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Teaching Conflict Resolutions Skills to Parents with a History of Psychiatric Diagnosis and Marital Discord

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TEACHING CONFLICT RESOLUTION SKILLS TO PARENTS WITH A HISTORY OF PSYCHIATRIC DISORDERS AND MARITAL DISCORD

by

Levon Johnson Jr.

B.S., Southern Illinois University Carbondale, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
Master of Science

Behavior Analysis and Therapy

In the Graduate School

Southern Illinois University Carbondale

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RESEARCH APPROVAL

Teaching Conflict Resolution Skills to Parents with a History of Psychiatric Disorders and
Marital Discord

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Levon Johnson Jr.

A Research Paper Submitted in Partial

Fulfillment of the Requirements

for the Degree of

Science

in the field of Behavior Analysis & Therapy

Approved by:

Dr. Brandon Greene, Chair

Graduate School
Southern Illinois University Carbondale
July 2, 2012

AN ABSTRACT OF THE RESEARCH PAPER OF

LEVON JOHNSON JR., for the Master of Science degree in BEHAVIOR ANALYSIS AND THERAPY presented on August, 2012, at Southern Illinois University Carbondale.

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The present study involved teaching conflict resolution and child management skills to a couple experiencing severe marital discord and serious challenges raising their two children. The mother had been diagnosed with a variety of mental health disorders including, depression, anxiety and bipolar disorder. The couple had a history of failing to supervise and manage their two adolescent children's behavior. Training was undertaken at certain times of certain days and unannounced probes were undertaken on other days to determine if these skills were generalizing to days staff were not present.

The parents were trained in conflict resolution skills and on how to render childcare and supervision in the course of the family's daily routine. Assessment of supervision and child management consisted of directly observing the family during in-situ observations at the family home during daily routines on both announced and unannounced visits. Conflict resolution skills were assessed during parent role-plays around areas of potential conflicts. Training entailed staff providing parents with a variety of written materials that outlined the steps required to present, discuss and resolve conflicts diplomatically. Role-plays were also performed by staff to demonstrate how to complete steps within the routine. Training in connection with child management included written materials, which described how to engage and supervise the children in appropriate activities. Training also included modeling by staff, rehearsal by the

parents while being shadowed by staff, and feedback. Staff conducted announced visits with the family as well as unannounced visits in order to determine if these skills were generalizing. The results suggest that although both parents mastered the daily childcare routine and conflict resolution protocol, they failed to generalize during times when staff was not scheduled to be present.

Keywords: mental health disorders, conflict resolution

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CHAPTER 1

INTRODUCTION

It has been estimated that between 21% and 23% of families have a parent who is diagnosed with a mental illness (Reupert & Mayberry, 2010). While each individual with a mental illness may be affected differently, these families are much more likely to experience an increased risk for their children psychologically, genetically, socially and environmentally as well as encountering marital conflict and financial difficulties. Mental illness involves a wide variety of psychiatric symptoms that functionally impair an individual's ability to learn, interact and adapt with the rest of society. Epidemiological studies have shown that one in five adults will experience a mental illness during some time of their lives.

Child Abuse and Psychiatric Problems in Adulthood

Data collected from a large sample of health maintenance organization members indicated that a history of "adverse childhood experiences" (ACE), such as having a parent with a mental health problem, is common among adults with emotional childhood problems (Center for Disease Control and Prevention (2010). Having a family member with a mental illness affects the family structure in a variety of ways and may require intervention in order to effectively care for that individual (Reupert et al., 2010). Some of these interventions may include, being educated on the severity of mental health illness, being trained on providing daily care, as well as being taught problem solving skills.

Research suggests that children with parents with mental illness are at risk for psychiatric and behavioral problems (Mowbry, Brbee, Oyserman, MacFarlane & Bowersox, 2006). Mowbry et al. (2006) found that when normative samples were taken by children's whose mothers did not have a mental health diagnosis compared to those kids with mothers with a diagnosis, children's

who had a parent with a mental health problem were more likely to have emotional and behavioral problems or psychiatric diagnosis themselves in adult life.

Along with psychiatric diagnosis and behavioral problems, there is convincing evidence that has found a higher incidence of mental health problems among adults who were sexually abused as children compared to normative samples who were not sexually abused. It was reported that individuals who were exposed to abuse had significantly higher psychosocial and total disability scores on standardized questionnaires, laboratory pain perception tasks and structured interviews, compared to individuals who had not been exposed to abuse. In the United States, it was estimated that 11-62% of women and 3-39% of men were victims of sexual abuse as a child (CDC, 2010).

O'Leary, Chooher & Easton (2010) examined the relationship among children who disclosed information on being sexual abused as a child and the mental health symptoms they have encountered during adulthood. The study investigated whether telling someone the abuse occurred and discussing it in more depth during childhood moderated the relationship between severe abuse and mental health symptoms. A total of 172 adults who stated they had been sexually abuse as children participated. They were asked to report if they had experienced any guilt, sadness or sense of helplessness since their encounter with sexual abuse. They were then asked how often the abuse typically had occurred and if they told someone about the encounter. Results suggested that the younger the respondent was when they first encountered the sexual abuse, the greater number of mental health symptoms the respondent reported as an adult. Results also showed that respondents who had been sexually abused more frequent also reported to have more mental health symptoms as an adult. If the victim told someone about the abuse at the time which the abuse occurred, it was related to more mental health symptoms; however

discussing the abuse within a year or more was related to fewer symptoms. These results suggest that disclosing information around sexual abuse during childhood may be very important in further study on mental health and the effect that it can have on adults.

Spila, Makara, Kozak & Urbanska (2008) compared the intensity of abuse experience during childhood among mentally ill, the somatically ill, and healthy people. The results suggested that abuse of children leaves a permanent trace, becoming a risk factor for occurrence of mental disorders in adult life. Tonmyr, Jamieson, Mery & MacMillian (2005) examined the association between childhood adverse experiences and disability due to mental health problems in a community sample. They found that women who were abused during childhood reported disabilities due to mental health problems more often than women who did not report exposure to abuse.

Tonmyr et al (2005) found that out of a province-wide community sample of 4230 females between the ages of 15-64, approximately 3% identified themselves as having a disability due to mental health problems. These were all reported to be due to physical, sexual and emotional abuse as well as their parent's psychiatric disorders. Along with emotional and behavioral problems, children whose parents had a psychiatric diagnosis also had an increased mortality rate, a higher rate of developmental problems, and a greater likelihood of becoming more injury prone due to over medicating (Bassani, Padoin, Philipp & Veldhuizen, 2009). For example, children with parents with depression, schizophrenic or bipolar diagnoses have a much higher risk to developing the same condition as their parent in their adult life.

The relationship between childhood exposure to an individual with a psychiatric diagnosis and the effects on the child's adulthood has been examined in a number of studies (e.g. Spila et al., 2008; Chang, Rhee, Berthold, 2008; O'Leary et al., 2010). Mowbry & Mowbry

(2006) examined psychosocial outcomes from a sample of adults whose mothers all had been diagnosed with major depression and bi-polar disorder. The main purpose was to determine the risk factors the adult children experienced while growing up with a mother with a mental health diagnosis. The results suggested that the risk factors the adults frequently experiences were serious injuries to parents and other family members as well as encountering trouble with law enforcement.

The Center of Disease Control and Prevention (2010) analyzed information taken from 26,229 adults in five states using a behavioral risk factor surveillance system (BRFSS). The BRFSS was a surveillance system operated by the state health departments, in combination with the CDC. Interviewers collected information from U.S. residents who had landline phones. There were eleven interview questions regarding verbal abuse, physical abuse, sexual abuse, mental illness and marital discord etc. The results indicated that an average of 59.4% of the respondents reported having at least one aversive childhood experience (ACE) and another 8.7% reported having 5 or more ACEs. These data suggested that respondents with lower educational attainment were significantly more likely to report five or more ACEs compared with those with higher educational levels.

Marital Discord and Child Rearing

Along with a history of child abuse and neglect, individuals with a mental illness are also at risk of encountering problems within their romantic relationships. Although married individuals often report being healthier than single individuals, marital conflict is associated with poorer health (Fincham, 2003). Fincham (2003) estimated that over 30% of married couples in the United States had encountered physical aggression with 10% of those being exposed to injury. These conflicts are also associated with other family problems between and among

parents and children. There has been convincing evidence that has shown marital discord being a key component associated with children's aggressive behaviors and emotional problems (Webster-Stratton & Hammond, 1999).

Marital Conflict and Child Management

Webster-Stratton et al (1999) hypothesized that "a couples negative conflict management skills is the key variable in marital relationships contributing to the development of conduct problems and to the way children learn to communicate and manage conflict with their parents and peers" (p. 918). Mothers of children with behavior problems have reported the effects of marital conflicts. However, these reports may be biased due to the fact that marital distress and depression influence how they perceived their children. Marital conflict may also cause parents to use harsher permissive or inconsistent parenting. Research has established a link between marital discord and physical punishment of children that is more frequently than those parents without marital discord (Knoy, Ulku-Stiner, Cox & Burchinal, 2003)

Knoy et al (2003) looked at the relationship between the use of physical punishment of children, marital conflict and adult hostility. Couples were followed longitudinally in order to investigate the impact of marital conflict and individual hostility on physical punishment of young children. Parents were observed during the mother's 6th and 8th months of pregnancy. They were assessed in the home and were interviewed and videotaped completing a marital problem solving task. In the task they were asked to discuss and attempt to resolve an issue that was currently a disagreement in their own relationship. Measures were taken of the parent's hostility, marital conflict and physical punishment. The hostility subscale of the Neuroticism Component of the NEO Personality Inventory (Costa & McCrea, 1985) was used to measure the parents' hostility levels while videotaped observations of the family resolving a problem were

used to code the marital conflict using interactional dimensions coding system (Knob et al., 2003). Physical punishment measures were taken during interviews conducted after the 2nd and 5th year. The interview consisted of open ended questions about their relationship, interactions with their children, their parenting strategy and methods which they used to discipline their child. Results showed that most parents reported using physical punishment at both 2nd year and 5th follow ups. The level of marital conflict increased sharply from prenatal period through the 5th year for both mother and father. Other findings indicated that parents who scored high on levels of prenatal hostility used higher rates of punishment than those who scored lower on levels of prenatal hostility.

Problem Solving and Conflict Resolution Training

There are a limited number of studies in the literature which specifically involves training parents with mental health diagnoses, marital discord and a history of abuse and neglect (e.g. Baucom et al., 1998). However, many studies have examined the importance of effectively being able to communicate and resolve conflict (e.g. Reupert et al., 2010; Johnson et al, 1985; Webster-Stratton et al., 1999; Markman et al., 1993; Webster-Stratton et al., 2001; Webster-Stratton, 1994).

While marital programs may be effective in reducing marital discord, therapy may be too late to resolve conflicts that have been damaging the relationship for years in some cases (Markman, Renick, Floyd, Stanley & Clements, 1993). Since the 1970's there has been a shift in knowledge on the effectiveness of family based interventions for treating adults with mental health diagnosis. Baucom, Mueser, Shoham, Daiut & Stickle, (1998) evaluated the efficacy, effectiveness and clinical significance of empirically supported family interventions for treating marital distress with mental health diagnosis. Baucom et al. 1998 found that couples with a

depressed partner have been mostly treated using behavioral marital therapy (BMT) which has served as a focus of more than two dozen controlled studies. The BMT approach focuses on the couple's need to develop basic skills on understanding their interactions to improve their marriage. These skills consist of teaching couples how to communicate with each other and solve problems more effectively as well as providing couples with assistance on creating behavioral change to increase pleasant interactions (Baucom et al., 1998).

Markman et al, (1993) evaluated the effects of a marital distress prevention program, Prevention and Relationship Enhancement Program (PREP), which emphasized communication and conflict management training. During pre-assessment, couples had two 2-hour sessions weekly. At this time couples were interviewed, completed questionnaires, and participated in two 10- to 15 minute long videotaped problem solving interaction tasks. They were then instructed to discuss one of their top three relationship problems they had identified from a Relationship Survey completed during initial assessment. Those couples who were a part of the intervention group were trained on the PREP which was designed to train techniques (e.g. active listening and expressive skills, separating problem discussing from problem solving) and principles designed to help them manage negative affect. Couples received feedback throughout from consultants including feedback on videos of their interactions. Post assessments were conducted at 1.5, 3, 4 and 5 year follow-ups and consisted of having the couples return and completed the same set of questionnaires as done in pretest. Results showed that those couples who were a part of the intervention program appeared to have a significant advantage in communication and conflict management up to four years after treatment. At the three year follow up, couples showed a much greater use of communication skills, positive affect, more problem solving and more support than those in the control group. Conflict resolution training has also showed its utility in

improving the ability of parents with a history of domestic violence to communicate and care for their children (Pastrovich, 2010).

Pastrovich (2010) assessed parent's communication, conflict resolution and child care skills using a parent communication and conflict routine protocol. The communication protocol consisted of elements around the parents delegating childcare and household tasks between one another, following through with plans, maintains positive interactions and refraining from evaluating each other's suggestions. The couple was also taught strategies for resolving conflicts. That protocol involved the parents stating the problem, generating solutions and rating the solution. During initial baseline assessments, Pastrovich (2010) assessed parent's ability to independently resolve hypothetical conflicts. During training, the experimenter described the areas which would be assessed and trained. Individual and couple role-play scenarios were conducted, which consisted of providing the couples with conflicts to resolve together. Parents received feedback from staff at the end of each session informing them whether they completed the routine successfully or needed improvement. The parents ability's to manage daily routines and their communication skills were also observed during sessions when their children were present. Results showed that couples with a history of domestic violence were capable of learning to resolve conflict and improved their ability to manage daily routines with training.

Webster-Stratton, Reid & Hammond (2001) looked at the efficacy of an "Incredible Years Dinosaur Social Skills and Problem Solving Curriculum" in training children with early-onset conduct problems on problem solving and positive social skills. Though slightly different than the adult programs, the program addressed interpersonal difficulties typically found in kids ages 4-8 who have conduct problems, a lack of social skills and problem solving ability as well as an inability to empathize (Webster-Stratton, 2001). Webster-Stratton et al (2001) randomly

assigned families to either child training or control conditions. Control group participants received no training for 9 months. Control group was then reassessed and were then offered intervention. Child training conditions consisted of video tape modeling where children watched vignettes of other children coping with various stressful situations in a variety of ways. Children then discussed each vignettes and practiced acceptable ways in coping with situations which they frequently themselves encountered. Role plays and homework assignments were also used which consisted of key concepts and newly acquired skills. Families were assessed prior to treatment 2 months following treatment and 1 year following treatment. Results indicated that the Dinosaur Child Social Skills and Problem Solving program was successful in producing statistically significant improvements in child conduct problems and their social problem solving strategies. Parent and teacher reports indicated that positive changes occurred at the home and in the classroom which resulted in behavior generalization across settings.

Behavioral Parent Training

Behavioral family interventions, derived from contingencies involved in parent-child interactions, consist of training parents in child management strategies (Taylor & Biglan, 1998). Research has demonstrated that factors such as parent depression, marital conflict, and poverty all influenced the parenting behavior of parents, which it turn influenced the child's behavior. Research has also suggested that marital distress, negative parental affect, disagreements over child rearing and ineffective marital communication was associated with children's behavior disturbances (e.g. Mowbray et al., 2006; Webster-Stratton et al., 1999; Webster-Stratton, 1994). These findings showed the importance of parental affect and marital communication and there effect on child rearing. Dadds, Schwartz and Sanders (1987) demonstrated that couples who were high or low in marital discord showed similar levels of improvement from child

management training. These findings suggested that child management training should still be implemented even though the parents themselves may not have a positive relationship with each other. Parent training programs have been the single most successful treatment approach for reducing behavior disorders such as oppositional defiant disorder and conduct disorder in children (Webster-Stratton et al., 2001).

Project 12-Ways is a behavioral training program that provides an ecobehavioral approach to parents with histories of abuse and neglect. The mission of project 12-Ways is to train these families with a history of abuse and neglect positive child management skills, so that the children may remain in tact with the family or be reunified. Project 12-Ways works with families that have custody of their children, as well as with those whose kids are currently under the care of other care providers (e.g. foster care) (Greene, Norman, Searle, Daniles, & Lubeck, 1995) .

Families are typically referred to Project 12-Ways by a Department of Child and Family Services (DCFS). To be considered eligible for services, families must meet guidelines under Title XX rules and must reside in one of the counties in which services are provided. Most families have indicated reports due to abuse and neglect, while some cases are prevention cases. A prevention case typically means that either the parents or the DCFS case manager finds that the family could benefit from services due to an inability to manage their children's behavior or an inability to interact with their children appropriately.

Project 12-Ways provides direct training to teach the parents and the children appropriate ways to interact and teaches parents positive child management strategies to create a successful family environment. Other skills that are trained may include but are not limited to safety and supervision of the children, problem solving, conflict resolution, potty training, environmental

safety, health and nutrition, assertiveness, budgeting (Greene et.al., 1995). Each family is initially assessed and routines and trainings are individualized based on family needs.

Current Study

The purpose of the current study was to train conflict resolution skills, along with other childcare routines and to determine if these skills were carried out during times when staff was not present. Staff conducted scheduled visits with the family as well as “unannounced” visits in order to determine if these skills were generalizing. The family was instructed during unannounced visits to carry out daily life as though staff were not present. No demands to interact or to manage children’s behavior were placed on the family during these visits.

CHAPTER 2

METHOD

Participants

The participants were a Southern Illinois family consisting of Cally, a 32 year old mother, her husband Joe, age 49, and their kids Britt, age 9 and Peter, age 8. Cally and Joe had been married for 10 years, but together as a couple for approximately 14 years. The family had been referred to Project 12-Ways through the Department of Child and Family Services (DCFS) as a prevention case. The caseworker reported that the children were out of control, and that the parents had no idea how to control them. She was concerned that their interactions presented a risk of harm to each other.

Cally claimed that Joe had physically mistreated both her and the children. Cally also reported having been sexually exploited as a child by close family members.

