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

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Dedication

I dedicate this work to all those who love me, and are so loved in return.

Also, this thesis is dedicated to my brave partner, Scott Dennison, for undertaking, supporting, and venturing on this academic journey with me. I am eternally grateful.

Furthermore, I dedicate this piece to J.K. Rowling, who introduced me to a world I understand far better than my own.

Lastly, I dedicate this project as an acknowledgement of my privilege and my commitment to serving my field with empathy, compassion, acceptance and integrity until the very end.

Please note: I am still eagerly awaiting my Hogwarts letter, although, a wise individual once said that it does not do to dwell on dreams...
Abstract

Families are struggling to find time to cook and an even to schedule routine family meals. Both family meal preparation and meal sharing have been shown to boost protective factors in youth and strengthening family relationships. The present thesis describes the development and design of a program and accompanying manual created to address a gap in the literature regarding a treatment combining quality time spent together and culinary skill development. The Family Table Program aims to increase time spent as a family and in preparing meals together through family cooking classes and low-intensity family therapy rooted in cognitive behavioural therapy. The facilitator’s manual has been written in two parts, one for children and one for adults. The development of the manual for children is outlined. It includes: weekly lessons, discussion topics, rationales, handouts, activity sheets, and suggestions for cooking activities. The target participants, design, setting, and measures for the pilot trial study of The Family Table Program are also described. Major recommendations and future areas of study include adapting the program for different populations, using a wider range of assessment measures, and expanding culinary curricula.
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Chapter I: Introduction

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. Research has demonstrated that parents, particularly parents of school age children, find mealtimes and meal preparation to be stressful and overwhelming (Fulkerson et al., 2011). 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. 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 (Neumark-Sztainer, Wall, Fulkerson, & Larson, 2013). Though the literature strongly supports both the importance of shared family meals and reducing stress levels within the parent-child relationship, there is a gap in literature demonstrating empirically valid methodology or interventions indicating how to do so. Therefore, the creation of a program designed to bring families back into the kitchen and around the family table in order to reduce the stress influencing parent-child relationships would serve a great purpose in our community. In order to test this assertion, it is hypothesized that participation in The Family Table program will significantly decrease dysfunctional or stressful interactions between parents and children. The purpose of this present thesis was to create a manual for the children’s psychoeducational portion of The Family Table program.

Time and Stress

Time and stress are eternally bound: a decrease in one usually means an increase in the other. As time and stress relate to food, families are experiencing more stress as they lose control over time. As this cycle grows, corners are cut and exceptions are made with regard to the foods we eat as we attempt to regain control over time. Time, convenience, and effort are three of the biggest influencers in society’s current food selection, preparation, and eating behaviours (Hartmann, Dohle, & Siegrist, 2013). The consumption of foods that take less time to make and offer a break in an ever increasing demanding schedule is not problematic in its own right. An alarming trend is that convenience foods are no longer reserved for situations strictly pressured by time, but are now considered common meal replacements and have been normalized as proper meal options on their own (Hartmann et al., 2013). To reduce stress and win time, we are sacrificing not only our own nutritional health and dietary balance, but that of our children. When we consider convenience food and the power they give us over the time management struggle, we may quietly turn a blind eye to the impact it has on our bodies, but it is possible that we never consider the effect it can have on our mental health, and on our families (Utter, Denny,
Lucassen, & Dyson, 2016). When we consume convenience foods, we win time and perhaps reduce stress, but what are we losing in return?

**Food and Family**

While there are those who will forever curse the forced awkwardness of a Sunday night dinner, the modern family is struggling to find a balance between the traditions of their parents and the demands of a new era. We can assume that families are still eating, but where is the food coming from and who is making it? Gendered tradition would suggest that the responsibility rests with the mother to provide home cooked meals, and the literature appears to reinforce this observation. Hartmann, Dohle, and Siegrist (2013) have determined that family meals are decreasing because people no longer possess the ability to cook, and yet women are still cooking. The study conducted by Hartmann et al. (2013) was based on the statistical results from a survey given routinely by the Swiss Food Panel and focused specifically on European populations, though it is suggested that the results could be closely representative of North American populations as well. Among males, surveys have shown that cooking skills were more strongly associated with pleasure rather than necessity. In contrast, females expressed that they did not mind cooking for the most part, because they had to (Hartmann et al., 2013). If time and commitments no longer permit mothers to cook, then families are losing an integral component of relationship building and family bonding. Therefore, the only way to salvage the family meal is to shift perspectives and reconsider our values in order to modernize tradition and reap the many benefits of the family meal.

**Perspectives and Meals**

Family meals are not really only about the food, but rather using the fact that at some point we have to stop and eat as a vehicle for strengthening family units. Food, and the entire family preparing it, play a significant role in the growth and development of children (Skeer & Ballard, 2013). As Utter, Denny, and Lucassen (2016) have found there is a positive relationship between culinary skill development, family connection, and mental wellbeing. While cooking for and feeding oneself and others is a valuable and essential life skill, the greatest contribution to quality of life is found in the time spent with family in the kitchen and around the table. There is considerable research linking family food preparation, family meals, and reduced probability of children and youth engaging in dangerous and risk-taking behaviours (Utter et al., 2013; Utter, Denny, & Lucassen, 2016; Skeer & Ballard, 2013; Neumark-Sztainer, Wall, Fulkerson, & Larson, 2013). When time, stress, demand, ability, and other barriers stand in the way of cooking a nutritious homemade meal, a convenient alternative does not seem so harmful. As long as everyone eats, we have met the requirements. However, when we consider mealtimes, not simply as opportunity for sustenance, but as a daily framework for the enhancement of our children we can see its value. Through open communication, skill development, bonding, and mental health, suddenly the idea of takeaway and sending everyone to their activities becomes harmful to the family unit and its individual members.
The Creation of a Program

It is a lot to ask of a modern family to take back control over time, reduce stress, produce nutritious food, and inspire the entire family to change their routine and gather once more around the dinner table. A search of literature for evidence-based programming in order to make all of the above possible, revealed a significant gap. Simply, there was none. The literature stresses the importance of family meals and a balanced diet, while acknowledging the demands of family life, but there were very few encouraging thoughts on how to marry these conflicting issues. Accordingly, a program was designed to help the modern family find a way to have their lives and eat their dinner too. The Family Table Program is an eight-week, low-intensity family therapy program based on the Cognitive Behavioural Therapy (CBT) model combined with culinary skill acquisition through family cooking classes. The purpose for this program is to give families the tools, information, and strategies they need so that they can get back into the kitchen and around the dinner table. The program was designed and piloted with the Centre for Education, Behavioural Research and Intervention in the Community (CEBRIC) in conjunction with a local Loblaws Cooking School.

Overview of Thesis Chapters

The introduction addresses recent trends in eating and family meals, the changes in demands placed on the modern family as these relate to mealtimes, the benefits associated with preparing and eating meals as a family, and the program designed to help families make that possible. The literature review demonstrates the need for this program based on the gap observed, as well as providing the theoretical and evidence-based background used for the creation of The Family Table Program. The methodology chapter outlines the process involved in the design of the facilitator’s manual. The manual is described in the results section, and the discussion section provides analysis of the strengths and limitations of the program and its accompanying manual, as well as final concluding thoughts.
Chapter II: Literature Review

Family Meals

The amount of time people devote to preparing meals can often be related to the value placed on mealtimes, the amount of stress associated with mealtimes, and is influenced by a multitude of factors such as organization, financial standing, and prioritization (Daniels, Glorieux, Minnen, & van Tienoven, 2012). Special occasions and holidays seem to dominate reasons for having a family meal. However, Neumark-Sztainer, Wall, Fulkerson, and Larson (2013) argue that the structure of an everyday 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). Neumark-Sztainer et al. (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.

A study was conducted using data from the United States’ National Survey of Children’s Health to determine whether the frequency of family meals positively influences the social behaviour of children ages 6 to 11 (Lora, Sisson, DeGrace, & Morris, 2014). The study sought to determine whether frequent family meals had any increase on appropriate social skills, academic engagement, and any decrease on parental aggravation with their children and maladaptive social behaviours. The results showed that, though there was no impact on parental aggravation, increased frequent family meals significantly improved the odds of children engaging in school and using positive social skills, and decreased the odds of them engaging in problem social behaviours (Lora et al., 2014).

While increased engagement in routine family meals had a significant positive impact on children’s behaviour, the quality of time spent as a family at meals, which was not measured in this study could explain the absence of effects on parental aggravation. This gap in results could be addressed by introducing strategies and tools for parents to use throughout the mealtime itself. Therefore, this component is addressed in the addition of low-intensity cognitive behavioural therapy.

Low-intensity Cognitive Behavioural Therapy

The cognitive behavioural therapy (CBT) model relies on the multidirectional relationship between our thoughts, feelings, and behaviours, and as a result of these dynamic interactions, cognitive processing is central to this model (Wright, Basco, & Thase, 2006). A common therapy technique used when working with families is low-intensity Cognitive Behavioural Therapy (CBT) as it includes assessment, feedback, and routine evaluation, which can help families progress through therapy in the direction and speed that is best for them (Patterson, 2014). The low-intensity aspect involves self-directed CBT interventions and has proven to be greatly effective when used with individuals who are experiencing varying difficulties, but are not in crisis (Freire et al., 2015). One of the characteristics associated with this form of therapy is the limited clinical interaction clients need to experience in order to move
along within the treatment process (Freire et al., 2015). As such, this treatment strategy can be delivered in a variety of formats including classes, books, and online (Freire et al., 2015). 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 services providers communicate, all while adapting interventions to the specific needs and contexts of their clients (Bennett-Levy, 2010).

