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THE CORRELATION BETWEEN FAMILY COHESION AND
SUCCESS IN AUTISTIC TREATMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Mindy Lee Gerbitz

June 2007


THE CORRELATION BETWEEN FAMILY COHESION AND
SUCCESS IN AUTISTIC TREATMENT

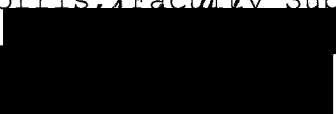
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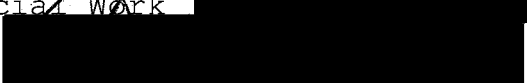
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ABSTRACT

The focus of this research project was the relationship between family cohesion and Autistic children's success in treatment. This study was correlational and applies to micro Social Work practice. This research project offered an overview of Autistic spectrum disorder and discussed the need for research regarding the family's role in treatment. The treatment framework examined in this research project was Applied Behavioral Analysis. The study took place at University center for developmental disabilities (UCDD), located at California State University San Bernardino. The research used a Positivist paradigm with quantitative secondary data that was collected by UCDD researchers.

Data from eighty Autistic family participants was analyzed using univariate and bivariate analysis with use of the Statistical Package for the Social Sciences. This study analyzed the variance between the independent variable (Family cohesion) and the dependent variable (success in treatment) using ANOVA. The analysis of variance indicated significant positive relationships between family cohesion and a child's success in transitions, acceptance of activities, and communication.

These relationships indicated that the family has a significant effect on the child's ability to transition, accept activities, and communicate.

There were also thirty-three non-significant relationships. The results indicated that family cohesion may effect improvement on only a few Autistic behaviors. The lack of significant relationship between many of the variables indicates that the Autistic child does not learn primarily from the family. This indicates that the family may have very little effect on the Autistic child's ability to be successful in treatment. This indicates a need for micro social workers to focus on the quality of the Autistic children's treatment as well as family dynamics.

This research indicates a need for Micro Social Workers to focus both on the needs of the family and the specific needs of the child. This research also provides an understanding for the Social Worker that while family intervention may improve some Autistic behaviors, it will not affect all of them.

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter discusses Autism and family functioning. Positivism is defined and a rationale for the appropriateness of the positivist paradigm for this research project is offered. A review and summary of literature pertaining to family functioning, Autism treatment, and related research issues is presented. A discussion of systems theory as it guides this research is offered and an explanation of how this study will benefit Micro Social work practice concludes this chapter.

Research Focus and/or Question

This was a correlational study of the relationship between family cohesiveness and the success of Autistic children in treatment. More specifically, it was a study of families that include a child diagnosed with an autistic spectrum disorder (ASD) who is currently receiving behavioral treatment. According to the Centers for disease Control and prevention (CDC), ASD is a disorder that currently affects one in one hundred and

fifty children. ASD is a disorder that affects a child's social functioning including his/her ability to communicate. Children with ASD often lack social skills, lack interest in society, lack ability to communicate and have repetitive behaviors (CDC). Children with ASD are often misunderstood by other children and recognized for their lack of ability to function similarly to other children. There are several different frameworks of treatment currently used to intervene with Autistic children. Treatment for ASD aims to help ASD children learn communication skills, gain interest in society, and decrease repetitive behaviors.

The intervention used by the program that is the focus of this study was based on an Applied Behavioral Analysis (ABA) framework. Autistic treatment based on an ABA framework offers a systematic approach to the application and evaluation of behavior. ABA is one of the most widely known treatments aimed at increasing functionality of Autistic children. ABA treatment is an intensive one-on-one therapy that works with the Autistic child to decrease inappropriate behaviors and increase social and academic skills.

This study aimed at gaining an understanding of the factors that contribute to the success of treatment with a child in ABA treatment. When examining the factors that contribute to success, the following correlation question was asked. Does family cohesion as defined by the ability of the family to work together, contribute to the success of autistic children in Treatment? A hypothesis was stated that as the cohesiveness of the family increases the success of the Autistic treatment increases. The research hypothesized that there will be a positive correlation between family cohesion and treatment success.

