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Teaching conflict resolution skills to increase communication and parental responsibilities within daily childcare routines

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TEACHING CONFLICT RESOLUTION SKILLS TO INCREASE
COMMUNICATION AND PARENTAL RESPONSIBILITIES WITHIN DAILY
CHILDCARE ROUTINES

by

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B.A., East Stroudsburg University, 2006

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
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RESEARCH APPROVAL

Teaching Conflict Resolution Skills to Increase Communication and Parental
Responsibilities Within Daily Childcare Routines

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Fulfillment of the Requirements

for the Degree of

Science

in the field of Behavior Analysis & Therapy

Approved by:

Dr. Brandon Greene, Chair

Graduate School
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AN ABSTRACT OF THE RESEARCH PAPER OF

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The present study aimed to teach conflict resolution skills to a married couple and to examine the effect of doing so on their communication and daily childcare. This couple had a history of domestic violence and child abuse and neglect. They were assessed and trained both individually and as a couple using a Conflict Resolution protocol. The results of this study indicated that both parents mastered the steps of the protocol. Both parents also utilized the steps effectively to resolve conflicts within several daily childcare routines.

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Domestic violence is a topic of national concern and an important social problem affecting every stratum of American society. Many professionals have suggested that family violence, at least to the degree it is observed today, is a recent phenomenon. Domestic violence has been described as an epidemic, affecting individuals in every community, regardless of age, economic status, race, religion, nationality or educational background (National Coalition Against Domestic Violence, 2009). The vast majority of victims of domestic violence are women and children, and women are also considerably more likely than children to experience repeated and severe forms of violence and sexual abuse (National Coalition Against Domestic Violence, 2009). Between 2 and 4 million women in the United States are physically battered annually by their partners, and 25% to 30% of all U.S. women are at risk of domestic violence during their lifetime (American Medical Association (AMA), 1996). These victims' partners, whom victims thought they could trust and love are abusing millions of women and even children. It is shocking that some women do not even take advantage of the resources available to them to address their abuse.

Studies consistently show that at least 50% of women receiving public benefits have experienced domestic violence at some point during their adult lives, compared to 22% percent of the general population (Lyon, 1997; Tjaden & Thoennes, 2000). There has been considerable debate as to why it is so common that most women receiving public benefits experience domestic violence frequently. Perhaps the most widely adopted explanation is that a significant number of these women also report a history of domestic violence in their childhood (Fals-Stewart & Clinton-Sherrod, 2009). Many children who come from a family in which they witnessed abuse are more at risk of

allowing the abuse to happen in their adult lives. This cycle of violence continues to be passed down from generation to generation.

One concern is that women and men tend to stay in abusive relationships and never resolve their issues. Numerous theories have been developed over the years to account for various factors influencing a victim's (typically a woman) decision to remain in or leave an abusive relationship (Bell and Naugle, 2005). Bell and Naugle (2005) showed that victims who have been in violent relationships for years are more likely to stay in those relationships. Although some evidence suggests that victims will permanently leave an abusive partner within a couple of years after the initiation of violence (Gortner, Berns, Jacobson, & Gottman, 1997), additional findings indicate that victims may repeatedly leave and return to the abuser before eventually ending the relationship (Bell and Naugle, 2005).

Renzetti (1992) suggested that when an abusive partner becomes more dependent on the victim and the victim becomes more independent, the abuse increases. The fear of additional abuse keeps victims isolated and prevents them from reporting the abuse (Renzetti, 1992). Pfouts (1978) and Barbour (1997) found that women are more likely to remain in violent relationships because they report being more invested in "saving" the relationship and admit having emotional attachment to their abuser. Despite victims' opportunity to access various resources (financial, educational, and occupational) from support groups, victims often remain or return to the abusive relationships. These women are exposing their children to violence and showing them that it's acceptable for women to be abused. Social service agencies and other professionals tend to put more focus on the abused parent and teaching them ways to leave their abuser. However, most abused

victims will not leave their partner, so we need to focus on the children's environment to provide a better development for the future children by teaching the parents to communicate effectively. Domestic violence is often complex in that it occurs in intimate relationships where one expects to find protection, nurturance, and safety.

Domestic violence affects not only those abused, but also witnesses, family members, co-workers, friends and the community at large. Numerous studies have found that children who witness acts of violence in the home suffer from emotional and developmental problems (Salzman, 1994). In fact, children witnessing violence between one's parents or caretakers is the strongest risk factor for transmitting violent behavior from one generation to the next (Kolbo, Blakely & Engleman, 1996). Statistics show that over 3 million children witness violence in their home each year (Kolbo et al., 1996). One widely cited statistic was developed by Carlson (1984) called "Children's observations of interparental violence". Carlson estimated that at least 3.3 million children yearly are at risk of exposure to parental violence. The estimate is derived from studies (Carlson & Davis, 1980, Gelles, 1976, & Walker, 1979) that found approximately 3 million American households experience at least one incident of serious violence each year. Carlson adjusted this finding for the estimated number of households of children (55%) and then multiplied by the average number of children per household (two). Regardless of the way these estimates of children's exposure are derived, it is clear that significantly large numbers of children are exposed to violence between their loved ones. It is likely that this exposure occurs more than once and throughout the course of a child's development. Domestic violence affects children in so many ways that exposure to it considered abuse or neglect of a child.

Children who witness acts of violence, even if they are not the intended target, can be adversely affected in similar ways to children who are physically and sexually abused (Kolbo, Blakely & Engleman, 1996). Since domestic violence is a pattern of behavior, episodes may become more severe and more frequent over time, resulting in an increased likelihood that the children are affected (Kolbo, Blakely & Engleman, 1996). Additionally, distressed couples who are frequently having violent episodes are less likely to pay attention to the safety of their children. These couples are exposing their children to violent situations that are unsafe and unhealthy for the children. Domestic violence may lead to authorities removing a child from his or her home due to a substantial risk of sexual injury, physical injury (cuts, bruises, welts, and wounds), and environmental neglect (inadequate shelter, food or clothing).

The Illinois Department of Children and Family Services (DCFS) mission is to protect children who are reported to be abused or neglected and to increase their families' capacity to care for them. DCFS has the authority and obligation to remove children, if necessary, from a home due to domestic violence. Upon receiving a report, an investigator collects the information from relevant sources. The investigator will make a decision to indicate or unfound the report by interviewing the adults, children, and any other parties to the allegation. An indicated report is one that DCFS considers to have credible evidence that someone abused or neglected a child, whereas an unfounded report is one that does not find have evidence of maltreatment. Domestic violence may result in a finding of abuse or neglect if, for instance, a child under the age of 18 years old was present during a violent episode between the child's parents or family members. Once the parent(s) is indicated on child abuse and/or neglect then a DCFS caseworker may refer

the family to several service providers to help them with family concerns. One such service provider is Project 12-Ways.

Project 12-Ways offers services in various areas that have thought to be linked to abuse and neglect of children. All of Project 12-Ways services are provided in the family home to facilitate generalization of the skills trained with the parents, and because the home is generally where the abuse and neglect take place (Lutzker, 1992). The method of parent training used at Project 12-Ways is based on well-documented behavioral skills training model (Greene, Norman, & et al., 1995). While the details of the model vary slightly across documented studies, the behavioral skills training model generally utilizes a rationale and/or instructions for the skills being taught, followed by role-plays and feedback (Lutzker, 1992). Project 12-Ways uses the training model to individualize parent training to areas in which a particular family needs help with, whether that be anything from improving the family's communication and resolving conflicts to helping manage children's behavior (Tertinger, Greene, & Lutzker, 1984).

Supportive Literature

There are limited studies in the literature that specifically address training married couples with a history of domestic violence on conflict resolution skills, however numerous studies support the importance of communication and effective interventions relevant to domestic violence.

Yalcin and Karahan (2007) analyzed the effects of a couples communication program on improving martial adjustment. A pre-test was given to 67 couples that voluntarily participated in the study. Out of the 67 volunteers 14 couples with the lowest scores on the pre-test were randomized into the study and control groups. The control

group participants were only administered the pre-post tests. The experimental group participated in all the tests (pre-test, posttest, and follow-up) and the intervention (communication program).

The pre-test, posttest, and follow up consisted of using the Dyadic Adjustment Scale administered by Yalcin & Karahan (2007). This scale is designed to assess the adjustment levels of married couples. The scale consisted of 32 questions/themes distributed among 4 subinventories, each testing the factors of conflict resolution using a Likert style format. These subinventories were affectional expression, dyadic cohesion, dyadic consensus, and dyadic satisfaction. Scores ranged from 0 to 51, with 0 indicating the lowest level of marital adjustment (Yalcin, 2007).

The intervention was referred to as a communication program, which was developed and administered by Yalcin (2007). The program consisted of 10 weekly 1.5-hour sessions. Sessions included such techniques as providing skill-related information and assignments and role-playing scenarios based on real life experiences. The skill related assignments were to be performed at home to encourage the couples to apply the skills learned during sessions. Role-play sessions aimed at discussing the importance of communication and conflict resolution skills in solving marital problems, communicating with messages conveying acceptance and respect, to listen to each other and respond verbally, to use healthy listening methods as well as recognizing unhealthy modes of listening, and to provide spouses with cooperation-based conflict resolution skills. During the cooperation-based conflict resolution session, the experimenter taught the participants to state a real life/“critical” conflict in front of all the participants in the study group. Throughout the entire intervention, the experimenter gave constructive feedback and

suggestions about active listening skills and managing conflicts. A follow-up test was given 3 months later to the study group that participated in the communication program.