Vossler and Moller (2015) suggest that low-intensity family therapy, which is akin to structured psychotherapy, can be beneficial and economical. In comparison, high-intensity therapy, as it compares to low-intensity family therapy, calls for a more direct and intensive 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 is focus on building up protective factors and honing in on risk factors. Therefore, 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 limitation regarding the use of low-intensity therapy can be linked back to its very basis, which is to provide a wide variety of tools and strategies for the family to use and apply in a variety of settings and situations. The slightly vague and broad coverage of family challenges is intended to generate significant shared responsibility within the family to actively engage in and use these tools as challenges arise. By contrast, high-intensity therapy intervenes within a specific challenge and addresses the issue directly. As a result, low-intensity therapy is ideal for targeting general dysfunctions which all families may experience.

**Culinary Skills, Food, and Nutrition**

Since the nineteenth century there has been a steady decline in people’s cooking skills. Generally, schools no longer provide compulsory cooking skill development classes and as a result, there are two problems said to be at the heart of this growing skill deficit (Hartmann, Dohle, & Siegrist, 2013). According to Hartmann et al. (2013), the first of these is a significant decline in the intergenerational transfer of very basic cooking and food preparation skills taught and learned in the home. The second is the overarching societal trend of time scarcity which greatly influences people’s thoughts and behaviours regarding food. Time, convenience, and effort are three of the biggest influencers in society’s current food behaviours (Hartmann et al., 2013). Another factor influencing the apparent cooking skills deficit is the gendered nature of the skill itself. As previously mentioned, among males the survey demonstrated that cooking skills were more strongly associated with pleasure and females did not mind cooking for the most part, because they had to (Hartmann et al., 2013).

Limitations for the study consider that cooking skill is perceived and can be influenced by ingredients and method. For example, more skill would be required in creating a meal from scratch than from pre-packaged ingredients. Additionally, those who completed the survey would be able to answer certain questions similarly despite the difference in perceived skill level. Another possible limitation which was not directly addressed within the article is the influence that culture and society have on cooking skill, consumption habits, and importance of the skill.
Parents are considered to be the nutritional gatekeepers of their homes. As they are primarily responsible for what their children consume, the nutritional benefits which are gained when families cook together and prepare meals in their homes means that they are avoiding the creation of nutritional deficits in their children during crucial periods of growth (Fulkerson et al., 2011). A balanced diet, positive mood, and better cognitive abilities and a diet consisting of the required intake of fruits and leafy greens can contribute to more adaptive behaviours (Oddy et al., 2009). However, the Western dietary pattern of takeaway foods, red meats, and confectionary treats does not meet this criteria (Oddy et al., 2009).

Convenience foods are no longer reserved for time-pressured situations, but are now considered common meal replacements and have been normalized as proper meal options on their own (Hartmann et al., 2013). When we think about food and meals differently, we prioritize them differently. 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, Glorieux, Minnen, & van Tienoven, 2012).

Program Design

In the first aspect of the program design, Meier and Musick (2014) explain that it is not only the act of a family meal itself that strengthens the family unit, and individual members, but also the quality of the communication, bonding, and relationship building that transpires throughout the meal. Therefore, it is not enough to teach families how to increase the frequency of family meals. They must also be given the tools to better their communication skills, enhance their ability to emotionally connect, and teach them strategies for building positive relationships. Therefore, a psychoeducational component is a necessary aspect for an intervention designed to increase the frequency of family meals.

Secondly, 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. As a result, an intervention that focuses on the aforementioned areas will increase the reinforcing nature of a family meal.

Lastly, Possick (2008) suggests that the ritual of the family meal is an ideal basis for therapeutic intervention as it incorporates cognitive, emotional, and behavioural elements. Each of these can be addressed individually, however the family meal allows for overlapping treatment outcomes. This becomes an ideal platform for encouraging families to use the tools and strategies taught, alongside the culinary skills taught throughout the intervention process.

Psychoeducational Components of Low-intensity CBT

Positive Reinforcement and Praise

Miltenberger (2012) describes reinforcement as a key aspect of behaviour modification, and positive reinforcement as the process of providing a valued reinforcer in exchange for the performance of a desired behaviour. It is this immediate reinforcement as a consequence for the
desired behaviour which makes this such a powerful behaviour modification tool (Miltenberger, 2012). 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). When encouraging 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).

**Modelling**

Modelling is a form of prompting whereby a model visual demonstrates a desired behaviour with the expectation that those watching will also behave this way (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). Behaviour which results in something positive or desirable will more likely be imitated again. However, the observer also takes into consideration the consequences experienced by the model before performing the behaviour themselves (McLeod, 2016). In observational learning, there are four behavioural requirements which must be fulfilled 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).

**Negative Automatic Thoughts**

Negative Automatic Thoughts are the immediate negative evaluations made about a situation, future situation, about ourselves, or others, which are irrational in nature and often come and go without being noticed (Beck, 1967). Negative automatic thoughts can significantly magnify stresses and anxieties, causing further emotional and behavioural issues (Flouri & Panourgia, 2014). Within the Cognitive Behavioural Therapy framework, negative automatic thoughts are considered a significant source of negative change in people’s mental health (Soflau & David, 2016).

**Cognitive Distortions**

Cognitive Distortions are characteristic errors in logic that occur in one’s 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. 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).

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 repeats encouraging statements to themselves (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).

Activity Scheduling

Activity scheduling is a behavioural tool used in Cognitive Behavioural Therapy whereby an individual fills out a period 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 symptoms of depression 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).

Progressive Muscle Relaxation and Deep Breathing

Relaxation techniques are an essential part of Cognitive Behavioural Therapy 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). Progressive Muscle Relaxation 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). When we learn how to control this connection between mind and body we can experience relief in a variety of situations (Karren et al., 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, Smith, & Gordon, 2014). Our mind and body connection works both ways, so just as we can calm our bodies by focusing our minds, we also can calm our minds by focusing on our bodies (Karren, Smith, & Gordon, 2014).
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). 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 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. 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.

Summary

Family meals are an essential component in maintaining a healthy family structure, increasing communication, reducing risk-taking behaviour in children and youth, and increasing the overall quality of family life (Daniels, Glorieux, Minnen, & van Tienoven, 2012; Neumark-Sztainer, Wall, Fulkerson, & Larson, 2013; Offer, 2013; Lora, Sisson, DeGrace, & Morris, 2014). Family meals are an excellent vessel for low-intensity family therapy. This technique is an ideal form of CBT as it promotes the use of skills to solve a variety of problems families may face. In addition, the techniques and concepts can be successfully taught to most ages, and is an economical approach for clinicians (Wright, Basco, & Thase, 2006; Patterson, 2014; Freire et al., 2015; Bennett-Levy, 2010; Vossler & Moller, 2015). The final area of interest targeted within the program is culinary skill development, food, and nutrition. These are considered to be a neglected aspect of people’s lives in today’s food culture and as a result, it is having a negative effect on people’s mental and physical health (Hartmann, Dohle, & Siegrist, 2013; Fulkerson et al., 2011; Oddy et al., 2009; Daniels, Glorieux, Minnen, & van Tienoven, 2012). While healthy versus unhealthy foods and weight gain versus weight loss are often popular topics of conversation, culinary development is not commonly considered to be necessary area of focus. Just as culinary skills can be taught and encouraged, the skills involved in the techniques used in low-intensity CBT can also be developed to create meaningful change in the lives of families.
Chapter III: Method

Participants

This manual is designed to be used with the pilot implementation of the FT program. At the time of writing, the manual was based solely on evidence-informed best practices. 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-years-old and 12-years-old. For the initial program there were set inclusion and exclusion criteria for participating families.

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 (Appendix C). 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. The manual focuses on Cognitive-Behavioural skill building and psychoeducation. 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 detailed 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. A 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 to 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 FT 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 in the Cooking School in a Loblaws grocery store, in Kingston, Ontario. The Cooking Labs are located on the second floor of the building and can be accessed by either stairs or an elevator. The lab is a bright, wide open space modelled similarly to a family’s home. There are 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 efficacy 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 survey was given to participants at the final session of the program, and included five questions on the outcomes of the program and improvements for future implementation of the FT program. The evaluation 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 pilot implementation of the FT 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 was filled out by participants during the information session to collect baseline data, and again during the final session of the program. A goal of the FT program was to decrease stress of the participating families, along with increasing meals prepared and consumed together. To measure the quantitative data of number of meals consumed and prepared together, the 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. Participants 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.

The Manual

**Part I: Introduction**: This portion of the manual provides an overview of the FT program. It introduces the user to the theories behind the program and provides an overview of: cooking and eating together, cognitive behavioural therapy and psychoeducation, food and health, and the effects of stress around meals and family time. Next is the program logic model for the FT, which displays the relationships between 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 FT 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 be run, a breakdown of the eight session framework, information regarding consent, and directions regarding data collection.

**Part III: Weekly Sessions**: This section of the manual presents a process design for each of the eight sessions. 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 final version of The Family Table Facilitator’s Manual: Children Edition can be found in Appendix D. The manual was created for facilitators in order that The Family Table Program could be run independently and in its entirety. Noted in the manual were literature overviews supporting the evidence-based practices found within the manual, breakdowns of each session including a session overview and all activities and materials required, and any additional notes the facilitators may require.
Chapter V: Discussion

Summary

A gap in the literature was found on the combination of low-intensity family therapy and culinary education, which suggested a need for an intervention marrying these two areas. To respond to that need, the purpose of the present thesis was to design and create a program merging these two important elements, with the accompanying facilitation manual.

The first component, low-intensity therapy in the form of selected psychoeducational tools, techniques, and strategies founded in evidence-based Cognitive Behavioural Therapy (CBT), was chosen and adapted for age-appropriate delivery. The low-intensity psychoeducational tools and strategies chosen for the program based on the literature include: goal setting, negative automatic thoughts, cognitive distortions, planning and activity scheduling, identifying and communicating emotions, and progressive muscle relaxation. Low-intensity family therapy and the CBT skills selected have been found to be effective in enhancing an individual’s ability to problem-solve, communicate, and manage their relationships more effectively. Each individual member can effectively use these skills to enhance the relationships within the family, as well as strengthen the family unit as a whole.

