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Practitioners' Views of Family Strengths: A Delphi Study

Kathleen Romero

Cleveland County Court Appointed Special Advocates (CASA), kathleenromero@gmail.com

Jessica Crowder

Central Oklahoma Community Mental Health Center, jessicacorresponds@gmail.com

Kenneth Wedel

Anne and Henry Zarrow School of Social Work, University of Oklahoma, kwedel@ou.edu

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Oklahoma consistently ranks among the lowest of states in terms of family health indicators for women, children, and infants. The state also ranks among the highest for rates of teenage pregnancy, incarceration, divorce, and poverty, particularly children in poverty. (For more information, see the Oklahoma State Department of Health's 2008 State of the State's Health Report.) While these statistics suggest an at-risk environment for families, they don't tell the whole story. A Delphi study of family practitioners in the state was chosen to obtain a more complete picture of potential resilience factors as well as threats confronting families in Oklahoma. Reported is the methodology for the study and resulting information derived to flesh out the realities faced by Oklahoma families and identify potential alternatives to help families thrive.

Method

Delphi Method

The Delphi method was chosen for its effectiveness in obtaining consensus among diverse participants. Participants are not selected randomly; rather, they are chosen specifically for their expertise in whatever field or topic the study is assessing. The name "Delphi" comes from the oracle at Delphi, which ancient Greeks revered as a source of wise counsel in response to intellectual inquiry. A Delphi study, therefore, seeks answers from those who are considered experts. Adler and Ziglio describe a Delphi study as a "reliable and creative exploration of ideas or the production of suitable information for decision-making" (1996, p. 3); this input is systematically gathered from experts and distilled to elicit controlled feedback. Typically, a panel of experts is asked to individually complete an interview or survey and return responses to the researchers. The researchers then categorize the responses from this first round and feed the response categories back to the participants for them to rate. Delphi studies can include two or more rounds of questions to reach consensus among participants.

The Delphi method was originally developed and implemented at the RAND Corporation in the 1950s for defense research, and due to the sensitive nature of its utilization there, researchers did not publish their new method until the 1960s (Dalkey & Helmer, 1963). Dalkey and Helmer, with other researchers, developed the method at the policy think tank in order to obtain consensus from groups of experts without the issues typical of group interactions, such as dominant personality types or opposing viewpoints. Gathering information from the experts by individual interviews or questionnaires ensures that every voice is heard, that no one is swayed by other participants' responses, and that participants develop

thoughtful responses to questions. According to Dalkey and Helmer, even if the initial responses to the questions are highly diverse, the responses will begin to converge as the rounds continue. In this way, respondents can share independent opinions, while also considering the opinions of others to reach a more well-rounded response free of bias and misconception. Where an in-person interview or group session might be clouded by dominant personalities or quick reactions, a Delphi study allows for each individual opinion to be expressed and shared with the group untainted by time constraints and personal agendas (Melpignano & Collins, 2003).

A limited number of studies using the Delphi methodology are reported in the social work and related human service literature. Morrow-Howell, Burnette, and Chen (2005) used a two-phase Delphi study to survey experts in the field of gerontology; this study included a group of practitioners and a group of academic social work researchers. We modeled our study after an earlier Delphi study (Stone Fish & Osborn, 1992) on the strengths of families across the nation. Stone Fish and Osborn surveyed a national panel of family therapists to assess the strengths and weaknesses of U.S. families, threats they face, and steps to counteract those threats. That study, as well as the study reported here, included two rounds of questionnaires to participants.

Panel Selection

We sought the opinions of the people most knowledgeable about families in Oklahoma and turned to the Oklahoma Association of Youth Services (OAYS) to procure a panel of such experts. OAYS is an association of not-for-profit youth service agencies in Oklahoma; these agencies go through a state-mandated annual peer review process to ensure each agency is providing high-quality service delivery, maintaining board governance, and meeting standards. To be accredited by OAYS, an agency must provide direct services for youth and their families; this could include individual, family, and group counseling and other services. The researchers in this study determined that practitioners working in direct practice with these families would provide the most accurate information. There were a total of 40 OAYS agencies, and the researchers omitted two of the agencies because they only provided emergency shelter for youths and did not provide counseling for the youths or their families (N= 38).

