel heard and that the obstacles they face during their busy weeks are legitimate.
**Daily Activity Diary**

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*Figure 14. Activity Scheduling worksheet.*
Cooking Activity

The cooking activity for this session should be related to scheduling and preparation. The purpose is to focus on organization surround mealtimes, to ensure that there is adequate time for family activities. Think in terms of creating lunches ahead of time that are more nutritionally valued than peanut butter and jelly sandwiches. It is hoped that getting families to think about being more organized will lead to changes in behaviours. Ideally, preparing lunches for the week together could become a new family routine. This would increase family interactions and strengthen relationships. We want to provide the families with new and easy lunch ideas that will lead to positive changes in their behaviour.

Suggested recipes:
Left-over chicken used to make chicken salad, pinwheels, homemade Lunchables, home precut vegetables, home premade fruit salad with yogurt, salads in mason jars, etc.
Week Five Summary

- Activity scheduling is simple to do and highly effective when routinely practiced.
- It is effective with individuals who persistently feel like they have no time. It teaches you to take back control over time.
- By systematically planning out our week’s events, activities, and requirements, we can prioritize and take charge of how we fill our time.
- Using the hours of the day efficiently as possible can help reduce stress, increase feelings of accomplishment and satisfaction, and provide opportunities to engage in activities that are often left out.
- Using an activity planner, allows us to map out the week and help prioritize everything that needs to be accomplished.

Ways to Help Prioritize Weekly Activities and Tasks

- Decide which are important and which are urgent
- Assess the value of the task
- Determine where you have wiggle room
- Know when to say no or when to cut something from the list

Effective Tools

- Be sure to make use of technology available to help organize, prioritize, and schedule activities. There are several free apps out there, and using technology is a good way to get kids interested in scheduling.
WEEK 6: MAKING TIME TO TALK

Introduction

The sixth session is centered on communication. Communication is a fundamental part of the family dynamic, and is essential to development and growth (Skeer & Ballard, 2013). We will examine what type of listener the adults are by having them fill out a mini questionnaire. We will be learning about the importance of communication, and provide them with new skills to improve how they communicate with one another. The cooking activity this week will be more of a traditional weekend meal. Something delicious that the whole family can sit down to and talk about their week.

Summary of Last Week

To start the session off, give a quick review of last week’s lesson on activity scheduling. As always, feel free to make use of the provided summary sheet.

Type of Listener Activity

This week we are going to switch up the order of things and start with an activity that will lead into our group discussion. The type of listener questionnaire (Figure 15) is a fun activity that will highlight the characteristics of each participant’s listening style. It will also give them some understanding on how others listen. The activity involves handing out the provided survey and having the adults fill it out. Once they have completed the survey, discuss the results and give a brief description of each type.
Listening Style Inventory

The following items relate to your listening style. Please read each question and quickly indicate your opinion by marking the appropriate box.

1. I want to listen to what others have to say when they are talking.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

2. I do not listen attentively when others are talking.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

3. By listening, I can guess a speaker’s intent or purpose without being told.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

4. I have a purpose for listening when others are talking.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

5. I keep control of my biases and attitudes when listening to others speak so that these factors won’t affect my interpretation of the message.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

6. I analyze my listening errors so as not to make them again.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

7. I listen to the complete message before making judgments about what the speaker has said.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

8. I cannot tell when a speaker’s biases or attitudes are affecting his or her message.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

9. I ask questions when I don’t fully understand a speaker’s message.
   □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never

10. I am aware of whether or not a speaker’s meaning of words and concepts is the same as mine.
    □ Almost always  □ Often  □ Sometimes  □ Seldom  □ Almost Never
Appendix B
Interpretation (LSI)

Active (45 - 50)
The active listener gives full attention to listening when others are talking and focuses on what is being said. This person expends a lot of energy participating in the speaking-listening exchange, which is usually evidenced by an alert posture or stance and

The Listening Style Inventory (LSI) as an Instrument for Improving Listening Skill
50 much direct eye contact.

Involved (38 - 44)
The involved listener gives most of his or her attention to the speaker’s words and intentions. This person reflects on the message to a degree and participates in the speaking-listening exchange. The involved listener practices some direct eye contact and may have alert posture or stance, although this may be intermittent.

Passive (28 - 37)
The passive listener receives information as though being talked to rather than as being an equal partner in the speaking-listening exchange. While assuming that the responsibility for the success of the communication is the speaker’s, this listener is usually attentive, although attention may be faked at times. The passive listener seldom expends any noticeable energy in receiving and interpreting messages.