The second crucial component in the design of the program was culinary education. The literature revealed a fundamental need to bring families back into the kitchen and around the dinner table. In addition to the nutritional and physiological benefits of returning to home cooking and natural ingredients, mealtimes have been established as an ideal structure for enriching family bonds and solidifying the parent-child relationship. The organic nature of cooking classes was chosen as an ideal method for including this component in the program as it provides practical culinary skill development, as well as promotes healthy family interactions and time spent together.

The result of this research was The Family Table program, an 8-week low-intensity family therapy program designed to reduce stress surrounding meals and family interactions, as well as increase the frequency of family meals and time spent as a family, by introducing families to psychoeducational skills and culinary development strategies in a structured setting. The accompanying manual was created in preparation for the program to be implemented as a pilot research project through a college research department.

As with any new program, rigorous evaluation of both its strengths and limitations are imperative, and fundamental to furthering the program’s quality and effectiveness. When assessing The Family Table (FT) program, it is required that both the manual and intervention strategy itself be considered.

Strengths

Beginning with the manual, one of its greatest strengths is its readability and formatting. Designed to be easily used by any facilitator, the manual is laid out by session, includes all of the necessary materials, activity sheets, and talking points needed to successfully implement a the FT session. The manual has also been written in language which is clear, unambiguous, and easily read at a moderate academic grade level. It does not require a significant amount of decoding or advanced knowledge in psychological concepts, but is specific enough that a trained individual could implement it effectively.
Additionally, the manual is particularly adaptable and could be tailored in a variety of ways to suit a variety of populations (e.g. geriatric, young adult, etc.). The activities and sessions are planned with enough structure and supporting theory that an experienced facilitator could pinpoint the key components of the session and then adapt the activities and discussions to suit their population.

Lastly, the manual’s clear structure is apparent, yet it provides the facilitator with certain creative freedoms. One such area is the cooking portion of the sessions. The manual provides suggested recipes and the overall mission or theme of each given session. However, facilitators have the creative freedom to alter this section in any way they see fit or for any reason they feel will better accommodate their clients. This component of the manual also creates the opportunity for interdisciplinary and intercommunity partnerships. While an agency may be able to accommodate the psychoeducational portions of the manual, they may lack the infrastructure or ability to execute the cooking lessons. This would hopefully encourage agencies to reach out to other services within their communities and networks, and develop meaningful connections as they implement this program as a team.

With regards to the program, the greatest strength of The Family Table is its simple premise rooted in evidence-based practices. The non-invasive psychoeducational techniques embedded in the program, which are established Cognitive Behavioral practices, demonstrate the high level of effectiveness the program should have with participants. In addition to the literature-based low-intensity family therapy component, cooking and eating is evolutionary in nature and engrained in our human nature. Most individuals possess the ability, no matter how basic, to prepare a meal and eat it. This basis creates an organic springboard upon which the culinary development portion of the program is built.

Alongside the evidence-based nature of the psychoeducational tools within the program, the skills taught are beneficial to the family unit, and transferable to individual members as well. The potential generalizability of the tools and skills taught within each session may also influence the quality of relationships with others outside the home. This encourages the continued use of the components taught, as well as the likelihood that the use of the various skills and techniques will be positively reinforced in some capacity or environment.

Another strength of The Family Table program is the need that it fills as demonstrated by gaps in the literature and local programming devoted to families. Although there is considerable support for the value and use of low-intensity family therapy and for all manner of culinary development and education, there is little to no evidence of tested programming or intervention procedures bringing the two together.

Lastly, and perhaps most currently or socially relevant, is the culturally sensitive nature of the program. The skills, concepts, and themes hold few cultural biases, and generally transcend a host of ethnicities, religions, cultures, and family compositions. The program does not adhere to traditional gender roles or societal hypothetical constructs designed to oppress or devalue any one member of the family unit. It designed to demonstrate and support family unity and cohesion.
Limitations

As with all endeavors, limitations exist and they create parameters for expectations, ability, and improvement. There are several limitations within The Family Table manual. One such limitation is, conversely, also one of its strengths in that the manual does not provide a significant amount of structure within the culinary portion of the program. A facilitator intending to use this manual would require a certain amount of resourcefulness and planning to find the infrastructure necessary to hold cooking lessons if they do not already have access to a kitchen, someone to conduct the cooking lessons if they do not possess the skills required, and determine the recipes to be used for each session. This may also provide an opportunity for creativity and interdisciplinary partnership, but for some this may be too great of task or too complicated to arrange.

Moreover, though the program could be easily adapted to suit a variety of populations, the activity materials within the manual are specifically geared towards families and, in particular with respect to the children’s manual, young children. A facilitator looking to adapt these activities and worksheets to meet the needs of their specific clients would require a significant amount of time, thought, and resources.

Lastly, in addition to requiring both the adult and children’s manuals in order to implement the program, there is no specific budgetary or financial breakdown outlined in the manuals for agencies to follow in terms of cost to participants or agencies. As this program was initially designed and tested as research, funding was granted. As such, this area is open to future development and analysis.

Limitations, as they relate to the program and its design, consist of five general points. The first of which is the program’s reliance on self-report data in order to determine participant success. Though both surveys used throughout the program have controls built in to help avoid confounds commonly present when using self-report measures, there is still this existing limitation.

In addition to the use of self-report measures, there is no comparison or control group against which the participants are tested. Participants are being compared to themselves in terms of their progress from baseline through treatment. However, a control group who only receives the family cooking lessons would create an interesting comparison to isolate the effectiveness of the low-intensity therapy components such as: as actively increasing the occurrences of family meals, time spent together, and the amounts of stress and dysfunction existing within the parent/child relationship.

A current limitation is the hypothetical nature of the program, as it has yet to be tested. The pilot trial of this program is currently underway, however until that has been completed, the program remains theoretically sound and supported by the literature, yet not tested practically or in the real world.

Another limitation rests in the psychoeducational component of the program in that it moves quickly from session to session with little time or direction for a facilitator to address
participants who are having difficulty with any of the concepts or skills. Participants are carried from week to week with little opportunity to deviate from the curriculum in order to address specific issues of each participant. Though each session is designed to be accessible and manageable within the time given, as well as including a summary of the previous week’s lesson, this could be problematic for some clients. This limitation could be better considered during the trial run of the program and evaluated again at that time.

Lastly, the program, while generally inclusive, cannot be applied in its current form to those living at a low socioeconomic level as access to food is a great barrier to success in this program. Participants experiencing food scarcity have greater needs and fulfilling this basic need of food stability would take priority over culinary development and increasing time spent together as a family. Though these principles and goals are valuable, this basic need should be addressed before considering a participant’s enrollment in this program.

**Multilevel Challenges**

Various aspects of programming are vulnerable to a multitude of challenges and there are four key areas that require attention. There are client, program, organization, and society. Within each level, challenges are unique and yet they create a holistic picture of the barriers and difficulties that exist within any intervention or product. The following analysis is based on the evaluation of the multilevel challenges which impact this thesis.

Beginning with the client level, transportation can be a challenge based on the target population chosen for this program. While choosing a location accessible to clients is essential, this can be a barrier for clients who would benefit from the program, but are not able to easily physically access it. As well, clients must commit to eight weeks of sessions in addition to the time it will take to commit to the skills and lessons taught by engaging in them at home. Furthermore, clients are required to commit as a family, which can be a significant challenge influencing each client individually, as well as the family as a whole. Finally, clients may experience resistance to learning new skills and trying new foods. Though resistance is to be expected in psychotherapy, resistance as a whole family or from one individual member can greatly impact a client’s experience and journey.

At the program level, infrastructure in order to adequately facilitate both components of the program is a significant challenge. An agency would require the ability to hold segregated group therapy sessions as the children and adults participate in the psychoeducational portions of the program separately, as well as accommodate the family cooking lessons in the same building. As the trial implementation of the program is being conducted in a Loblaws Cooking School, the cooking lesson requirements are exceptionally met, however the requirements for the psychoeducational component were only partially met and concessions had to be made. Additionally, the manual has been created based on the assumption that facilitators have the ability to execute both components or to find the necessary resources to do so. The program has also been manualized in a specific order, which upon the trial implementation, may prove to be ineffective and may require readjusting. Again, the program exists in a hypothetical state until it can be tested. Lastly, the nature of the skills and tools upon which the low-intensity family therapy components are based require participants to use and practice both in session and at
home. If participants do not actively engage in these principles, then they will be ineffective and result in little change in participants’ lives.

From an organizational level, the natural challenges which exist stem from the program being funded by a college research centre. These challenges are part of the process involved in research and are part of the rewarding experiences involved in applied research. These challenges include: the process of obtaining approval from the research ethics board, ensuring that the project in review has all of the necessary components before implementation, ensuring appropriate supervision, attaining adequate funding, and working with an interdisciplinary team to create a product which is ready for pilot implementation and analysis.

Finally, at the societal level, there are four specific areas where the program and this thesis encounter challenges. The first is the idea of bringing families back into the kitchen and around the table seems incredibly simple, which it is, and therefore does not seem worthy of funding or attention. It is possible, that even if people acknowledge that this is a positive way of family living which needs to increase, they may not feel that it is an issue the field of psychology and social services is responsible for addressing. Furthermore, this program is designed to give families the tools they need to navigate a vast array of issues they may encounter, and is potentially pre-crisis as it were. Therefore, it is possible that the intervention could be seen as not necessary. Stigma also plays a role in the societal challenges facing The Family Table Program, as family therapy of any kind still holds a significant amount of negative connotation. It is also possible that parents may feel that enrolling in this program as a family is somehow a commentary on how their family is succeeding and how as parents they have been providing for their children in regards to sustenance. Lastly, Western food priorities do not support the ideals and vision of the program, which is inherently counter cultural based on our society’s current perspective regarding food and mealtimes. This challenge to a way of living, thinking, and behaving, which is so engrained in our current society could be a significant one for acceptance of the program by its intended users and beneficiaries.