Once the agencies were selected, the director of each agency was contacted by posted letter describing the study and asking him/her to identify an agency expert who was considered most knowledgeable about families. No criteria were used to help identify an expert other than

referral by the agency director. As many social service directors take on direct practice themselves or began their careers as direct practitioners, they were permitted to identify themselves as experts for the study. The letter was followed up with an email and a phone call to obtain the most diverse panel possible. We encouraged representation of the rural, suburban, and urban communities in all regions of the state. The sample included agencies from all regions except the far northwestern and far northeastern parts of the state.

Potential panelists were contacted by posted letter describing the study, stating how they were selected for the study, and asking them to complete an online survey with the first round of questions. Round 1 yielded a panel of 21 respondents, with 17 who completed the full survey; Round 2 yielded 20 respondents, with a result of 18 panelists who completed the survey. Most of the panelists reported that they served primarily either a small rural community or a large rural community, with a small percentage serving an urban community. Many of the panelists identified themselves as administrators, indicating that they had worked in direct practice with families extensively before being promoted to an administrative position over other direct practitioners. The greatest number of panelists reported having worked with families for 10 to 15 years, with many reporting that they had worked with families for 15 to 30 years or more.

Procedures

The researchers developed an online survey for both rounds of questions to obtain more efficient responses from participants. The survey was created using Survey Monkey, a program that allows users to create surveys, monitor responses, and compile and organize data. The survey for Round 1 asked participants to first answer some demographic questions, indicating the size of their community, their position in the agency, their level of education and area of study, and the length of time they had been working at their current agency and with families. After this basic demographic information, the participants answered six questions:

1. What are the current strengths of family life in Oklahoma?
2. What are the current weaknesses of family life in Oklahoma?
3. What are the major threats to family life in Oklahoma in the next decade?
4. What does Oklahoma need to do as a state to strengthen its families?
5. What can your agency do to strengthen Oklahoma families?

6. What can The Anne and Henry Zarrow School of Social Work do to assist your agency in strengthening Oklahoma families?

Panelists were able to answer these questions to the degree they desired in open text boxes, so their responses were not limited to space. The researchers provided the same information via email and followed up with a reminder email as well as a phone call to ensure a high completion rate. Panelist responses were grouped into clusters to be used in Round 2 survey. For example, if three panelists separately named “substance abuse,” “drug use,” and “prescription drug abuse” as threats to Oklahoma families, they were all included in a “substance abuse” response category. In keeping with the Delphi methodology, three researchers decided how to group responses into categories to be rated by panelists in Round 2. In order to arrive at a consensus, researchers weighed language choices in order to reflect the Round 1 responses most accurately. Little variability was observed from Round 1 responses. Based on the Round 1 responses, researchers developed 7 to 23 response categories for each question. In fidelity to the Delphi method, these response categories were then fed back to participants in a Round 2 survey for them to rate according to importance or significance.

For Round 2, the procedures were similar to those for Round 1. After the deadline for responses on Round 1 passed and response categories had been compiled, a posted letter was sent to panelists with a link to the Round 2 survey. Again, two emails and a phone call followed to ensure that the participants completed both rounds. Round 2 surveys were sent out to all those who were sent Round 1 surveys, regardless of whether or not they responded to Round 1. The Round 2 survey asked only the first four questions from the Round 1 survey:

1. What are the current strengths of family life in Oklahoma?
2. What are the current weaknesses of family life in Oklahoma?
3. What are the major threats to family life in Oklahoma in the next decade?
4. What does Oklahoma need to do as a state to strengthen its families?

These questions were followed by the response categories developed for each question based on the qualitative responses provided in the previous round. Participants were asked to rate each response category on a six-point scale with six indicating that item as one of great significance. For example, a rating of six for “poverty” under the greatest threats to Oklahoma families would indicate that the panelist felt, based on experience, that poverty is a significant threat facing Oklahoma families. Adhering to the Delphi model, response categories were determined by

each panelist's perception of poverty (e.g., low wages, single earners, low incomes, etc.). From these final ratings, we were able to compile comprehensive lists of the greatest strengths and weaknesses of Oklahoma families, the biggest threats they face, and steps the state can take to ameliorate these conditions.