Paradigm and Rationale for Chosen Paradigm

This research project was conducted using a Positivist paradigm. The Positivist paradigm assumes an objective reality governed by laws and mechanisms that can be identified. "The positivist worldview assumes that an objective reality exists outside of personal experience" (Morris, 2006, p. 3).

Positivism was the most appropriate paradigm to use in this correlational study for several reasons. First, questions and a hypothesis about the correlation between

family cohesiveness and autism treatment were developed and stated before the project began. This process aligns with the requirement of the positivist paradigm, which is to address causal questions. Secondly, Positivism focuses on finding causes and correlations in human behavior. This research focused on finding a correlation between family cohesion and Autism treatment also making it a good fit for the Positivist paradigm. Thirdly, this study used information from eighty participants in the form of secondary data that included variables that were measured quantitatively.

Positivism primarily uses quantitative data, again making it the most appropriate paradigm for this research. Lastly, the Secondary data was gathered using minimal engagement of study participants. The positivist approach states that engagement should be minimal and the researcher should not allow immersion in the setting to change methodology, which aligns with the way the secondary data was collected. Because data from eighty autistic families was used, positivism's use of quantitative data was most appropriate. Because this research used pre-developed questions created a hypothesis, had minimal engagement, used quantitative

data, and focused on a correlation relationship, Positivism was the best paradigm to use. Positivism was the worldview that led the researcher to examine quantitative data on eighty cases for family functioning as well as treatment success. This examination allowed an exact quantitative measurement of the relationship between cohesion and Autistic treatment. Because Positivism used quantitative analysis it allowed for a clear and measurable result of how family functioning affects the success of Autistic treatment.

Literature Review

This literature review summarizes and critically reviews previous studies that examine the dynamics of a family with an autistic child, as well as studies that discuss the factors that determine a child's success in ABA treatment. This review also explores issues relating to research in the Autistic community and discusses Applied Behavioral Analysis. Literature pertaining to the specific relationship between family cohesion and the success of treatment is limited. This discussion of the literature developed a connection between the literature regarding family cohesion as well as the literature

regarding Autistic ABA treatment in order to provide a basis for this research study. The articles reviewed in this literature represent a consistent view of family as being an important factor in the treatment of autistic children. This discussion specifically addresses research issues, Applied Behavioral Analysis, Family functioning, and the effect of family on treatment.

Research Issues

With the rising prevalence of Autism, research regarding Autistic treatment is imperative. Without research regarding Autistic treatment it may be impossible to offer resources for Autistic children and their families. Sontag (1996) and Bronfenbrenner (1986) both offer an explanation of research needed in the Autistic community. Sontag (1996) critiqued the ecological theory of human development in relationship to the development of children with disabilities. In this critique, Sontag (1996) sought to understand how educators could improve the environment to encourage growth and development among children with disabilities. Throughout her article Sontag (1996) indicates that research pertaining to children and their learning environments, with special regard to the influence of

their families is lacking. Sontag (1996) continues to acknowledge a "development in context" model, in which the child needs to be seen as progressing in the context of the system or family. This model relates to this research study's aim to examine the Autistic child within the context of his/her family.

Through a similar perspective, Bronfenbrenner (1986) presents an ecological theory concerning the family as a context for human development. Bronfenbrenner's ecological model (1986) indicates the importance of examining the influence of the family system on a child's interactions. Bronfenbrenner (1986) and Sontag (1996) both indicate that future research regarding family influence on child functioning is needed. Bronfenbrenner (1986) explains that understanding the family influence on the child will guide future therapies to more adequately serve the Autistic child's needs. This is the context for conducting research regarding the influence of a families functioning on the child's success in treatment.

Applied Behavioral Analysis

Applied Behavioral analysis (ABA) is the treatment framework focused on in this research. For purposes of

this study, it was important to understand the ABA framework. Many resources discussed ABA and its effectiveness. Lovass (1987) and Simpson (2001) give an in depth description of ABA techniques. Simpson (2001) defines ABA as a highly utilitarian and flexible method that can be applied in a variety of ways. Lovass (1987) describes ABA as a science that seeks to use empirically validated behavior change procedures for assisting Autistic individuals in developing socially valued skills. Both articles define ABA treatment as an intensive therapy that utilizes positive and negative reinforcement and discrete trial training as techniques to evoke behavioral change in Autistic individuals. It is important to understand that ABA's primary focus is to change the maladaptive behaviors of Autistic children to socially acceptable adaptive behaviors.