The results of the pretest for the Dyadic Adjustment Scale revealed no significant difference in the marital adjustment between both groups. It is interesting that the study group and control group did not differ in the pretest. Posttest scores for the study group proved to be higher than the couples that did not attend the communication program. The posttest scores for the study group were significantly higher than pre-test scores. Also the follow-up scores were higher than the posttest. The intervention seemed to have an affect since the study group scores did change from pretest to posttest. According to the author, the aim of the intervention was to provide the couples with basic communication and conflict resolution skills. It appears that the intervention did given basic communication and conflict resolution skills to the participants since the participant's scores did increase before having the intervention.

Although the program ran successfully and smoothly, there were some unexpected problems throughout the study. Some participants expressed that while the couples were in their home environment they often lost their tempers easily, displayed strong emotions, cursed, and interrupted one another while "resolving" conflicts. In conclusion, the program may not be a practical program for increasing marital adjustment between couples in conflict in which the setting is a clinic based. However, it is unknown how effective the program would be if given to the participant's in their home environment.

Cobb, Leitenberr, and Burchard (1982) conducted a study to examine a model of foster parent training in which specific therapeutic parenting skills (communication and

conflict resolution) were taught to foster parents by other previously trained foster parents. Thirty foster parents participated in the training program and 18 served as the comparison group. The comparison group involved foster parents that were unable to take part in the training program. The thirty foster parents in the training group were randomly assigned to the two classes, one taught by a professional staff with a doctoral degree and one taught by a nonprofessional staff (foster parent) who had completed the training program a year earlier.

The training program consisted of 16 weekly two-hour sessions in which staff and foster parents met as a group. These sessions were supplemented by biweekly home visits. During the home visits, staff provided the participants with more concentrated assistance and review. Most of the sessions were devoted to Staff and participants modeling and role-playing skills learned in the curriculum parts of the sessions. The program's curriculum included three segments: communication skills, behavior management, skills and conflict resolution (problem solving) skills. The communication segment focused on active listening (responding to the child by paraphrasing words) and direct expression of feeling (clear statements of needs and feelings). The behavior management included using positive reinforcement, how to employ gradual shaping techniques, and reviewing difficulties in implementing the intervention program. The conflict resolution segment consisted of problem definitions, suggesting alternative solutions to problems, exploring advantages and disadvantages of solutions and, collaborating/ compromising).

Pre-test and posttest measures were administered one month before and after the training. Two instruments that were used in pretest and posttest were called the

communication measure and the simulated conflict resolution scene. The communication measure was composed of 19 role-playing situations that involved active listening and direct expression. During the active listening scenes staff presented a statement, which could be made by a violent school age foster child. The participant was asked to respond to the staff as if the situation was really happening. During the direct expression, staff presented a description of a situation, which might occur in a home of a violent school age child. The participant was asked to respond to staff using actual words from the staff.

The other measure that was used in the pretest and posttest was the conflict resolution scene. The conflict resolution scene was composed of two role-playing situations. Each scene included two components: hypothetical ongoing conflict between parent and child and possible statements that a child would make in the course a conflict. During the hypothetical ongoing conflict, staff asked the participant to describe what he or she might say or do with the child to handle the conflict. This component was designed to tap the participants initial response to conflict situations. During the statements, staff role-played the part of a child that was hostile and violent. The participant was asked to respond as if the situation was really taking place. These statements were designed to assess the participant's response to the strong emotions, which often occur in conflict situations.

Pretest and posttest measures revealed that the participants who received training from professionals and nonprofessionals showed greater acquisition of these skills than did the comparison group, which did not receive the training program. Results indicted a significant improvement from pretest to posttest on the communication measure and the simulated conflict resolution scene for the participants (professional and nonprofessional

groups). Results showed that there were increases in the scores from pre-test to posttest for the training groups and little change for the comparison group. One can conclude that using this particular training program is effective in improving communication skills of foster parents since the participants who received the training program did improve their scores during the pretest and posttest measures. Although the study was successful, some staff took the foster parent training course several years ago, which could have affected the scores for the training groups. In conclusion, the training program used in this study may or may not be as effective. However, the program did teach foster parents new techniques on how to communicate effectively and manage conflicts.

Alternative Approaches to Therapy Programs for Domestic Violence

Domestic violence is a controversial and complex issue that has captured the attention of many professionals in the field of social services, advocacy, counseling, and medicine personnel (Jory, Anderson, & Greer, 1997). A pressing issue for these professionals is how best to treat individuals and their families who have become involved with the legal system as a result of domestic violence. Although domestic violence is an all-too-common problem confronted by providers in treatment programs, finding and implementing an effective long-term intervention strategy has been difficult.

Some of the most common programs for families with domestic violence involve couples therapy at clinics (Christensen, & Shenk, 1991). Several service providers who work with victims of domestic violence tend to send women to shelters or therapy at a clinic and men to a batterer's group. However, this is not the perfect solution because many women return to their abusers and chances are men drop out of groups (Bell and Naugle, 2005).

There are advantages and disadvantages to individual and couples therapy. However, therapy provided at clinics can sometimes be misleading because clients tend to tell therapists what they want to hear to end the session quickly (Gauthier & Levendosky, 1996). When therapists work with individuals or couples with a history of domestic violence the client is typically not in his or her own environment. This can affect the client in many ways. Statistics show that 50% to 70% percent of couples presenting for treatment at clinics reported martial aggression in their relationships and almost a quarter of American couples reported they do not truly state how severe the violence actually is (Gauthier & Levendosky, 1996). Given this high prevalence rate and that therapists may not know about the real level of violence in the home, therapists need to learn to assess the severity and nature of the violence in their clients natural environment and provide a successful program for long term effects. This may require interventions to occur in the home to enable the couples to resolve conflicts in their own environment. Requiring the couple to be involved in the intervention together may help maintain their behavior changes together as well. Providing therapy in a home environment can actually be very successful if the therapist is able to observe actual or potential conflicts incidents instead of relying on the client's self report of how severe the incident was. Unfortunately, there is limited research on treatment programs in the home environment.

As for individual programs at clinics, there has been some success based on measures of real conflict in the actual home setting but data reveals that over time, many women return to relationships unable to communicate in a positive manner even with completing individual or couples interventions (Stark & Flicraft, 1996). There is evidence

that indicates that some women who do seek individual therapy are dissatisfied because therapists fail to acknowledge or deal with the violent incidents (Walker, 1979). Teaching couples or the whole family how to deal with violent incidents is a critical aspect in any abused victim's life because most victims tend to go back to the abuser. As professionals in the field, we want to be able to teach these families how to approach violent situations for future encounters. Of these individual treatment programs there is not enough that focus upon the couple as the target for treatment, despite the fact that women frequently return to violent relationships.

Currently, a variety of treatment program models and formats exist for treating domestic violence, yet only a few have been empirically tested with scientific rigor (Babcock & Taillade, 2000, Horwitz, 2009, Baucom, 1982, and Markman, 1993). Horwitz (2009) studied what is described as relational tools for working with mild-moderate couple violence. The study included 11 couples seeking assistance from a university-based family and marriage clinic. The couples were initially given the Conflict Tactics Scale- Revised (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) on the phone to examine if the couples endorsed any violence. The CTS was designed to measure the use of reasoning, verbal aggression, and violence within the family. Prior to the intervention, the couples had to meet the following criteria: a minimum of two episodes of physical violence over the past year and express fear and anxiety towards discussing conflicts with one another on the basic Conflict Tactics Scale- Revised. The couples were also instructed to set up a structured interview to be done before the intervention. The 90-minute structured interview involved a description of the frequency, severity, and duration of all violence episodes within the past year and a discussion regarding

protecting one-self and children. After the interview, the couples completed self-report scales pertaining to mental health symptoms, substance abuse, and relationship violence and distress.

The intervention consisted of two phases: unresolved conflict patterns and pathways to resolution that were designed by Horwitz (2009). This intervention was implemented to assist couples in changing their conflict resolution methods from escalating and abusive to more constructive and respectful interactions. Phase one introduced the cognitive-behavioral and narrative intervention referred to as unresolved conflict patterns. The couples were brought together during the first phase to allow for discussion about arguments in the past. The couples were first asked to tell the interventionist about a typical argument that ended up with one or both couples striking out at each other. While the couple discussed the arguments, the interventionist asked questions such as “what were you thinking at this time”, “what were you feeling”, and “if there was a place which you would interrupt or stop this pattern before the abuse began, where would that be”. After the questions, the interventionist and the couple constructed the pattern of unresolved conflicts comprised of thoughts and feelings that lead to the couple’s violence. The pattern of unresolved conflicts was a detailed step-by-step diagram representing each member’s thoughts, feelings, and behaviors that lead to the couple’s violence.

After completing the pattern of unresolved conflicts, the therapist introduced phase two “pathway to resolution”. The pathway was a diagram of the couple’s thoughts, feelings, and behaviors. It was used to identify where conflicts began and how the couple

might chose to interrupt the undesirable sequence and, instead follow an alterative series of behaviors.

If the couples are able to complete the treatment without further aggression between them and has a clear vision for alterative behaviors, the couples are invited into group treatment for future intervention aside of the study. If the couples do not want to participant in the group treatment then the couples would receive a certificate stating they completed the program. All of the couples completed both the patterns of unresolved conflict and pathways to resolution diagrams. Descriptions of the couple's experiences during the intervention were emerged into categories using an ATLAS software program (Muhr, 2003). ATLAS is a software program that electronically organizes and stores information coded thematically. The codes that were formed were barriers to conflict resolution, internal emotions and external behaviors, strategies for solving conflicts, respect for partner, and responsibility for self. One limitation of the study was the small number of participants and the future long-term outcome of the intervention. It is unknown if the intervention had an effect since no posttest was conducted.