Results

Round 1 Results

Panelists provided a wide array of feedback in response to the survey questions. For Round 1, all responses were answered qualitatively, and some of the raw responses are included here in addition to the response categories researchers compiled from the qualitative data.

For the survey question on the strengths of Oklahoma families in Round 1, panelists gave qualitative responses that were then distilled by researchers into the following 7 domains listed in Table 1.

| Table 1 <i>7 Domains of Strengths of Oklahoma Families , Round 1</i> | |
|---|---|
| Domain | |
| 1. | Spirituality (including faith in a higher power, faith community involvement) |
| 2. | Well-bonded families (extensive family involvement, emotional connection among members) |
| 3. | Material provisions are met (food and shelter, low cost of living) |
| 4. | Resilience (capacity to overcome hardships) |
| 5. | Value orientation toward family life (placing family life as a priority) |
| 6. | Availability of support systems (extended family, community, schools, etc.) |
| 7. | Participation in family activities (including sports, extracurricular activities, community events) |

One panelist gave the following raw response on the topic of strengths:

Many parents work hard to provide economically for their families and are teaching strong morals and values to their children including religious upbringing and training. These same families are most often actively involved in their children's social lives including participating in the extra-curricular activities in which their children participate.

Many of the panelists answered with similar themes of high parental involvement in children's lives, some type of religious or spiritual engagement, and some aspect of community connection. Consequently,

all the panelists' varied qualitative answers fit into a small number of categories.

Responses for the other Round 1 questions were more numerous and varied. For the question regarding weaknesses of Oklahoma families, panelists in Round 1 identified weaknesses that were placed into 22 domains, which appear in Table 2.

| Table 2 <i>22 Domains of Weaknesses of Oklahoma Families, Round 1</i> | |
|--|---|
| Domain | |
| 1. | Generational cycles of dysfunction |
| 2. | Poverty (low wages, single earners, low incomes, etc.) |
| 3. | Economic stressors (including debt, fear of income loss, etc.) |
| 4. | Lack of programs/resources (particularly in rural areas) |
| 5. | Substance abuse |
| 6. | Criminal behavior by parents or family members |
| 7. | Single-parent homes |
| 8. | Domestic abuse |
| 9. | Lack of care for elderly family members |
| 10. | Children raised by grandparent/non-parent because of some parental absence |
| 11. | Lack of inpatient care for adolescents |
| 12. | People having children too early (including teenage parenting) |
| 13. | Incarceration of a family member |
| 14. | Disinterested parents |
| 15. | Divorce rates |
| 16. | Lack of parenting/life skills |
| 17. | Busy lifestyles/lack of communication |
| 18. | Lack of education/quality of education |
| 19. | Reduced social-physical well-being |
| 20. | Child abuse |
| 21. | Lack of employment opportunity |
| 22. | Lack of relationship-building education (conflict resolution, communication skills) |

Examples of the qualitative responses that surfaced for this question included:

- Although families are close, there seem to be problems that perpetuate throughout generations.
- Parents lack adequate parenting skills and pay little attention to emotional and psychological development of their offspring.

Many themes were also identified from Round 1 responses to the question regarding threats facing Oklahoma families. We narrowed those responses identified into 23 domains of threats listed in Table 3.

| Table 3 <i>23 Domains of Threats Facing Oklahoma Families, Round 1</i> | |
|---|---|
| Domain | |
| 1. | Children being raised by a non-parent |
| 2. | Lack of health care |
| 3. | Lack of adequate employment (under-employment, low wages) |
| 4. | State budget reduction of social services |
| 5. | Child abuse/neglect/mortality rates |
| 6. | Single parenthood |
| 7. | Work and other commitments overtaking home life |
| 8. | Lack of education/quality of education |
| 9. | Communities that offer more instant gratification activities (such as movies, video game arenas, malls, etc.) than community parks and activities |
| 10. | Gang violence |
| 11. | Divorce |
| 12. | People having children too early (including teenage parenting) |
| 13. | Poverty |
| 14. | Physical and sexual abuse |
| 15. | Domestic violence |
| 16. | Substance abuse/addiction |
| 17. | Crime |
| 18. | Poor health |
| 19. | Gambling |
| 20. | Generational cycles of dysfunction |
| 21. | Economic downturn |
| 22. | Parental incarceration |
| 23. | Lack of access to social services |

One raw response came from a panelist who felt that “the movement to eliminate programs and services that work with low income families under the flag of shrinking government” was a major threat to families in the state, while another panelist offered the following response:

Current statistics report that Oklahoma is not doing well on many factors of health, including the [incidence] of abuse/neglect and child death. Oklahoma must act quickly to attempt to decrease

these areas. Much of Oklahoma resources are spent on a small area of urban growth downtown with little attention to social problems in our state.