Delmolino and Harris (2002); Lovaas, McEachin, and Smith (1993); and Lovaas (1987) each support Applied Behavioral Analysis as a successful treatment for Autistic children. These authors state that ABA is successful in assisting a large percentage of Autistic children in progressing to mainstream classes and learning behaviors that assist them to appropriately

function in society. Lovass (1987) carried out a study of nineteen Autistic children undergoing ABA treatment. The results of this study showed 47% of the children were functioning at a normal level at completion of the therapy. Lovass's study was the breakthrough study showing the effectiveness of ABA therapy. Delmolino and Harris (2002) review several outcome studies showing positive developmental gains in Autistic children who have completed ABA treatment. In support of these findings, Maurice (1993) gives an account of the personal experience of her child going through an ABA program. Maurice (1993) claims that ABA saved her child.

Baker and Suarez (1997), and Frea and Moes (2002) both indicate that ABA is a successful intervention when the family of the child has additional social support. These findings on ABA treatment offer a foundation for this research. They offer data supporting the assumption that families play an important role in ABA treatment. Thus, we can look at family functioning and its impact on the effectiveness of ABA on the Autistic child.

Family Functioning

The functioning of the family serves as the independent variable for this research. Baily, Higgins,

and Pearce (2005); Digirolamo and Quittner (1998); and Blacher, Neece, and Paczkowski (2005) discuss research on family adaptation, coping strategies, and functioning when there is a child with Autism. These articles suggest that family functioning is impaired when there is a child with Autism. The family experiences more stress and lack of social supports than traditional families. Baily, Higgins, and Pearce (2005) state that having a child with Autism places a considerable amount of stress on the family and effects family functioning. They present the idea that the functionality of the family is significantly impacted by the Autistic child. However, Digirolamo and Quittner (1998) concluded that the family has the ability to adapt to the stressors of the disability and resume normal functioning.

Blacher, Neece, and Paczkowski (2005) agree that the family can adapt, but indicate that there is a need for interventions such as family coping skills, increase in social support, and family education to focus on family stress reduction in order to facilitate positive adaptation.

Effects of Family on Treatment

There are four key articles regarding family involvement in treatment for Autistic children. Buschbacher, Clarke, and Fox (2004); Frea and Moes (2002); and Dunlap, (1999), claim that the role of the family is a significant factor in treatment for Autistic children. Buschbacher, Clarke, And Fox (2004) indicate that parent implementation of positive behavior support increases the child's engagement, increases the number of days that the child sleeps through the night, and decreases negative behaviors in the child. For example: a child who's parent continues therapy techniques in the home is more engaged with the parent than a child who's supportive therapy ends in the therapy room.

Based on this literature it can be inferred that the parents' role has a significant impact on the improvement of the Autistic child. Frea and Moes (2002) validate this assumption by indicating that consideration of family context in the assessment and intervention planning process of Autistic treatment contributes to the stability and durability of reduction in challenging behavior of Autistic children. The literature concerning family involvement in Autistic treatment confirms that

positive parent involvement positively contributes to positive outcomes of the Autistic child's treatment.

Impact of the Literature

This literature laid the foundation for the focus of this research project. It provided a basis for a "Development in context" model. The literature also offers support of ABA therapy as the proposition that a successful intervention for Autistic children, as well as A.B.A appears to be influenced by the family. The literature also provides a basis for concluding that families of Autistic children often have less functionality than families who do not have an Autistic child and that family involvement plays an important role in the treatment of the Autistic child.

This research project aimed to bring these conclusions together and examine whether the level of functionality in the family contributes to the outcome of the treatment. Sontag (1996) and Bronfenbrenner (1986) comment that there is a need for studies of relationships between family and Autistic children. This study will seek to provide answers to questions that have yet to be answered regarding the specifics of the relationship between family cohesion and Autistic treatment.