Cally had an extensive history of mental health problems. She had been diagnosed as having bi-polar disorder, borderline personality disorder, post- traumatic stress disorder, anxiety and depression. She had been prescribed Cymbalta, Synthroid, Zantac, Abilify, Effexor, Lamictal and Trazadone. Cally took Cymbalta, Effexor and Zantac sporadically from the beginning of services, and Synthroid, Abilify, Lamictal and Trazadone were prescribed as services progressed.

Joe reported that his childhood involved abuse from his step father. He had two other children from previous marriages. He had relinquished one child for adoption while the other, was in the care of her birth mother whom Joe had frequent contact with.

Cally attributed most of the couple's conflict from Joe not interacting with the family and his methods of disciplining the children. Joe attributed their conflicts to Cally cheating on him on several occasions.

Britt was diagnosed with attention deficit hyperactive disorder (ADHD), dyslexia and obsessive compulsive disorder. Britt had been prescribed Risperidone and Concerta. Parent's reported that she occasionally complied with Cally's instructions but resisted to comply with Joe's instructions.

Peter was diagnosed with bipolar disorder, ADHD, oppositional defiant disorder and was developmentally delayed according to according to DCFS initial assessment. He has been prescribed Aderol, Resperidol and Zoloft. Parents reported that he often threatened to commit suicide, and that he was "out of control." Throughout services, Peter appeared to be encopretic, i.e. he frequently soiled his pants, and engaged in several problem behaviors.

Setting and Materials

The current study took place in the family's home, a two bedroom house in Southern Illinois, and at local parks in the family's neighborhood.

Materials used for assessing family interactions consisted of a RCA Digital Voice Recorder. The recorder was a 60 minute recording consisting of 10 second observation intervals and 10 second record intervals. The voice recorder was used to guide the experimenter in recording family interactions such as verbal utterances, touches, instructions, compliance, physical aggression and negative motors.

Target Behaviors and Definitions

Several task analyses were developed in order to assess the parent's ability to engage their children in appropriate activities while supervising them throughout the process, in addition, the nature and the quality of parent's interactions between each other and their interactions between the children were assessed during time in. Finally, assessment of the parents ability to communicate with each other, solve problems, and resolve conflicts were undertaken.

Family Meeting. Family meeting task analyses were developed to assess the parent's collaboration with the kids on coming up with an activity to engage in during the family session as well as to inform the kids of the rules and expectations of the chosen activity. The task analysis consisted of eleven steps. A summary of the components of this routine is provided in Table 8.

Time in. Time in task analyses was developed based off concerns of the family, caseworker and Project 12-Ways staff. Most steps throughout this routine consisted of child management steps such as: ignoring inappropriate behavior, using redirection when necessary, acknowledging when the kids were behaving appropriately and engaging the kids with an activity. A summary of the components of this routine is provided in Table 9.

Supervision. The Safety and Supervision and Supervision Communication task analyses assess the parent's ability to supervise their kids, their ability to ensure that their kids are safe and lastly assess if the parents are aware of the location of their kids at all times. The supervision communication provides steps consisting of knowing the correct contact information as well as knowing the names of the parents of children that their kids were playing with. A summary of other components of the Safety and Supervision routine is provided in Table 10. Examples of supervision communication routine are provided in Table 11.

Communication. Parent Communication protocol was developed in order to assess the parent's ability to communicate positively with each other without evaluating each other's decisions in parenting. Steps throughout the protocol consisted of following through with delegated task. This task may consist, but are not limited to: one parent cooking dinner while the other parent interacts with the kids, or one parent cooks and the other parent cleans up. Examples can be found in Table 12.

Problem Solving. Problem Solving Protocol contains 7 major components in resolving a problem along with 21 subcomponents. The major components entail the individual to state the problem, come up with solutions, identify positive and negative results of the solutions, rate the solution, come up with a plan for the solution and state when the solution will be implemented. Appendix H contains the problem solving worksheet which the parent who had a problem to address would use to solve the problem.

Conflict Resolution. The conflict resolution protocol includes a variety of target behaviors for both speaker; the individual whom is presenting the problem, and the listener. The speaker has a possible of 17 target behaviors, the listener has 15. The protocol includes steps consisting of having the speaker state the problem, state why it is a problem and collaborate with the listener in order to generate solutions on solving the problem. Other targets can be found in Appendix J.

S.O.F.I. Systematic observation of family interactions (S.O.F.I.) is an assessment tool used to assess the quality of interactions amongst family members in several dimensions (Gould, Grskovich, & Greene, 2011). S.O.F.I. consists of observing several components of both parent and child's interactions. Some dimensions consist of the individual's verbalizations, their affect, touch, and child management. S.O.F.I. looks at both the verbal interactions of the parents and the kids. Parent's and kid's interactions consist of 7 behaviors each.

Parent behaviors

Positive verbals. Positive verbals consist of any statement, comment, laughter, request or response. In order for a verbal to be considered positive, the affect in which it is stated must be positive as well. For example, if a parent stated "wow, you look like an idiot" in a sarcastic tone, that would be both negative verbal and negative affect.

Negative verbals. Negative verbals are a statement, comment, requests or noise made towards a child even if the parent isn't directly present at the time. Negative verbals also consist of repeatedly calling a child's name, repeating an instruction or repeatedly denying a child's request repeatedly, i.e. "no you may not have ice cream, I said no."

Positive affect. Positive affect is the modulation in a parent's voice that is positive and calm with no attributes of negative affect.

Negative affect. Modulation in adult's voice that is indicative of negative emotion.

Positive touch. Positive touch consists of any direct or incidental physical contact between parent and child. Could also be contact of the clothing in an affectionate and caring manner.

Negative touch. Any direct physical contact made by adult to child that is rough, painful or confining.

Instruction. An imperative command stated with positive or negative affect that directs the child to engage in a preferred behavior and doesn't reference the child's inappropriate.

Children's behaviors

Positive verbals. Any statements, comments, questions, answers to questions by the child directed to the parent, adult, sibling that do not qualify as negative verbal.

Negative verbals. Any defiant, socially unacceptable comments, vocalizations or disrespectful statements uttered by child. This also includes yelling, crying, whining and cussing. Negative verbals may also consist of threatening comments or calling a person who is present a disrespectful name,

Positive touch. Positive touch consisted of any direct or incidental physical contact between parent and child or their clothing in an affectionate non-threatening manner.

Negative motor. Nonverbal actions by the child that are inappropriate or dangerous for a given routine or activity. This may include, but is not limited to the misuse of an object that may impair the objects intended function. An example of this may include a kid kicking a couch.

Physical Aggression. Any physical contact or gesture to make such contact with or towards any person or animal in a manner likely to cause harm.

Compliance. After an instruction is given by the parent or adult, the child begins to make and attempt to begin the requested behavior within the interval the instruction was provided, or the following interval.

Observation and Recording

Family Meeting. Scheduled family sessions lasted between 75 and 90 minutes a week.

Observations of the family meeting routine began shortly after staff's arrival when the parents would gather all kids who were present in the living room or porch. The family meeting routine was scored using protocol found in Appendix 1.

Time in. Observations of the time in routine were conducted throughout the session after the family meeting was conducted using the protocol in Appendix 2.

Supervision. Safety and supervision was scored using Appendix D throughout each family session. Supervision communication was observed only per opportunity. This routine was only scored during instances when a kid was not at home, or, the kids were leaving the family home. For example, if a kid was getting ready to leave the home to go to a friend's home, staff would observe the parent to determine if they performed any of the behaviors provided in Table 11. If

the kid was already absent when staff arrived, staff would ask one of the parents the steps provided in Appendix E i.e., “What time is Peter supposed to be home?” “What happens if he doesn’t come home in time?” Do you have the parent’s contact information?” Staff used Appendix E in recording supervision communication.

Communication. Observations of the parent communication routine were conducted throughout the entire family session when both parents were present using data sheet provided in Appendix F. This routine assessed the parent’s interactions with each other while parenting.

Problem Solving. Assessment of the parent’s ability to solve problems was done using the data sheet provided in Appendix G. At random, staff asked a parent if they had any problems going on in their life. Staff would then wait for a parent’s response. If the parent stated a problem, staff would then wait for the parent to state why it was a problem and how he or she planned on solving that problem. If the parent only stated a problem but didn’t state why this was a problem or state a solution for the problem, staff would continue on with the session.

Conflict resolution. Conflict resolution assessments were conducted once weekly, independent of regular family sessions. Staff used data sheet provided in Appendix I while parents used worksheet provided in Appendix J. Both parents gathered in the kitchen at the table with two staff members, one staff member to assist one parent, the other staff member to assist the other during role play. Conflict resolution consisted of parent’s role playing of two types of scenarios, hypothetical and sensitive real life conflicts (table 14). Hypothetical scenarios were derived from problems that staff had not heard the family encounter. These conflict scenarios were for the parents to use in order to practice the skill in resolving conflicts.

Staff scored each step of the conflict resolution routine correct with a “+” if the parent completed the step independently, or with the assistance of the other parent. Staff scored the step with a “-” if the parent failed to complete the step.

Interobserver Agreement

All observers were graduate assistants working for Project 12-Ways. Observers consisted of students in the Behavior Analysis and Therapy (BAT) Master’s program. All observers completed training on using the assessments prior to beginning the experiment. Training consisted of video observations and scoring the routines independently, then comparing their data with staff’s data that were previously trained in the routine. Videos were previously recorded during a family session. These videos consisted of several families engaging in various behaviors, i.e. talking, interacting and engagements during play time or a meal routine. Staff were required to score family interactions using the data sheets provided. Reliability checks were performed after each clip. Staff reached reliability when they reached 80% of agreement across behaviors with at least two families. A total of four observers were used during data collection

Two staff members independently scored all routines during the family sessions using the appropriate data sheet for that particular routine. Interobserver agreement for the task analysis was calculated by dividing agreements by the agreements plus disagreements which then as multiplied by 100%. Interobserver agreement can be found for all routines in tables 15-23.

Experimental Procedures

Baseline (BL). During baseline, staff informed the family that they would first assess how the family typically interacts. Staff positioned themselves near the family throughout the session in order to observe the family’s interactions.

Problem solving protocol was completed during family sessions. Family sessions typically occurred in the evening after the kids were out of school typically between 5 and 7pm. During Problem Solving baseline observations, staff asked parents during the session if they were experiencing any problems in their life. Staff then gave the parents the opportunity to present a problem. If no problem was presented, staff then moved forward with the session. If the parent presented a problem, staff used the data sheet presented in Appendix G to score the parents ability to solve problems. No other information was given to the parents.

Conflict resolution protocol was assessed independently from the scheduled family sessions. During baseline for the Conflict resolution protocol, both parents were seated at the kitchen table and were asked to discuss a problem which staff presented to them. Staff presented a conflict and asked the parents to resolve it. Conflicts were derived from areas that staff had observed the family having difficulty with (e.g. supervising the children, delegating parenting task between each other, child management techniques). Staff presented the conflict, and instructed the parents to resolve the conflict. Staff ended the session after several minutes passed without any discussing of the conflict or if the parents stated that they were done solving the problem. Conflict resolution sessions were independent of regular family sessions and typically lasted 1 hour.

Training (Tx). During training, staff informed the family of areas of concern, especially around the areas of supervision and conflict resolution. The parents were provided written descriptions what should occur during each routine (time in, family meeting, safety and supervision, and parent communication). These were simple descriptions of steps from the task analysis staff used to score the parent's skills. Examples included making sure the children were

within view at all times, interact with the children, ignore inappropriate behavior, use redirection when applicable etc.

At the start of each session, staff informed the parents of their expectations for the day. During initial training, staff assumed the role of the parents. That is staff engaged the children in a variety of activities, i.e. soccer, football, and kickball to model expectations to the parents. Staff gradually faded the parents into the activities and provided feedback and prompts throughout the sessions. For example, if a parent was continuously acknowledging inappropriate behavior; staff would prompt the parent to ignore the behavior and to redirect the kids to another activity. Staff began to gradually fade out of playing the role of the parents, but assisted in providing brief models when needed.

Conflict resolution training initially involved staff sitting with both parents together at the kitchen table. Staff discussed each target behavior (Appendix J) and provided the parents with verbal examples of what the behavior entailed.

After discussing each step, two staff role played a scenario. Parents were asked to observe and score each staff's performance based off the behaviors that was previously discussed. Parents were asked to identify what staff did correctly incorrectly.

After these role plays, parents were given a hypothetical scenario of a problem conflict themselves to role play. An example scenario was "I'd rather use bleach instead of detergent," and "you are driving is too fast." These conflicts were generally benign and not intended to be reflective of conflicts that were sensitive for the family. These were used to simply get the parent's familiar with the rehearsal of the steps of resolving actual conflicts. Staff provided feedback, and prompts on the parent's progress as well as informed them on steps they missed throughout the routine.

Real life scenarios were developed by taking reports from the parents as well as conflicts staff heard throughout the family sessions. Staff then created a hierarchy which listed conflicts that were least to most sensitive according to the parents. This was done to ensure the parents maintained the skill in resolving conflicts before moving on to more sensitive conflicts. The criteria for moving to real life scenarios conflicts was that both parents had to demonstrate their ability to get complete all steps of the routine independently without assistance from staff. If one parent independently completed the conflict resolution routine but the other did not, the parents were re-presented the scenario again until they both completed the routine at 100% criteria.

Maintenance (MT). During this condition, no feedback was provided to the parents during the routine which it applied. For example, if Parent Communication routine was in maintenance, no feedback was provided regarding the parents interactions with each other. The parents were informed of their training goal being met and were told to remember the expectations that they'd been previous trained on.

Unannounced. Unannounced or unscheduled visits were similar to those in baseline condition. Unannounced visits were conducted at random throughout the week. No demands were placed on the parents during the visit, and they were informed to do whatever they would be doing during staff's absence. Unannounced visits were conducted in order to assess if the family was using the skills provided during training sessions in sessions when staff was not scheduled to be at the family home.

Experimental Design

The current study implemented an ABC withdrawal design. Condition (A) being baseline, (B) parent training, and (C) maintenance. Generalization probes or “unannounced visits” were done on days which staff was not scheduled to be at the family home. Probes took

place typically afterschool between the hours of 5 and 7pm. Probes consisted of interactions around child management, supervision, communication and parent child engagements.

CHAPTER 3

RESULTS

Family Meeting Routine

During initial baseline observations, Cally and Joe were limited in the extent to which they effectively managed their children's behaviors. During times the children behaved appropriately, the parents failed to acknowledge the children, but when the children behaved inappropriately the parents provided attention in the form of reprimands, cursing and threats. During training sessions, staff prompted both Cally and Joe to sit down with the children prior to engaging in an activity and to review the rules and expectations for the evening. They were also told to ignore yelling, screaming, swearing and to acknowledge when the children were behaving appropriately and to supervise them. During unannounced sessions, staff did not tell the parents or direct family member's to interact with each other. The family was instructed to carry out their day as though staff were not present.

Figure 1 presents the results for the extent to which Cally completed the steps of the Family Meeting Routine. During baseline, Cally completed 0% of the steps. During training, Cally completed an average of 84% (range 40%-100%) of the steps. During unannounced sessions, Cally completed an average of 36% of steps.

Figure 2 presents the results for the extent to which Joe completed the steps within the Family Meeting routine. During baseline, Joe completed 0% of steps. However during training, Joe completed an average of 64% (range 0%-100%) of steps. During a maintenance session, Joe completed 73% of steps. It should be noted that there was only one maintenance observation of the Family Meeting Routine for Joe. During unannounced sessions Joe completed an average of 33% (range 0%-56%) of the steps. This average was a 31% decrease compared to training sessions.

Time-In Routine, G.A.P.S and S.O.F.I.

Figures 3,13, 14, and 15 present the results for the extent to which Cally completed the steps within the Time in Routine, G.A.P.S and S.O.F.I. data. During baseline, Cally completed an average of 0% of the steps on the Time in Routine. Cally's average G.A.P.S score was 1 during baseline. During baseline observations, Cally had 13% of intervals containing positive verbal's with 52% containing negative verbals. Cally had 48% positive affect and 52% negative affect, and gave instructions during 7% of the intervals. During training, Cally completed an average of 84% (range 40%-100%) of the steps within the Time In Routine and had an average G.A.P.S score of 4 (range 1-5). During baseline and at the beginning of training, Cally was observed yelling, being punitive and used profane language constantly with all family members. She also used threatening techniques when attempting to manage the children's inappropriate behaviors.

During training, Cally had 59% (range 28%-95%) of the intervals containing positive verbals with 1% (range 0%-7%) containing negative verbals. Cally also had 99% (range 83%-100%) positive affect and 1% (range 0%-17%) negative affect during training along with giving 2% (range 0%-16%) instructions.

During unannounced sessions when no instructions were given to the family, Cally completed 63% (range 14%-97%) of the Time in Routine steps with a G.A.P.S. score average of 2 (range 1-4). Cally had 61% of intervals (range 13%-97%) with positive verbals and 9% of intervals (range 0%-42%) with negative verbals during unannounced visits during training. Cally had positive affect in 96% (range 84%-100%) of intervals, 4% of intervals (range 0-16%) with negative affect and 4% (range 0%-17%) with instructions. During unannounced sessions during training, Cally's positive verbals increased by 2% compared to announced sessions. It should be

noted that more intervals were observed during unannounced sessions compared to scheduled training sessions because staff did not interact with Cally and Joe during unannounced sessions.

During maintenance Cally completed 98% (range 93%-100%) of steps within the Time in Routine and had an average G.A.P.S. score of 4. During training there was a 14% increase in steps completed compared to training sessions. Cally had 67% (range 53%-77%) of intervals containing positive verbals with 0% negative verbals. Cally also maintained 100% affect with 0% negative affect and gave instructions 5% (range 0%-11%) of intervals. Cally's positive verbals increased by 18% compared to training sessions and 54% compared to baseline.

Figures 4,13, 14, and 15 present results for the extent to which Joe's completed steps within the Time in Routine, G.A.P.S and S.O.F.I. data. During baseline, Joe completed an average of 0% of the steps on the Time in Routine. Joe's average G.A.P.S score was a 1 during baseline. During baseline observations, Joe had 2% of intervals which contained positive verbals and 5% containing negative verbals. Joe had 71% of intervals with positive affect and 29% of intervals with negative affect and gave instructions during 5% of the intervals.