The intervention techniques for this particular study are useful because it relates to future research in the field of conflict resolution and communication skills for couples involved in domestic violence. "These findings indicate that violence is primarily a pattern of failed interactions, recursive sequences driven by thoughts and feelings translated into conflict tactics (behaviors)" (Horwitz, Santiago, Pearson, & LaRussa, 2009, pp. 253). By teaching these couples to discuss previous real life/"critical" conflicts, allows for the couples to be able to resolve conflicts in peaceful way in the future. Given these techniques couples can change their conflict management style and communication

skills. “The fact that couples can create alternative pathways to peaceful conflict resolution suggests that violent couples may use couples treatment to improve the quality of their relationships and the lives of their children” (Horwitz, Santiago, Pearson, & LaRussa, 2009, pp.254).

Domestic violence is a highly complex legal, social, and psychological problem that needs to be researched (Gelles, 1976). One of the best ways to foster a well-adjusted marital relationship is to provide couples with training in communication and conflict resolution skills, which can ultimately help resolve future marital conflicts (Yalcin & Karahan, 2007). These basic skills have been found to be effective in helping families solve marital conflicts in a health way (Gelles, 1976).

Current Study

Considering the high levels of domestic violence families experience as a result of not being able to communicate and resolve conflicts in an appropriate manner, the high risk of severe side effects of children witnessing violence, and existing literature supporting this current intervention, the purpose of the current study was an attempt to teach conflict resolution skills to a married couple and to examine the effect of doing so on their communication and daily childcare. The couple had a history of domestic violence and child abuse and neglect. The parents were assessed and trained both individually and as a couple using a Conflict Resolution protocol.

Method

Participants and Setting

The participants were a family consisting of a mother, Andrea, (36-years-old), a father, John (36-years-old), a son, John Jr. (6-years-old), two daughters Stephanie, (4-

years-old), and Linda, (2-years-old). This particular family was selected because of its involvement with the Illinois Department of Children and Family Services (DCFS) and participation with Project 12-Ways, which serves families with a history of child abuse and neglect. Project 12-Ways provides in home behavioral parent training and related services. The family had multiple substantiated reports of inadequate supervision of the children and incidents of domestic violence that the children had witnessed. When Project 12-Ways services began staff observed no communication between parents during the routines of caring for their children. Andrea tended to all of the parenting responsibilities within mealtimes, evening/leisure period, and morning time routines. Andrea stated that John never helped with any parenting responsibilities. Staff observed John hardly ever interact with the children or tend to the parenting responsibilities because he stated he was at work late. Both parents expressed concern that communication was a serious problem to their relationship and to their children.

All services were provided in the family's home located in a small rural town in Southern Illinois. Sessions lasted about 90 minutes and were typically conducted once or twice per week by Project-12-Ways staff (who were graduate students in the field of Behavior Analysis and Therapy).

Materials

Materials used for assessment and training included the Project 12-Ways conflict resolution worksheet. Appendix C outlines specific steps within the conflict resolution worksheet. The worksheet is used to familiarize parents with the skills for resolving conflicts and to guide them in practicing the skills. The worksheet outlined the steps involved in solving problems. The steps included identifying the problem, generating

solutions, analyzing their consequences, and implementing the chosen solution.

Target Behavior Definitions and Measurement

There were three categories of target behaviors that were assessed:

communication, conflict resolution, and daily routines (mealtime, morning time, and evening/leisure time). The protocols to assess the target behaviors were developed by Project 12-Ways. Each included specific target behaviors that could be scored as either correct or incorrect. A total percentage of steps performed correctly could then be derived for communication, daily routines, and conflict resolution.

Communication. This protocol was developed to allow staff to capture the couple's interactions with one another during sessions with the children. Table 1 outlines specific target behaviors within the communication protocol which include: delegates plan between one another, follows through on plan, maintains positive interactions, does not evaluate each other's suggestion, and confirms with each other on each task that was discussed.

Management of Daily Routine. The extent to which each parent provided care to the children was assessed during the daily routines which involved: mealtime (when dinner was being prepared), evening/ leisure time (when preparation for bedtime began); and during the morning (when the children were waking up and preparing for school). Based on concerns of the family, reports of the family's DCFS caseworker and observations by Project 12-Ways staff, various target behaviors were established for daily routines. Parenting responsibilities consisted of steps for both parents to implement during each of these daily routines. Table 2 outlines these specific steps (target behaviors) and scoring system associated with the meal routine. Table 3 outlines the target behaviors and scoring

system for the morning and evening routines. These target behaviors include supervision, assisting with helping the children with a task, providing food, engaging in conversation, and using child management techniques (redirection and following non-preferred and preferred activity).

Conflict Resolution. The conflict resolution protocol encompasses 17 target behaviors, which are outlined in Table 4. The protocol includes such steps as stating a specific problem, waiting for the spouse to verify and paraphrase the problem, generating solutions, evaluating the consequences, rating each solution, restating the chosen solution, and maintaining positive verbals and nonverbals.

Observation and Recording

Communication. Observations were conducted of the parent's interactions during the mealtime, evening/leisure time, and/or morning time routine. Specifically, at these times the observers were present and scored the protocol (See Appendix A for the data sheet).

Management of Daily Routines. Observations were conducted during various times of the day during the mealtime, evening/leisure time, and/or morning time routine. Sessions occurred weekly in the home and lasted approximately 1.5 hours, but varied depending on each routine. Specifically, these routines focused on parenting responsibilities between each parent. Some responsibilities consisted of basic structure of the routine, making sure the children are safe, and appropriately managing the children's misbehavior. Staff scored each parent by recording a plus (+) or minus (-) if each parent performed each target behavior within the three routines (See Appendix D for the Mealtime data sheet and Appendix E for the evening time & morning time data sheet)

Conflict Resolution. Assessment of each parent's capacity to resolve conflicts was

undertaken in several contexts. Specifically, each parent's ability to resolve conflicts (according to the steps in Table 4) was assessed in role-play with Project 12-Ways staff and with one another. Role-play conflict resolution sessions focused on scenarios prepared for this purpose.

There were two types of scenarios: hypothetical conflicts and real life/"critical" ones. Both hypothetical and real life/"critical" scenarios were selected on the basis of clinical judgment and the family's DFCS caseworker. During baseline and individual training, scenarios were based on hypothetical scenarios. Hypothetical scenarios were made up conflicts that were not related to the family's involvement with DCFS and are not spouse related. The hypothetical scenarios were simple conflicts to allow each parent to focus on acquiring the basic steps of conflict resolution before attempting to resolve real life/"critical" conflicts. During couple's training, all scenarios were based on real life/"critical" ones. Real life/"critical" scenarios consisted of past conflicts the couple encountered as well as conflicts that had led to the family being involved with the Illinois Department of Children and Family Services, DCFS. Specific examples of hypothetical and real life/"critical" scenarios are outlined in Table 5.

The ability of the parents to resolve conflicts was also assessed in-situ. Occasions for doing so were when staff observed the couple discussing a matter of dispute (i.e., argument about being late for an appointment for a job). The couple was not aware of the fact that staff was recording the event. Staff scored any in-situ conflict when each parent was resolving an issue in which staff did not provide a scenario or inform the parents to resolve a conflict. Only one in-situ conflict occurred during staff presence.

During role-play and in-situ observations, observers scored specific steps as

correct (e.g. “+”) if the parent independently completed the step and incorrect (e.g., “-“) if the parent omitted or performed a step incorrectly (See Appendix B for the data sheet).

Interobserver Agreement

All observers were graduate assistants working at Project 12-Ways who had been trained in the application of these and similar assessment systems used with families. There were a total of three observers, including the experimenter. During baseline and training sessions, the experimenter and the secondary observer scored both parents’ performance on the scoring sheets. Interobserver agreement was assessed for at least 50% of sessions. An agreement occurred when the primary and secondary observer agreed that a step was performed correctly (+) or incorrectly (-) for the same particular target behavior. Interobserver agreement was calculated by dividing the number of agreements by the number of disagreements plus the number of agreements and multiplying by 100%. Interobserver agreement between the experimenter and secondary observers was calculated throughout data collection. Interobserver agreement scores are presented in Table 6.

Experimental Procedures

Baseline. The family had been receiving services from Project 12-Ways for approximately two months prior to the start of baseline. During those two months staff observed Andrea during afternoon leisure time with the children and attempted to set up several sessions with John. Project 12-Ways staff were unable to get John to come to sessions consistently until the DCFS caseworker told John he did not have to do marriage counseling at a clinic. However, the DCFS caseworker told John he had to cooperate with Project 12-Ways services. After providing services to the family for a few months, it

became evident that changes needed to be made around resolving conflicts, communicating, and parenting responsibilities of managing daily routines.

During individual baseline of conflict resolution, the experimenter and secondary observer described the areas that would be assessed and the rationale for doing so. The experimenter informed the parents that each parent was going to be paired with another Project 12-Ways staff who would to play the role of the spouse. Role-play sessions consisted of each staff member and one parent resolving hypothetical scenarios (Specific examples of hypothetical scenarios are outlined in Table 5) using the conflict resolution worksheet (See Appendix C). The experimenter and secondary observer told each parent that hypothetical scenarios were only going to be made up conflicts that are not related to the involvement with DCFS and are not spouse related. During observations, Project 12-Ways staff assessed communication skills and the management of daily routines for each parent.

Individual Conflict Resolution Training. At the first training session, the experimenter and staff described the areas that would be assessed and trained, and the rationale for doing so. Project 12-Ways staff continued to collect baseline on each parent's communication skills and the management of daily routines. Training sessions for conflict resolution skills were established during role-play and/or in-situ sessions devoted to this purpose. The duration of each session was approximately 2 hours in length and took place typically once a week in the family's home (kitchen or living room). The experimenter and staff informed Andrea and John that each parent would meet individually with a staff member and later as a couple to role-play scenarios.