Theoretical Orientation

The research is predominantly based on a systems theory. Kirst-Ashmon and Zastrow (2004) define Systems theory as focusing on the interaction and relationships among various systems including individuals, families, groups, organizations, or communities. Kirst-Ashmon and Zastrow (2004) emphasize that systems theory stresses importance of the environment as it relates to the system. Systems theory focuses on how sub-systems interact with each other and affect one another both positively and negatively.

Within the subsystem there are roles and relationships. Roles consist of the functions that each individual takes on in the system. Roles in the family may consist of mother, father, housekeeper, financial provider, brother, daughter, and others. These roles effect how each member is perceived in the system by other members. The relationships in the systems consist of the interaction between members. Relationships can be negative or positive and strong or weak. The strength and direction of the relationships between members affects the subsystem either negatively or positively.

There is a connection between Systems theory and the literature regarding Autism and family. Research studies reviewed in the literature studied autistic children based on his or her relation to the family and peer mezzo systems. Specifically the research indicates the family as a social system or mezzo system in which the autistic child functions. From understanding systems theory it can be assumed that the autistic child can most accurately be viewed within his or her interaction with various systems associated with his or her life.

All of the research reviewed in this study focuses on systems theory. This research project aligned with a systems theory focus and analyzed Autistic children within their mezzo system of the family. By looking at the relationship between family cohesion and success of Autistic treatment a clear connection can be made to systems theory.

Potential Contribution of Study to Micro and/or Macro Social Work Practice

This research project addressed a topic that is important to Social Workers who are offering services to Autistic children and their families. According to the Centers for disease control and prevention, approximately

every one in one hundred and fifty children is diagnosed with autism (Centers for Disease Control, 2007). While the number of autism diagnosis is soaring, there continues to be a lack of information on how to adequately serve Autistic children and their families. This research addressed this concern by studying how family affects the success of Autistic children. This research will allow a micro practice Social Worker working with an Autistic family to know whether or not to offer interventions for the family and to what degree to offer these interventions.

Summary

This chapter offered a research focus and outlined a thesis question and a hypothesis for this study. This chapter identified the use of a positivist paradigm as well as gave a concrete reasoning of the appropriateness of the paradigm. A review of the literature was provided and topics such as Research issues, Applied Behavioral Analysis, Family functioning, and family effects of treatment were outlined. Behavioral theory was identified as the theory guiding this research. Behavioral theory was described in detail and its connection with this

research was explained. This chapter concluded by offering an explanation as to why this study will be valuable to a Social Worker offering service to an Autistic family. This chapter offered an in depth insight into the assessment phase of this study.

CHAPTER TWO

ENGAGEMENT

Introduction

This chapter describes the specific phases and efforts that were made to engage participants and the study site in this research project. Diversity issues that arose in the study are discussed and the researcher's efforts to address those issues are provided. Ethical and political research issues associated with this study are presented in this chapter. An in depth discussion is provided detailing how the researcher dealt with these ethical, political and legal issues is also provided

Research Site and Study Participants

This study was conducted at the University Center for Developmental Disabilities (UCDD) located at the California State University in San Bernardino. The UCDD provides therapeutic interventions to Autistic children based on an ABA therapeutic framework, as well as support groups to the families of Autistic children. The data was collected under the supervision of Dr. Charles Hoffman, UCDD research director. The data was collected by

researchers at UCDD who conducted face-to-face interviews with families of Autistic children who are currently utilizing services at this center. The participant families included in the sample each had a child with autism receiving treatment from the UCDD. Each participant family was also involved in a UCDD parent support group. The child participants ranged in age from four years old to nineteen years old. The family participants varied in cultural, economic, racial, and educational backgrounds.

Engagement Strategies for Each Stage of Study

The researcher engaged the UCDD site by first introducing herself as a Social Work research student. The researcher spoke to the UCDD director in detail about her thesis questions and hypothesis concerning autistic treatment and family cohesion. During the engagement process the researcher engaged in several activities with the UCDD center that included; observing the UCDD autistic treatment, participating in a research meeting, and collecting data for a non-related study. This researcher was required to collect data for a non-related study in order to gain access to this study's secondary

data. This researcher completed forty-five questionnaires with parents of a child who was fourteen years or younger. This researcher turned these questionnaires in to UCDD research team for use in an additional research project not related to this research project. This researcher's participation in external data collection facilitated her acceptance into the UCDD site.