During training, Joe completed an average of 71% (range 0%-100%) of steps within the Time In Routine and had an average G.A.P.S score of 3 (range 1-5). During training, Joe had 44% (range 3%-70%) of the intervals containing positive verbals with 3% (range 0%-13%) containing negative verbals. Joe also had 98% (range 67%-100%) of intervals with positive affect, 2% (range 0%-33%) with negative affect during training and gave instructions 4% (range 0%-19%) of intervals.

During unannounced sessions when no instructions were placed given to the family, Joe completed 57% (range 14%-90%) of steps within the Time in Routine steps and had a G.A.P.S. score average of 2 (range 1-4). Joe had 24% (range 3%-75%) of intervals with positive verbals,

1% (range 0%-7%) of intervals with negative verbals during unannounced visits during training. Joe had 79% (range 0%-100%) of intervals with positive affect, 1% (range 0-7%) of intervals with negative affect and gave instructions 1% (range 0%-6%) of intervals. During unannounced sessions during training, Joe's positive verbals decreased by 20% compared to announced sessions. It should be noted that more intervals were observed during unannounced sessions compared to scheduled training sessions because staff did not interact with Cally and Joe during unannounced sessions.

During maintenance Joe completed 76% (range 36%-100%) of the Time in Routine and had an average G.A.P.S. score of 3 (range 1-5). During maintenance there was a 5% increase in steps completed compared to training sessions and a 19% increase compared to unannounced sessions. Joe had 16% (range 0%-27%) of intervals containing positive verbals with 0% negative verbals. Joe positive affect decreased to an average of 67% (range 0%-100%) of intervals and maintained decreased to 2% negative affect with 5% (range 0%-11%) instructions. Joe's positive verbals decreased by 28% compared to training sessions and 8% compared to unannounced sessions.

Figure 16,17 and 18 present the results for Britt and Peter. During baseline, Britt had positive verbals in 47% of intervals which 15% of the intervals had negative verbals. Britt also had negative motors in 69% of the intervals and 0% of intervals with physical aggression and 0% of intervals with compliance to instructions. During training, Brenda's positive verbals increased by 2% to 49% (range 0%-69%) of the intervals while negative verbals averaged 7% (range 0%-44%) of the intervals. Brenda's negative motor's also decreased to 1% (range 0%-11%) intervals. Brenda's physical aggression remained at an average of 0% (range 0%-4%) but her compliance rose to an average of 70% (range 0%-100%) of the intervals. During unannounced

sessions, Brenda's positive verbals occurred during 35% (range 0%-83%) of the intervals with her negative verbals occurring during 4% (range 0%-17%) of the intervals. Britt had negative motors during 1% (range 0%-2%) of the intervals average and complied to instructions during 55% (0%-17%) of the intervals.

During maintenance Britt had 70% of the intervals with positive verbals and 7% of the intervals with negative verbals. During maintenance, there was an increase in Brenda's average intervals of positive verbals compared above to training and a 35% decrease compared to unannounced sessions. Britt had complied to instructions 50% (range 0%-100%) of intervals and refrained from engaging in physical aggression and negative motors.

During baseline, Peter had 29% of the intervals containing positive verbals and 19% with negative verbals. Peter also had 93% of the intervals with negative motors, 3% of intervals with physical aggression and 0% of the intervals with compliance to instructions. During training, Peter's positive verbals increased by 18% to 47% (range 5%-85%) of the intervals with a decrease of 8% negative verbals to 11% (range 0%-50%) of the intervals. Peter's negative motor's also decreased to 3% (range 0%-22%) intervals. Peter's physical aggression remained at an average of 0% (range 0%-6%) of the intervals but compliance increased to an average of 59% (range 0%-100%) of the intervals. During unannounced sessions, Peter's positive verbals decreased to 41% (range 2%-74%) of the intervals with negative verbals 4% (range 0%-17%) of the intervals. Peter had a 0% (range 0%-3%) average of negative motors and complied during 67% (0%-100%) of the intervals.

During maintenance Peter had 65% (range 50%-77%) of the intervals with positive verbals and negative verbals during 3% (range 0%-9%) of the intervals. During maintenance, there was a 18% increase in Peter's average intervals of positive verbals compared to training

and a 24% decrease compared to unannounced sessions. Peter complied during 50% (range 0%-100%) of the intervals and refrained from engaging in physical aggression and negative motors. It's important to note that during unannounced sessions, kids were not required to stay home during the visits and were free to leave whenever they wanted. Both Peter and Britt rarely stayed inside the home during unscheduled visits, therefore, there were less observed intervals then during scheduled sessions.

Safety and Supervision and Supervision Communication

Figures 7 and 9 present the results to the extent Cally completed steps within the Safety Supervision and Supervision Communication Routines. During baseline, Cally completed 0% of the steps within the Safety and Supervision routine. Cally completed 43% (range 0%-71%) of steps on the Supervision Communication Routine during baseline. During training, Cally's average steps completed in the Safety Supervision Routine increased by 89% to an average score of 89% (range 63%-100%). During unannounced sessions, Cally's percent of steps completed decreased 32% compared to her training average to 57% (range 0%-100%) on safety and supervision routine, and 45% (range 0%-100%) of steps completed on the Supervision Communication Routine. During maintenance, Cally's average percent of steps completed was 90% (range 0%-100%), which was a 33% increase compared to unannounced sessions and a 1% increase compared to training.

Figures 8 and 9 present the results to the extent to which Joe completed steps within the Safety Supervision and Supervision Communication Routines. During baseline, Joe completed 0% of the Safety Supervision Routine steps. Joe completed 19% (range 0%-57%) of steps on the Supervision Communication Routine during baseline. During training, Joe's average steps completed in the Safety Supervision Routine increased by 78% to an average score of 78% (range 38%-100%). During unannounced sessions, Joe's percent of steps completed decreased

19% compared to his training average to 59% (range 0%-100%) on safety and supervision routine, and 26% (range 0%-57%) of steps completed on the Supervision Communication Routine. During maintenance, Joe's average percent of steps completed was 83% (range 0%-100%), which was a 24% increase compared to unannounced sessions and a 5% increase compared to training.

Parent Communication, Problem Solving and Conflict Resolution

Figures 5, 10 and 11 present results to the extent which Cally completed steps within the Parent Communication, Problem solving and Conflict Resolution routine. During baseline, Cally completed an average of 31% (range 0%-80%) of Parent Communication Routine steps. During training, Cally completed an average of 92% (range 67%-100%) of steps on the routine. During unannounced sessions, Cally's average steps completed on the Parent Communication Routine decreased by 33% to 69% (range 17%-100%) steps completed compared to scheduled sessions. During maintenance, Cally's average steps completed increased to 93% (range 50%-100%) which is a 24% increase compared to unannounced sessions.

During Problem Solving baseline, Cally completed 7% (range 5%-16%) of the steps. During training, 15% of problem solving routine steps were completed. During Conflict Resolution baseline, Cally completed 18% (range 0%-47%) of steps. Most steps missed during baseline consisted of maintaining positive interactions and remaining positive throughout the conversation. During training, Cally completed an average of 91% (range 33%-100%) of conflict resolution steps.

Figures 6, 10 and 12 present results to the extent Joe completed steps within the Parent Communication, Problem Solving and Conflict Resolution. During baseline, Joe completed an average of 21% (range 0%-80%) of Parent Communication Routine steps. During training, Joe completed an average of 83% (range 0%-100%) of steps on the routine. During unannounced

sessions, Joe's average steps completed on the Parent Communication Routine decreased by 21% to 62% (range 0%-100%) steps completed compared to scheduled sessions. During maintenance, Joe's average steps completed increased to 96% (range 50%-100%) which is a 34% increase compared to unannounced sessions.

During Problem Solving baseline, Joe completed 11% (range 5%-16%) of steps. During training, 12% of problem solving routine steps were completed. During Conflict Resolution baseline, Joe completed 11% (range 0%-39%) of steps. Most steps missed during baseline consisted of maintaining positive interactions, remaining positive throughout the conversation, stating what the problem was and not evaluating Cally's problems. During training, Joe completed an average of 79% (range 13%-100%) of conflict resolution steps.

CHAPTER 4

DISCUSSION

The family in this study was referred to Project 12-Ways by the state's child welfare agency (DCFS), due to extreme challenges managing their children and in communicating with each other. The family's challenges in assuring the safety and well-being of the children led DCFS to believe that the children were at high risk for neglect.

Research has shown that there is utility in teaching various populations effective communication skills (e.g. Reupert et al., 2010; Johnson et al., 1985; Webster-Stratton et al., 1999; Markman et al., 1993; Webster-Stratton et al., 2001; Webster-Stratton, 1994). The current study attempted to train parents with a history of psychiatric problems, marital discord, and serious challenges around raising their two children, the skills to resolve conflicts and to render appropriate child care and supervision in the course of the family's daily routine. The results of this study suggested that although the parents could be trained to resolve conflicts and manage their children when staff are present, they failed to use those skills fully at times when staff was not scheduled to be present at the family home.

During the initial assessments, the experimenter assessed the parents' ability to engage and supervise their children as well as their ability to resolve conflicts. Both parents demonstrated deficits in both areas. Both Cally and Joe frequently used profanity and threats towards each other and in the course managing their children, which underscored the necessity for training.

During training, both parents eventually demonstrated their ability to use positive child management and communication skills appropriately while staff were present. The parents even got to the point of requiring little or no assistance at these times. Cally's and Joe's positive

interactions with Britt and Peter increased after training and the inappropriate behaviors of both children decreased, while their appropriate behaviors increased. During training, both parents' ability to supervise the children also increased. During maintenance conditions, Cally continued to engage and supervise the children, but Joe's performance decreased. This could be because no demands were placed on Joe to interact or supervise the children. During training, Joe was instructed to participate in various activities (e.g. kickball, board games etc.) with the children, whereas during maintenance no instructions were given.

During training on the conflict resolution protocol, both Cally and Joe demonstrated the ability to resolve both hypothetical and actual conflicts diplomatically. Staff observed a resistance from Joe when discussing the most sensitive conflicts (e.g. the couple's past infidelities, conflicts around maintaining the family home). Nevertheless, although he was often resistant, Joe usually complied.

During days staff arrived unannounced (i.e. staff were not scheduled to be at the family home), both Cally and Joe failed to use the skills that had been or were being trained during announced sessions. This supports findings in Greene et al (1995) in which parents were taught a particular skill, but failed to generalize to other settings within the home. The parents in the current study did not generalize their skills during times when staff was not scheduled to be at the family home. Joe and Cally were often observed using methods similar to those observed during initial assessments (e.g. screaming, swearing, and threatening, failing to supervise) when managing the children. The children's whereabouts were often unknown to the parents. Staff occasionally observed that the children were in locations other than where the parents claimed.

There were a variety of limitations in this study. Joe was often resistant to training in both the conflict resolution protocol and in child management. For example, Joe often stated that he

did not feel as though he needed services from Project 12-Ways. Joe informed staff that they should work directly and exclusively with Peter and Britt instead because of their noncompliance, and general failure to follow instructions. Staff frequently explained the importance of him being trained to manage their problems and in establishing a more positive relationship with his family. On several occasions, Joe refused to participate in the conflict resolution protocol because he did not like discussing sensitive areas of conflict. He stated that such conflicts were bygones that had already been settled and that there was no reason to continue to bring them up. Joe's resistance was one of the reasons that DCFS elected to close the case, necessitating Project 12-Ways to do the same despite the fact that the parents had not mastered the skills to resolve conflict.

Another limitation in this study was that the parents' rich history of marital problems led Cally to file for divorce and move out of the family home. This finding supports Manrman et al (1993) which suggest that while marital programs may be effective, sometimes it may be too late to resolve conflicts that have been damaging the relationship for years. Although the conflict resolution training was effective in increasing the parent's ability to come together to resolve some conflicts positively, it appeared to be too late for the parents to resolve their most sensitive issues. The current findings also supports Pastrovich et al (2010) findings in that conflict resolution protocol can be effective when working with parents within the child welfare system with a history of abuse and neglect.

Another limitation within this study is that no dramatic contingencies were put in place with the family. This supports Greene et al (1995) that parents, depending on the circumstances, may need additional contingencies to encourage them to acquire and apply appropriate childcare skills. Greene et al (1995) noted "some of these contingencies can be difficult for the treatment

specialist either to identify or to arrange” (p. 426). The family’s case was considered a prevention case, leaving their participation to be completely voluntary. With the family case being voluntary instead of court ordered, it made setting up those dramatic contingencies difficult. Staff often used negotiation with Joe, making working with the children contingent on his participation and completion of conflict resolution and child management routines.

The researcher not being able to collect baseline data before training child care routines is another limitation. Staff began training immediately due to the severity of the family case and the lack of supervision within the family home. Future research comparing conflict resolution and the parents ability to childcare should get stable rates of responding prior to beginning training to see if the parents skill level would increase in the absence of training.

Cally at one point, had discontinued her medication for approximately three weeks between 1-4-12 and 1-23-12. This may have affected the family’s progress and the outcome of the study. For about one week, Cally was admitted into a psychiatric institution due to her failing to take her medication as prescribed. Prior to being admitted, staff encountered extreme resistance from her, possibly as a result of her not taking her medication. During the time frame, sessions 1-4-12 through 1-23-12, Cally was not taking her medication consistently, her scores during the family meeting routine declined to initial assessment levels. Cally’s time in scores, also declined somewhat during this time. This suggests that in cases where there are serious psychiatric problems, parent training may be of little value if these problems cannot first be stabilized.

Future research should look at using the conflict resolution protocol in training siblings to appropriately resolve conflict between each other. For example, the children involved in the current study frequently were aggressive toward each other and were easily frustrated and

frequently engaged in tantrums. The conflict resolution protocol could have utility in resolving conflict amongst siblings. Along with using the protocol with siblings, children and parents should be trained to use the protocol in resolving parent child conflict.

Although this study had a number of limitations, it also provides further evidence demonstrating that parent training, along with conflict resolution training, may be at least partly effective in teaching parents with a history of psychiatric problems and marital discord skills to manage their children appropriately and to resolve conflict. Utilizing these trainings may continue to be effective and show their validity among other populations (i.e. typically developing couples, siblings, co-workers).

Table 1

Parents Mean and Range (in parentheses) Scores On S.O.F.I.

Hans Family Mean and Range (In Parenthese) Parent (Cally) Scores During Time-In						
Condition	Observations	Positive Verbal (+V)	Negative Verbal (-V)	Positive Affect (+A)	Negative Affect (-A)	Instructions
Baseline	1	13% (NA)	52% (NA)	48% (NA)	52% (NA)	7% (NA)
Training	29	59% (28-95%)	1% (0-7%)	99% (83-100%)	1% (0-17%)	2% (0-16%)
Maintenance	4	67% (53-77%)	0% (NA)	100% (NA)	0% (NA)	5% (0-11%)
Unannounced	13	61% (13-97%)	9% (0-42%)	96% (84-100%)	4% (0-16%)	4% (0-17%)

Table 2

Parents Mean and Range (in parentheses) Scores On S.O.F.I.

Hans Family Mean and Range (In Parentheses) Parent (Joe) Scores During Time-in						
Condition	Observations	Positive Verbs (+V)	Negative Verbs (-V)	Positive Affect (+A)	Negative Affect (-A)	Instructions
Baseline	1	2% (NA)	5% (NA)	71% (NA)	29% (NA)	5% (NA)
Training	29	44% (3-70%)	3% (0-13%)	98% (67-100%)	2% (0-33%)	4% (0-19%)
Maintenance	3	16% (0-27%)	0% (NA)	67% (0-100)	0% (NA)	4% (0-9%)
Unannounced	10	24% (3-75%)	1% (0-7%)	79% (0-100%)	1% (0-7%)	1% (0-6%)

Table 3

Children's Mean and Range (in parentheses) Scores On S.O.F.I.

Hans Family Mean and Range (In Parentheses) Child (Britt) Scores During Time-In						
Condition	Observations	Positive Verbal (+V)	Negative Verbal (-V)	Negative Motor (-M)	Physical Aggression (PA)	Compliance (C)
Baseline	1	47% (NA)	15% (NA)	69% (NA)	0% (NA)	0% (NA)
Training	31	49% (0-69%)	7% (0-44%)	1% (0-11%)	0% (0-4%)	77% (0-100%)
Maintenance	1	70% (NA)	7% (NA)	0% (NA)	0% (NA)	50% (NA)
Unannounced	15	35% (0-83%)	4% (0-17%)	1% (0-2%)	0% (0-3%)	55% (0-17%)

Table 4

Children's Mean and Range (in parentheses) Scores On S.O.F.I.