When asked what Oklahoma could do to improve life for Oklahoma families, panelists provided thoughtful suggestions that reflected their responses to the previous questions about threats and weaknesses and Oklahoma family life. Many of the raw responses focused on prevention and a push to implement services and programs to stop some of the state's major issues before they become a problem. "Focus on school system and more prevention type programs for school age kids," one panelist recommended. Another suggested that the state "increase preventative services through Department of Human Services such as parenting, budgeting, and better job placement services to improve families from the beginning." These and other qualitative responses were categorized into 23 response items to feed back to the panelists in Round 2. The areas identified as potentials for improvement for Oklahoma families are shown in Table 4.

| Response Item |
|---|
| 1. Prevention and intervention efforts for domestic violence |
| 2. Support grandparents raising grandchildren |
| 3. Reduce incarceration rates through community-based sentencing |
| 4. Develop and fund more inpatient facilities for substance abuse |
| 5. Improve efficiency of service delivery systems |
| 6. Teach reproductive health care and support birth control/school-based sex education and pregnancy prevention |
| 7. Increase funding for treatment of substance abuse and mental health issues |
| 8. Provide job training |
| 9. Care for aging family members |
| 10. Promote importance of mental, emotional, and physical health |
| 11. Fund prevention efforts (including school-based efforts) |
| 12. Provide mentoring for children |
| 13. Allocate more state funding to social services |
| 14. Support parents as role models |
| 15. Support educational and employment opportunities |
| 16. Restructure agencies to provide services that are more inclusive of whole family unit |
| 17. Promote economic development |
| 18. Reduce dependence on social welfare programs |
| 19. Shrink state agencies |
| 20. Teach parenting/life skills (debt management, job searching, etc.) |
| 21. Prevention and intervention efforts for drug and alcohol abuse |
| 22. Premarital counseling/marriage preparation classes |
| 23. Reach out to rural communities/provide incentives for utilization of social services in smaller communities |

The response categories and those developed from qualitative responses from Round 1 questions as displayed in Tables 1 to 4 were sent back to panelists in a Round 2 survey. In this second survey, we asked participants to rate each item in accordance with their level of agreement, in order to reach consensus on items identified by the panelists. They were requested to rate each response item on a six-point scale, with a value of six as highest. The researchers then compiled the highest rated results for each item to identify the most agreed upon answers.

Round 2 Results

Current strengths of family life in Oklahoma. The highest rated strengths of Oklahoma families (with a combined value rating of 3.9 or above) are reported in Table 5. Panelists rated resilience to be Oklahoma families' greatest strength. Also given a high rating were spirituality and the availability of support systems.

| Response Item | Avg. Rating |
|--------------------------------------|--------------------|
| Resilience | 4.85 |
| Spirituality | 4.55 |
| Availability of support systems | 4.55 |
| Well-bonded families | 4.45 |
| Value orientation toward family life | 4.45 |
| Material provisions are met | 4.20 |
| Participation in family activities | 3.90 |

Current weaknesses of family life in Oklahoma. Panelists had 22 response items to rate in the area of weaknesses of family life in Oklahoma, and they rated substance abuse, poverty, and generational cycles of dysfunction as the greatest weaknesses they identify in family life. Following these top three, lack of parenting/life skills, lack of resources and services, and economic stressors were identified as major weaknesses. Lack of relationship-building education, child abuse, criminal behavior by parents or family members, lack of employment opportunities, and divorce rates were also rated highly. The three lowest-rated items were lack of inpatient treatment for adolescents, lack of care for elderly family members, and incarceration of a family member. Highest ratings for weaknesses are indicated in Table 6.

| Table 6 <i>Average Rating of Response Items by Panelists Regarding Weaknesses of Oklahoma Families, Round 2</i> | |
|--|--------------------|
| Response Item | Avg. Rating |
| Substance abuse | 5.35 |
| Poverty | 5.25 |
| Generational cycles of dysfunction | 5.15 |
| Lack of parenting/life skills | 5.05 |
| Lack of programs/resources (particularly in rural areas) | 5.05 |
| Economic stressors | 5.00 |

Major threats to family life in Oklahoma in the next decade.