Participants from whom data was collected were engaged by UCDD researchers. The participants were contacted at a UCDD parent support group and asked to volunteer for this research. Those clients who participated willingly volunteered and agreed to an informed consent provided to them by UCDD data collectors. The participant parents were briefed on the significance that their participation would have on Autism research by UCDD researchers. The UCDD researcher explained to the parents that their responses to the questionnaires would contribute to a variety of studies evaluating autistic treatment. The engagement strategies were effective allowing data on over a hundred parents to be collected. For purposes of this study only data on eighty participants was used. Since this a positivist

study, intense engagement of participants was not necessary beyond the initial interviews.

Self Preparation

This research study required the researcher to work with a UCDD research team in extracting and understanding the data. The UCDD research team members come from a Psychology based background. Acknowledging the differences between Psychology and Social Work, the researcher became educated in psychological research terminology and the field of psychology's approach to research. This knowledge prepared the researcher to be sensitive when working with the study team and prepared the researcher to understand terminology associated with the data set. The researcher worked to combine psychological research views and social work research views by reading information regarding both disciplines, in order to offer a balanced perspective in this study.

The researchers who collected the data prior to this study prepared themselves to be sensitive to the families who participated. The researchers became aware of the different dynamics that exist in families that have an Autistic child. The researchers were aware that the

functioning of Autistic families greatly differs from the functioning of families without an Autistic child. For example the researchers became familiar with the changes of normal routines that occur within autistic families. The researchers also became familiar with the psychological effects that the family may endure due to caring for the autistic child. The researchers had an understanding that each different family has a unique concept of functioning. The awareness and understanding provided by the researchers allowed for sensitivity of all participants.

Diversity Issues

The families that participated in data collection were culturally diverse. All of the families who participated have an Autistic child. However, the families came from different racial, cultural, educational, and economic backgrounds. The researchers collecting data became aware of the cultures and the dynamics in race before collecting the data with the families. The researchers offered translation for non-English speakers which allowed the data to expand across language barriers. A section of the questionnaires

asked questions concerning cultural diverse issues such as race, culture, education, and economic status. The answers allowed the researchers to take diverse backgrounds into account when analyzing the data. The researchers offered neutral questions that were not culturally biased.

When collecting the data on the progress of the Autistic children, the researchers prepared themselves to be aware of the differences in cognitive functioning of the children. The researchers were familiar with the functioning levels of autism and used this knowledge to be sensitive to unique participants. The researchers were aware of the beginning level of functioning in each child and were able to accurately determine the amount of progress each child made in treatment. For example the researchers measured the amount of progress for a child that began treatment with minimal amount of expressive language differently compared to a child who began treatment with a higher level of expressive language.

Ethical Issues

The Families and children who participated in this study were chosen from a group of families participating

in treatment at the UCDD. Because of their dual roles of research participant and treatment recipient, an ethical issue was raised. The confidentiality of the Child and Family's treatment was jeopardized when treatment information was included in this study. The families and children could not be guaranteed confidentiality, because information about their family functioning as well as information about treatment progress was used in this study. The lack of guarantee for confidentiality posed an ethical issue.

This ethical issue was addressed by notifying the participants of the possible breach of treatment confidentiality. The researchers explained to each participant that their names or identifying information would not be used in the study. However, the researchers explained that the UCDD center would be identified as the research site and possible connections between UCDD and the participants could be made. The researchers then asked the participants if they were still willing to participate in the study. The informed consent was offered detailing the amount of information that would be provided to the study. The ethical issue was resolved due to the consent of the informed participants.