Hans Family Mean and Range (In Parentheses) Child (Peter) Scores During Time-In						
Condition	Observations	Positive Verbals (+V)	Negative Verbals (-V)	Negative Motor (-M)	Physical Aggression (PA)	Compliance (C)
Baseline	1	29% (NA)	19% (NA)	93% (NA)	3% (NA)	0% (NA)
Training	30	47% (5-85%)	11% (0-50%)	3% (0-22%)	0% (0-6%)	59% (0-100%)
Maintenance	3	65% (50-77%)	3% (0-9%)	0% (NA)	0% (NA)	50% (0-100%)
Unannounced	13	41% (2-74%)	4% (0-17%)	0% (0-3%)	0% (NA)	67% (0-100%)

Table 5

Parent's Average % Correct on Safety and Supervision and Supervision Communication Task Analysis

Parents Mean and Range (In Parentheses) Cally and Joe				
Condition	Observations	Safety Supervision TA	Observations	Supervision Communication TA
Baseline	2	0% (NA)	8	43% (0-71%)
Cally	Training	15 89% (63-100%)	(NA)	(NA) (NA)
	Maintenance	23 90% (0-100%)	(NA)	(NA) (NA)
	Unannounced	15 57% (0-100%)	11	45% (0-100%)
	Baseline	2 0% (NA)	3	19% (0-57%)
Joe	Training	14 78% (38-100%)	(NA)	(NA) (NA)
	Maintenance	24 83% (0-100%)	(NA)	(NA) (NA)
	Unannounced	13 59% (0-100%)	6	26% (0-57%)
	Baseline	2 0% (NA)	3	19% (0-57%)

Table 6

Parent's average percent correct on Family meeting, Time-In, Time-In G.A.P.S and Parent Communication Task Analysis

Routine	Average % Correct across Parenting Routines							
	Family Meeting		Time In Routine		Time In G.A.P.S		Parent Communication	
	Cally	Joe	Cally	Joe	Cally	Joe	Cally	Joe
Baseline (Range)	0% (NA)	0% (NA)	0% (NA)	0% (NA)	1 (NA)	1 (NA)	31% (0-80%)	21% (0-80%)
Training (Range)	84% (40-100%)	64% (0-100%)	86% (53-100%)	71% (0-100%)	4 (1-5)	3 (1-5)	92% (67-100%)	83% (0-100%)
Maintenance (Range)	NA (NA)	73% (NA)	100% (NA)	76% (36-100%)	4 (NA)	3 (1-4)	93% (50-100%)	96% (50-100%)
Unannounced (Range)	48% (0-80%)	33% (0-56%)	63% (14-97%)	57% (14-90%)	2 (1-4)	2 (1-4)	69% (17-100%)	62% (0-100%)

Table 7

Parents Average percent correct on Conflict Resolution and Problem Solving Routines

Average % Correct during Conflict Resolution and Problem Solving Routines				
Condition	Conflict Resolution		Problem Solving	
	Cally	Joe	Cally	Joe
Baseline (Range)	18% (0-47%)	11% (0-39%)	7% (5-16%)	11% (5-16%)
Training (Range)	91% (33-100%)	79% (13-100%)	15% NA	12% (5-15%)

Table 8

Examples of steps within the Family Meeting task analysis for parents managing the children's behavior

Steps within the task analysis	Possible Response
1. Area safe and clean	NA
2. Everyone sits together	All individuals sit together
3. Parent states rules and boundaries for the activities of the day	"No hitting, no running and no screaming"
4. Ask child what he/she would like to do	"Would you like to go to the park or play a board game"
5. Ignores inappropriate behaviors	Refrain from looking or responding in the occurrence of yelling or screaming
6. Uses redirection when needed (ex: Paul is running when he should be walking)	"Hey Paul lets walk instead of run"
7. Premack (You may have preferred item after least preferred item is completed)	"You can have a cookie after you eat dinner"
8. Provide attention to appropriate behaviors	"Your doing a good job playing nicely with each other"
9. Respond to dangerous situations (i.e., kids walking towards a busy street)	" Lets stay on the sidewalk instead of going into the street"
10. 100% positive affect	Parent maintains a calm voice throughout
11. 0% negative touch	No hitting, forceful grabbing, or forceful movement of kids

Table 9

Examples of steps within the Time In task analysis for parents managing the children's behavior

Steps within the task analysis	Examples
1. Area safe and clean	NA
2. Basic needs of children met	Kids are fed, clothed and safe
3. Age appropriate materials	Kids have access to balls, videogames, jump rope
4. 4:1 positive to negative verbals	Parent uses four more positive verbals for every negative verbal
5. 100% positive affect	Parent refrains from yelling, swearing at kids, and remains positive
6. 0% negative touch	Parent refrains from grabbing, and spanking kids
7. Parent participates in activity	Parent plays basketball with kids
8. Children are appropriately supervised	Parents are aware of the kids at all times
9. Premack per opportunity	Parent informs kid that they can have candy after they eat dinner
10. Parent ignores inappropriate behavior	Parent refrains from yelling or acknowledging the kids when they scream
11. Parent gives attention to appropriate behavior	Parent tells kid, good job playing nicely
12. Parent uses redirection when needed	Parent tells a kid who's running in the street to walk instead of run
13. Parent facilitates compliance to instructions	Parent instructs kids to clean room and to wash dishes
14. Parent acknowledges compliance to instructions	Parent thanks kids for cleaning and washing dishes

Table 10

Steps within the Safety and Supervision Routine along with possible examples

Steps within Task Analysis	Examples
1. Parent has age appropriate expectations	Rules are appropriate for the age of the child
2. Hazardous items are kept out of reach	Child has no access to knives, guns, or hazards
3. Parents states expectations, rules, and boundaries	Parent tells child what he/she can and cant do
4. Parent enforces rules and boundaries	Parent follows through with rules which they have given
5. Parent conveys expectations to each other	Parent makes sure that the other parent is aware of the rules and expectations of the children
6. Child is safe at all times	The child is not in any dangerous situations at any time (i.e., child is not in the middle of the street playing)
7. Parent recognizes and responds to potentially dangerous situations	In the occurrence of the kids fighting each other, the parent responds by getting in between the kids

Table 11

Steps within the Supervision Communication Routine along with possible examples

Steps within Task Analysis	Examples
1. Parent knows the name of the individuals involved in the activity	Parent knows that Paul is going to play with Jimmy
2. Parent ask about activity and verifies that its appropriate	Parent knows that Paul and Jimmy are going to be playing baseball
3. Parent knows location of friends home or activity location	Parent knows that the kids are playing baseball at the park
4. Parent ask for/knows pertinent (phone number, parent name)	Parent knows Jimmy's mothers cell phone number
5. Check in time and return home time is discussed and agreed upon by parents and child	Parent intructs Paul to check in in an hour
6. Consequences discussed	Parent instructs Paul that if he does not check in an hour he will not be able to go back outside
7. Rules and boundaries	Parent tells child to stay on the sidewalk and not to yell or stream at the park.

Table 12

Steps within the Parent Communication Routine along with possible examples

Steps within Task Analysis	Examples
1. Parent delegates tasks amongst one another	"Jerry you can cook dinner and I will clean up"
2. Parents follow through on delegated tasks in session	Jerry cooks dinner and Colleen follows through with cleaning
3. Parents provide explanation if tasks didn't follow through as planned	Jerry states he couldn't cook because he was busy playing with the kids
4. Maintain positive interactions	Jerry and Colleen refrain from swearing, yelling and eye rolling at each other
5. Parents do not evaluate each other's suggestions	Neither parent judges each others suggestions
6. Verify with each other	Each parent acknowledges the plan or task which was established

Table 13

Problem Solving Routine target behaviors

Steps within the Problem Solving routine	Examples
1. State the problem	
What	My problem is that I don't have gas money
Why	This is a problem because I need gas money
Only one	in order to be able to drive my car to work
2. Solutions	
First	1. Ask my mom for money
Second	2. Walk to work
Third	3. Call off work
3. Good things that may happen if this solution is chosen	a. she'll give me money b. I can go to work c. she'll probably offer more money
4. Bad things that may happen if this solution is chosen	a. she'll think that im dependent on her b. she won't give me a birthday gift c. she can say no
5. Rate each solution	Solution #1 = good Solution #2 = bad Solution #3= bad
6. Choose best solution	Ask my mom for gas money
7. Plan	I plan to ask my mom for gas money tonight

Table 14

Conflict Resolution Routine sample scenarios

Hypothetical Scenarios	Real Life Scenerios
1. I want to use bleach and you want to use detergent	1. Joe doesn't clean enough
2.I want to wear pink and you want to wear blue	2. Cally doesn't cook enough
3. You don't tell me you love me enough	3. Cally talks to other guys
4. Colleen drives to much	4. Cally spends too much money
5.Jerry snores when he sleeps	5. Joe doesn't take the kids to the doctors

Table 15

Interobserver Agreement Mean and Ranges (in parenthesis) for Cally during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Parent behavior						
Condition	Total Reli ability Ob servations	Positive Verbals (+V)	Negative Verbals (-V)	Positive Affect (+A)	Negative Affect (-A)	Instruct ions
Baseline	100%	45% (NA)	78% (NA)	75% (NA)	57% (NA)	25% (NA)
Training	59%	80% (62-100%)	70% (0-100%)	83% (92-100%)	50% (0-100%)	47% (0-100%)
Maintenance	100%	83% (75-91%)	NA (NA)	83% (75-91%)	NA (NA)	33% (0-100%)
Unannounced	100%	90% (62-100%)	67% (0-100%)	90% (60-100%)	73% (0-100%)	76% (0-100%)

Table 16

Interobserver Agreement Mean and Ranges (in parenthesis) for Joe during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Parent behavior						
Condition	Total Reli ability Ob servations	Positive Verbals (+V)	Negative Verbals (-V)	Positive Affect (+A)	Negative Affect (-A)	Instruct ions
Baseline	100%	50% (NA)	33% (NA)	80% (NA)	50% (NA)	33% (NA)
Training	55%	79% 62-100%)	19% (0-50%)	84% 75-100%)	NA NA	61% (0-100%)
Maintenance	100%	79% (67-92%)	NA (NA)	79% (67-92%)	NA (NA)	25% (0-50%)
Unannounced	90%	82% (66-100%)	31% (0-100%)	88% 76-100%)	40% (0-100%)	80% (0-100%)

Table 17

Interobserver Agreement Mean and Ranges (in parenthesis) for Britt during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Child behavior						
Condition	Total Reliability Observations	Positive Verbal (+V)	Negative Verbal (-V)	Negative Motor (-M)	Physical Aggression (PA)	Compliance (C)
Baseline	100%	71% (NA)	60% (NA)	79% (NA)	100% (NA)	0% (NA)
Training	45%	73% (16-95%)	86% (75-100%)	100% NA	50% (0-100%)	67% (0-100%)
Maintenance	100%	74% (59-89%)	17% (0-33%)	NA (NA)	NA (NA)	44% (0-100%)
Unannounced	83%	76% (33-100%)	83% (0-100%)	50% (0-100%)	100% NA	67% (0-100%)

Table 18

Interobserver Agreement Mean and Ranges (in parenthesis) for Peter during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Child behavior						
Condition	Total Reliability Observations	Positive Verbals (+V)	Negative Verbals (-V)	Negative Motor (-M)	Physical Aggression (PA)	Compliance (C)
Baseline	100%	56% (NA)	60% (NA)	98% (NA)	100% (NA)	100% (NA)
Training	47%	73% (16-95%)	86% (75-100%)	100% NA	50% (0-100%)	67% (0-100%)
Maintenance	100%	74% (59-89%)	17% (0-33%)	NA NA	NA (NA)	44% (0-100%)
Unannounced	100%	76% (33-100%)	83% (0-100%)	50% (0-100%)	100% (NA)	67% (0-100%)

Table 19

Interobserver Agreement Mean and Ranges (in parenthesis) for Cally and Joe during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Parent behavior					
	Condition	Total Reli ability Ob servations	Safety Super vision TA	Total Reli ability Ob servations	Supervsion Com munication TA
Cally	Baseline	50%	100% (NA)	75%	88% (71-100%)
	Training	29%	96% (89-100%)	(NA)	(NA) (NA)
	Maintanence	76%	92% (71-100%)	(NA)	(NA) (NA)
	Unannounced	100%	74% (43-100%)	100%	98% (86-100%)
Joe	Baseline	50%	100% (NA)	66%	86% (71-100%)
	Training	20%	95% (89-100%)	(NA)	(NA) (NA)
	Maintanence	76%	83% (71-100%)	(NA)	(NA) (NA)
	Unannounced	100%	78% (57-100%)	50%	100% NA

Table 20

Interobserver Agreement Mean and Ranges (in parenthesis) for Cally during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Parent behavior					
Routine	Total Reli ability Ob servations	Family Meeting	Total Reli ability Ob servations	Time In Routine	Time In G.A.P.S
Baseline	0%	NA (NA)	100%	100% (NA)	100% (NA)
Training	98%	86% (55-100%)	64%	92% (80-100%)	71% (0-100%)
Maintenance	NA	NA (NA)	100%	95% (87-100%)	67% (0-100%)
Unannounced	100%	79% (64-100%)	100%	87% (73-100%)	93% (0-100%)

Table 21

Interobserver Agreement Mean and Ranges (in parenthesis) for Joe during all conditions

Interobserver Agreement Mean and Ranges (In Parentheses) on Parent behavior					
Routine	Total Reli ability Ob servations	Family Meeting	Total Reli ability Ob servations	Time In Routine	Time In G.A.P.S
Baseline	0%	NA (NA)	100%	100% (NA)	100% (NA)
Training	85%	83% (64-100%)	59%	96% (53-100%)	43% (0-100%)
Maintenance	100%	100% (NA)	100%	86% (73-93%)	100% (NA)
Unannounced	90%	89% (64-100%)	92%	95% (67-100%)	67% (0-100%)

Table 22

Interobserver Agreement Mean and Ranges (in parenthesis) for Cally during all conditions

Interobserver Agreement Mean and Range (In Parentheses) on Parent Behavior						
Condition	Total Reliability Observations	Conflict Resolution	Total Reliability Observations	Problem Solving	Total Reliability Obs	Parent Communication
Baseline	73%	93% (99-100%)	71%	97% (90-100%)	12%	100% (NA)
Training	100%	98% (80-100%)	100%	95% (NA)	14%	50% (NA)
Maintenance	NA	NA (NA)	NA	NA (NA)	90%	97% (67-100%)
Unannounced	NA	NA (NA)	NA	NA (NA)	100%	78% (17-100%)

Table 23

Interobserver Agreement Mean and Ranges (in parenthesis) for Joe during all conditions

Interobserver Agreement Mean and Range (In Parentheses) on Parent Behavior						
Condition	Total Reliability Observations	Conflict Resolution	Total Reliability Observations	Problem Solving	Total Reliability Obs	Parent Communication
Baseline	73%	83% (73-100%)	100%	96% (95-100%)	12%	100% (NA)
Training	100%	96% (73-100%)	100%	95% (NA)	14%	100% (NA)
Maintenance	NA	NA (NA)	NA	NA (NA)	90%	96% (50-100%)
Unannounced	NA	NA (NA)	NA	NA (NA)	100%	79% (33-100%)

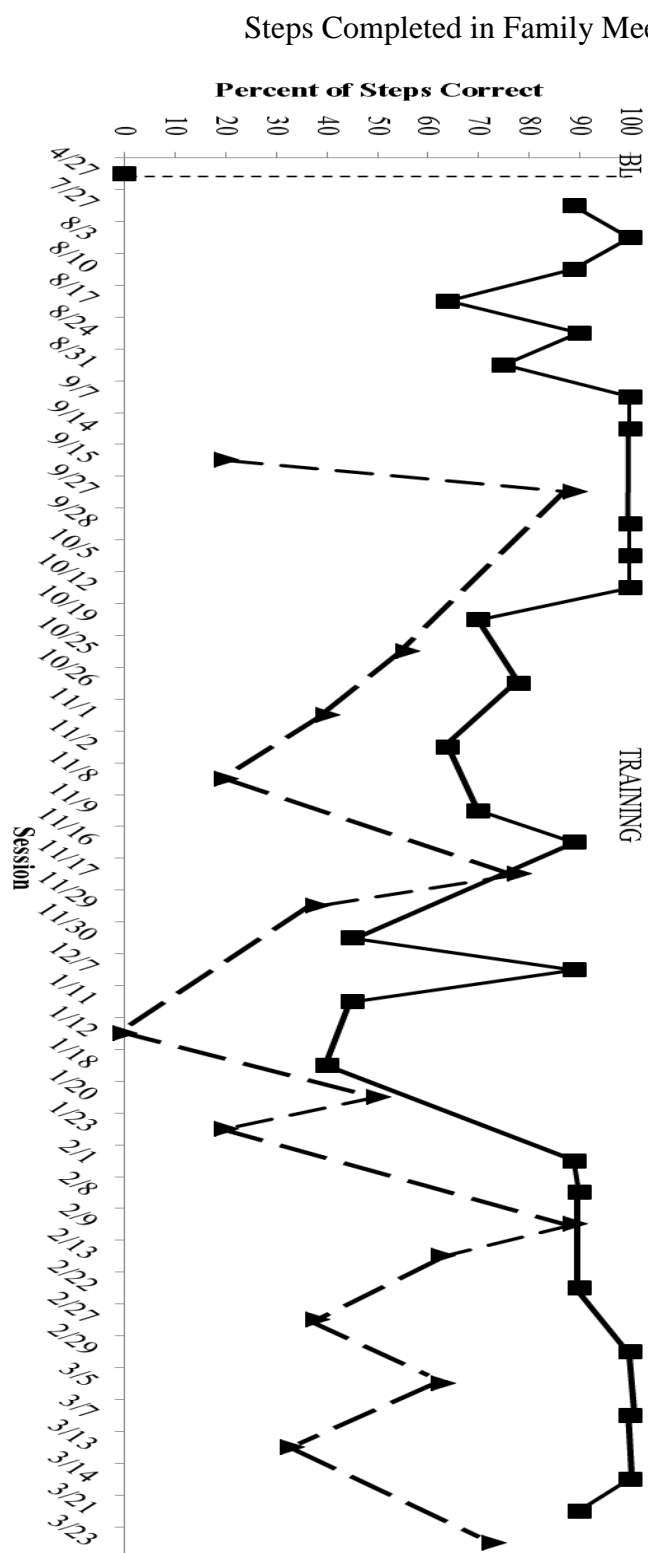


Figure 1. Percent of Family Meeting steps performed correctly by Cally during Baseline (BL) and Training conditions. Squares depict scheduled sessions. Triangles depict unannounced visits.