During individual role-play sessions, the experimenter and secondary observer

presented each parent with a conflict resolution worksheet (See Appendix C). The experimenter informed the parents that each parent was going to be paired with another Project 12-Ways staff who was going to play the role of a spouse. At the end of each role-play session, the experimenter informed each parent of the steps that he/she completed successfully and needed improvement. The experimenter and secondary observer informed the parents that each parent would try to choose their own hypothetical conflict to resolve and if they do not have a scenario to resolve then staff would provide one. The experimenter told both parents that all scenarios should be hypothetical and should not be spouse related scenarios. While individual training was taking place staff were able to observe an in-situ conflict between the parents on one occasion, which involved the couple discussing a matter of dispute (i.e., argument about being late for an appointment for a job).

After several individual sessions, the experimenter brought the parents together to assess the couple's conflict resolution skills (ex: resolving hypothetical scenarios). The experimenter informed the parents that at every session each parent would choose a different hypothetical conflict to resolve. The experimenter presented the parents with the worksheet (See Appendix C) and reminded the parents that if they could not formulate a hypothetical scenario then staff would provide one. The experimenter also reminded both parents that all role-plays should be hypothetical as well as not related to involvement with DCFS. At the end of each role-play session, the experimenter informed both parents of the steps that he/she completed successfully and needed improvement. At the end of each role-play session, the experimenter informed each parent of the steps that he/she completed successfully and needed improvement.

Couples Conflict Resolution Training. During couple's training, Project 12-Ways staff continued to collect baseline on each parent's communication skills and the management of daily routines. At the first training session, the experimenter went over the areas that would be assessed and trained, and the rationale for doing so. The experimenter informed Andrea and John that each parent would meet as a couple to role-play past conflicts as well as real life/"critical" scenarios that had led to the family being involved with the Illinois Department of Children and Family Services, DCFS. Specific examples of real life/"critical" scenarios are outlined in Table 5. The duration of each training session was approximately 2 hours in length and took place typically once a week in the family's home (kitchen or living room). Training sessions for conflict resolution skills were established during role-play sessions devoted to this purpose.

Training for conflict resolution was complete when Andrea and John received 100% on 4 out of 5 consecutive sessions on each real life/"critical" scenario, staff would continue to observe the management of daily routines and communication skills.

Experimental Design

The present study was conducted using an AB design to assess the effects of conflict resolution training while continuing to observe each parent's communication skills and the management of daily routines. Baseline sessions were also displayed to be able to show the effects of communication and the management of daily routines (Meal time, Morning time, and Evening/leisure) skills for each parent.

Results

The mastery criteria for conflict resolution training was completed when Andrea and John demonstrated 100% of the conflict resolution steps on 4 out of 5 consecutive

sessions on each real life/“critical” scenario. Real life/”critical” scenarios are referred to as areas that were due to the family being involved with the Department of Children and Family Services, DCFS as well as past conflicts the family encountered. Unfortunately, each parent was unable to have the opportunity to achieve the mastery criterion since the DCFS caseworker had to terminate services before the study could be completed.

However, Andrea and John did manage to role-play scenarios that were real life/“critical” and improve their ability to resolve conflicts in a positive way during couple’s conflict resolution training.

Figure 1 shows Andrea and John’s progress on conflict resolution training during role-plays and in-situ observations. Figure 2 displays the percentage of steps correct that Andrea and John scored on the parent communication protocol during conflict resolution baseline, individual training and couples training. Figure 3 displays the percentage of steps correct that Andrea and John scored on the Morning routine. Figure 4 and 5 display the percentage of steps correct that Andrea and John scored on the Evening routine and the Meal routine.

Conflict Resolution

Initially, each parent was observed separately in role-play with a staff member during conflict resolution sessions. The experimenter and the secondary observer assessed one baseline role-play scenario. Andrea scored 43% and John scored 50% on the conflict resolution protocol. Staff were able to observe a few baseline sessions during the management of daily routines (morning, evening, & meal). Baseline sessions for management of daily routines included observing Andrea during one morning routine (90%), evening routine (100%), and meal routine (50%). As for John, staff were unable

to observe any of the management of daily routines due to his lack of attendance prior to training conflict resolution.

Staff were unable to observe baseline sessions for communication skills, however both parents did express they barely communicated at all with one another throughout the day. The DCFS caseworker also expressed that she had several concerns with the way Andrea and John communicated with one another. After discussion with the DCFS caseworker and Andrea and John's report, it became evident that training needed to take place for conflict resolution.

At the start of individual conflict resolution training, Andrea and John's scores were below 70% on the conflict resolution protocol. While individual conflict resolution training was taking place, Andrea's scores on the communication protocol were consistently at 0% and John's scores were also at 0%. Both parents were barely communicating with one another during the management of daily routines. As for the management of daily routines, Andrea's scores were above 80% on the management of daily routines (morning, evening, and meal). Staff observed Andrea completing a large amount of the parenting responsibilities during the sessions. Once staff was able to observe John's parenting responsibilities for the management of daily routine, scores were significantly low during individual conflict resolution training.

After a few individual training sessions directed at conflict resolution each parent's scores for conflict resolution increased to above 80% at resolving hypothetical scenarios. Andrea's scores for conflict resolution went from 54% to 88% and John's scores for conflict resolution went from 0% to 88%. Throughout individual conflict resolution training observations, Andrea's scores averaged 67% and John averaged 68%

during conflict resolution observations. As individual training for conflict resolution was being successfully implemented, each parent's scores for communication were improving as well from 0% to 60%. Throughout the individual conflict resolution training, Andrea's scores averaged 49% and John averaged 52% during communication observations.

While individual conflict resolution training was taking place, staff were able to assess one in-situ conflict in which both parents scored below 0%. After a couple of sessions of individual conflict resolution training, Andrea's scores for the management of daily routine remained above 80%, but John's scores still remained low. During the management of daily routine sessions, Andrea averaged 95% and John averaged 81% on the evening routine protocol. For the Meal routine protocol, Andrea averaged 70% and John averaged 50%. As for the morning routine protocol, Andrea averaged 90% and John averaged 17%.

Following individual sessions, staff brought both parents together to assess and train conflict resolution as a married couple. Both parents' scores significantly dropped below 30 % as they attempted to resolve hypothetical conflicts. Since both parents were having trouble resolving hypothetical conflicts and the family's DCFS caseworker decided to close the family case, the experimenter began training both parents on real life/"critical" scenarios. Communication still remained below 60% during couple's conflict resolution training with hypothetical scenarios. Staff were unable to observe the management of daily routines during couple's conflict resolution training with hypothetical scenarios.

In the beginning of training as a couple with real life/"critical" scenarios, both parent's scores dropped below 80% from individual training. However, both parents

managed to significantly increase their scores above 90% with real life/“critical” scenarios. While couple’s training for conflict resolution was being implemented, each parent’s scores for communication significantly improved from 60% to 100%. As for the management of daily routines John’s scores slightly increased. John managed to slightly increase his scores in the morning routine from 0% to 60%, evening routine from 79% to 85%, and meal routine from 0% to 90%. Even though Andrea’s scores were already high (above 80%), her scores increased even higher for the management of daily routines when couple’s conflict resolution was in training.

Although each parent did not achieve their goal of completing 100% of the steps for four out of five consecutive sessions, there were tremendous improvements throughout conflict resolution sessions. John showed more involvement during the management of daily routines, which resulted in more equitable distribution of parenting responsibilities. John and Andrea also communicated more in a positive way during the management of daily routines. By training conflict resolution, both parents were able to apply these skills during stressful times in their lives that in the past resulted in domestic violence incidents.

Discussion

This study was an attempt to teach conflict resolution skills to a married couple and to examine the effect of doing so on their communication and management of daily routines. The couple expressed they had an extensive history of miscommunication with one another throughout the day and always had violent outbursts while resolving conflicts regarding daily routines. This confirmed staff’s observations that both parents were not effective at communicating and revolving conflicts. The results of this study demonstrate

that a couple with a history of domestic violence can, with certain training, learn to resolve conflicts in a positive way. When the couple acquired skills at resolving conflicts, it improved their ability to manage daily routines.

The critical part of this procedure appeared to involve teaching each parent individually, then bringing them together as a couple to resolve conflicts. Another critical piece of the procedure was the two types of scenarios (hypothetical and real life/“critical”) that were used. Initially training focused on hypothetical scenarios, then the real life/“critical” scenarios were addressed. Another aspect that helped to ensure success was having the parents resolve conflicts that were either hypothetical or real life/“critical” scenarios. The real life/“critical” scenarios were incorporated to allow for Andrea and John to resolve conflicts that lead the family to be involved with DCFS. The real life/“critical” scenarios were also an important aspect to the study seeing that it allowed for Andrea and John to apply the new skills that were trained in couples conflict resolution training.

The couple did not achieve the goal of 100% on 4 out of 5 consecutive staff observations during each real life/“critical” scenarios within the time constraints of the present study. Nevertheless, both Andrea and John demonstrated an increased ability to resolve conflicts and communicate appropriately and independently. Towards the middle of couples training, both parents made substantial progress resolving real life/“critical” scenarios.

These findings show that conflict resolution training did have significant effects on their ability to communicate and resolve conflicts for the management of daily routines. It is interesting to note that when staff observed daily routines during the phase

of conflict resolution training, the children's misbehavior decreased. Staff's observation could suggest that when John and Andrea distributed more responsibilities during the managing of daily routines, the children were less likely to misbehavior because the parents displaying positive behaviors themselves. This intervention differs from other studies interventions in that it focuses on specific steps within the conflict resolution protocol (See specific steps in appendix B).

The conflict resolution training shows promising results. However the study has a number of limitations and areas in which the training can be improved upon. These data suggest that the couple and individual training program based on a behavioral model was effective in teaching conflict resolution skills in a case involving a history of domestic violence. One limitation was that there was limited time to complete conflict resolution training due to the DCFS caseworker's intent to close the family's DCFS case file. As a consequence, neither parent was able to reach the mastery criterion for conflict resolution during the course of the study. Future research should conduct a replication study that would allow parents to have more time to master the criterion that was established in the current study. It remains unclear in the current study if both parents performance would maintain over an extended period of time.