**Recommendations for Future Research**

The Family Table program, as it exists in its hypothetical state, is in itself a possible future research opportunity as The Centre for Education, Behavioural Research and Intervention in the Community prepares to execute a pilot implementation. However, there are other recommendations which could be explored, trial program notwithstanding.

First, the program could be redesigned to include a control or comparison group of some kind. While participants’ success is measured against their own baseline data, it would be interesting to determine which particular component of the program is most responsible for an increase in family meals, family meals cooked at home, and a reduction in the perceived dysfunction within the parent/child relationship.

Secondly, post-pilot it should be determined whether or not the delivery schedule within the proposed curriculum is in the appropriate order and includes enough material within each session to adequately teach participants how to perform the skills and then practice them. It is hypothesized that the order the sessions have been written in a way which allows participants to
naturally progress through the program and build in complexity. However, once it has been tested it is possible that the delivery order should be reevaluated and reorganized in order to optimize the program’s effectiveness.

Thirdly, the addition of testing participants’ success independent of the self-report data generated by the surveys and questionnaires given to participants throughout the program would be a helpful way of more accurately examining the program’s effectiveness. Suggested data which could be collected would be the third party observation of family interactions during mealtimes before pre and post intervention.

Finally, the manual itself could include a greater variety of activities within each session to provide additional opportunities for practicing or learning the various skills and techniques. As well, a greater variety of discussion perspectives could be considered to introduce fringe concepts or ideas about food or about mental health. These additions could allow facilitators to steer group discussions and thoughts down a variety of avenues which may better suit the interests or needs of any one particular group, adding to the versatile nature of The Family Table Program.

Contributions to the Field of Behavioural Psychology

Any attempt to create something entirely new or something which reinvents an already well-tested hypothesis offers some measure of contribution to the growing field of behavioural psychology. The Family Table Program contributes to this growth in four ways. The first way is in responding to an identified gap in programming and literature, which suggests a need for an intervention uniting the elements of culinary development and family therapy in some way. Secondly, the program has been completely manualized and therefore it is ready, once tested, to begin meeting the needs of families and agencies in varying communities almost immediately. Thirdly, The Family Table presents a novel interdisciplinary and academic avenue for the schools of Applied Behavioural Analysis and Cognitive Behavioural Therapy as it draws in the culinary world and all it has to offer. As the field of behavioural psychology grows it is becoming increasingly evident that this school of thought can be applied in a multitude of areas, the culinary arts is yet another. Lastly, this program addresses a niche area within social services whereby families can seek counselling without being in crisis. Naturally, if a family does not struggle with family mealtimes, some of the material would be redundant, however the skills taught within the psychoeducational element and the potential for all levels of culinary skill development and food education could benefit any family, regardless of their level of need.

The Family Table program is a simple idea, which is conversely quite difficult to accomplish. It focuses on our ability to slow down in a world which is speeding up, and it forces us to be mindful of our perspectives and the way in which they impact our lives and the lives of those closest to us. The Family Table program provides parents and children with the skills and tools they need to create a quality family life worth cooking for.
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Appendix A
Recruitment Poster

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

CEBRIC
Centre for Education, Behavioural Research in the Community

St. Lawrence College
## The Family Table Program
### Referral Form

#### Inclusion Criteria
- Families that do not engage in family meals or only to a maximum of 2 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

#### Exclusion Criteria
- 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 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 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, schooling and social lives, and any other natural indicators of a healthy family unit such as good communication and a calm home environment, etc.

### 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.

<table>
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<th>Date</th>
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Appendix C
Assent and Consent Forms

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
Principal 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 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

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

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• 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 survey 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 (ktruade-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.

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The Family Table Program Manual

Children’s Program Edition

Developed by: Kate Fazackerley
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 first of which is the children’s facilitation manual which you are currently reading, and the second part is the adult’s facilitation manual, The Family Table Program Manual: Adult’s Edition (Dennison, 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 the priority switched. 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 meals eaten as a family, to increase 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 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, Wall, Fulkerson, and Larson (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 services 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 effected 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 reduces 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, the amount of stress associated with mealtimes, and 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, Glorieux, Minnen, & van Tienoven, 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 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 provided 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
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<th>Week</th>
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<tr>
<td>Two</td>
<td>The importance of gathering and why we don’t (Benefits), International food to share</td>
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<tr>
<td>Three</td>
<td>How we see food (Values), Family recipes</td>
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<tr>
<td>Four</td>
<td>Dinner time chaos (Negative Automatic Thoughts), 30 Minute Meals</td>
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<tr>
<td>Five</td>
<td>Preparing for the week together (Activity Scheduling), Easy lunches</td>
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<td>Six</td>
<td>Making time to talk (Communication Tools), Weekend dinners</td>
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<tr>
<td>Seven</td>
<td>Fun as a family (Stress Reduction), Family night snacks</td>
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<tr>
<td>Eight</td>
<td>Graduation Party (Looking Back), Celebration foods</td>
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*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 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:

_______________________________________________
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 (sdemison30@sl.on.ca). You can also contact our Kim Trudeau-Craig (ktrudeau-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; this 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
### Weekly Frequency Questionnaire

<table>
<thead>
<tr>
<th>NAME _________________</th>
<th>DATE <strong>/</strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many meals were eaten as a family this week?</td>
<td></td>
</tr>
<tr>
<td>How many meals were eaten out at a restaurant as a family this week?</td>
<td></td>
</tr>
<tr>
<td>How many meals were cooked at home this week?</td>
<td></td>
</tr>
<tr>
<td>How many meals were fast-food/take-out or pre-made this week?</td>
<td></td>
</tr>
<tr>
<td>Did you go grocery shopping this week?</td>
<td>Circle One. YES NO</td>
</tr>
<tr>
<td>Who helped cook meals this week?</td>
<td></td>
</tr>
<tr>
<td>Who went grocery shopping this week?</td>
<td></td>
</tr>
</tbody>
</table>

**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 One: Introductions

Meet & Greet and Day’s Agenda

Welcome to the first Family Table session! We have a lot to cover in our first session, but most of all we want to focus on building rapport with our participants. The children may be experiencing some anxiety or insecurity being separated from their parents, so be sure to create a welcoming and calm environment for them. Start by greeting everyone and introducing yourself. Name tags are a great way to ensure that everyone can have time to learn each other’s names. Another excellent way to work through nerves with the children is to start with a small icebreaker. This could be anything, but the goal is to promote inclusion, trust, and comfort. Once everyone has been introduced, we are going to go over the session’s agenda. This is a routine the group should become accustomed to.

The agenda should be big, bright, colourful, and easy to read. Due to the variable ages within the group, include pictures where possible and be sure to read everything out loud so as not to rely solely on the children’s reading. This agenda should be prominently posted when the children enter the room and referred to whenever you are preparing to switch to a new activity.
An important component to effective group sessions is establishing group rules, so one of the first activities we are going to do is make a list of group rules. The list should begin with common rules and should include group therapy etiquette, however there should be room left at the bottom of the list for the children to suggest and add their own rules. Including the children in decision making processes early on will help build rapport and increase buy in. We have provided in Figure 3 a copy of our Family Table rules, but feel free to negotiate and create your own based on your group and agency.

Figure 4. Family Table Children’s Group Rules.
Positive Reinforcement Bag

A large part of running any kind of programming with children involves monitoring and maintaining behaviour. One tool which will prove very useful is something called a Positive Reinforcement Bag, but before we look more closely into that, here is a brief overview of the behavioural concept of positive reinforcement.

Positive Reinforcement

Reinforcement is a key component in behavioural modification, and is the process of strengthening a behaviour by the immediate consequence which follows it (Miltenberger, 2012). We want 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 as a consequence for behaving in a desirable way (Mayer, Sulzer-Azaroff, & Wallace, 2014). During the program, the adults will be instructed and encouraged to use praise with their children when they are behaving in appropriate ways or do something correctly. For example, they might say “Joe, I really like the way you sat quietly during the reading of the recipe!” Praise is not the only type of positive reinforcement, but it is the most effective forms of reinforcement which can be given right away. When using praise, it is important to be specific. For example, GREAT JOB! is good, but GREAT JOB RAISING YOUR HAND TO ANSWER A QUESTION! is best. Another effective form of positive reinforcement is tangible items. This where our positive reinforcement bag comes in.

Create a bag based on the makeup of your group filled with small, inexpensive toys and treats which can be given to children as positive reinforcement for appropriate behaviour. We want to include small toys like sports cards, fun erasers, small individually wrapped candies, and anything else that seems appropriate for your group. We want to be sure that the kids do not grow tired of the treats within the bag because then they lose their effectiveness, so be sure to alternate with praise, high-fives, and smiles to bridge the gaps between access to the positive reinforcement bag.

Group Discussion

This is our very first group discussion and so we would like to ease everyone in by starting with topics and questions that everyone could answer quite easily. Sample questions will be provided for each week’s group discussion following the group discussion section. Depending on the set up of the room, consider using a chalkboard, white board, or easel with paper and markers to write down the answers and ideas children may have throughout this discussion, this will be an excellent visual for them, as well as be a good reminder throughout the discussion of ideas or answers to revisit.

Our goal with these simple and non-threatening questions is to try and give everyone the opportunity to answer and to demonstrate for the children what active listening looks like. Modelling appropriate behaviour at all times is going to be another key tool for maintaining good behaviour. Children look to their environment for cues on how to behave...
and respond, therefore ensuring that we are demonstrating the kinds of behaviours which we are expecting from the children is essential.