Steps Completed in Family Meeting Routine

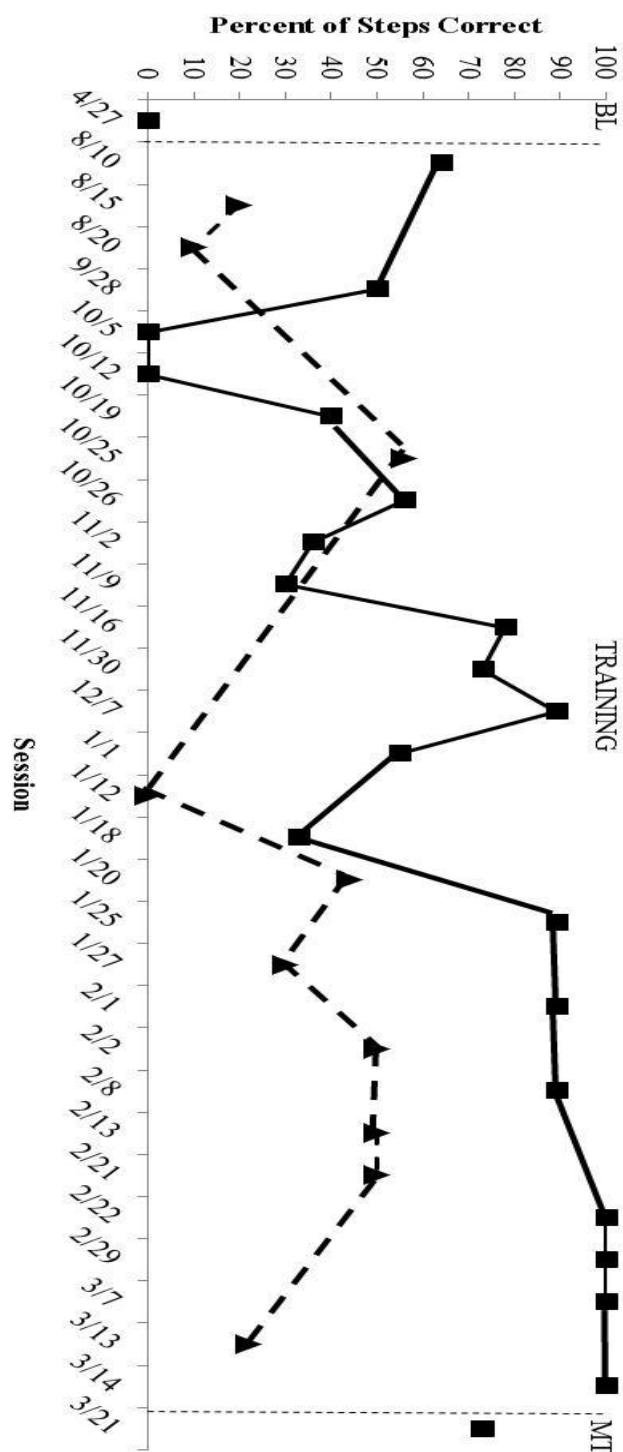


Figure 2. Percent of Family Meeting steps performed correctly by Joe during Baseline (BL) and Training conditions. Squares depict scheduled sessions. Triangles depict unannounced sessions.

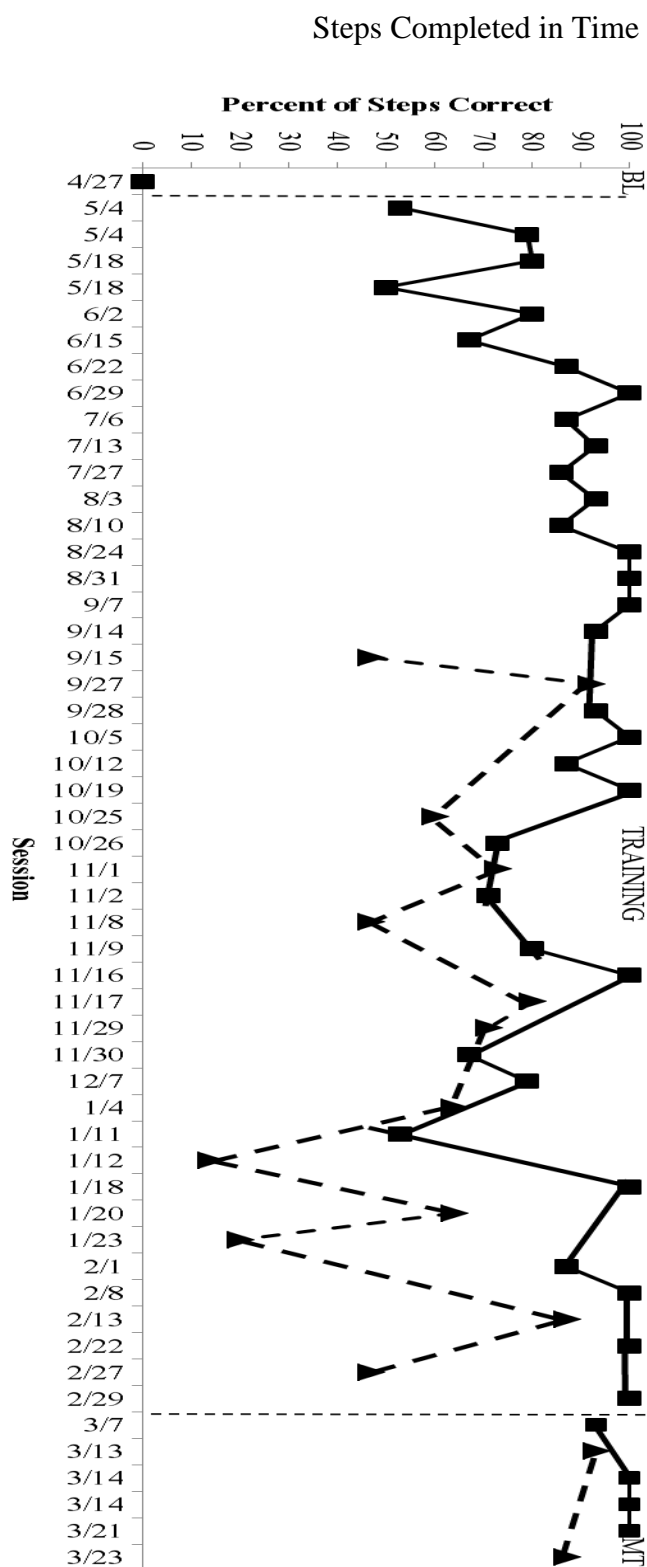


Figure 3. Percent of Time In steps performed correctly by Cally during Baseline (BL), Training, and Maintenance (MT) conditions. Squares depict scheduled sessions. Triangles depict unannounced sessions.

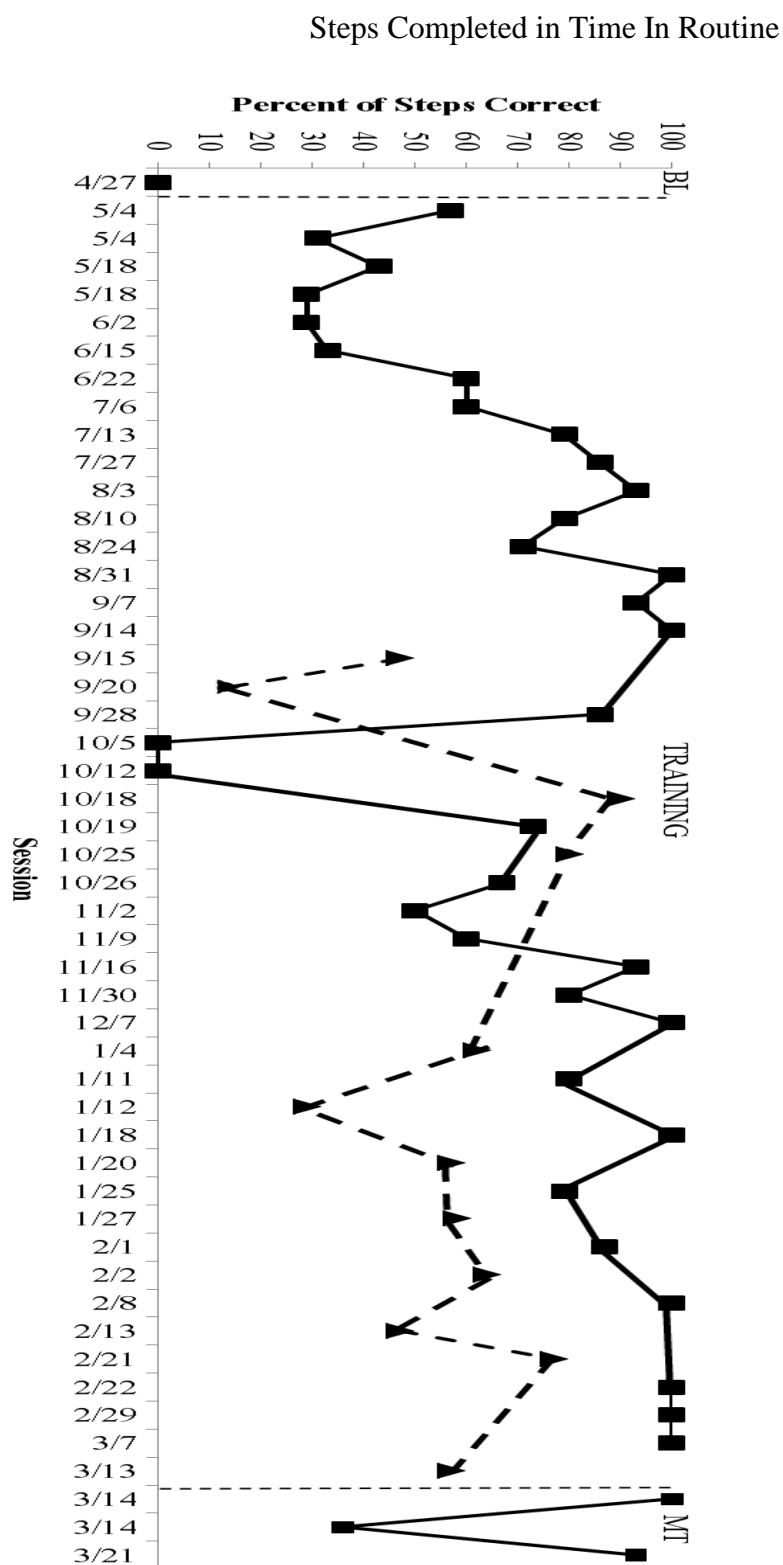


Figure 4. Percent of Time In steps performed correctly by Joe during Baseline (BL), Training, and Maintenance (MT) conditions. Squares depict scheduled sessions. Triangles depict unannounced sessions.

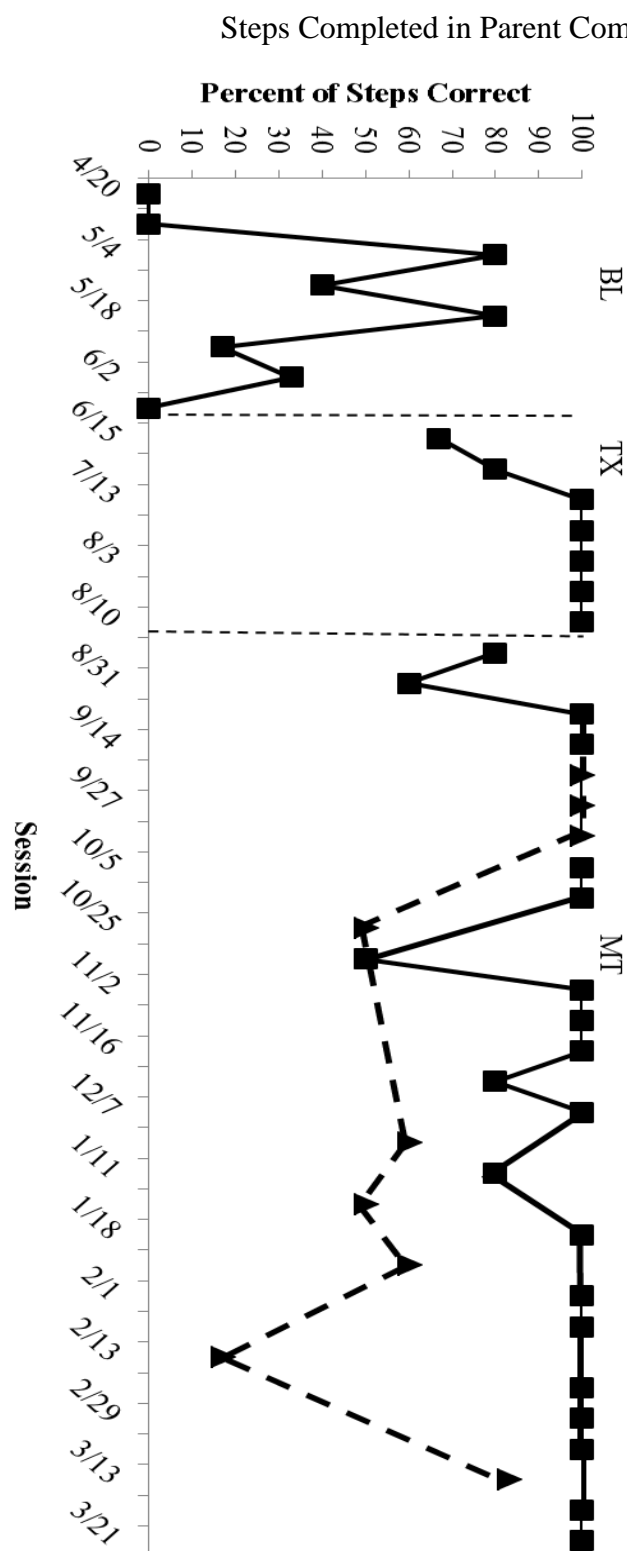


Figure 5. Percent of Parent Communication steps correct by Cally during Baseline (BL) Training (TX) and Maintenance (MT) conditions. Squares depict scheduled sessions. Triangles depict unannounced sessions.

Steps Completed in Parent Communication Routine

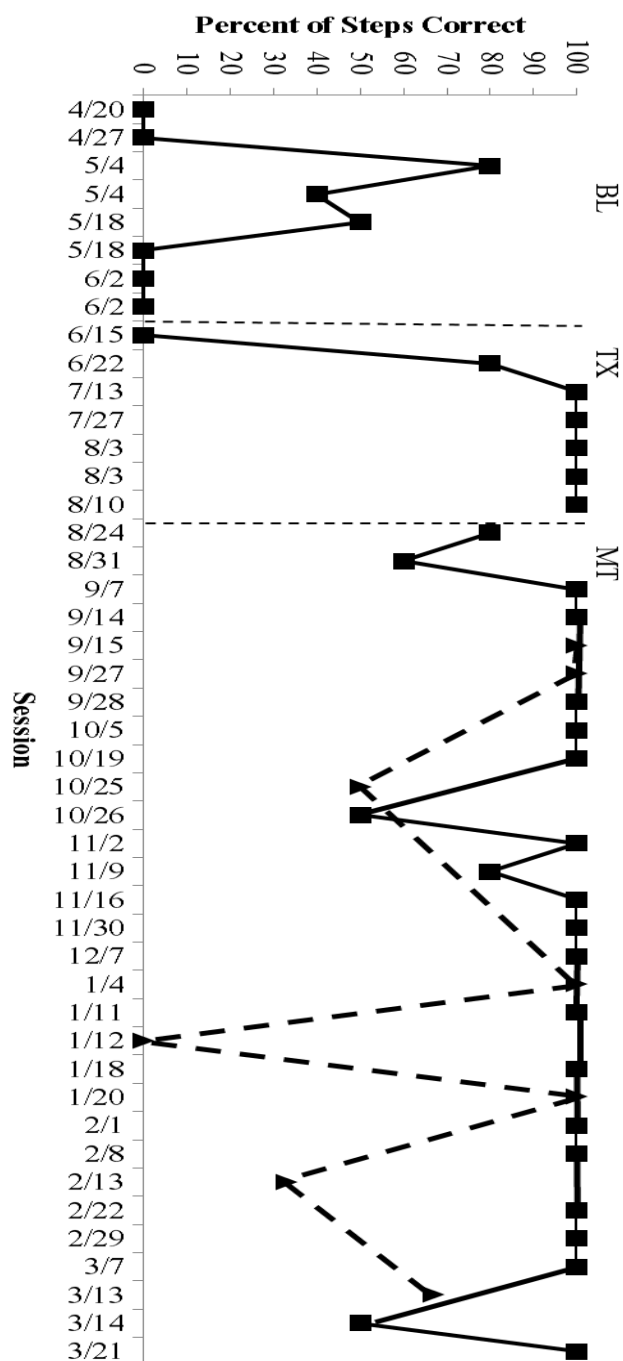


Figure 6. Percent of Parent Communication steps correct by Joe during Baseline (BL) Training (TX) and Maintenance (MT) conditions. Squares depict scheduled sessions. Triangles depict unannounced sessions.

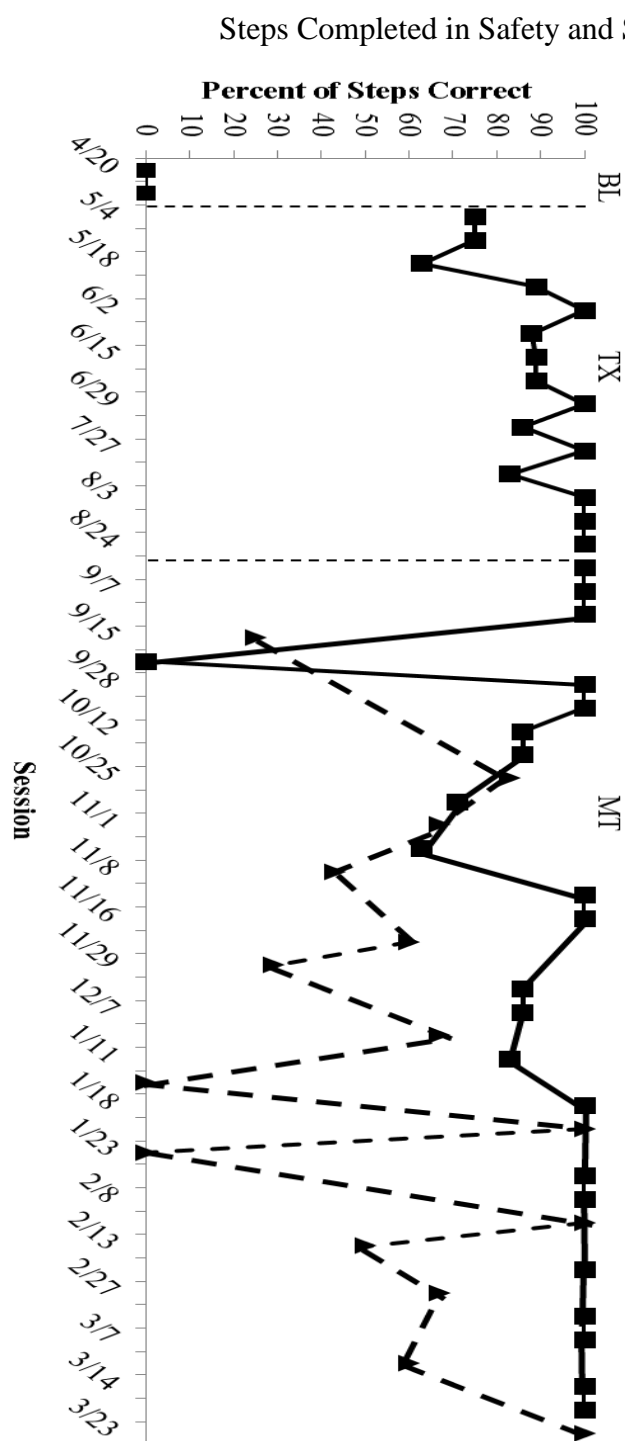


Figure 7. Percent of steps correct during Safety and Supervision Routine during Baseline (BL) Training (TX) and Maintenance (MT) conditions by Cally. Squares depict scheduled sessions. Triangles depict unannounced sessions.