Another limitation was the size of the sample (one couple). Future studies should be conducted with a larger sample size in an attempt to replicate the results of the current study. In addition, it would be important to examine the durability of any improvements. That is, future studies should be conducted involving follow-up outcomes to determine if the participants maintained the skills that were trained.

The current findings support a number of suggestions and results from past research (Cobb, 1982, Blakely, 1996, and Kolbo, 1996). The current study's results are consistent with evidence that changing the couple's ways of resolving conflicts can lead to positive changes in each parent's behaviors as well as the welfare of the children (Blakely et al., 1996). By teaching both parents to communicate and resolve conflicts in a positive manner, they began to distribute equally the management of daily routines. The current study's results add to the existing body of research suggesting that parents can acquire appropriate skills to resolve conflicts without becoming violent, communicate with one another in a positive way.

Yalcin and Karahn (2007) findings showed that teaching couples to use a communication program could increase communication and allow for couples to resolve conflicts in a positive way. The current results provide support for this conclusion since Andrea and John did improve their scores for conflict resolution training as well as for communication skills and parenting responsibilities for the management of daily routines. Both parents demonstrated an increase in positive communication during conflict resolution training, which also supports the conclusion drawn by Yalcin and Karahan (2007) that their procedure does have a positive effect on the parents conflict resolution and communication performance during short or long term training.

Cobb, Leitenberg, & Burchard (1982) study was quite different from the current study. Cobb et al. (1982) focused on foster parents and used several techniques that the current study did not implement such as active listening (responding to the child by paraphrasing words) and direct expression of feeling (clear statements of needs and

feelings). However, Cobb et al. (1982) did use role-play techniques and incorporated conflict resolutions skills within the intervention.

With the National Coalition Against Domestic Violence reporting that a vast majority of victims of domestic violence are women and children and statistics showing that over 3 million children witness violence in their home each year (Kolbo et al., 1996), it is important that more services be targeted at teaching communication and conflict resolution skills in families that are at risk for or have a history of domestic violence in the past. Research suggests that women tend to stay in abusive relationships, which underscores the importance of teaching parents how to resolve conflicts in a positive manner (Bell and Naugle, 2005).

Most studies (Yalcin, 2007 & Cobb, 1982) involving conflict resolution skills also looked at conflict resolution skills in addition to other intervention techniques (e.g.: communication skills, active listening, direct express of feelings, and behavior management skills). It is important to note that most studies (Yalcin, 2007 & Cobb, 1982) that use conflict resolution skills with other interventions are very successful. However, there is little research of the effectiveness of conflict resolution by itself.

This experiment illustrates an approach to the development of conflict resolution skills for training couples to manage their behaviors in daily routines more effectively and improve communication between one another in particular stressful or aggressive situations. The next step in the process is to investigate the best method to the wide audience of domestic violence couples and professionals who need and want such advice. A critical aspect is to shift towards strategies that are active, proactive, and ultimately effective. In conclusion, the couple conflict resolution program may be a valid, reliable,

and practical program for martial distress. More data from different subjects with different socio economical backgrounds are now needed.

Table 1
Parent Communication Target Behaviors

<p>Parents delegate plan amongst one another- Each parent discussions a plan Scoring System: Score a plus (+) if the parent initiates a plan of action</p>
<p>Parents follow through on delegated tasks in session- Each parent follows through with the chosen plan or tasks Scoring System: Score a plus (+) if the parent follow through with the tasks that was established</p>
<p>Maintain Positive Interactions- Each parent uses positive verbals in their interactions Scoring System: Score a plus (+) if the parent used positive interactions the session</p>
<p>Parents do not evaluate each other's suggestions- Each parent doesn't judge each others suggestions Scoring System: Score a plus (+) if the parent does not evaluate the other parents suggestions</p>
<p>Verify with each other on tasks- Each parent acknowledges each other's plan or tasks that were established. Scoring System: Score a plus (+) if the parent checks with the other parent about a task</p>

Table 2
Target Behavior Definitions for the Meal routine

<p><u>Parent supervises throughout routine-</u> A plus (+) is given if during the routine the parent periodically checks the children.</p>
<p><i>Example:</i> Parent watches child while other parent prepares or cleans up meal.</p>
<p><u>Parent assists with helping children wash hands-</u> A plus (+) is given if during the routine the parent provides assistance to at least one child by helping the child wash hands.</p>
<p><i>Example:</i> Parent requesting a child to wash hands and/or gently manually guiding the child towards the sink.</p>
<p><i>Non-example:</i> Parent aggressively pulling the child towards the sink.</p>
<p><u>Parent gives reminder-</u> A plus (+) is given if during the routine the parent demonstrates at least 1 prompt during the routine.</p>
<p><i>Example:</i> Parent telling the child about what is coming up next such as time to eat.</p>
<p><u>Parent assists children with helping out during or after meal-</u>A plus (+) is given if during the routine the parent demonstrates assistance with helping at least one child with preparation or clean up.</p>
<p><i>Example:</i> This can include setting the table, instructs the child to help out, and/or physically helping the child bring plate to the table.</p>
<p><u>Parent provides food and/or drink-</u> A plus (+) is given if during the routine the parent demonstrates assisting with providing food or a drink to at least one child.</p>
<p><i>Example:</i> Parent gets at least one child a drink and/or a bit to eat.</p>
<p><u>Parent engages in discussion during meal-</u> A plus (+) is given if during the routine the parent discusses any age appropriate topic to at least one child.</p>
<p><i>Example:</i> Parent discusses with one child about their day at school or post meal activities.</p>
<p><u>Parent uses redirection technique-</u> A plus (+) is given if during the routine the parent directs a child's attention to more appropriate activities or topics of discussion in order to address minor disruptive behaviors.</p>
<p><u>Follow non-preferred with preferred activity-</u> A plus (+) is given if during the routine the parent demonstrates providing a preferred activity contingent upon the child engaging in or following through on a parental instruction.</p>

Table 3
Operational Definitions for the Evening and Morning routines

<p><u>Parent supervises throughout routine-</u> A plus (+) is given if during the routine the parent periodically checks the children.</p>
<p><i>Example:</i> Parent watches child while other parent takes a shower.</p>
<p><u>Parent assists with waking up or going to bed-</u> A plus (+) is given if during the routine the parent provides assistance to at least one child by helping get out of bed or into bed.</p>
<p><i>Example:</i> Parent requesting a child to wake up and/or gently manually guiding the child out of bed.</p>
<p><i>Non-example:</i> Parent aggressively pulling the child out of bed</p>
<p><u>Parent gives reminder-</u> A plus (+) is given if during the routine the parent demonstrates at least 1 prompt during the routine.</p>
<p><i>Example:</i> Parent telling the child about what is coming up next such as bus coming.</p>
<p><u>Parent assists children with getting dressed-</u> A plus (+) is given if during the routine the parent demonstrates assistance with dressing at least one child with clean clothes.</p>
<p><i>Example:</i> This can include setting them on the bed, instructs the child to get dressed, and/or physically helping the child get dressed</p>
<p><u>Parent provides snack/drink-</u> A plus (+) is given if during the routine the parent demonstrates assisting with a snack for at least one child.</p>
<p><i>Example:</i> Parent gets at least one child a drink and/or a bit to eat.</p>
<p><u>Parent assists with bathing-</u> A plus (+) is given if during the routine the parent contributes by assisting with the bath for at least 1 child.</p>
<p><i>Example:</i> Parent helps with instructing the child to get in the bath, assisting with washing and/or drying the child, supervising the child, and/or getting out materials.</p>
<p><u>Parent assists with brushing teeth-</u> A plus (+) is given if during the routine the parent demonstrates assistance with brushing teeth for at least one child.</p>
<p><i>Example:</i> Parent helps with instructing the child to brush the teeth, getting materials ready, and/or brushing teeth</p>
<p><u>Parent ensures materials are ready-</u> A plus (+) is given if during the routine the parent gathers materials for school for at least one child.</p>

Example: Parent instructs child to get backpack or shoes and/or assists child with getting materials

Parent uses redirection technique- A plus (+) is given if during the routine the parent directs a child's attention to more appropriate activities or topics of discussion in order to address minor disruptive behaviors.

Follow non-preferred with preferred activity- A plus (+) is given if during the routine the parent demonstrates providing a preferred activity contingent upon the child engaging in or following through on a parental instruction.

Table 4
Conflict Resolution Target Behaviors

STATE THE PROBLEM
What: The statement of the problem must include a description of WHAT it is.
Scoring System: Score a plus (+) if the speaker describes WHAT the problem is
Why: The statement of the problem must describe WHY it is a problem. The chosen reason must be a problem for the speaker
Scoring System: Score a plus (+) if the speaker describes WHY it is a problem for him or herself
Tone: The problem must be presented to the listener in a non-accusatory tone
Scoring System: Score a plus (+) if the speaker delivers the statement in a non-accusatory manner
Only One: The speaker must focus on only one problem at a time
Scoring system: Score a plus (+) if the speaker focuses on only one problem
WAIT
Paraphrase: The listener must summarize the problem statement given by the speaker. He or She must include WHAT the problem is and WHY it is a problem for the speaker
Scoring system: Score a plus (+) if the listener correctly paraphrases the speaker
Verify: The listener must check with the speaker whether their paraphrase of the statement is correct.
Scoring system: Score a plus (+) if the listener verifies if his or her paraphrase is correct by asking the speaker
GENERATE
Solutions: Both the speaker and listener must generate as many solutions as possible
Scoring system: Score a plus (+) for each member if they offer at least one (1) solution to the problem
No Evaluating
Scoring system: Score a plus (+) for each member if they do not judge any of the generated solutions
EVALUATE
Consequences: Both the speaker and listener must state as many consequences as possible
Scoring system: Score a (+) if each member states at least one consequence for each solution
RATE
+’s & -’s: Both the speaker and the listener should assign one or more plusses (+) and/or one or more minuses (-) to each solution depending on its appropriateness, relative to the consequences
Scoring system: Score a plus (+) for each member if they rate each solution