Another topic we would like to cover in this brief discussion period is one of our rules, being open to trying new things. One of the common stressors for parents surrounding mealtimes is the lack of variety in foods their children are willing to eat, therefore an important component of the cooking lessons is going to be all about encouraging the children to try new things. This adventurous attitude does not only apply to the kitchen however, during group sessions we want to encourage the children to try new things as it relates to communicating, expressing feelings, challenging their own negative thoughts, and a variety of other psychoeducational themes which will be discussed over the next few weeks. Again, keep in mind that as facilitators we can also demonstrate this positive attitude and the children will watch for our enthusiasm and willingness to participate throughout the program.

Sample Discussion Questions

If you were going on a trip and could only bring one food with you, what would it be?
What is your favourite vegetable?
What is your favourite fruit?
What is your least favourite dinner?
If you could learn how to cook one recipe what would it be?
What is your favourite meal of the day?
How do you feel about trying new things?
Why is it good to try new things?
What is one thing you were scared of or didn’t like until you tried it and now you love it?
What are some things we can do to help each other when someone might be scared of trying something new?
What do we say if we try something and don’t like it?
I Hope To Letter Activity

The first activity in this session is going to something called an I Hope To letter (Figure 5). This activity is designed to have the children think about what they will experience in the program and help them think critically about what they would like to take away from it. This activity will help the children take charge of their journey in the program and will also encourage them to consider the experiences their family members will also have during the program. To complete this activity, read aloud each option for them to circle and then give them the chance to circle one. Completing this activity as a group will help ensure it does not take up too much time.

Once they have completed their letters, collect them and put them in individual envelopes. We will be giving them back to the children to open and read during the final session so that they can see what kind of progress they made and reflect on all of the things they had hoped to accomplish and experience. Feel free to let them know that this will be the plan and highlight the idea that they will be working towards fulfilling their hopes during their time in the program.

Goal Setting Activity

The final activity of the session before it is time to start cooking is having the children write or draw a few goals they would like to achieve (Figure 6). The goal of this activity is to encourage the children to think of some new things they would like to learn more about, how to do, or how to do even better. Examples of this could be: learning how to safely cut fruits and vegetables, learning how to bake muffins, learning more about healthy snacks, learning more about talk with parents, and anything else they might be able to think of.

Once the activity sheet has been handed out, be sure to be available to help children write and spell, as well as motivate them to work independently. For younger group members, it may be worth scribing for them so that they can keep in time with the other children. Again, this completed sheet will go with their I Hope To Letters for them to open and reflect on during the final session.
I Hope To...
Circle all of the things you hope to accomplish while you are here!

I hope that I try...

New Vegetables
A New Way of Thinking
New Fruits
Talking With My Family About What I have Learned

I hope that my mom, dad, brother or sister try...

Being Brave About Trying New Things
Learning Something New
Talking With Me About What They have Learned
Having a Good Attitude

I hope to learn more about...

Cooking
Where My Food Comes From
How To Spend More Time With My Family
Sharing My Thoughts & Feelings With My Family

NAME: ____________________

Figure 5. I Hope To Letter activity sheet.
These are some things I would like to achieve...

...this year

Figure 6. Goal Setting activity sheet.
Cooking Lesson

Every session will end with a cooking lesson and they will have the chance to eat what they have made. Our hope is that each week the children will develop new culinary skills, gain nutritional knowledge, spend time with their families, improve their family relationships, and create lasting memories.

For the first session, we do not want to overwhelm the children and we want to be sure that they have time to adjust to the setting and the safety rules. This 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.

Before getting started, go over kitchen safety tips and rules, it is a good idea to have them prominently displayed for all to see just like the group rules. One of the benefits of using cooking as a part of this program is the flexibility it provides in program planning. Therefore, at the end of each week’s section we will provide some examples of recipes, but feel free to find and use your own based on your group and population. The recipe suggestions in this manual can also be found in the corresponding week of the adult’s facilitator manual.

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

What did we talk about?

✓ Rules for the group

✓ Ways we can be brave when we are faced with trying something new
✓ What do we say when we try something new and don’t like it?
✓ What is good about trying new things?
✓ What were some of the things we hoped would happen or that we would try during our time in the program?
✓ What were some goals we set?
✓ What did we cook last week?
Week Two: The Importance of Gathering and Why We Don’t

Meet & Greet and Day’s Agenda

Welcome back to the second session! During this week’s session our focus is on barriers and things that prevent us from finding time to have family meals. We want to explore reasons why the children feel we should eat meals with our families and we also want to start the process of changing the way they see mealtimes. Our hope is that they will start to see meals, not simply as a time to eat, but as time spent bonding with their family. We want to revolutionize the family meal!

Weekly Refresher

At the beginning of each session, take a minute or two to review and remind the group what they learned and talked about the previous week. This will help reinforce what they learned and will get them ready to dive in for the session ahead. Summary sheets can be found at the end of each week’s section.
**Group Discussion**

During this group discussion we want to focus on family meals and what they mean to us. We want to find out how the kids would describe a family meal and the context under which they typically occur. It may be for some children that they strictly associate family meals with the weekend or special events. We want to better understand what the kids like about family meals and even the things they do not like. During this group discussion our goal is to learn more about the children, continue to build rapport, and also give them the chance to hear how other children experience or perceive family meals. During this discussion we want to try and stay away from focusing on the food aspect of family meals. While this may come up and is perfectly appropriate, we want to encourage the discussion to center more closely around family, relationships, occasions, and reasons for family meals.

**Sample Discussion Questions**

What does a family meal look like in your home?
How many family meals do you think you have in a week?
Do family meals mostly happen during holidays or for special occasions?
Where do your family meals usually take place?
Who usually cooks in your house?
What do you like about family meals?
What do you not like about family meals?
Do you think it is important to have family meals?
If yes, why?
What do you like to talk about during family meals?
When is the best time of day for a family meal?
Why do you think you don’t have family meals sometimes?
**Party Activity**

For this activity we will need to make sure that the children have colouring utensils like crayons or pencil crayons, and a firm surface to colour on. This session’s activity is all about thinking about sharing food as an act of showing love. This week is all about trying to change our perspective about meals and that they do not simply have to be about eating. In our discussion we looked at meals as a time for bonding and sharing. Now we are going to use the party activity sheet (Figure 7) as a way of thinking about feeding our loved ones. So, we are going to throw a party and the children are responsible for the menu! The worksheet asks the children to come up with four special foods that they would like to serve their loved ones during this big party. While the kids are drawing, we might consider asking them why they chose certain foods and what it means to them to feed their family. While finishing the activity is important, feel free to run with any strong discussions which may occur as a result of the activity.
We're Having A Party!

It's finally here, the best party of the year! All of your friends and family have come and soon you'll be having plenty of fun!

Your loved ones might get hungry. If you could have any foods at your big party, what would you have? Draw your special food ideas in the boxes below.

Figure 7. We’re Having A Party activity handout.
**Cooking Lesson**

The food theme for the second week is Food to Share, therefore we want to think of family style recipes that require everyone to sit around the table to eat. The main focus of this cooking lesson is gathering the family together, so we want a recipe that is going to bring them around the table and give them the chance to get their hands a little messy even. A wonderful concept to consider is foods and family meals from around the world. In many parts of the world, not eating a meal as a family is considered unheard of. Explore some international recipes which might inspire great conversation and promote the attitude of trying new things!

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

What did we talk about?

 ✓ What does a family meal mean to you?
 ✓ What did we like about family meals?
 ✓ Why did we think that family meals are important?
 ✓ Why are family meals one of the best times to talk?
 ✓ What was our activity last week?
 ✓ Why do we think cooking for and feeding our family is a way of showing that we love and care about them?
 ✓ What did we cook last week?
 ✓ What did you like most about last week’s recipe?
 ✓ Did anyone try something they had never tried before?
 ✓ If yes, was it hard to be brave?
 ✓ Did anyone have a family meal since we last saw each other?
Week Three: How We See Food

Meet & Greet and Day’s Agenda

This week our focus is all about perspective and taking the time to understand where our food comes from! For most of us, we are fortunate to enjoy our favourite fruits and vegetables all year long, but there is a good chance we do not often acknowledge where they have come from and what it took to plant, grow, care for, harvest, and send them. So this week we want to have the children start thinking about the realities of food. That chicken nuggets do come from a chicken, that grapes come from a vine, and that pies and cakes can be made at home and do not have to come from a store. Be mindful during this week’s session that this may in fact be the first time some of the children have actually truly thought about where their food comes from, in particular meat. We want to gently encourage them to critically think about what they eat and where it comes from so that they can change the way they value food, but we do not want to scare them or make them feel guilty in any way for their food consumption choices. This week, being sensitive to the ages in the group will be very important.

Another key element this week is having the children think about nutrition. It is important to keep in mind that this program is all about body and mind positivity, so this is not about what makes a person fat or what we should eat to be skinny. This is about health. What are we consenting to putting in our bodies? Taking time to learn and be aware of what is actually in our food. Again, it is important to be mindful about the way in which we address nutrition and be sensitive to the body image issues that exist in all ages and genders.

Day’s Agenda

- Name Tags
- Week 2 Refresher
- Discussion
- Where does my food come from? Activity
- Cooking Lesson
Weekly Refresher

Take a brief moment to go over last week’s session. This is an excellent chance to reconnect with the group after having been away from each other for a week, as well as finding out how they felt about the previous week’s cooking lesson. As always, feel free to use the prompts and questions featured on the weekly summary sheets provided at the end of each section.