Steps Completed in Safety and Supervision Routine

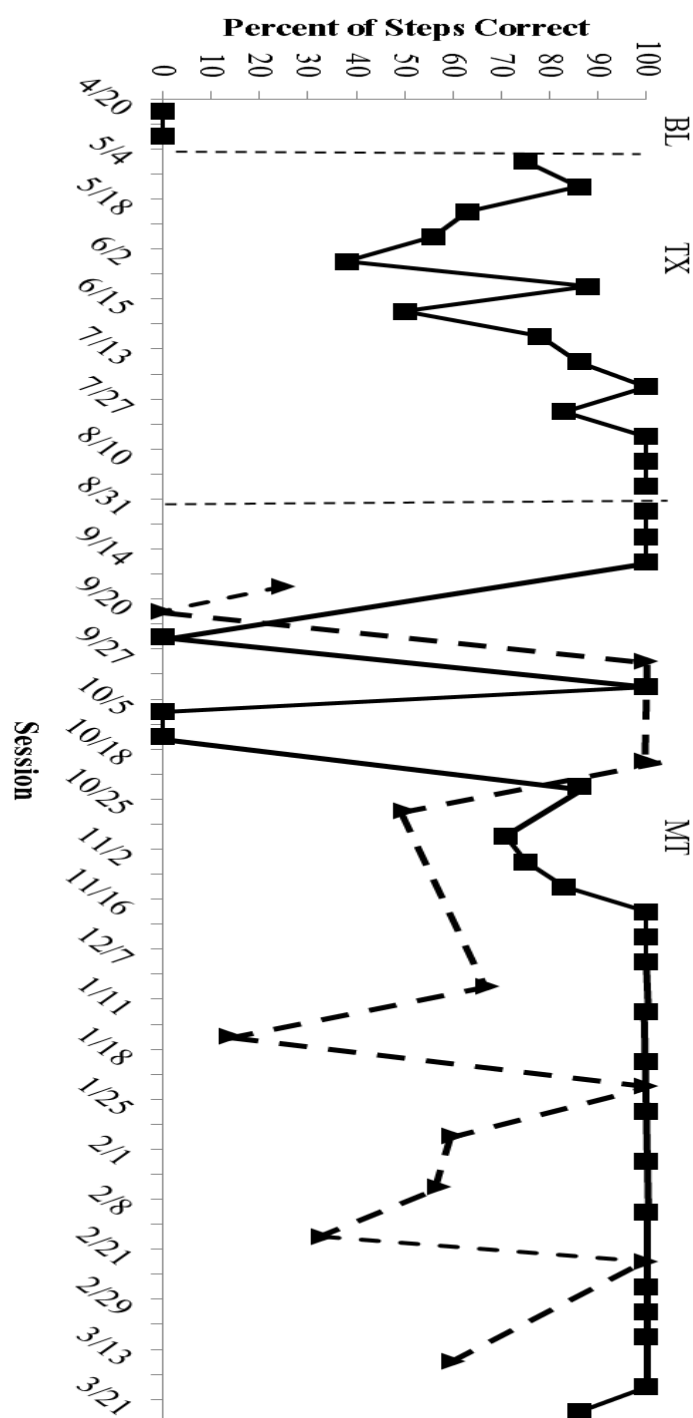


Figure 8. Percent of steps correct during Safety and Supervision Routine during Baseline (BL) Training (TX) and Maintenance (MT) conditions by Joe. Squares depict scheduled sessions. Triangles depict unannounced sessions.

Steps Completed in Supervision Communication Routine

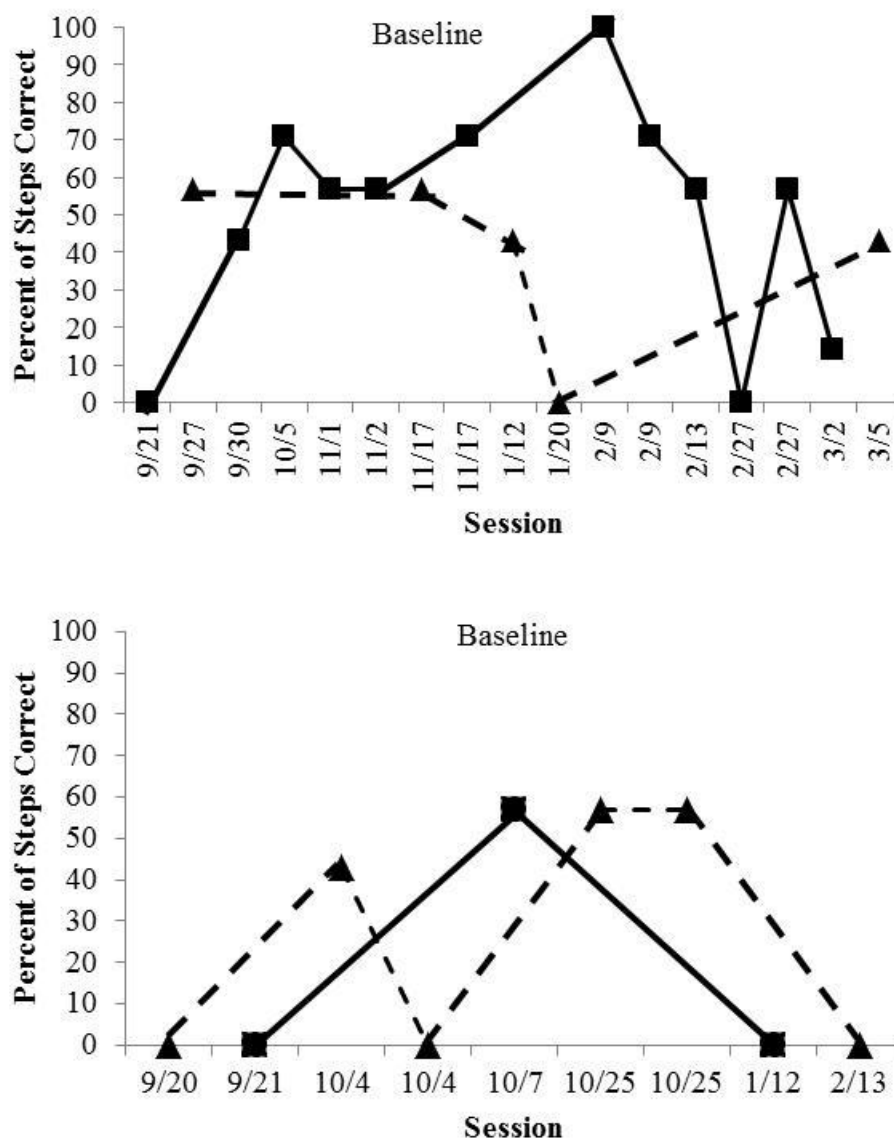


Figure 9. Percent of steps correct during Supervision Communication routine by Cally (upper panel) and Joe (lower panel) during Baseline condition. Squares depict scheduled sessions. Triangles depict unscheduled sessions.

Steps Completed in Problem Solving Routine

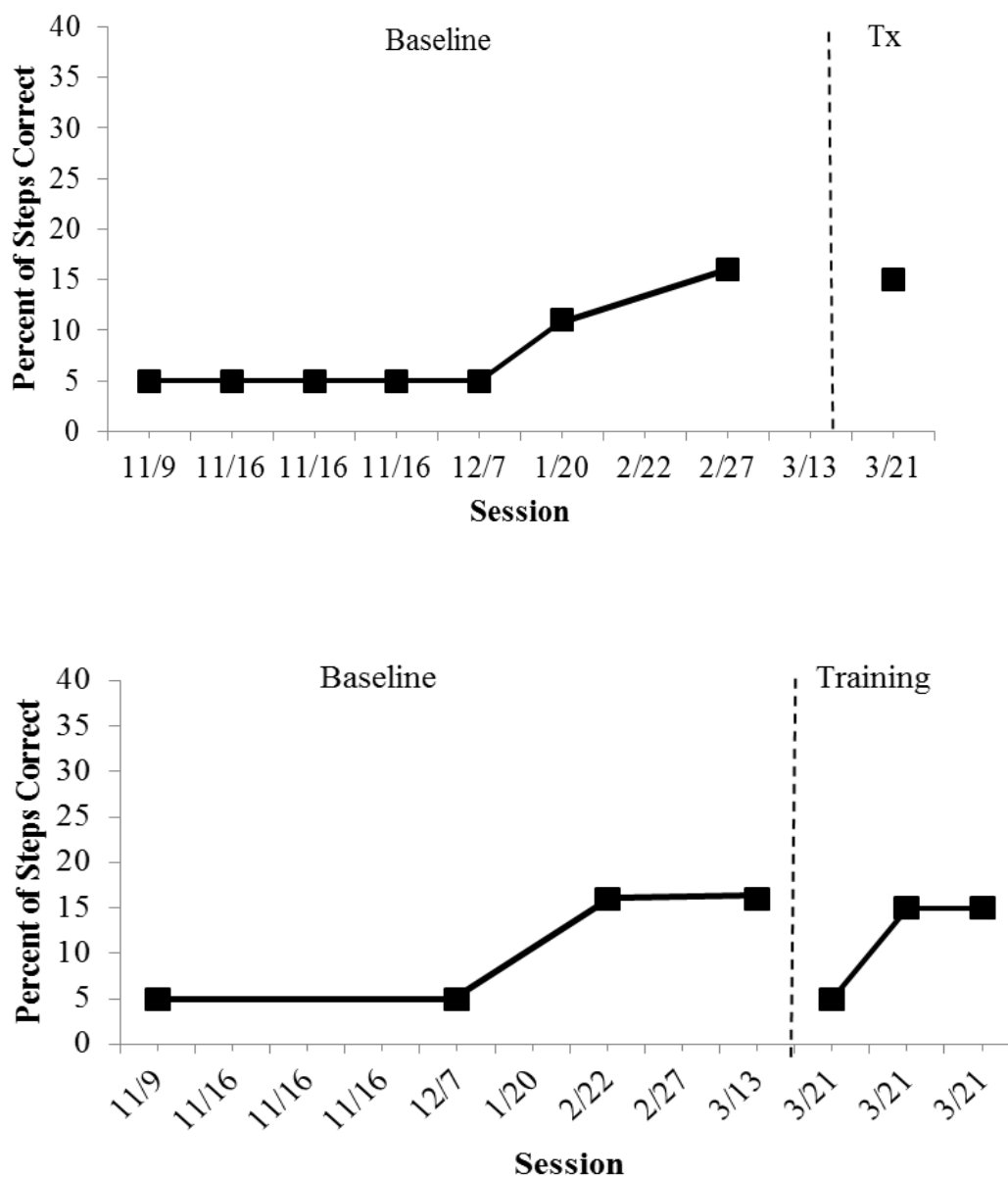


Figure 10. Percent of steps correct during Problem Solving under Baseline conditions and Training conditions by Cally (top panel), and Joe (lower panel). Closed squares depict scheduled sessions.

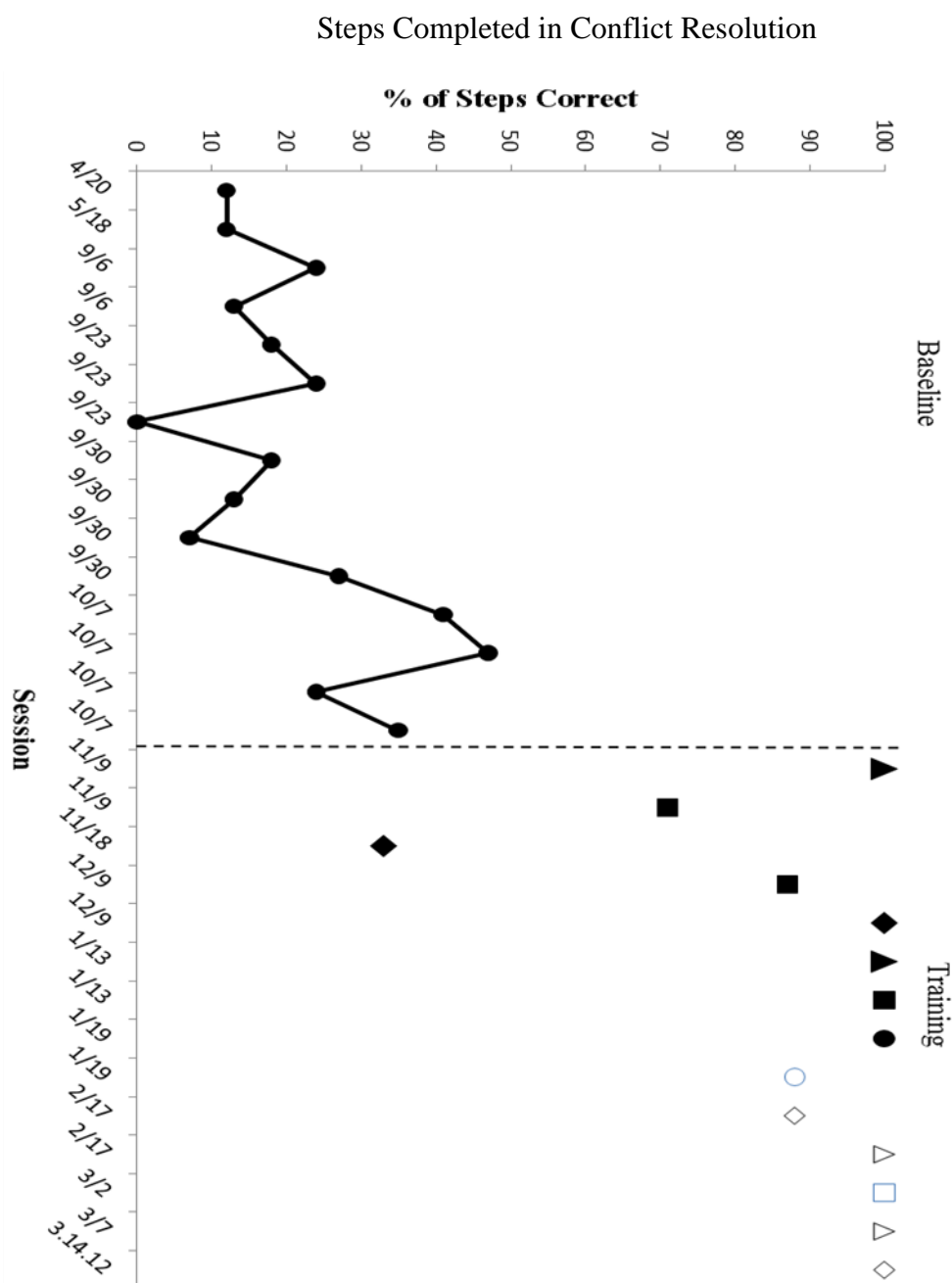


Figure 11. Percent of steps correct during Conflict Resolution Routine under Baseline and Training conditions by Cally. Closed circles during baseline condition depict percent of steps completed correctly using hypothetical situations. Symbols under training condition represent a variety of conflict scenarios. Closed triangles represent “bleach” conflicts, closed squares “driving” conflicts, closed diamonds “money” conflicts and closed circles “dishes” conflict. Open circles represent “trash” conflicts, open diamonds, “cooking” conflict, open square “doctor” conflict and open triangle “cleaning” conflict.

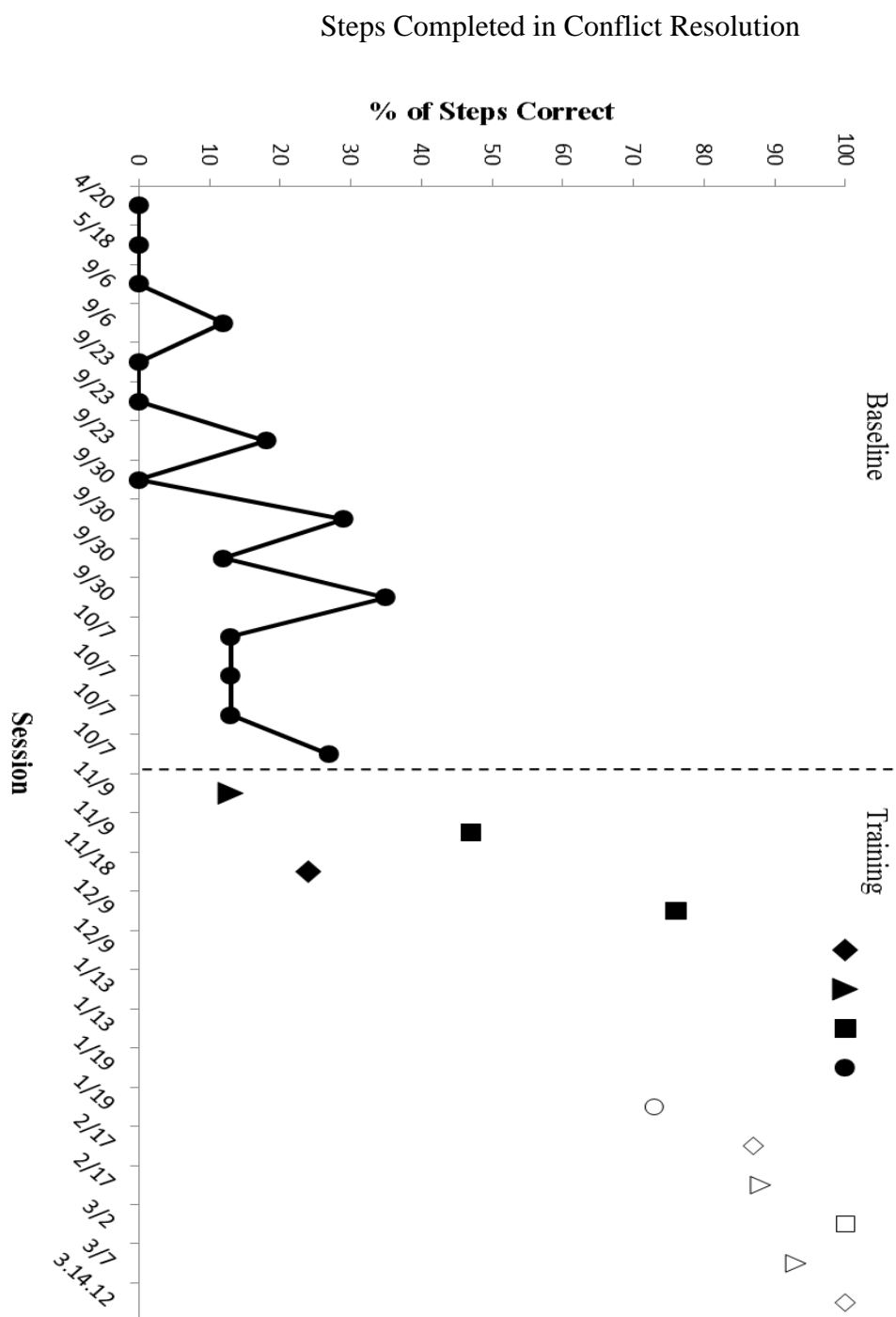


Figure 12. Percent of steps correct during Conflict Resolution Routine under Baseline and Training conditions by Joe. Closed circles during baseline condition depict percent of steps completed correctly using hypothetical situations. Symbols under training condition represent a variety of conflict scenarios. Closed triangles represent “bleach” conflicts, closed squares “driving” conflicts, closed diamonds “money” conflicts and closed circles “dishes” conflict. Open circles represent “trash” conflicts, open diamonds, “cooking” conflict, open square “doctor” conflict and open triangle “cleaning” conflict.