Choose one: Both the speaker and listener must choose the solution that has the most plusses
Scoring system: Score a (+) if each member choose the solution with the most plusses
RESTATE
Who:
Scoring system: Score a plus (+) if each member states WHO is going to implement the solution
What:
Scoring system: Score a plus (+) if each parent states WHAT is going to be implemented
When:
Scoring system: Score a plus (+) if each parent states WHEN the solution will be implemented
Criteria
Scoring system: Score a plus (+) if each parent states how long the solution will be tried
Both Verify: The speaker and listener acknowledge the understand how to implement the solution
Scoring system: Score a plus (+) if each parent states they agree
OTHER BEHAVIORS
Positive verbals
Scoring system: Score a plus (+) if each parent used positive verbals in the interactions
Positive nonverbals
Scoring system: Score a plus (+) if each parent used positive nonverbals
IMPLEMENT
When: Record the date the solution was implemented
Scoring system: Score a plus (+) if each parent implemented the solution

Table 5
Example of Scenarios Used in Conflict Resolution

Hypothetical Scenarios
<ul style="list-style-type: none"> • Where to go for lunch • Picking a friend up for work • Need a shirt to wear to work but friend borrowed it • A co-worker is not doing the job right • Stressed out over having two Project 12-Ways sessions
Real Life/“critical” Scenarios
<ul style="list-style-type: none"> • Always going over friends house without the children • Not home enough to help clean the house • No help with taking care of the children • Always going places where past ex-girl/boy friends are present • Electric bill needs to be paid before 3pm
In-Situ Scenario
<ul style="list-style-type: none"> • An Argument about being late for an appointment for a job

Table 6
Mean Percentage of Interobserver Agreement

Parent: John

Conflict Resolution			Communication		
Baseline	Individual Training	Couples Training	Baseline	Individual Training	Couples Training
N/A	100%	96%	N/A	100%	100%

Management of routines

Meal			Evening			Morning		
Baseline	Individual Training	Couples Training	Baseline	Individual Training	Couples Training	Baseline	Individual Training	Couples Training
100%	100%	100%	N/A	100%	100%	N/A	97%	100%

Parent: Andrea

Conflict Resolution			Communication		
Baseline	Individual Training	Couples Training	Baseline	Individual Training	Couples Training
N/A	100%	100%	N/A	100%	09%

Management of routines

Meal			Evening			Morning		
Baseline	Individual Training	Couples Training	Baseline	Individual Training	Couples Training	Baseline	Individual Training	Couples Training
100%	100%	100%	97%	100%	100%	100%	97	100%

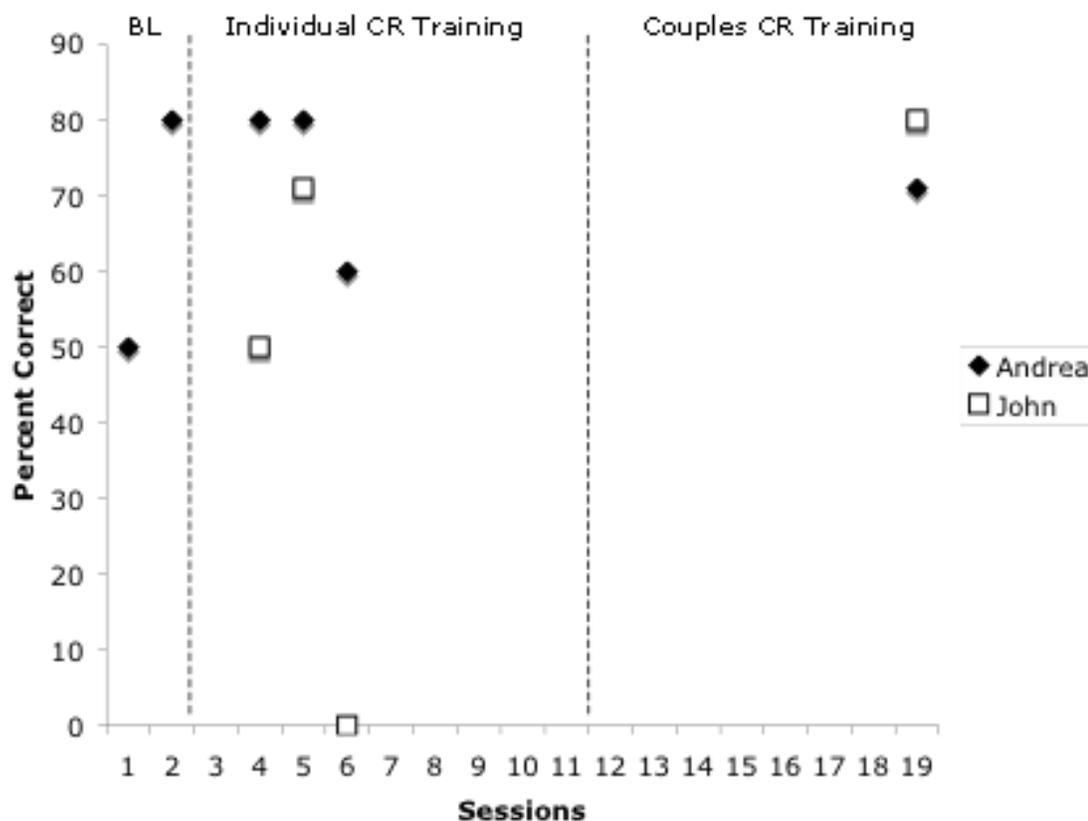


Figure 1. Percentage of Conflict Resolution steps performed correctly. Closed squares represent individual conflict resolution for Andrea. Open squares represent couple conflict resolution training for Andrea. Closed circles represent couple conflict resolution training for John. Open circles represent individual conflict resolution for John. Closed triangles represent in-situ session John and open triangles represent in-situ session for Andrea while individual conflict resolution training was taking place.

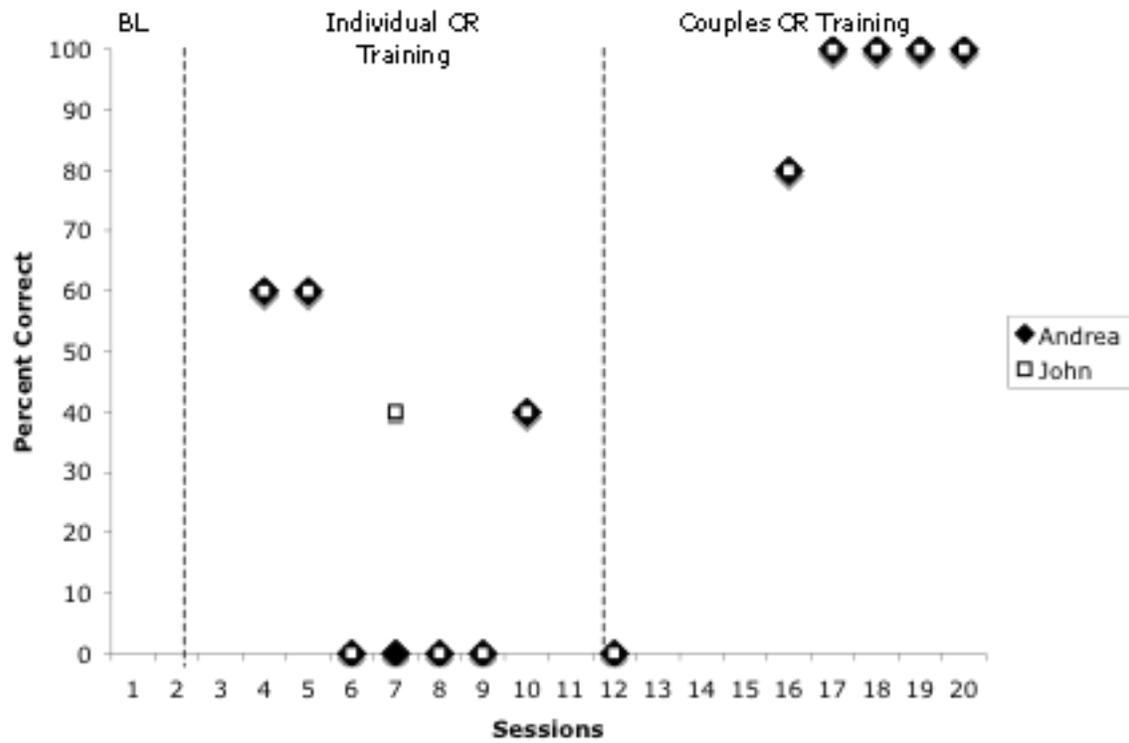


Figure 2. Percentage of Parent Communication steps performed correctly. The closed diamond symbol represents Andrea and the open square symbol represents John.