Detached (0 - 27)
The detached listener withdraws from the speaking-listening exchange and becomes the object of the speaker’s message rather than its receiver. The detached listener is usually inattentive, disinterested, and may be restless, bored, or easily distracted. This person’s noticeable lack of enthusiasm may be marked by slumped or very relaxed posture and avoidance of direct eye contact.

The listening inventory gives a general idea of preferred listening style, how a person views themselves. The scores indicating styles are approximations and should be regarded as such. A person may change listening style when responding to a given situation or their interests, intentions, or objectives. Such factors may be either internally or externally derived.

Notes:
The questionnaire has two questions that are reversely ordered. What that means is that all questions are graded on a scale of 5 (almost always) to 1 (almost never). Except questions 2 and 8 which are graded just the opposite 1 (almost always) and 5 (almost never). The number is assigned to each of the 10 questions depending on the choice selected 5, 4, 3, 2, 1. The individual score is simply added up - total of 50 points. The total points that a person achieves is the compared with the chart that describes their listening style.

Figure 15. Questionnaire to help identify what type of listeners we are.
Group Discussion

The group discussion this week is causal and comes naturally following the activity about listener types. To begin the discussion, ask is participants would like to share their results from the questionnaire. Find out what they think about their type and if they think it is accurate. Try to get the participants to think about better ways to communicate with others, now that they know the different ways people listen. Ask them what type of listener they think their children would be, and how this might help improve or increase communication in their home. The goal of this group discussion is to have participants think about ways of making change and improving their communication with their family.

Lesson on Communication Skills

In this lesson we are going to learn about the steps involved in active listening and the dynamics of communication within a family. For this lesson, use the handouts provided in Figures 16 and 17. Interpersonal communication is a complex interaction we all engage in daily. It is comprised of several facets and requires our ability to be mindful of several types of information coming towards us at any given time (Knapp & Daly, 2002). For example, we are meant to hear what someone is saying to us, interpret the words they are using, the order they are in, the tone they are using, the context of the statement, as well as the nonverbal cues which accompany the words such as their body language or facial expressions (Knapp & Daly, 2002). Considering all that is involved, without even considering all of the other extraneous variables in our environment, is a wonder we can ever communicate anything accurately at all!

Another variable which greatly influences the way in which we communicate is the basic assumption that each party holds when entering the exchange. One individual is assuming that the person listening will understand exactly what it is that they are saying, while the other individual is assuming that the person speaking is going to say exactly what it is they mean to say (Knapp & Daly, 2002). The more we are familiar with another person, the easier it is to understand what it is they are trying to tell you, like a parent listening to a toddler. However, this can also lead to a greater number of miscommunications, this is why one of the most significant tools taught during The Family Table program is that of active listening (Figure 17). Teaching participants the steps to active listening and encouraging them to practice them at home with their kids and in other relationships outside of the home will make a difference in their relationships and lead to better quality interpersonal communication.
Communication is a key foundation in our relationships

Communication is a two-way street and learning to do so effectively can reduce stress, tension, anxiety, and dysfunction in families. There are several obstacles that can keep us from sending and receiving clear messages such as thinking about what to say next instead of listening, assuming you know what the other is going to say or needs, or bringing up unrelated topics.

Establishing good communication helps families ensure that all members feel heard, understood, and valued. It also helps solve conflicts, strengthen bonds, create stronger feelings of belonging, and increase trust.

Teaching children to communicate effectively can be done by: actively listening to them when they are speaking to show them that what they have to say is valued, teaching them how to listen by showing them proper body language and how to repeat the message they have received back to the sender, and finally modelling appropriate communication for them when speaking with others.


Figure 16. Handout about family communication and tips to increase its effectiveness.
Figure 17. Handout outlining the steps for effective communication through active listening.

**Figure 17**
Cooking Activity

The cooking activity for this week should be some sort of grand meal that brings the whole family together. A traditional sit down weekend dinner, so that our families can start using their new communication skills to talk to one another. The thought behind this is that with a hefty meal, like a ham or a turkey dinner, the whole family can gather and start communicating with one another. You can do a classic meal like a roast beef or try something modern and create a new take on traditional family meals. This is a routine we hope can be established at home. During the week is always busy, but if one day of the weekend our families can sit down and have a big meal together it will increase their opportunities for communication and contribute to the strengthening of their relationships. The intended outcomes are to change how they view “traditional” weekend dinners, initiate a habit forming routine, and create a weekly vehicle for communication and strengthening family relationships.