Percent of Positive and Negative Verbals

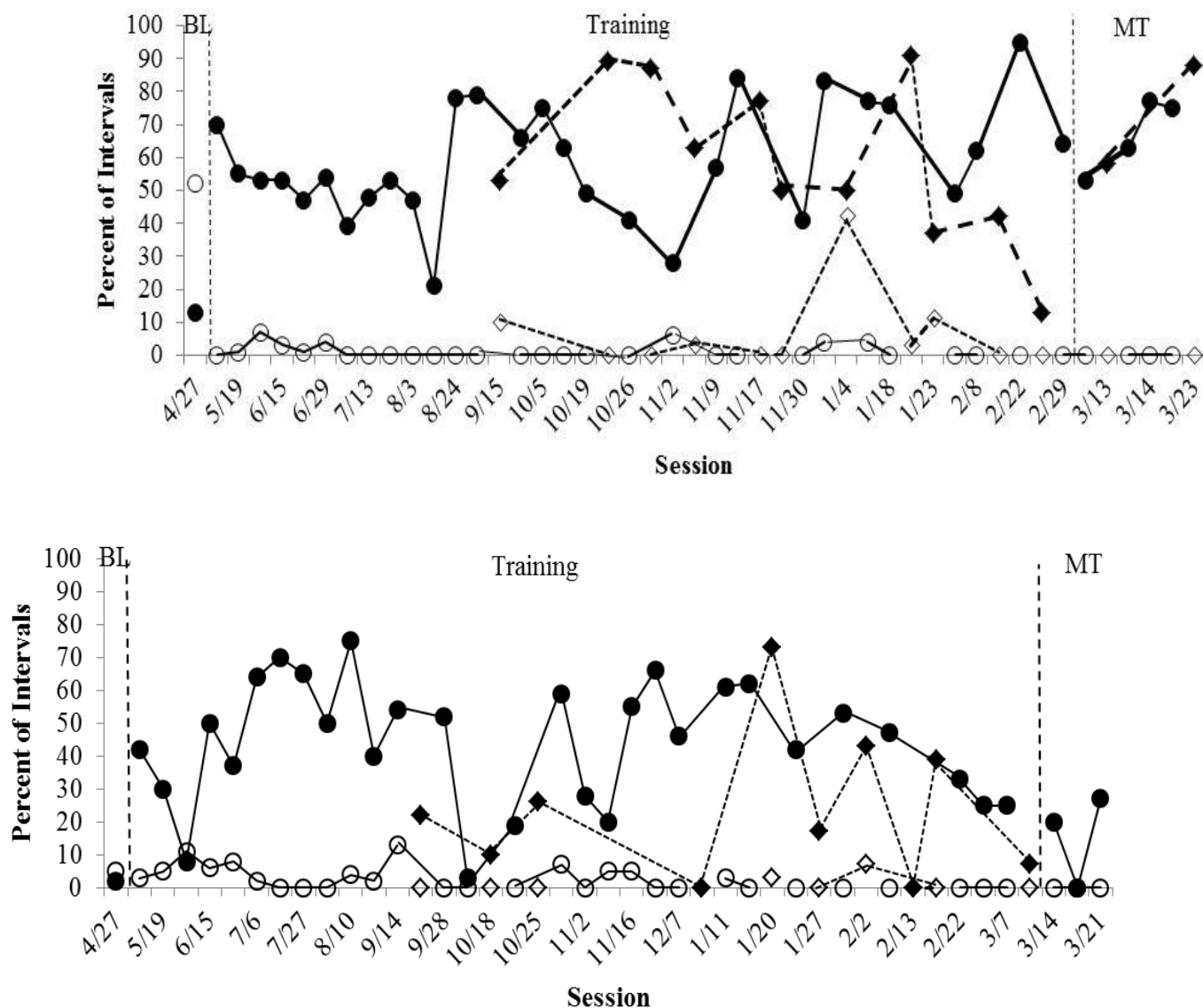


Figure 13. Cally (top panel), and Joe (lower panel) percent of intervals engaged in positive verbal's (closed circles) and negative verbal's (open circles) under Baseline (BL), Training and Maintenance (MT) conditions during the Time In Routine. Closed and open circles depict scheduled sessions. Closed diamonds depict positive verbal's, during unscheduled sessions. Open diamonds depict negative verbal's during unscheduled sessions.

Percent of Positive and Negative Affect

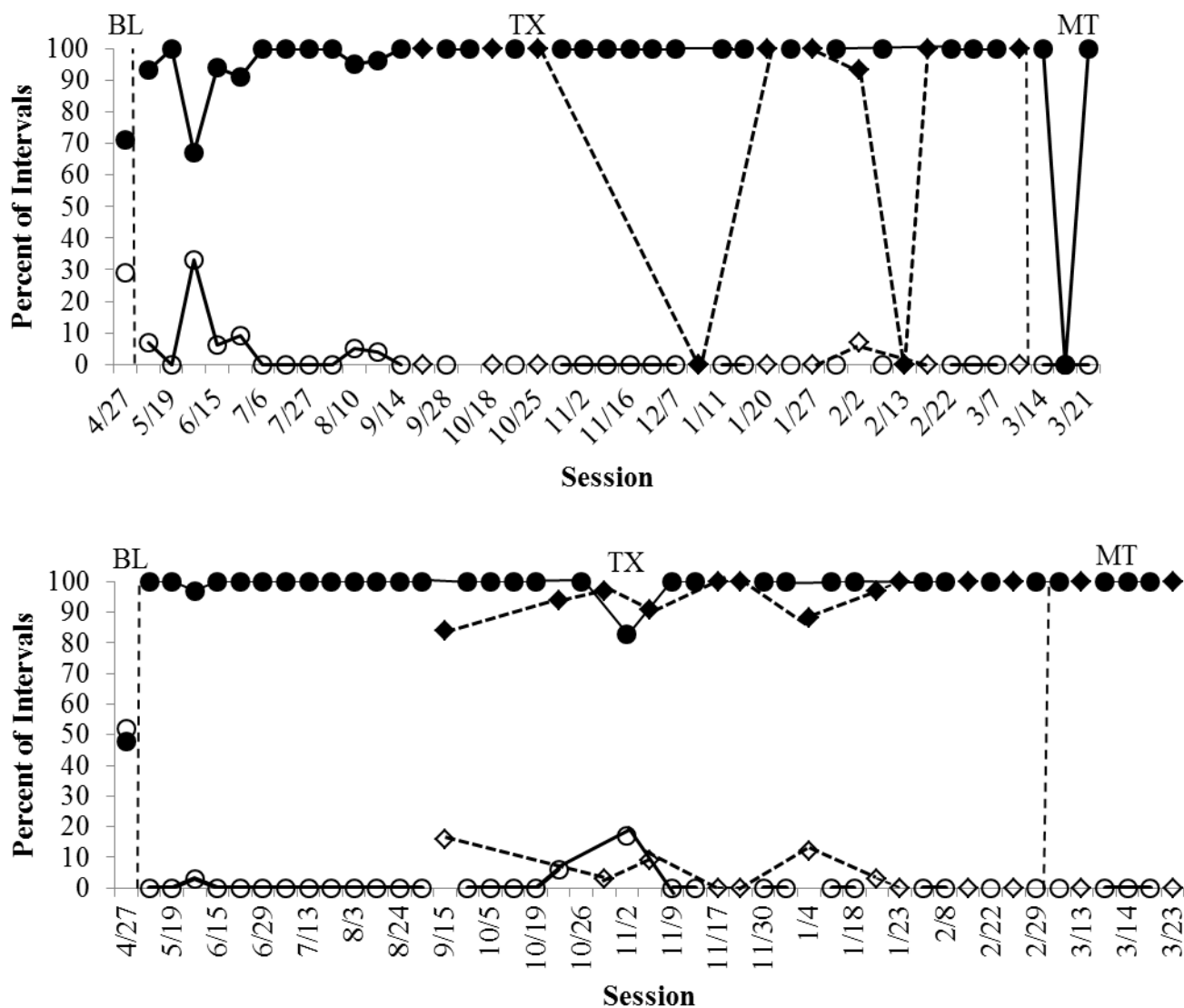


Figure14. Cally (top panel) and Joe (lower panel) percent of intervals with positive affect (closed circles) and negative affect (open circles) during Baseline (BL), Training and Maintenance (MT) conditions. Closed and open circles depict scheduled sessions. Closed diamonds depict positive affect, during unscheduled sessions. Open diamonds depict negative affect during unscheduled sessions.

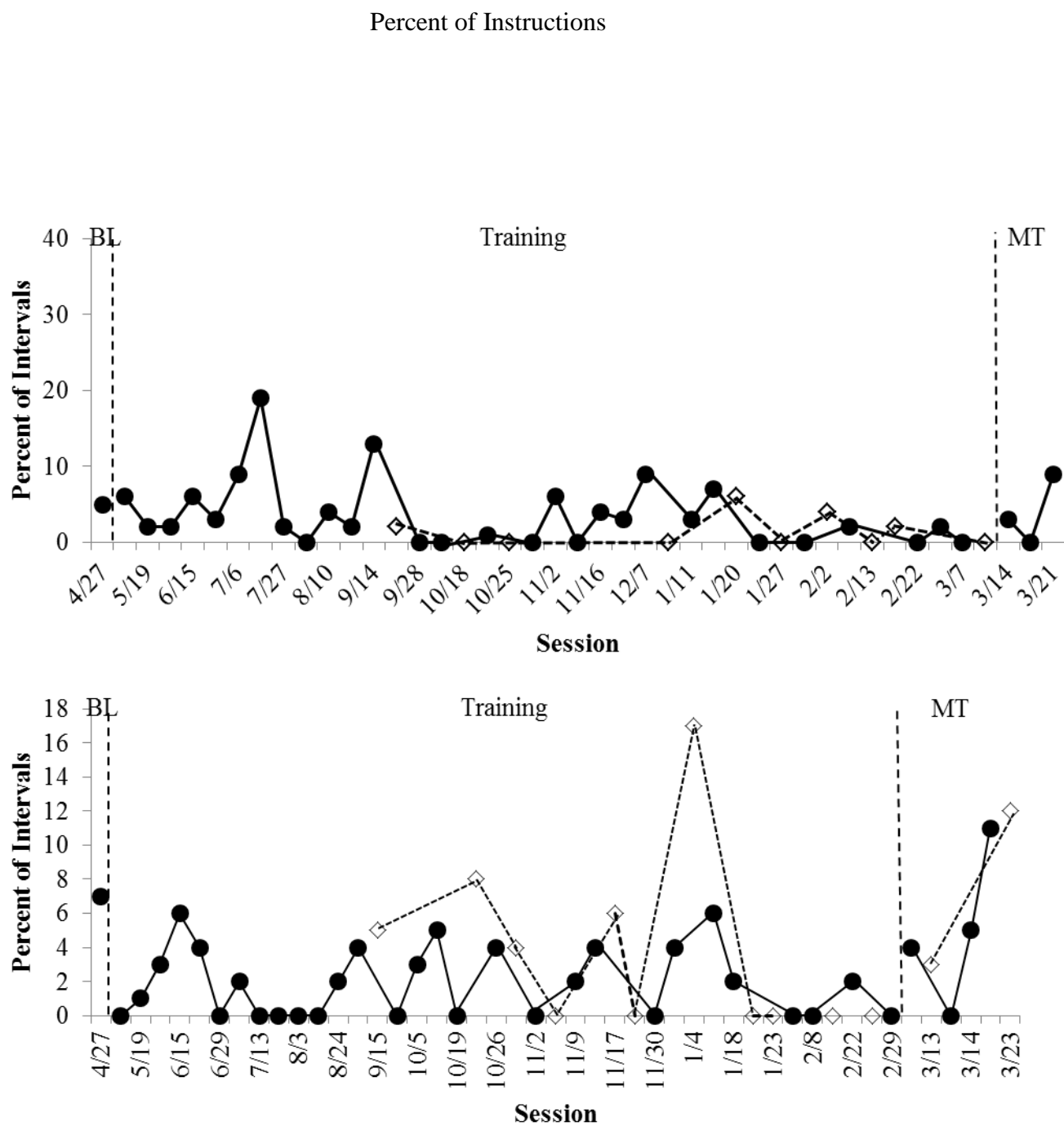


Figure 15. Cally's (top panel), and Joe's (lower panel) percent of intervals instructions (closed circles) were delivered during Baseline (BL), Training and Maintenance (MT) conditions. Circles depict scheduled sessions. Open diamonds depict unscheduled sessions.

Percent of Positive and Negative Verbal's

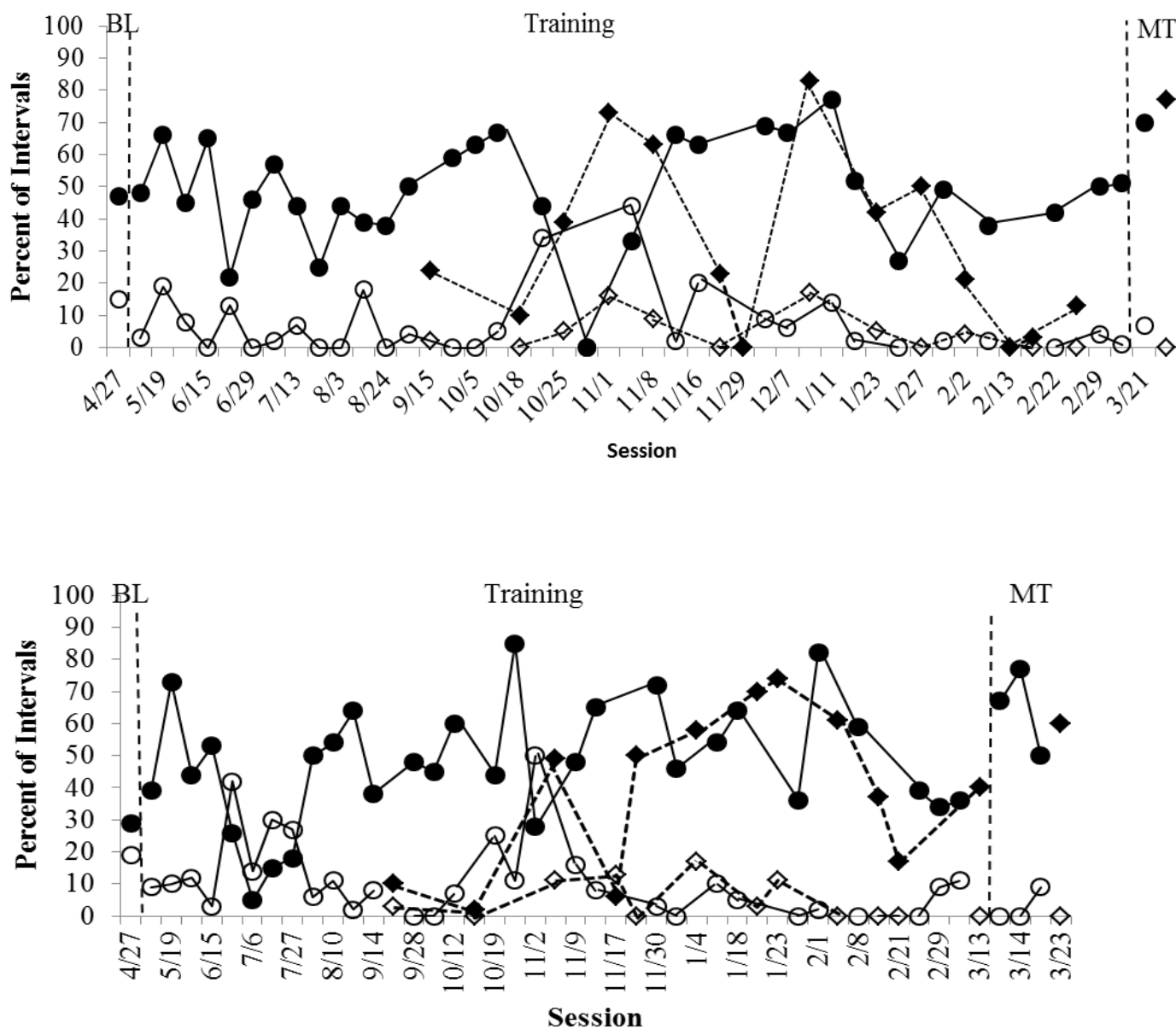


Figure16. Percent of intervals Britt(top panel), and Peter (lower panel) engaged in positive verbal's (closed circles) and negative verbal's (open circles) during Baseline (BL), Training and Maintenance (MT) conditions. Closed and open circles depict scheduled sessions. Closed diamonds depict positive verbal's, during unscheduled sessions. Open diamonds depict negative verbal's during unscheduled sessions.