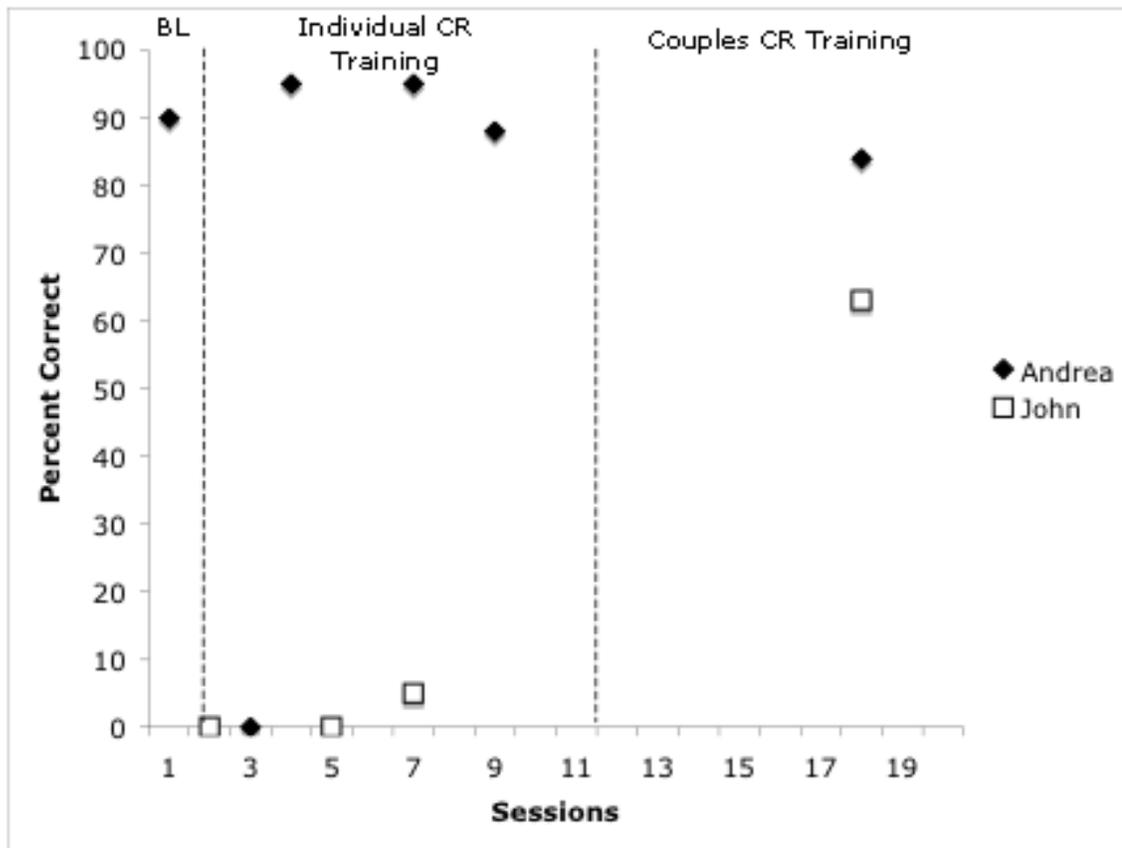


Figure 3. Percentage of Management of Daily Routine (Morning) performed correctly. The closed diamond symbol represents Andrea and the open square symbol represents John.

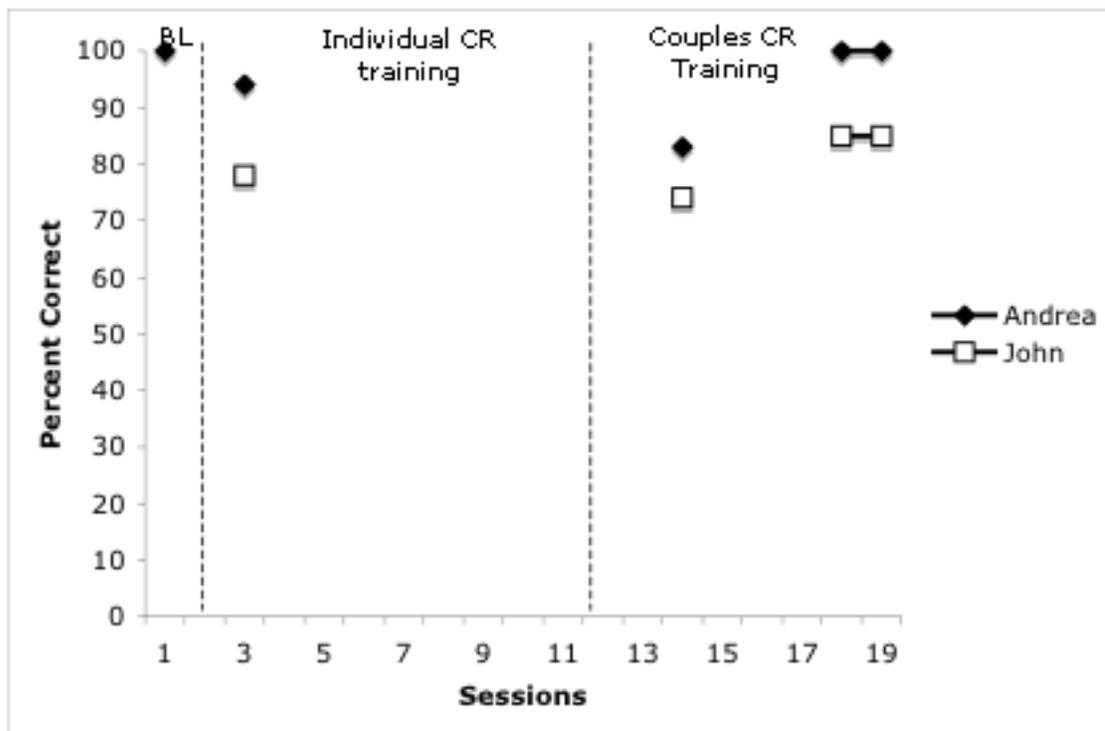


Figure 4. Percentage of Management of Daily Routine (Evening) performed correctly. The closed diamond symbol represents Andrea and the open square symbol represents John.

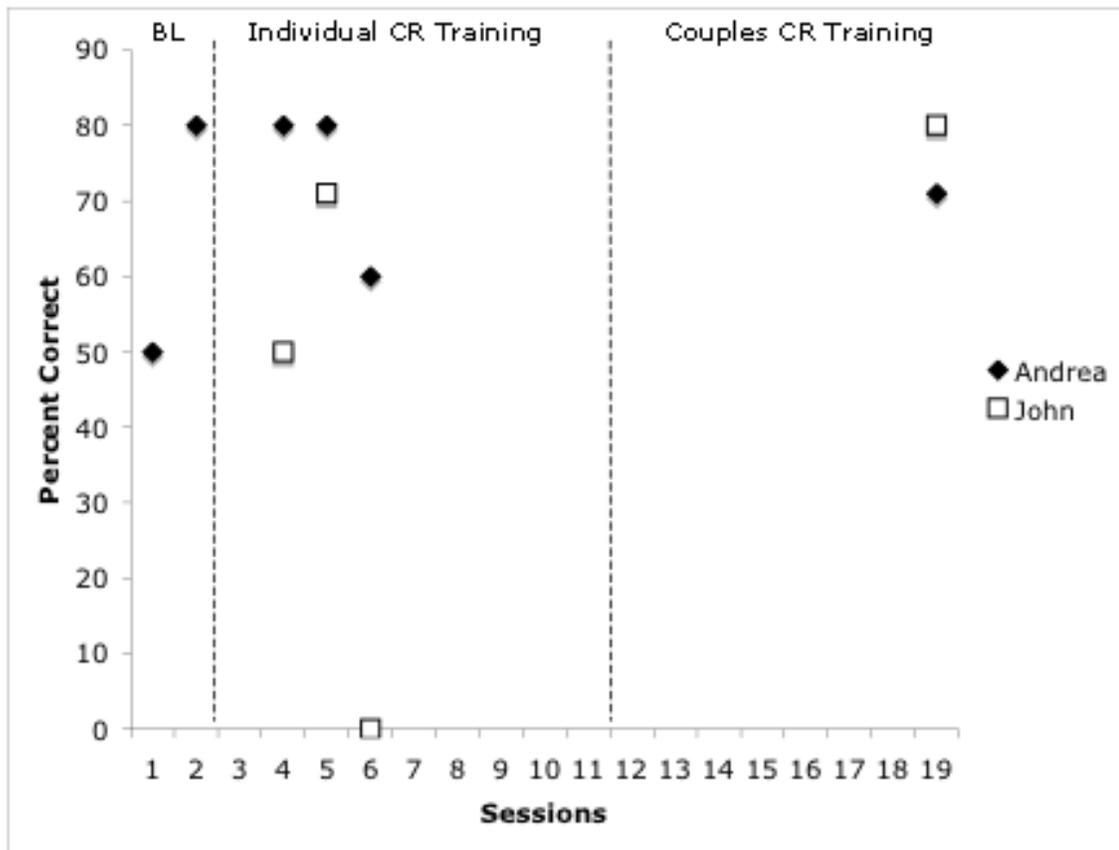


Figure 5. Percentage of Management of Daily Routine (Meal) performed correctly. The closed diamond symbol represents Andrea and the open square symbol represents John.

REFERENCES

- Baucom, D. H. (1982). A comparison of behavioral contracting and problem-solving/communications training in behavioral marital therapy. *Behavior Therapy, 13*, 162-174.
- Bell, K. M., & Naugle, A. E. (2005). Understanding stay/leave decisions in violent relationships: A behavior analytic approach. *Behavior and Social Issues, 14*, 21-45.
- Berry, D. B. (1998). *The domestic violence source book*. Los Angeles: Lowell House.
- American Psychologist, 48*(10), 1077-1087.
- Brookoff, D., O'Brien, K., Cook, C. S., Thompson, T. D., & Williams, C. (1997). Characteristics of participants in domestic violence. *JAMA: Journal of the American Medical Association, 277*(17), 1369-1373.
- Campbell, R. V. (1987). *Teaching counseling and problem-solving skills to professionals working with child abuse and neglect families* (Unpublished doctoral dissertation). Southern Illinois University, Carbondale.
- Carlson, B. E. (1984). Children's observations of interparental violence. In A. R. Roberts (Ed.), *Battered women and their families*, (pp. 147-167), New York: Springer.
- Clements, C. M., & Sawhney, D. K. (2000). Coping with domestic violence: Control attributions, dysphoria, and hopelessness. *Journal of Traumatic Stress, 13*(2), 219-240.
- Carlson, B. E., McNutt, L. A., & Choi, D. Y. (2003). Childhood and adult abuse among women in primary care: Effects on mental health. *Journal of Interpersonal Violence, 18*, 924-941.