Suggested recipes:
Homemade pot pies, beef and mushroom stew with home baked bread, homemade fried chicken will all the sides, Eggplant parmesan, etc.
Week Six Summary

- Communication is a two-way street, and learning to do so effectively can reduce stress, tension, anxiety, and family dysfunction.

- Communication is a complex interaction and there are several types of information coming at you when doing it. We have to hear what they say, interpret the words they use, the tone of their voice, and the context of their statement, and read their body language and facial expressions as they are speaking.

- Another important variable is the assumption the listener will know exactly what we are saying, while they are assuming we will say exactly what it is we mean to say.

- Understanding of meaning is crucial to communication. Usually the more familiar you are with a person, the easier it is to understand them. This is why listening is such an important skill in communication.

Types of Listeners

- Active
- Involved
- Passive
- Detached

Obstacles in Communication

- Thinking about what to say next, instead of listening.
- Assuming you know what the other person is going to say or needs.
- Bringing up unrelated topics.

Steps to Effective Communication through Active Listening

- Use open and attentive body language
- Reduce distractions
- Listen for feelings and emotions
- Use paraphrasing
- Don’t offer advice, unless you are asked for it
WEEK 7: FUN AS A FAMILY

Introduction

The theme of week seven is stress reduction. We want to have the participants focus on learning techniques for stress reduction and encourage them to think about having fun as a family. Stress is something that is present in all of our lives and can affect how we behave (Field, 2009). We want the families to be aware of the negative impacts stress can have on them, and provide some simple relaxation techniques that they can use. There will be a group discussion on stresses in their lives, followed by a group relaxation activity. The cooking activity will be where we focus on having fun as a family, and look at some family night snacks.

Summary of Last Week

As with every session, you will kick things off with a refresher of the content from last week’s session. This week will be a review of the lesson on communication skills. Make use of the provided summary sheet for distribution to the group or your own personal reference.

Group Discussion

The group discussion this week will be centred on stress. We want to encourage participants to share some of their stresses, especially those that impact family interactions and mealtimes. Be mindful that people can get caught up in their own stresses and the discussion could drift in a negative direction. We do not want to become too focused on specific stresses, but to simply identify stress, acknowledge it, highlight to the group that we all have it in our lives, and that it comes and goes along a spectrum throughout the hour, day, and week. From there, the conversation should lean towards solutions and coping methods that group members are currently using. Another focus during this
discussion is determining what participants do for themselves during the week or month in terms of self-care. Often parents leave out self-care as it is an easy item to cut from a schedule jam packed with things to do. Remind parents that one of the best things they can do for their families is take care of themselves. Use the relaxation handout (Figure 18) to go over some easy steps towards better self-care. We want to end on a high note, so the group is thinking positively about solutions and ready to learn some new coping mechanisms.

**Suggested discussion topics and questions:**
Sources of stress, Stress around meals, Current coping strategies, How does personal stress impact the rest of the family? etc.

**Lesson on Stress Coping Mechanisms**

Our bodies and minds react to and cope with stress in varying levels of effectiveness and this can change from day to day, moment to moment, and situation to situation. We might handle a stressful situation very efficiently one day, and then be faced with the same situation after a sleepless night and react in a completely different way. Therefore, keeping a variety of relaxation and coping strategies in one’s tool belt is essential. The first relaxation tool we are going to learn about is Progressive Muscle Relaxation (PMR).

**Progressive Muscle Relaxation**

PMR is the systematic voluntary tensing and relaxing of various muscles throughout the body to reduce feelings of stress and anxiety, as well as promote feelings of relaxation and grounding (Field, 2009). Since its creation in 1934 by an American physician, PMR has undergone several adaptations and is widely used in a variety of therapies and treatment settings (Field, 2009). For this program, we have chosen an abbreviated adaptation to suit the busy lives of our participants. Additionally, their children will be learning the same routine so it can be easily practiced as a family (e.g. bedtime or morning routine).