Percent of Negative Motor's and Physical Aggression

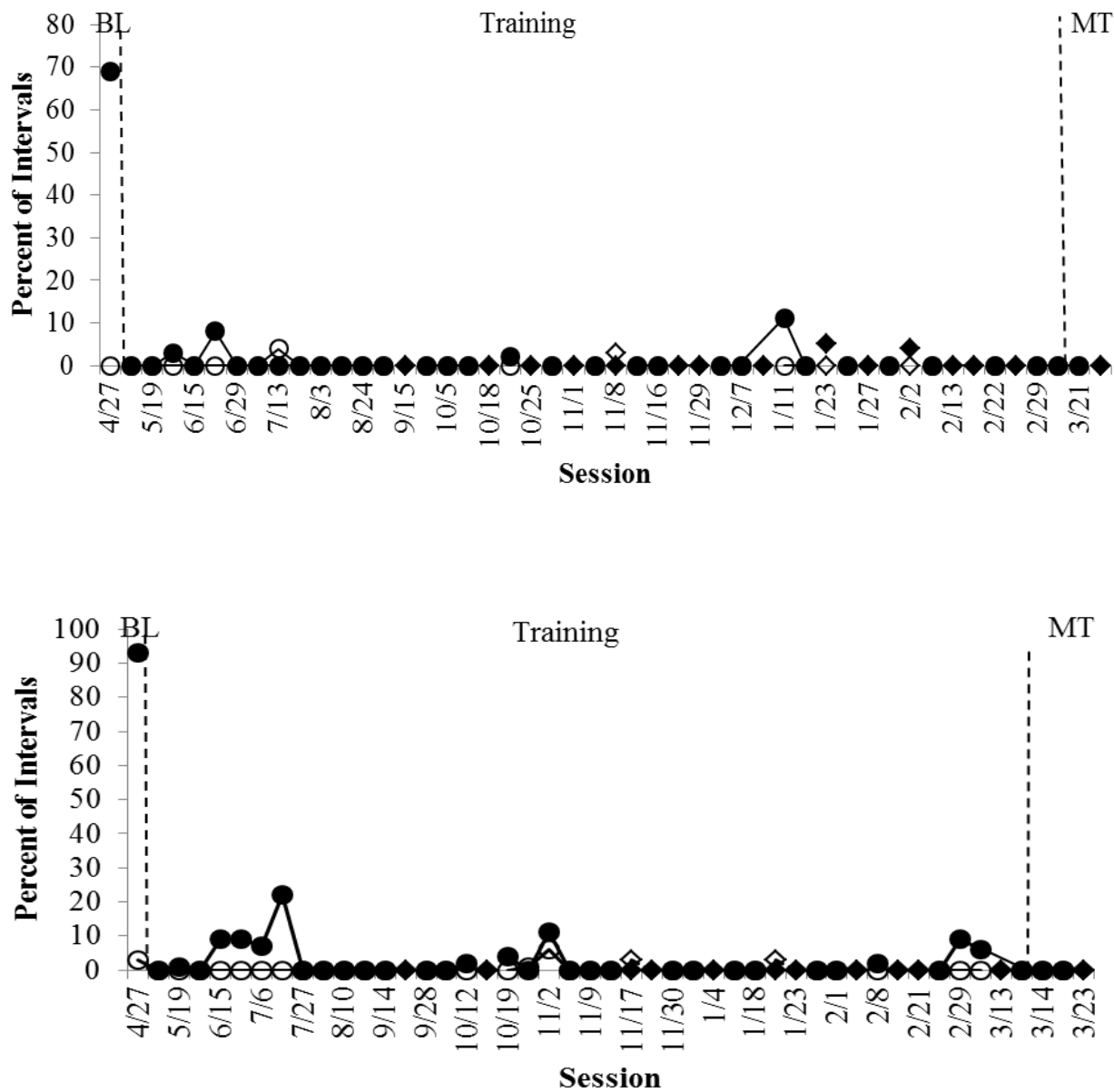


Figure17. Percent of intervals Britt(top panel), and Peter (lower panel) engaged in negative motor's (closed circles) and physical aggression (open circles) during Baseline (BL), Training and Maintenance (MT) conditions. Closed and open circles depict scheduled sessions. Closed diamonds depict negative motors, during unscheduled sessions. Open diamonds depict physical aggression during unscheduled sessions.

Percent of Compliance

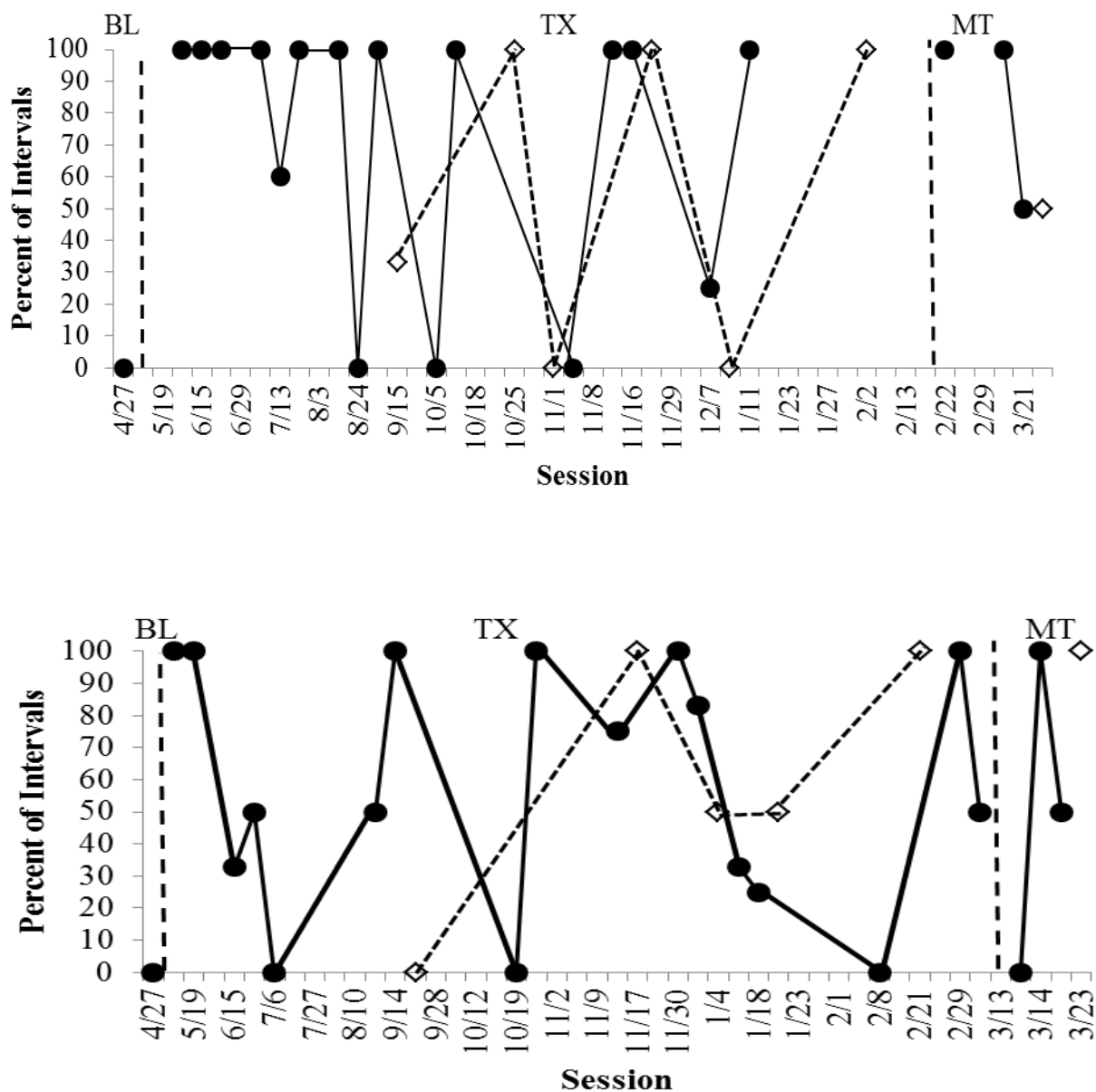


Figure 18. Percent of intervals Britt (top panel), and Peter (lower panel) complied with instructions (closed circles) during Baseline (BL), Training (TX) and Maintenance (MT) conditions. Closed circles depict scheduled sessions. Open diamonds depict percent of compliance during unscheduled sessions.

REFERENCES

- Bassani, D.G., Padoin, C.V., Philipp, D., Veldhuizen. (2009). Estimating the number of children exposed to parental psychiatric disorders through a national health survey. *Child and Adolescent Psychiatry and Mental Health*, 3, 1-7.
- Baucom, D.H., Shoham, V., Mueser, K.T., Daiuto, A.D. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology*, 1, 53-88.
- Bechtold, J., Harvey, D., Greene, B.F. (2011). Global assessment of parenting skills (g.a.p.s.). In B.F.Greene (Ed.), *An Assessment Handbook for Contextually Valid Family Training, Part 3: Family & Child Routines* (pp.66-74). Carbondale, IL: Project 12-Ways.
- Brody, G.H., Stoneman, Z., Gauger, K. (1996). Parent-child relationships, family problem solving behavior, and sibling relationship quality: the moderating role of sibling temperaments. *Child Development*, 67, 1289-1300.
- Center for Disease Control and Prevention. (2010). Adverse childhood experiences reported by adults-five states. *Morbidity and Mortality Weekly Report*, 59, 1609-1613.
- Chang, J., Rhee, S., Berthold. (2008). Child abuse and neglect in cambodian refugee families: characteristics and implications for practice. *Child Welfare*, 87, 141-160
- Finchman, F.D. (2003). Marital conflicts: correlates, structure, and context. *American Psychological Society*, 12, 23-27.
- Gould, E., Grskovich, A., Greene, B.G. (2011). Life in family environments (life). In B.F. Greene (ED.), *An Assessment Handbook for contextually Valid Family Training, Part 3: Family & Child Routines* (pp. 17-29). Carbondale, IL: Project 12-Ways.
- Greene, B.F., Norman, R., Searle, M.S., Daniels, M., Lubeck, C. (1995). Child abuse and neglect by parents with disabilities: a tale of two families. *Journal of Applied Behavior Analysis*, 28, 417-434
- Johnson, S.M., Greenberg, L.S. (1985). Differential effects of experiential and problem-solving

- interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, 53, 175-184
- Junewicz, W.J. (1983). A protective posture toward emotional neglect and abuse. *Child Welfare League of America*, 3, 243-252
- Kanoy, K., Ulku-Steiner, B., Cox, M., Burchinal, M. (2003). Marital relationship and individual psychological characteristics that predict physical punishment of children. *Journal of Family Psychology*, 17, 20-28.
- Lutzker, J.R., Van Hasselt, V.B., Bigelow, K.M., Greene, B.F., Kessler, M.L. (1998). Child abuse and neglect: behavioral research, treatment, and theory. *Aggression and Violent Behavior*, 3, 181-196.
- O'Leary, P., Cooney, C., Easton, S.D. (2010). The effect of severe child sexual abuse and disclosure on mental health during adulthood. *Journal of Child Sexual Abuse*, 19, 275-289.
- 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 of Consulting and Clinical Psychology*, 61, 70-77.
- Mowbray, C.T., Bybee, D., Oyserman, D., MacFarlane, P., Bowersox. (2006). Psychological outcomes for adult children of parents with severe mental illnesses: demographic and clinical history predictors. *Health and Social Work*, 31, 99-108.
- Mowbray, C.T., Mowbray, O.P. (2006). Psychological outcomes of adult children of mothers with depression and bipolar disorder. *Journal of Emotional and Behavioral Disorders*, 14, 130-142.
- Pastovich, R.A. (2010) *Teaching conflict resolution skills to increase communication and parental responsibilities within daily childcare routines*. (Unpublished masters research paper). Southern Illinois University Carbondale.
- Reupert, A., Maybery, D. (2010). Families affected by parental mental illness: Australian programs, strategies and issues. The missing role of schools. *International Journal for School-Based Family Counseling*, 2, 1-16.

- Taylor, T.K., Biglan, A. (1998). Behavioral family interventions for improving child-rearing: a review of the literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1, 41-59.
- Tonmyr, L., Jamieson, E., Mery, L.S., MacMillian, H.L. (2005). The relation between childhood adverse experiences and disability due to mental health problems in a community sample of women. *The Canadian Journal of Psychiatry*, 50, 778-783.
- Webster-Stratton, C., Hammond, M. (1999). Marital conflict management skills, parenting style, and early-onset conduct problems: processes and pathways. *Journal of Child Psychology and Psychiatry*, 40, 917-927.
- Webster-Stratton, C., Reid, J., Hammond, M. (2001). Social skills and problem solving training for children with early-onset conduct problems: who benefits? *Journal of Child Psychology and Psychiatry*, 42, 943-952.
- Webster-Stratton, C. (1994). Advancing videotape parent training: a comparison study. *Journal of Consulting and Clinical Psychology*, 62, 583-593.

APPENDICES

Appendix A

Family Meeting Routine

Family: _____ DCFS ID# _____

Phase: B Tx F

Date

Parent

Child

Observer

Routine

[illegible]

Area safe and clean

Everyone sits together

Parent states rules and boundaries for the activities of the day

Ask child what he/she would like to do

Ignores inappropriate behaviors

Uses redirection as needed

Premack

Provides attention to appropriate behaviors

Responds to dangerous situations

100% Positive Affect

0% Negative touch

[illegible]

Appendix B

Time In ROUTINE

Family: DCFS ID#

Phase: B Tx F

Date _____

Parent

Child

Observer

Area is clean and safe

Basic needs of children met.

Age appropriate materials available.

Age appropriate expectations.

4:1 positive to negative verbals.

100% positive affect.

0% negative touch.

Parent participants in activity.

Children are appropriately supervised

Parent provides preferred activity contingent on task completion.

Parent ignores inappropriate behavior.

Parent gives attention to appropriate behavior.

Parent uses redirection as needed.

Parent facilitates compliance to instructions.

Parent acknowledges compliance.

[illegible]

Appendix C

Global Assessment of Parenting Skills (GAPS)

Client: _____ DCFS ID # _____

Date: _____ Observer: _____

Phase: B Tx M Routine: _____

All critical steps met
Not all critical steps met

5	<p>Never reacts punitively to appropriate behavior at any point in the routine.</p> <p>Routinely acknowledges appropriate behavior.</p> <p>Never acknowledges inappropriate behavior.</p> <p>No negative affect or touch at any point in the routine.</p> <p>Usually facilitates compliance.</p> <p>Usually acknowledges compliance.</p>
4	<p>Usually acknowledges appropriate behavior.</p> <p>Occasionally acknowledges inappropriate behavior.</p>
3	<p>Acknowledges inappropriate behavior just as much as appropriate behavior.</p> <p>Occasionally facilitates compliance.</p> <p>Occasionally acknowledges compliance.</p>
2	<p>Almost always acknowledges inappropriate behavior.</p> <p>Rarely acknowledges appropriate behavior.</p>
1	<p>Punitively reacts to appropriate behavior at any point in the routine.</p> <p>Never acknowledges appropriate behavior.</p> <p>Negative affect and/or touch at any point in the routine.</p> <p>Reacts punitively to compliance.</p> <p>Never facilitates compliance.</p> <p>Never acknowledges compliance.</p>

Comments: _____

Appendix D

SAFETY AND SUPERVISION

Family: _____ DCFS ID# _____

Phase: B Tx F

Date

Parent

Child

Observer

1. Parent has age-appropriate expectations
2. Hazardous items are kept out of reach
3. Parent states expectations, rules, boundaries for activity appropriately
4. Parent enforces rules and boundaries appropriately
5. Parent conveys expectations to others per opportunity
6. Child is safe at all times
7. Parent recognizes and reacts to potentially dangerous situations

Total:

Percent:

Appendix E

Supervision Communication

Family: DCFS ID#

Phase: B Tx F

Date _____

Parent

Child

Observer

Routine

[illegible]

1. Parents knows the name of the individuals involved in the activity
2. Parent ask about activity and verifies that it is appropriate
3. Parent knows location of friend's home or activity location
4. Parent ask for/knows pertinent (phone number, parent names, etc.
5. Check in time and return home time discussed and agreed upon by parents and child
6. Consequences discussed
7. Rules and boundaries stated

[illegible]

[illegible]

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- [illegible]

Appendix G

PROBLEM SOLVING 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)					

STATE PROBLEM

1. What
2. Why
3. Only One

SOLUTIONS

4. First
5. Second
6. Third

POSITIVE RESULTS

7. First

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8. Second

9. Third

NEGATIVE RESULTS

10. First

11. Second

12. Third

RATE

13. First

14. Second

15. Third

16. Choose Best One

PLAN

17. Who

18. What

19. When

RESULT

20. Implemented

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Appendix H

PROBLEM SOLVING WORKSHEET

Family: _____ DCFS ID: _____ Individual: _____ Date: _____

Define Problem: "One of my problems is _____. It is a problem for me because _____.

Three different ways I can solve my problem are:	Good things that may happen:	Bad things that may happen:	Rate:
1. _____ _____ _____	a. _____ b. _____ c. _____	_____ _____ _____	Good OK Bad
2. _____ _____ _____	a. _____ b. _____ c. _____	_____ _____ _____	Good OK Bad
3. _____ _____ _____	a. _____ b. _____ c. _____	_____ _____ _____	Good OK Bad

Choose Best Solution: _____

Plan: Who? _____ What? _____ When? _____

Implemented? Y N Date: _____

Appendix I

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 J

CONFLICT RESOLUTION WORKSHEET

Family: _____ DCFS ID: _____ Date: _____

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

State Conflict (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. Verify 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)_____. **Other Person Restates.**

Verify with speaker whether you repeated it correctly. Y N

How long will we try this solution? _____

Result

When was it first tried? ____/____/____

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Southern Illinois University-Carbondale
Bachelor of Science, Rehabilitation Services, 2009

Research Paper Title:

Teaching Conflict Resolution Skills to Parents with a History of Psychiatric Disorders
and Marital Discord

Major Professor: Brandon F. Greene