Group Discussion

Our group discussion this week is all about how we see food. Our goal for this discussion is to create awareness and to get in touch with the foods we eat, what is in them, how they are made, where they come from and who had a hand in getting them to our grocery stores and tables. A fun activity to start off this discussion is to bring in a few popular and common cereals that children eat. Hand out the boxes and ask them to find the nutritional label. For some of them, this may be the first time they have ever looked at one. Next, ask them to find the ingredients list. Have the children voluntarily read out the ingredients and talk about each one. Take time to acknowledge any ingredients which are chemical based or synthetic. In this small ice breaker, we want to encourage the kids to start thinking more critically about what they put in their bodies. Again, this is not a discussion about fat or calories. While those conversations are important and taking a body positive approach is essential, our goal is to simply have them begin to acknowledge how food gets to their tables. We want to think about farms, factories, processing, packaging, and all of the other things that are involved in what we eat. For this discussion, use the handout provided (Figure 8) to encourage conversation and generate some ideas or strategies to follow the tips provided on the sheet.
Food tips for kids!

Always eat breakfast!

Grocery shop with your parents!

Feeling snacky after school? Find a fruit!

Eat from local farms when possible!

Know where your food comes from and what’s in it by reading the labels.

TRY flavouring your water with fruit!

Stay hydrated by drinking lots of water!

Save sweets as special treats!

EAT the RAINBOW

EAT WELL! STAY WELL!

http://www.mind.org.uk/information-support/tips-for-everyday-living/food-and-mood/#.WDN9W-ErL5A

Figure 8. Food Tips handout.
Sample Discussion Questions

Where does food come from?
How do fruits and vegetables get to the grocery store?
Where do bananas and oranges come from?
When we eat chicken nuggets, what are we eating?
What kinds of fruits and vegetables do we grow here?
What do you think might be the difference between a cake we bake at home and one we buy at the store?
What happens to our minds and bodies when we eat a lot of sugar?
What does it mean to Eat The Rainbow?
How can we keep our bodies hydrated?
What is protein and what foods do we get it from?
Think of our bodies as cars, we only want to put gas in the car. So what do we want to eat to help fuel our bodies?

Where Does My Food Come From?

During this activity we want to give the children the opportunity to complete the handout independently and honestly (Figure 9). This activity should not take long, however the important part is really talking about the answers afterwards. Find out from them how they knew where carrots came from, clarify gently that they understand that beef comes from cows, etc. We want to positively reinforce the knowledge they do have and then add in other foods to talk about or draw on their own experiences. Have they been apple picking? Pumpkin picking? Berry picking? Have they been to a farm that had animals? Children love to share and this is a great opportunity to have them do so. For this activity, all they will need is a writing utensil and a surface to draw on.
Figure 9. Where does my food come from matching activity handout.
Cooking Lesson

Our goal for this week’s cooking lesson is to find recipes that require some form of traditional preservation method or another family recipe that evokes positive memories and values surrounding food. We want a cooking activity that encourages families to look at food from a different perspective. 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. Taking advantage of seasonal fruits and vegetables is a great way to incorporate the lesson about food and where it comes from into this week’s cooking activity.

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

What did we talk about?

✓ What did we learn about cereal?
✓ What did we learn is on every packaged item that we eat?
✓ Why is it important to understand what ingredients are in our food?
✓ What does it mean to Eat The Rainbow?
✓ What happens to our minds and bodies when we eat a lot of sugar?
✓ How do we get fruits and vegetables that are not grown in Canada?
✓ What did we learn about staying hydrated?
✓ What were some fun ways to stay hydrated?
✓ What did we like about last week’s cooking lesson?
✓ Did anyone take the time to look at the labels on the items in your pantry this week?
✓ Who tried to eat the rainbow this week?
✓ Who took time to think about the farmers who grow our favourite fruits and vegetables?

*Be sure to offer words of encouragement and praise for those who are taking time to practice what they learn at home! This will be sure to increase that desired behaviour.
Week Four: Dinner Time Chaos

Meet & Greet and Day’s Agenda

This week we are starting our first psychoeducational lesson. We are learning about Automatic Negative Thoughts, Cognitive Distortions, how to identify them, and then how to turn them into more helpful and positive statements. This week’s group discussion and activity are relatively heavy so rely on modelling and positive reinforcement to help manage behaviour. Our cooking lesson for this week is all about dinner time chaos and how we can still cook healthy and satisfying meals quickly on our busiest night of the week.

Weekly Refresher

Take a brief moment to go over last week’s session. This is an excellent chance to reconnect with the group after having been away from each other for a week, as well as finding out how they felt about the previous week’s cooking lesson. As always, feel free to use the prompts and questions featured on the weekly summary sheets provided at the end of each section.
**Group Discussion**

For our group discussion this week we are going to be asking the children to look inwards and to think about their thinking. As adults we can get caught up in all of the hypothetical and theoretical elements involved in thinking about our thinking, but such an abstract concept actually comes quite naturally to children. We are going to be learning and talking about our Automatic Negative Thoughts or ANTS! These are thoughts that we have on a regular basis which creep into our minds so quickly that often we do not notice them. These thoughts are usually irrational and negative, they make us feel badly about ourselves and in turn this effects the way we behave. Here is an example:

I overheard my mom say that donuts are fatty.
When I was at a birthday party, a friend offered me a donut.
   “This is why you’re so fat”
   So I said no thank you to the donut.

Can we identify the negative thought? Is having one donut going to make us fat? Are we fat? If we are, what is wrong with being fat? All of these things can spiral so quickly all because of one sneaky thought. We want to focus this week on identifying these thoughts so that we can turn them into more positive and adaptive ones.

When I was at a birthday party, a friend offered me a donut.
   “I am going to enjoy a donut with my friends because I know that I eat other healthy foods and snacks all week long”
   So I said yes please!

Another element involved in our ANTS are Cognitive Distortions. These are thoughts and ideas which are twisted and skewed in our minds to be irrational and often illogical, but we truly believe them. We are going to focus on the most common of these during the Cognitive Distortions activity.

Today, dad fed me spinach. It was gross. All green vegetables are disgusting! I am never eating one again.

Can we identify the cognitive distortion? This is black or white thinking. It’s all or nothing! Is it really true that ALL green vegetables are disgusting? Not likely, but this kind of thinking will keep them from trying another green vegetable.

Today, dad fed me spinach. It was gross. I like cucumber though, and it is green. I might not try spinach again, but I will never know what other green vegetables I might like until I try them.

It is important to remember that body image can play a large part when it comes to ANTS, Cognitive Distortions, and food. Be sensitive to this and be sure to use body positive language. Focus on health and self-worth as opposed to body types or standards. Also, some negative thoughts may involve not wanting to experience change, trying
something that seems yucky, or even getting hurt in the kitchen. This is an excellent opportunity to revisit the group rule and the strategies surrounding being brave, being open, empowering ourselves, and the benefits of trying new things.

Sample Discussion Questions

Have you ever had a bad thought pop into your mind?
What happens when you think something badly about yourself or a situation?
How does it make you feel?
Do you think you make different choices because of the bad thought?
Have you ever had a bad thought about food?
Have you ever had a bad thought about eating certain foods?
Do you always notice when a bad thought pops into your mind?
Do you think it is possible to turn these bad thoughts into good ones?
How do you think we might feel after we change the bad thoughts to better ones?

ANTS Activity

During this activity we are going to learn all about Automatic Negative Thoughts and how we can identify them and then change them into better more helpful thoughts. Use the handout (Figure 9) so that the children can follow along with you. Then, use a whiteboard, chalkboard, or chart paper to think of some ANTS the children might have about food, then work as a team to turn them into more helpful thoughts.
Automatic Negative Thoughts

These are thoughts we have about ourselves or a situation that aren't really true and they don't make us feel very good about ourselves.

Don't Feed The ANTs!!

"I can't do it!"

"I am not smart"

"Nothing ever goes right"

"It's just too hard"

"No one likes me"
"No one likes me"
"It's not possible to be friends with everyone, but I am a nice person and I try to treat everyone fairly."

"It's just too hard"
"I am finding this difficult and that is ok. Who could I ask for help?"

"I am not smart"
"Sometimes I have trouble with this, but there are lots of other things I am really good at."

"Nothing ever goes right"
"Sometimes it feels like nothing goes right, but I know that's not true."

"I can't do it!"
"I am going to try my best and if I fail, that's ok!"

Figure 10. ANTS Activity sheet.
Cognitive Distortions

During this activity, we are going to learn about Cognitive Distortions, how to identify them and then how to change them into truer more beneficial thoughts. This is a very abstract concept, so the children will need time to practice them. Anywhere there is a little ANT symbol is a great time to remind the children to practice changing the thought around. Another great way to help the children grasp these concepts, is to let them rename the distortions on the line provided beside the name on the handout (Figure 10). This can be done as a group. Once the group has gone through the handout, write the examples listed below so everyone can see them, and as a a group, determine which cognitive distortion is being represented, then turn it around! The more practice the better. Lastly, remember that their parents are also learning about ANTS and Cognitive Distortions in their session, so encourage them to talk about what they have learned with their parents at their next family meal.

All vegetables are disgusting!

Black or White Thinking or Catastrophizing?

*Are all vegetables really disgusting? Or is it normal to have some that we like and some that we don’t like?*

If I eat a piece of cake, then I will never be healthy again!

Catastrophizing or Self-Blaming?

*If we have one piece of cake will we really never be healthy again? How can we find a way to enjoy foods that maybe aren’t that healthy?*

If I didn’t have hockey practice, then my family could eat together.

Self-Blaming or Black or White Thinking?

*Are there other reasons why it is sometimes hard to have family meals? There are lots of things that contribute to busy schedules, does this seem like something that is really your fault?*
Cognitive distortions are little ways that our brains trick us into thinking things that aren't true or are twisted in funny ways to keep us from thinking about a situation or about ourselves clearly.