**Deep Breathing**

Our bodies and minds are entirely connected to another and when we learn how to control this connection we can experience relief in a variety of situations. One of the most powerful connections that we all experience is the interaction between worry, anxiety, stress and our breathing. When we breathe slowly, deeply, and with purpose not only are we calming the physical sensations which accompany these negative feelings, but we begin to experience a calming and peace in our minds (Karren, Smith, & Gordon, 2014). Our mind and body connection works both ways, so just as we can calm our bodies by focusing our minds, we too can calm our minds by focusing on our bodies (Karren et al., 2014).
Relaxation Activity

Now that you have taught the group some new coping mechanisms for stress, it is time to practice some of them. There is a deep breathing activity and a progressive muscle relaxation activity to do with the group. We have included instructions for both activities for your convenience (Figure 18). Have participants follow along as the instructions are read out. Be sure to let participants know that these tools can be used anywhere and anytime. As well, remind them that just as they are engaging in them as a group now, they too can practice these techniques as a family. Take any time necessary to provide feedback, make any corrections to anyone who may need it, and ask the group how the activities made them feel. Checking in like this is a great way to validate their feelings and give them the opportunity to talk about what they liked about the tool and maybe even what they did not like. This is meant to be a calming experience, so feel free to include any soothing or relaxing music to set mood for the activity. After running through these activities, your group should be relaxed and ready to cook.
Progressive Muscle Relaxation

1. Tense your neck and shoulders by raising them up towards your ears. Hold it there for a moment. If you feel any pain lower your shoulders completely or loosen the tension. Slowly lower your shoulders back to their natural position. Do this twice.

2. Tighten your hands into a fist and feel how strong your grip is. Hold your grip for a moment and then release. Shake your hands gently to release all of the tension. Feel how relaxed they have become.

3. Curl your toes under as tight as you can. If you are standing or are not able to do this, rotate your ankles one foot at a time to stretch and loosen the tension in your feet. If you are curling your toes, hold them for a moment and then slowly uncurl them. Feel how relaxed the muscles in your feet are.

4. If you are somewhere that allows it, stretch out your arms like a bird’s wings and raise them above your head. Spread your fingers out and reach for the sky. Hold this for a moment then slowly lower your arms back down to your side.

5. Lastly, notice your breathing. Finish the exercise by taking four slow deep breaths. Breath in deeply through your nose and hold it 1...2...3...4...and now let the air slip out slowly through your mouth.

Self Care

Self care can be physical, mental, emotional, and professional. Taking care of our mind and body whether at home or at work is essential to reducing stress and the impact it has on our lives. Here are 4 easy ways to practice self care:

#1 Make time for fun!
#2 Get adequate sleep.
#3 Ask for help when you need it.
#4 Encourage and empower yourself!

Deep Breathing

Practicing deep breathing can decrease feelings of anxiety and stress, but it can also trigger relaxation. This practice can help calm the body and mind in times of stress, stopping the negative cycle from spiraling out of control. To practice safe and effective deep breathing, follow this formula:

INHALE slowly to the count of 4
1 one thousand, 2 one thousand...
then
EXHALE slowly to the count of 5
1 one thousand, 2 one thousand...

Repeat this pattern for about 45 to 60 seconds.

Adapted from:
www.innerhealthstudio.com/quick-progressive-muscle-relaxation.html

Figure 18. Stress reduction and relaxation techniques handout.
**Cooking Activity**

For the cooking portion of this session, we want to focus on having fun. One of the purposes of the Family Table program is to make cooking and eating together as a family a more appealing option. By learning new and easier ways to cook in the kitchen, the hope is to get rid of fears and apprehensions families may have towards cooking at home. This week you want to highlight that cooking is a fun activity and not just about making dinners. The theme of this week’s cooking activity is family night snacks. This could be something they can create to enjoy with a family movie, a game night, or watching their favourite TV show. You want to give the families healthier alternatives to store bought snacks, and inspire the idea of having a family night as a regular habit.

**Suggested recipes:**

- Stovetop popcorn with homemade toppings
- Energy balls
- Yogurt parfaits
- Homemade nachos
- Smoothies
- Fruit and dark chocolate fondue
- Gluten free cookies

etc.
**Week Seven Summary**

- Our mind and body react and cope with stress in varying levels of effectiveness that change from day to day.
- Beneficial to have a few relaxation and coping strategies in your tool belt to use.

**Progressive Muscle Relaxation (PMR)**

- PMR is the systematic tensing and relaxing of various muscles throughout the body to reduce feelings of stress and anxiety. This also promotes feelings of relaxation and grounding.
- Best to usually start with all the muscles at either the top or bottom of your body and work through them in the opposite direction.

**Deep Breathing**

- Our minds and bodies are entirely connected and learning how to control this connection can bring relief in a variety of situations. Just as we can calm our bodies by focusing on our minds, we can calm our minds by focusing on our bodies too (specifically our breathing).
- Powerful connection between worry, anxiety, stress, and our breathing.
- Breathing slowly, deeply, and with purpose calms the physical sensations that accompany negative feelings, and create calmness and peace of mind.