- Carlson, B. E. and Davis, L. V. (1980). Prevention of domestic violence. In R. H. Price, R. F. Ketterer, B. C. Bader, and J. Monahan (Eds), *Prevention in mental health*. Beverly Hills: Sage,
- Christensen, A., & Shenk, J.L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology, 59*(3), 458-463.
- Cobb, E. J., Leitenber, H., & Burchard, J. D. (1982). Foster parents teaching foster parents: Communication and conflict resolution skills training. *Journal of Community Psychology, 10*(3), 240-249.
- Crittenden, P., & Ainsworth, M. (1989). Attachment and child abuse. In D. Cicchetti & V.
- Edleson, J. L. (1999) Children's witnessing of adults domestic violence. *Journal of Interpersonal Violence, 14*(8), 839-870.
- Feldman, C. M., & Ridley, C. A. (1995) The etiology and treatment of domestic violence between adult partners. *Clinical psychology: A publication of the division of clinical psychology of the American psychological association, 3*(4), 317-348.
- Floyd, F. J., & Markman, H. J. (1984). An economical observational measure of couples' communication skill. *Journal of Consulting and Clinical Psychology, 52*(1), 97-103.
- Gelles, R. J. (1976). Abused wives: Why do they stay? *Journal of Marriage & the Family, 38*(4), 659-668.
- Greene, B. F., Norman, K. R., Searle, M. S., Daniels, M., and Lubeck, R. C. (1995). Child abuse and neglect by parents with disabilities: A tale of two families.

Journal of Applied Behavior Analysis, 28, 417-434.

- Girodo, M., Stein, S. J., & Dotzenroth, S. E. (1980). The effects of communication skills training and contracting on marital relations. *Behavioral Engineering*, 6, 61-76.
- Gortner, E., Berns, S. B., Jacobson, N. S., & Gottman, J. M. (1997). When women leave violent relationships: Dispelling clinical myths. *Psychotherapy: Theory, Research, Practice, Training. Special Issue: Psychotherapy: Violence and the family*, 34(4), 343-352.
- Harris, J. (1986). Counseling violent couples using Walker's model. *Psychotherapy: Theory, Research, Practice, Training*, 23(4), 613-621.
- Horwitz, S. H., & Skiff, D. (2007, May/June). Historical evidence for couples' treatment for partner violence. *Family Therapy Magazine*, 7, 32-35.
- Horwitz, S. H., Santiago, L., Pearson, J., & LaRussa-Trott, M. (2009). Relational tools for working with mild-to-moderate couple violence: Patterns of unresolved conflict and pathways to resolution. *Professional Psychological: Research and Practice*, 40(3), 249-256.
- Jacobson, N. S. (1994). Rewards and dangers in researching domestic violence. *Family Process*, 33(1), 81-85.
- Jaffe, P., Lemon, N., Sandler, J., & Wolfe, D. (1996). *Working together to end domestic violence*. Tampa, FL: Mancorp.
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, 62(4), 948-963.
- Jory, B., Anderson, D., & Greer, C. (1997). Intimate justice: Confronting issues of accountability, respect, and freedom in treatment for abuse and violence. *Journal*

of Marital and Family, 23, 399-419.

- Karahan, T. F. (2009). The effects of a couple communication program on the conflict resolution skills and active conflict tendencies of Turkish couples. *Journal of Sex & Marital Therapy*, 35(3), 220-229.
- Knox, D. (1970). *Marriage happiness*. Champaign, IL: Research Press.
- Kolbo, J. R., Blakely, E. H., & Engleman, D. (1996). Children who witness domestic violence: A review of empirical literature. *Journal of Inter-Personal violence*, 11, 281-293.
- Lyon, E. 1997. *Poverty, welfare and battered women: What does the research tell us?* Welfare and Domestic Violence Technical Assistance Initiative. Harrisburg, PA: National Resource Center on Domestic Violence.
- Lutzker, J. (1992). Developmental disabilities and child abuse and neglect: The ecobehavioral imperative. *Behavior Change*, 9, 149-156.
- Markman, H. J., Renick, M. J., Floyd, F. J. Stanley, S. M., & Clements, M. (1993). Preventing marital distress through communication and conflict management training: A 4- and 5- year follow-up. *Journal Consulting and Clinical Psychology*, 61(1), 70-77.
- National Coalition Against Domestic Violence. (2009). Fact Sheets. Retrieved from <http://www.ncadv.org/>
- Renzetti, C. M. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. London: Sage
- Ridley, C. A., & Feldman, C. M. (2003). Female domestic violence toward male partners: Exploring conflict responses and outcomes. *Journal of Family Violence*, 18(3), 157-170.

- Rynerson, B. C., & Fishel A. H. (1993). Domestic violence prevention training: participant characteristics and treatment outcomes. *Journal of Family Violence*, 8(3), 253-266.
- Salzman, E. (1994). The Quincy District Court domestic violence prevention program: a model legal framework for domestic violence intervention. *Boston University Law Review*, 74, 329-364.
- Stark, E., & Flitcraft, A. (1996). *Women at risk: Domestic violence and women's health*. Thousand Oaks, CA: Sage Publications.
- Straus, M. A. (1979). Measuring Intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and The Family*, 41(1), 75-88.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactic Scales (CTS-2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283–316.
- Talcin, B. M., & Karahan, T.F. (2007). Effects of a couple communication program on marital adjustment. *The Journal of The American Board of Family Medicine*, 20(1), 36-44.
- Tertinger, D. A., Greene, B. F., & Lutzker, J. R. (1984). Home safety: Development and validation of one component of an ecobehavioral treatment program for abused and neglected children. *Journal of Applied Behavior Analysis*, 17, 159-174.
- The National Domestic Violence Hotline. (1996). Resources. Retrieved from <http://www.thehotline.org/>
- Tjaden, Patricia & Thoennes, Nancy. National Institute of Justice and the Centers of Disease Control and Prevention, "Extent, Nature and Consequences of Intimate

Partner Violence: Findings from the National Violence Against Women Survey,”
(2000).

Walker, L. E. (2000). *Battered women syndrome*. New York: Springer.

Walker, L. E. (1979). *The Battered Women*. New York: Harper & Row.

Yalcin, B.M., & Karahan, T. F. (2007). Effects of a couple communication program on marital adjustment. *Journal of the American Board of Family Medicine*, 20(1), 36-44.

APPENDICES

Appendix A Parent Communication Protocol

Family: _____ DCFS ID# _____

Phase:	BL	TX	MT					
Date:								
Parent:								
Child:								
Observer:								
Routine:								

1. Parents delegate plan amongst one another								
2. Parents follow through on delegated tasks in session								
3. Maintain Positive Interactions								
4. Parents do not evaluate each other's suggestions								
5. Verify with each other on tasks								
Total:								
Percent:								

Appendix B Conflict Resolution Checklist

Family: _____ DCFS ID #: _____

Individual: _____

+ = performed independently **+P** = performed with prompt
- = not performed/performed inadequately

Date								
Staff								
Problem Type (A/S)								
Phase (BL, TX, MT)								
Role (S=Speaker/L=Listener)	S	L	S	L	S	L	S	L
STATE								
1. What		NA		NA		NA		NA
2. Why		NA		NA		NA		NA
3. Tone		NA		NA		NA		NA
4. Only One		NA		NA		NA		NA
WAIT								
5. Paraphrase	NA		NA		NA		NA	
6. Verify	NA		NA		NA		NA	
GENERATE								
7. Solutions								
8. No Evaluating								
EVALUATE								
9. Consequences								
RATE								
10. +'s and -'s								
11. Choose One								
RESTATE								
12. Who								
13. What								
14. When								
15. Criteria								

16. Both Verify

OTHER BEHAVIORS

17. Positive Verbals

18. Positive Nonverbals

IMPLEMENT

19. When

Note: The maximum number possible for the speaker is 17 including follow-up. The maximum number possible for the listener is 15 including follow-up.

Appendix C Conflict Resolution Worksheet

Family: _____ DCFS ID: _____ Date: _____

Speaker Name: _____ **Listener Name:** _____

State Problem (Speaker)

1. "One of my problems is that _____
and it's a problem for me because _____."

Wait (Listener)

1. Listener repeats, "Your problem is _____. It's a problem for you because _____".
2. Check with speaker whether you repeated it correctly. Y N

Think of Solutions (Speaker & Listener)

Who Thought of It?

- | | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

What Could Happen if I Try This Solution?

	Speaker	Listener
1.		
2.		
3.		
4.		

Rate Solutions (give them +'s or -'s)

Speaker	Listener	
1. _____	1. _____	Choose a solution: _____
2. _____	2. _____	
3. _____	3. _____	
4. _____	4. _____	

Say What You Will Do

(Who) _____ will do (what) _____
 (when) _____.
 How long will we try this solution? _____

Result

When was it first tried? ____/____/____

Appendix D Meal Routine Protocol

Family: _____ DCFS ID# _____

Phase:	B	TX	MT					
Date:								
Observer:								
Parent:								

1. Parent supervises throughout routine					
2. Parent assists with helping children wash hands					
3. Parent gives reminder					
4. Parent assists children with helping out during or after meal					
5. Parent provides food and/or drink					
6. Parent engages in discussion during meal					
7. Parent uses redirection technique					
8. Follow non-preferred with preferred activity					

Appendix E Morning and Evening Routine Protocol

Family: _____ DCFS ID# _____

Phase:	B	TX	MT					
Date:								
Observer:								
Parent:								

1. Parent supervises throughout routine					
2. Parent assists with waking up or going to bed					
3. Parent gives reminder					
4. Parent assists children with getting dressed-					
5. Parent provides food and/or drink					
6. Parent assist with bathing					
7. Parent assists with brushing teeth					
8. Parent ensures materials are ready					
9. Parent uses redirection technique					
10. Follow non-preferred with preferred activity					

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