Ratings in the area of threats to family life in Oklahoma reveal similar opinions to those expressed in the area of weaknesses. Poverty was the top-rated threat, followed by the state budget reduction of social services, substance abuse/addiction, economic downturn, and generational cycles of dysfunction. Lack of adequate employment, lack of health care, child abuse/neglect/mortality rates, domestic violence, people having children too early, lack of education/quality of education, and poor health were also highly rated as threats to Oklahoma families. Divorce, single parenthood, lack of access to social services, and gambling were among the lowest-rated threats. Highest ratings for threats are shown in Table 7.

| Table 7 <i>Average Rating of Response Items by Panelists Regarding Threats to Oklahoma Families, Round 2</i> | |
|---|--------------------|
| Response Item | Avg. Rating |
| Poverty | 5.22 |
| State budget reduction of social services | 5.11 |
| Substance abuse/addiction | 5.06 |
| Economic downturn | 5.00 |
| Generational cycles of dysfunction | 4.94 |

Strengthening families and mitigating threats. Panel suggestions for improvements the state could make to strengthen families mirrored the same issues addressed in the previous question. The most important thing panelists felt the state should do is increase funding for treatment of mental health and substance abuse issues. Secondly, they felt that the state should restructure state agencies to provide services that are more inclusive of the family unit. Next, they rated education and prevention of drug/alcohol abuse, state promotion of mental, emotional and physical health, and support for educational and employment opportunities as ways the state can strengthen Oklahoma families. Teaching parenting skills, promoting economic development, and putting prevention programs in schools were other highly rated ideas for improvement.

Panelists were also asked what their agency can do to help strengthen Oklahoma families, and they gave qualitative responses such as:

We attempt to engage the entire family in our services. This makes it imperative that we engage and empower parents with communication and parenting skills necessary to raise youth in a loving and predictable environment.

Like this panelist, many of the panelists seemed to favor a comprehensive, holistic approach to families to sustain their success long term. Many of the panelists' responses also focused on preventive services and programs. "Continue focus on community action at the grassroots level," one panelist urged, "involving community and reaching the largest population we can." Highest ratings for improvements are shown in Table 8.

| Response Item | Avg. Rating |
|---|--------------------|
| Increase funding for treatment of substance abuse and mental health issues | 5.33 |
| Restructure agencies to provide services that are more inclusive of the whole family unit | 5.28 |
| Prevention and intervention efforts for drug and alcohol abuse | 5.28 |
| Promote importance of mental, emotional, and physical health | 5.22 |
| Support educational and employment opportunities | 5.22 |
| Teach parenting/life skills | 5.17 |
| Promote economic development | 5.11 |
| Fund prevention efforts (including school-based efforts) | 5.11 |

Discussion

Perhaps the most interesting and revealing result to come out of this study is that the panelists – practitioners who work with families on a daily basis – were able to produce a wide number and variety of weaknesses of and threats to Oklahoma families but proportionally fewer strengths. This could be simply due to the fact that families who visit a practitioner have a stated need for professional help, while families with perhaps more strengths and resources are able to function effectively without the involvement of a practitioner. This could possibly reflect the need for a more strengths-based approach to troubled families seeking help. A contributing factor to the focus of weaknesses over strengths could be related to the longevity of the respondents' experience in the field; this longevity led to their selection as panelists but could also be an indicator of increased burnout and fatigue that leads them to view families less favorably. Finally, the results of this study might reasonably be a telling sign of the “state of families” in this state.

