

# Bonding Through Board Games

## Lesson Objectives

At the conclusion of this lesson about board games and family strengths, participants will be able to:

- » Understand the definition and purpose of Euro-games or Euro-style games.
- » Develop the six major qualities of successful and strong families.
- » Know how to build and strengthen family cohesion.
- » Build shared memories through a common, enjoyable experience.
- » Apply social-emotional and academic skills

## Potential Audiences

- » Intergenerational groups
- » Community groups
- » Veterans
- » Seniors
- » Churches
- » Families
- » Schools
- » Special needs families
- » Gaming groups
- » Social workers

## What Leaders Need to Prepare for the Lesson

- » Pocket cards for each quality of a strong and successful family (MF3403)
- » Displays to explain and showcase the program
- » Fact sheets for participants (MF3401)
- » Brochures to further promote the program
- » Board games for participants to play
- » PowerPoint presentation to promote the program
- » Time to read over the leader's guide

## Introduction

Family bonding time is important to maintain close relationships among family members. One way to increase



this time is through the use of Euro-style board games. A Eurogame, or Euro-style game, is a class of tabletop games that generally uses abstract pieces in a literal theme, and it is designed around the concepts of creating, developing, or nourishing. Euro-style games emphasize strategy while downplaying luck (players are allowed to control randomness) and indirect player conflict, which usually involves competition over resources or points. These game qualities create a positive environment for relationships to grow.

For a game night event, set up tables around the room with four to five chairs at each table. Place one table at the front of the room and spread out all board games on this table. This will allow participants to look at the games and select the ones they want to play. If desired, set up a table for non-sticky snacks on one side of the room for participants to enjoy away from the games. Take a few minutes at the beginning, or as participants enter, to explain the lesson for that night (pocket card) and how the event will run. If one chooses, use the PowerPoint presentation to explain the program.

## Community Activities

- » **Mega Game Day** — An extended period of time over the course of one day to play board games while connecting and communicating with family members or game mates.
- » **Bi-Monthly Game Events** — Scheduled bi-monthly game nights for participants to come and play games.
- » **Parents/Family Events at Schools** — Board game collection taken to schools for parents or family events.
- » **Community Event Celebrations** — Board game collection taken to another community event.
- » **Holiday Event** — Games incorporated into a chosen holiday (e.g. Christmas, Hanukkah, Maulid al-Nabi, Diwali, Kwanza, etc.).
  - » Santa, Easter Bunny, etc. could be invited to be present at the event
- » **Community Displays** — Display(s) set up at community settings (for example, a community center, school, religious center, etc.).
- » **Presentations to Community Groups** — Presentations on the purpose and ways to conduct a family game event.

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## Bonding Through Board Games Evaluation

At each event the agent will focus on one or two of the six family traits. Participants will receive the palm card(s) corresponding to the chosen trait(s). Agents will choose the evaluation question(s) for the same trait(s).

### Evaluation

Thank you for participating in this program. To help determine the impacts of this program and improve it further, we would like you to complete this brief survey. Your participation is voluntary, and all efforts will be made to ensure your confidentiality. Thank You!

1. Are you participating in the program because you are a:

- Family Member     Parent     Educator, Provider or Community Leader

2. Because of your participation in this program, did you learn anything new?

- Yes     No

3. If yes, what did you learn?

4. Because of your participation in this program, do you plan on taking any action or changing anything in your life?

- Yes     No

5. If yes, what?

**For the following items, please indicate your level of agreement by placing a check in the appropriate box. There are no right or wrong answers.**

6. Gender:

- Female     Male     Prefer not to respond

7. Age:

8. Race (select all that apply):

- American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or Pacific Islander     White     Prefer not to respond

9. Ethnicity:

- Hispanic/Latino     Non-Hispanic/Non-Latino     Prefer not to respond

10. Marital Status (please check only one):

- Married     Single     Single, living with partner     Widowed  
 Separated or Divorced     Prefer not to respond

11. Highest Education Level (please check only one):

- Less than High School     High School or GED     Some College or Technical Training  
 Bachelor Degree     Graduate Degree     Prefer not to respond

12. Are you military-connected?

- Yes     No

13. If so, how?

16. May we contact you later to talk with you about this program?

- Yes     No

17. If yes, please provide your contact information below (e.g., full name, address, phone, and email):

**In order to track the contributions that local extension professionals make to community coalitions or partnerships, please respond to the following questions.**

18. To your knowledge, this program is part of a (check any that apply):

- Community coalition or partnership       Grant-funded project       I do not know

19. If this program was part of a community coalition or partnership, what was the local extension professional's contribution (check all that apply):

- Convening and creating networks among professionals.  
 Helping to develop a local vision for family and child development.  
 Working to identify best practices, and support professional skills, competencies.  
 Training other professionals for personal or professional development.  
 Helping manage a coalition and partnerships.  
 Advocating or representing family and child issues to stakeholders.  
 Helping develop assessments, evaluations and program documentation.  
 I do not know.  
 Other (please specify):

20. Is there anything else the K-State Research and Extension Family and Child Development Program Focus Team needs to know about this program or its impact?

Thank you for your participation!

**Choose only the question(s) of the trait(s) to be the focus of each event.**

*For #1, Spending Time Together*

Do you feel what you have learned about the topic of "Spending Time Together" was beneficial for your own family?

Yes/Why?

No/Why not?

Do you plan on implementing any changes in regards to "Spending Time Together" after participating in this program?

Yes       No

If yes, what changes?

*For #2, Showing Appreciation and Affection*

Do you feel what you have learned about the topic of “Showing Appreciation and Affection” was beneficial for your own family?

- Yes       No

If yes, what changes?

Do you plan on implementing any changes in regards to “Showing Appreciation and Affection” after participating in this program?

- Yes       No

If yes, what changes?

*For #3, Open Communication and Good Listening*

Do you feel what you have learned about the topic of “Open Communication and Good Listening” was beneficial for your own family?

- Yes / Why?

- No / Why not?

Do you plan on implementing any changes in regards to “Open Communication and Good Listening” after participating in this program?

- Yes       No

If yes, what changes?

*For #4, Spiritual Wellness*

Do you feel what you have learned about the topic of “Spiritual Wellness” was beneficial for your own family?

- Yes/Why?

- No/Why not?

Do you plan on implementing any changes in regards to “Spiritual Wellness” after participating in this program?

- Yes       No

If yes, what changes?

*For #5, An Ability to Cope*

Do you feel what you have learned about the topic of “An Ability to Cope” was beneficial for your own family?

Yes/Why?

No/Why not?

Do you plan on implementing any changes in regards to “An Ability to Cope” after participating in this program?

Yes       No

If yes, what changes?

*For #6, A Strong Commitment to Each Other*

Do you feel what you have learned about the topic of “A Strong Commitment to Each Other” was beneficial for your own family?

Yes/Why?

No/Why not?

Do you plan on implementing any changes in regards to “A Strong Commitment to Each Other” after participating in this program?

Yes       No

If yes, what changes?

Please provide any additional comments you may have.