Here are some examples!

**Black or White Thinking**

This type of thinking means that we might see a person, situation, or even ourselves as entirely good or bad. Nothing in between!

"I didn't make the team now everyone hates me"

**Catastrophizing**

This type of thinking means that we might take a situation and make it feel bigger than it actually is.

"I didn't get my homework done and now they're going to kick me out of school forever"

**Self Blaming**

This type of thinking means that we think a situation is our fault when we really had no control over it.

"My parents are fighting a lot. If I was a better kid then they wouldn't be fighting."


*Figure II*. Cognitive Distortions handout.
Cooking Lesson

This week’s cooking lesson is about showing the participants that they can still make a great meal in a short amount of time. Our focus is on finding ways to get passed the thoughts that prevent us from cooking at home or eating together even when time is of the essence. On our busiest days, maybe it is not possible to all eat together, that happens, but we do not need to sacrifice nutrition and health by resorting to fast food or take away. The idea is to overcome time constraints like they have learned to overcome negative automatic thoughts.

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

What did we talk about?

✓ Who remembers what ANTS stands for?
✓ Do we always know when we are having Automatic Negative Thoughts?
✓ How do these types of thoughts affect us?
✓ How do we feel when we change these thoughts into better ones?
✓ Let’s practice one: I can’t do this.
✓ Who remembers what Cognitive Distortions are?
✓ What is Black or White Thinking?
✓ What is Catastrophizing?
✓ What is Self-Blame?
✓ Why is it important to recognize when we are having thoughts like this?
✓ What did we think about last week’s cooking lesson?
✓ Did anyone talk about what we learned with their families?

*Be sure to offer words of encouragement and praise for those who are taking time to practice what they learn at home! This will be sure to increase that desired behaviour.
Week 5: Preparing for the Week Together

Meet & Greet and Day’s Agenda

This week is all about getting organized. Being organized is one of the best ways to take back control over time! Often we think of parents and adults as having all of the control over the weekly schedule and being organized, but when kids learn to be organized and to take control over the tasks and duties that are their responsibility then they are contributing to the family unit in a positive way. Learning to be organized and managing time is a life skill which will benefit the group in all areas of their lives, but it will also help lead to more effective time use and therefore more time devoted to the family. One of the goals for this week is to encourage the children to be active family members as opposed to passive members, and to think of ways they can contribute to the family unit. Our cooking lesson for the week will also follow the time saving and organizational theme of the week.

Weekly Refresher

As always, use this opportunity to reconnect with the children, reflect on last week’s lessons, review content, and provide reinforcement for instances of practicing what they have learned throughout the week. Feel free to utilize the summary questions provided at the end of each section.
Group Discussion

Our focus this week is on developing organizational skills to increase effective time use so that there is more time available for the things that we value, just like family meals and time spent together. During this group discussion, we want to establish what the group’s base knowledge is and what it means to them to be organized. It is a good idea to stick to practical and tangible meanings of being organized by providing examples and asking the group ways they stay organized at home or even at school.

Another key element of this week’s group discussion is ways that we can help out around the house to contribute to the family unit. For example, if part of the family cooks, then the other part can be responsible for clean-up, that way everyone contributes in one way or another and time is being distributed evenly throughout the family.

It is very possible that the group is already doing things to either contribute to the family unit or to help them stay organized. This is a great opportunity to use praise to reinforce these behaviours.

Sample Discussion Questions

Who has chores they are responsible for at home?
How does it make you feel when you help out at home?
Do you think your parents appreciate the chores you do?
What does it mean to you to be organized?
What are some ways that we can be organized with our chores at home?
What are some ways that we stay organized at school?
When we are organized, do we use our time better?
When we have more time, what could we use it for?
How could being organized help our families?
**To Do List Activity**

This activity is a practical tool that the group can use to encourage organization and contribution to the family unit to help free up time during the week. Making a To Do list is an easy way for anyone to keep track of everything they need to accomplish throughout the day. It can be written or, for the younger members, it can even be pictorial representations of their tasks to be completed. Work through the activity by talking about some tasks the group could easily accomplish around the house and then have the group write some of their own ideas on their handouts (Figure 12).
Figure 12. To Do List activity handout.
**Cooking Lesson**

The cooking activity for this session should be related to organization and taking back control over time. The purpose is to focus on organization surrounding mealtimes, and demonstrating that by preparing for meals ahead of time, there will be more time available for spending time as a family. It is hoped that getting families to think about being more organized will lead to changes in behaviours because they will see the difference it makes in their busy week. A great cooking activity for this week would be preparing lunches for the week as a family. This could be a new Sunday night routine that encompasses both effective use of time and time spent building family relationships.

**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**

What did we talk about?

✓ What does being organized mean?
✓ What can we do to help stay organized?
✓ How does being organized affect time?
✓ How does it feel when you get everything done and can spend time with your family?
✓ What tool did we learn about in order to help us stay organized?
✓ How does it feel when we get to check an item off our to do list?
✓ Who tried using a to do list during the week?
✓ How did it go?
✓ What do you like about using a to do list?
✓ What did your parents think about your to do lists?
✓ What was our cooking activity last week?
✓ What did you like about it?
✓ Did anyone prepare meals for the week with their family?

*Be sure to offer words of encouragement and praise for those who are taking time to practice what they learn at home! This will be sure to increase that desired behaviour.*
Week 6: Making Time to Talk

Meet & Greet and Day’s Agenda

As we approach the final sessions of the program, we are continuing to focus on cognitive and behavioural skills and strategies that the group can use to increase the quality of their family relationships. This week we will be focusing on communication skills and ways to effectively communicate with parents, specifically. One of the main skills we are going to be working on during this session is communicating emotions. The ability to correctly identify our emotions and then communicate them clearly to others so that we can resolve them or have them acknowledged is a skill that the group can use with their families and any other relationships they have. Our cooking lesson this week is all about slowing down and enjoying a more traditional-style family meal which acts as an excellent vessel for using the new communication skills the group is going to learn.

Weekly Refresher

As always, use this opportunity to reconnect with the children, reflect on last week’s lessons, review content, and provide reinforcement for instances of practicing what they have learned throughout the week. Feel free to utilize the summary questions provided at the end of each section.
**Group Discussion**

For this week’s discussion, we want to consider communication and how we do so with our families. As we work to help families make more time for each other, we want to help them communicate more effectively with one another to further enrich their experiences together. Communication is a very broad subject and we could spend an entire program devoted to it, but we are going to focus on one aspect, effectively communicating our emotions. When we can accurately explain to someone how we are feeling, then we can generate an accurate conversation from there. If we cannot properly express our emotions using our words, then we may resort to other ways of showing it, and depending on the situation, that may not be appropriate.

Throughout the course of this discussion we do not want to focus solely on bad emotions, but also on expressing good emotions. Telling our families during dinner how excited we were about our field trip that day is just as important in communication as explaining to our sibling why we may be feeling sad.

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**Sample Discussion Questions**

Do you spend much time talking and sharing with your family?

What sorts of things do you talk about?

Who is easiest to talk to in your family?

Why is that?

Why might it be easier to talk to friends than family?

What are emotions?

Do you find it easy or difficult to talk about your emotions? Why?

Why do you think it might be important to be able to talk about our emotions?

What could happen if we tell someone about our emotions?
**Emotions Activity**

Throughout this activity our goal is help the group identify emotions, and then find appropriate and effective ways to verbally communicate them. We want to encourage the group to work through the sheet independently, but be sure to be available to help with spelling and answer questions. Additionally, it may be beneficial to help scribe for the younger group members. This activity is an excellent opportunity to use praise, modelling, and the positive reinforcement bag to manage and encourage appropriate behaviours.

The emotions activity is comprised of two emotion worksheets. One will focus on identifying and communicating “negative” emotions, and the other “positive” emotions. It is recommended that, to end the session on a lighter note, the worksheets be completed in the order they appear in this manual (Figure 13).
I Feel____________________

SAD          MAD          ANNOYED
ANGRY        UPSET        WORRIED
NERVOUS      SCARED       FRUSTRATED

I feel this way because:__________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I am telling you because:__________________________________________
_________________________________________________________________
_________________________________________________________________

Could you please help me by:______________________________________
_________________________________________________________________
_________________________________________________________________
I Feel____________________

GLAD       HAPPY       EXCITED
ENERGETIC  CONTENT     JOYFUL
CALM       BRAVE       CONFIDENT

I feel this way because:________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

I am telling you because:________________________________________
________________________________________________________________
________________________________________________________________

This is important to me because:__________________________________
________________________________________________________________
________________________________________________________________

*Figure 13. Emotions activity handouts.*
**Cooking Lesson**

The cooking activity for this week should focus around the idea of a traditional weekend family dinner. Our intent is to take in the spirit of the traditional family weekend dinner, but not necessarily the traditional meals themselves. While everyone loves a roast beef or ham, this is an excellent opportunity to modernize or add a twist to this weekend meal. Regardless of what recipe is chosen for the lesson, the key is to drive home the idea of family meals as a vehicle for strengthening family relationships, increasing time spent together, and eating meals cooked at home filled with nutrition and care. It is our hope that this kind of weekend routine will be one they will carry with them and put into action each weekend.

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

What did we talk about?

✓ What was our session about last week?
✓ What are emotions?
✓ Why is it important to talk about our emotions?
✓ How do we feel when we talk to someone about our emotions?
✓ Is it important to talk about our good emotions?
✓ Did anyone try talking to their family about something they were feeling this week?
✓ How did that go?
✓ What would you do differently next time?
✓ What did you think about last week’s cooking session?
✓ Did you like cooking with your family?
✓ Who cooked with their family this week?
✓ Is cooking and eating together getting easier to do?
✓ Why or why not?