Practitioners are the constituency working with families every day, seeing their struggles and challenges and how those factors impact their daily lives as a family. These practitioners had no problem identifying struggles and challenges faced by the families they work with; this suggests that families in the state have many obstacles that impede their

ability to function as a healthy unit, obstacles which can have layers of effects down the line. Exposure to elements of family dysfunction like those described by study panelists – substance abuse, poor parenting, divorce or separation, child abuse/neglect, family member incarceration, and dysfunctional elements – have been shown to lead to high levels of risk behavior and poor mental and physical health status (Felitti et al., 1998). One can surmise that, if practitioners on this panel see a significant amount of exposure to these experiences, more exist in families who are not accessing treatment and seeing a practitioner. This presents a disturbing portrait of families in Oklahoma now and their outcomes in the future.

Of those strengths identified, the most highly rated strengths were related to the internal qualities of the family unit, such as resilience, spirituality, and high levels of bonding. External factors, such as material provisions and outside family activities, were ranked last. This confirms what the existing literature on family strengths shows – strong families are assessed by how well they respond to adversity in life, with strengths such as good communication and problem-solving abilities (Orthner, Jones-Sanpei, & Williamson, 2004; Walsh, 1998). No matter what the external circumstances or factors are at play, it is the internal qualities of the family – how close they are, how cohesive and connected they are, how supportive and accepting they are, how high their level of trust is – that determines its strength (Silberberg, 2001; Stinnett & DeFrain, 1986).

Panelist perception also played a role in responses as well. For example, some panelists listed “grandparent(s) as the sole caregiver due to parental absence” as a strength of many Oklahoma families, while others listed this as a weakness. Likely, some practitioners focus on the parental absence, while others acknowledge the importance of having a reliable family member to step in and take over the caregiver role. In addition to variations in panelist perception, another limitation was the researchers’ choice of language. For example, the word “weaknesses” might have influenced responses rather than use of words such as “challenges” or “barriers.”

Several of today’s focal issues in family life, such as elder care, divorce, and single parenthood, were rated very low by panelists as weaknesses. This is surprising considering the level of interest and even funding that is currently centered on these issues in the state, but it is also possible that such programs designed to address and ameliorate those issues are working and that these issues are therefore less of a concern for families than in the past. Gambling was another issue the researchers

anticipated as being highly rated as a weakness or threat given the rapid rise of casinos in the state, but panelists rated this issue very low.

Substance abuse and poverty were consistently identified in the study as high threats and weaknesses for Oklahoma families to overcome. Without a large-scale intervention from state agencies and community organizations, these broader problems may continue to present obstacles for family for years to come. A recent state budget cut in both substance abuse and mental health treatment services was felt deeply by these practitioners and the families they serve and has rippled out to affect other areas, such as incarceration rates and child welfare issues.

Many of the responses given for threats facing families may be specific to the current period of economic recession, as in the case of the state budget cuts. Responses to this question may be different in perhaps five years, assuming that the effects of the current economic downturn are not felt as strongly. Of the top five greatest threats to family identified by the panelists, three were related to the nation's current economic situation, and it is likely that the third-rated "substance abuse" is also related. Economic stressors may also play a role in other areas, such as domestic violence and child abuse.

Prevention was the major cry from panelists in terms of how the state could remedy some of the problematic issues facing families. Practitioners felt that many of the weaknesses and threats identified, such as substance abuse, child abuse and neglect, and generational cycles of dysfunction, could be addressed much more effectively with prevention programs that start in the schools and communities. Of course, more funding for these and other programs and services was a main suggestion from most panelists.

Suggestions for the Future

This study targeted Oklahoma families in particular, and more exploration is needed of families in a broader arena. It is likely that the results of this study could be generalized to other states, particularly those with similar policies that affect families and socioeconomic conditions and that have historically had similarly dire outcomes in mental health, physical health, and other key areas.

This study may have been limited somewhat due to the use of electronic communication, so future research in this area could include more traditional means of communication. Researchers initially sent a traditional hard copy letter to agency directors to solicit participants and also offered to provide a hard copy of the survey. It is also possible, however, that the ease of electronic communication and the utilization of

an online survey made the participant process quicker and increased the number of participants.

Meanwhile, this Delphi study of practitioners offers a glimpse of the condition of families in the state and how best to develop programs and services to improve that condition. It is clear that families in Oklahoma today encounter many obstacles to healthy functioning, and the consequences for the state and its citizens are dire. Community organizations, state agencies, and policy makers need to work harder to provide an environment that is supportive of and conducive to safe and nurturing family life.

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