Both these techniques are easy to do, and can be used anywhere and anytime. Another useful tool for stress reduction is making time for self-care.

**Tips for Self-Care**

- Make time for fun
- Get adequate sleep
- Ask for help when you need it
- Encourage and empower yourself
WEEK 8: GRADUATION PARTY

Introduction

The last week is all about reviewing what we have taught the group, evaluating how far they have come, and celebrating their accomplishments. Before we can get into the fun stuff, there is some housekeeping to do. We will need to collect the last of the data and have the participants fill out an evaluation of the program. There will be a group discussion about what was learned during the previous seven weeks, we will open the letters they wrote in session one, and there will be one final cooking activity. Once all that is done, it will be time for the graduation and party! The main goal of this week is to reflect on everything that has been taught and celebrate the final week together. Having fun and creating memories should be a large part of this session, so if it is feasible, extend the session by about half an hour if possible.

Completing PSI-SF & Program Evaluation

Once participants have filled out their Weekly Frequency Questionnaire, they will complete the PSI-SF again, just like they did during the information session. Distribute the PSI-SF to the adult participants and give them as long as they need to finish it. It should take approximately 15-20 minutes for everyone to fill it out. The results from this questionnaire will be compared to the one completed at the information session to analyze the effects of the Family Table program on stress within the parent/child relationship.

After the PSI-SF is completed, there is one last piece of paperwork for the adults to finish. To assess the Family Tables program’s integrity and effectiveness, participants
will complete a brief program evaluation (Figure 19). This will allow for future improvements to be made to the program. The children will also be given an age appropriate program evaluation form which can be found in the children’s edition manual.

Program Evaluation

What part of the program did you like most?

What part of the program did you like least?

What things from this program were most helpful to you?

What I was looking for from this program, but didn't get:

Did the program help your family make changes?

Additional Comments:

Figure 19. Program evaluation form.
Summary of Last Week

As with every week, give a brief summary of the previous week’s lesson. Use the handout provided to review stress related coping skills and the relaxation techniques practiced in session. This may be a good time to briefly check in with participants and see if anyone used the relaxation techniques during the week. If yes, find out how it went. If no, find out what kept them from trying it.

Opening of “I hope to” Letters

It is the final week of the program, so it is time for the participants to open up their “I hope to” letters and evaluate the goals they set in the first session. Pass out the envelopes to the participants and let them read their letters. Help them to be objective and to look for the positives if they did not accomplish everything they wrote down. This is not about accomplishments, but rather a chance to reflect on the process and all they have learned. Once everyone has gone through their letters and goals, begin a group discussion.

Group Discussion

The group discussion this week will come naturally from opening the “I hope to” letters. We want to reflect on the participants’ experiences during the program. What they learned and how they have changed over the course of the eight weeks. Whenever possible, try to focus on skills and topics that were taught, in an effort to refresh some of the material and be sure to offer encouraging statements and specific positive reinforcement. The main focus should be on growth and positive change that has occurred. If the families acknowledge the impact that the program has had in their home, it will reinforce and encourage them to continue using the skills and concepts they have learned. Remember that this week is a celebration and we want to encourage the participants to feel proud of what they have accomplished.

Cooking Activity

For the final cooking activity, we want to create something simple that can be shared. We may also want to cook something that is sweet or in line with the celebration theme. This is the group’s last time in the kitchen together, so try to make it fun and memorable. The hard work is all done and this final cooking activity is about making something to enjoy during graduation and the after party. No matter what, keep the mood light, have a good time, and take lots of pictures of the families to add to the final week of their scrapbook.
**Graduation & Celebration**

Once the cooking is done, it is time for the party. The graduation should be a simple ceremony, where you hand out the certificates to each participant. Print off the provided certificates for all the participants to receive (Figure 20). Call the participants up one by one and present them with their certificate. Prompt the rest of the group to applaud for everyone. The certificate ceremony will be the only formal portion of the party. Afterward, serve what you have cooked and provide refreshments for all. Feel free to play some music to set the mood, and have some fun games or activities for the children. This is a time for everyone to mingle and celebrate their successful completion of the Family Table program.

**Suggested recipes:**
Cupcakes, Homemade hamburgers, Oven baked fries, Homemade kettle chips, homemade spring rolls, homemade pita chips, salsa and guacamole, cookies, tarts, etc.
Figure 20. The Family Table Graduation Certificate.
Part IV: References & Resources

“It’s fun to get together and have something good to eat at least once a day. That’s what human life is all about – enjoying things.”

-Julia Child
References