*Be sure to offer words of encouragement and praise for those who are taking time to practice what they learn at home! This will be sure to increase that desired behaviour.
Week 7: Fun as a Family

Meet & Greet and Day’s Agenda

This is the last session before our graduation party and we bet that it feels like it went by so quickly! This week is the last week that we are going to be teaching new content. Our focus for this session is all about stress reduction and relaxation. Typically, children are not thought of as having too much stress in their lives, however children encounter their own levels of stress at school and at home. Additionally, children are highly sensitive to and susceptible to taking on the stresses and tensions felt by their parents within the household. Teaching children effective coping mechanisms for stress management early on is a skill they will take with them for the rest of their lives. After learning how to destress on an individual level, the children will reunite with their parents to cook fun family night snacks which can contribute to the entire family’s stress reduction regimen.

Weekly Refresher

Take a brief moment to go over last week’s session. This is an excellent chance to reconnect with the group after having been away from each other for a week, as well as finding out how they felt about the previous week’s cooking lesson. As always, feel free to use the prompts and questions featured on the weekly summary sheets provided at the end of each section.
**Group Discussion**

Our discussion this week is all about stress and how we can cope with it in positive ways. Children are not often thought of as experiencing much stress, but the truth is that they are just as likely to experience the feelings and physiological symptoms associated with stress as anyone else. While a broken or lost toy might not feel like a reason to be stressed to an adult, for a child, these feelings are very real. It is important to acknowledge and legitimize feelings of stress, anxiety, worry, and agitation in children as these feelings directly impact their behaviour. In addition to relatively “simple” stressors, children also experience very complex stressors such as peer pressure, bullying, acceptance, body image, and other social experiences that can cause stress. Also, let us not forget that children are incredibly sensitive to the feelings of others and often take on the stresses and tensions from their parents and others within the family home. Therefore, being able to identify feelings of stress and knowing how to work through them is a very adaptive skill. Our focus during this discussion should be around causes of stress, symptoms of stress, current strategies for destressing, and having fun with our families as a way of reducing stress.

It is important to remember that talking about stress and anxiety can cause feelings of stress and anxiety, so be mindful of the group and their body language throughout the conversation. Check in and make sure that everyone feels grounded and safe. Our intention is not to focus on the actual stressors, but to acknowledge them, normalize them if possible, and then work on ways to reduce them.

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**Sample Discussion Questions**

What is stress?
What does stress feel like?
What are some other words we could use to describe stress?
What are some emotions associated with stress?
What are some things that stress us out?
When you feel stressed, what do you do?
Why does that work for you?
Why is it important to recognize stress when we feel it?
What do you do for fun with your family?
How can fun with our families help us destress?
Relaxation Activity

As it has been discussed, understanding ways of calming our minds and bodies when we feel stressed, anxious, or distressed is a highly adaptive and important skill. However, these skills do not need to simply be reserved for stressful situations, they can also be used when we feel too hyper, when we are unable to concentrate, when we want to prepare for bedtime, or even when we are getting ready to start our day. For this lesson, we will be teaching an abbreviated adaptation of 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).

Follow the Progressive Muscle Relaxation handout (Figure 13) with the group and feel the stress melt away. Once the activity has been completed, as the group how they feel now that it is over, what they liked about it, when they think they might use it, and why they feel it might be helpful.
Figure 14. Progressive Muscle Relaxation handout.
Cooking Lesson

The theme for this week’s cooking lesson is family fun night. It is all about destressing with the family and having some fun. We want to include fun, comforting, but healthy snacks the family can make together at home from scratch to accompany whatever activity they have chosen for their fun time together. This lesson is a great opportunity to reinforce the idea of making treats ourselves to avoid all of the additives and extras found in store-bought prepackaged treats and to use recipes that all ages will love. Try and pick something sweet and something salty so that everyone’s taste buds are accommodated!

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**

What did we talk about?

- ✓ What did we learn about last week?
- ✓ What is stress?
- ✓ What are some emotions that go along with stress?
- ✓ What does stress feel like?
- ✓ How can calming our bodies help calm our minds?
- ✓ How can our families help us destress?
- ✓ What are some fun things we can do with our families?
- ✓ Who tried practicing PMR this week?
- ✓ How did it go?
- ✓ Who tried practicing it with their families?
- ✓ Did anyone do anything fun with their families this week?
- ✓ Why is it important to do fun things with our families?
- ✓ What did you like about last week’s cooking lesson?
- ✓ What was your favourite recipe and why?

*Be sure to offer words of encouragement and praise for those who are taking time to practice what they learn at home! This will be sure to increase that desired behaviour.*
Week 8: Graduation Party

Meet & Greet and Day’s Agenda

It is finally here, the final week of the program! This is a bitter sweet occasion for sure, but most of all it is about celebrating growth, progress, and change. During this session we are going to take some time to look back through the last seven weeks and think about what we have learned and accomplished. Take this opportunity to review some of the key concepts and tools we have learned about. We have many things to cover during this final session so keeping an eye on the time will be key, but be sure to enjoy every moment!

During this session we are going to be opening our I Hope To letters, cooking some great celebration themed foods, having a mini graduation ceremony, and of course spend time enjoying one another’s company. As the parents, take time to complete the last of their questionnaires and data collection tasks, consider having a game or activity for the kids to enjoy in case the parents need more time. Otherwise, this session will run relatively similar to all of the others.
Program Evaluation

We are going to be taking a couple minutes to ask the group to fill out age appropriate evaluations of their experience in the family table program. This evaluation is anonymous and voluntary. Please feel free to adapt the evaluation form provided in Figure 14 to best suit the needs of your group.

Figure 15. Program evaluation form.
**Program Review**

During this part of the session we are going to take some time to look back through everything we have learned and do a brief review of the main psychoeducational concepts. Important topics or lessons to cover are:

- Having an open mind and positive attitude
- The importance of reading nutritional labels and understanding where our food comes from
- Automatic Negative Thoughts and Cognitive Distortions (what they are and why it is important to turn them into better thoughts)
- Why it is important to be organized and tools we can use to time manage (the To Do List activity)
- What are emotions and how do we communicate them appropriately
- What is stress? What does it look like or feel like? How can we calm our bodies down to help calm our minds? (Progressive Muscle Relaxation activity)

**Opening “I hope to” Letters**

Once the evaluations have been completed, it is time to open our I Hope To Letters! Hand out each envelope and then on the count of three, have the children all open them together. Take a couple minutes to read through them. Next, do the same with their goal worksheets. Going through these envelopes and their contents is going to be the basis for our group discussion for this session.

**Group Discussion**

As previously mentioned, during this group discussion we want to focus on reflection of our time spent in The Family Table program, as well as end thinking about the future and ways that we will take what we have learned and carry them forward.

Once the group has opened up their letters take time to review them and talk about their results. Did they accomplish everything they hoped to? Did they meet any of their goals? This is an excellent time to use praise and positive reinforcement to celebrate their accomplishments, no matter how big or small! Another important factor is modelling a positive attitude and adaptive thinking as there will likely be goals and hopes that were not accomplished.

After going through the letters and talking about their outcomes, take time to talk about the program and enquire about all aspects. This is an excellent opportunity to let the children reflect on their time in the program and consider how it has impacted them and their families.

Lastly, we want to take some time and think about the future. Now that the program is over, what are some of the things that the group would like to carry on doing? Maybe they really enjoyed the PMR activity or found the emotions worksheets to be helpful when they
are having trouble communicating. Things they would like to take with them could be practical or tangible like those tools, or they could be ideas or values like having an open attitude or thinking about what is in their food before they eat it. Again, use this conversation as an opportunity to provide positive reinforcement and praise to demonstrate to the group how important and positive these steps are.

Sample Discussion Questions

What did you accomplish during the program that you had hoped you would?
What about your hopes for your family?
What goals did you reach?
Why do you think some goals were harder to reach than others?
Do you think it is important to keep working on them even though the program is ending?
What was your favourite part about the program?
Favourite recipe? Favourite activity?
What is one thing about the program you will never forget?
What is one thing you liked so much, that you are going to continue to do it at home?
Do you think this program changed the way you think about food? About family meals?
What did you learn about yourself during the program?
Cooking Lesson

For the final cooking lesson, we want to focus on foods typically found at celebrations. After all, this is a party! Another thought to consider is making a couple small things that can be easily shared, maybe something sweet and something salty. That way there is plenty of time to eat and celebrate. We might also consider having a few extra munchies already made such as vegetable and fruit trays to add to the party. Remember, 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 the graduation celebration. Spend time interacting with the families and truly savouring each moment. This is not only a celebration for the families, but also for the facilitators on a job well done!

Suggested recipes:
Cupcakes, Homemade hamburgers, Oven baked fries, Homemade kettle chips, homemade spring rolls, homemade pita chips, salsa and guacamole, cookies, tarts, etc.

Graduation & Celebration

Now that the food is ready, it is time to begin the graduation ceremony and celebration. In preparation for the graduation ceremony, take time to complete certificates of completion for each one of your group members (Figure 15). The adults will also be receiving certificates. In addition to the certificates, each family will be presented with their scrapbooks during the ceremony. This will be a complete surprise for them and will likely be a wonderful treasure for them to hold onto as a family.

One family at a time, call everyone up to receive their certificates and family scrapbook. If possible, have someone there to take a family photo which can be sent to them later on. This photo will be an excellent reminder of everything they learned during their time in the program and will positively reinforce their choice to try and make change as a family.

Once everyone has received their scrapbooks and certificates, take time to thank everyone for their dedication, participation, and contribution to the program. Feel free to personalize this in a way that reflects the time spent with these families and the relationships that have been built.

Congratulations on successfully facilitating The Family Table Program!
CERTIFICATE OF COMPLETION

Congratulations to

________________________

for successfully completing

The Family Table Program

Date ________________

________________________

Facilitator Name
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
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