Political Issues

The combination of the Psychology and Social Work disciplines in this study created a political issue. The UCDD site and research director brought a psychological foundation of knowledge to this study, and the researcher brought a Social Work foundation of knowledge to this study. Differences between the disciplines of Psychology and Social Work created the potential for disagreement between the researcher and the research site. Psychology uses a basis of knowledge focused on the individual and the psychological issues of that individual. In comparison, Social Work takes a broader approach focusing on relationships and social environment and its effects on the individual. To limit the negative effects that the differences brought to this study the researcher and research site worked together to combine the foundations of knowledge. This was done through the communication in which both the researcher and research site shared different opinions and views. The combination of this knowledge allowed both the researcher and research site to adequately examine the aspects of this research.

Summary

This chapter discussed the engagement process of this study in detail. UCDD was identified as the study site used to collect data for this research. Families with autistic children participating in the UCDD therapy program were identified as research participants. The process that the researcher went through to engage the study site and participants was presented in detail. Diversity issues pertaining to the participants were discussed and UCDD's efforts to address these diversity issues were presented in this chapter. Ethical and legal issues concerned with the research were presented. The researcher and UCDD's efforts to address these ethical and legal issues was described in detail. This Chapter offered a clear and detailed discussion of the engagement phase to this research.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter describes the implementation of participant selection, phases of data collection, and data recording based upon a positivist worldview. The purpose of this implementation was to answer this thesis question, Does family cohesion as defined by the ability of the family to work together, contribute to the success of autistic children in treatment? The hypothesis stated that as cohesiveness of the family increases the success of the Autistic treatment increases. This discussion details the procedures for selecting participants, gaining consent, and gathering the data. In conclusion, this chapter offers information to how the data was recorded and prepared and analyzed.

Selection of Participants

This study's sample was a convenience sample. All participants who participated were volunteers and were not selected randomly or selected based on any criterion. This study used secondary data collected by UCDD researchers. Parents with children enrolled in treatment

at UCDD are required to attend a weekly parent support group. The parent group members are all identified as being parents of an Autistic child whom is receiving treatment from UCDD. For purposes of this data UCDD researchers asked members of the parent group to participate in this study. Parents who wished to participate agreed to complete questionnaires or participate in interviews with UCDD researchers. In addition, these parents agreed to allow their child's behavioral data to also be used in this study. The entire sample consisted of two hundred and fifty four participants. A total of eighty parent participants and eighty child participants were used for purposes of this study. The characteristics of the mother, father, and child participants are displayed below (Table 1).

Table 1. Characteristics of Participants

Characteristic	Freq.	%	Min.	Max.	M	SD
CHILD						
GENDER						
Female	16	20.0				
Male	64	80.0				
ETHNICITY						
African Amer.	12	15.0				
Asian/pacific	5	6.3				
Hispanic	25	31.3				
Caucasian	30	37.3				
Middle Eastern	2	2.5				
Mixed & Other	5	6.3				
AGE			4	19	8.73	3.409
MOTHER						
ETHNICITY						
African Amer.	10	12.5				
Asian/pacific	3	3.8				
Hispanic	26	32.5				
Caucasian	35	44.3				
Middle Eastern	1	1.3				
Mixed & Other	2	2.5				
Unknown	2	2.5				
AGE			22	57	39.57	7.906
FATHER						
African Amer.	9	11.3				
Asian/pacific	5	6.3				
Hispanic	23	28.8				
Caucasian	30	37.5				
Middle Eastern	1	1.3				
Mixed & Other	1	1.3				
Unknown	10	12.5				
AGE			23	62	41.83	9.089

The characteristics of the population (Table 1) indicate the age range of the participants. The age range of children was four years old to nineteen years old, mothers ranged from twenty-two to fifty-two, and fathers from twenty-three to sixty two. The majority of mothers (43.9%), fathers (37.5%), and children (37.5%) were Caucasian. The majority of children (80%) were male.

Data Collection

The data used in this study was collected from an existing Data set gathered by the University Center for Developmental Disabilities (UCDD). The researchers asked parent participants of the UCDD parent support group to volunteer and to participate in answering a questionnaire that would potentially be used in several studies. UCDD researchers verbally explained to each parent participant that this information as well as their child's behavior data would be used in several anonymous studies about Autism. After hearing the explanation of the use of the data, if they agreed to participate, volunteers signed the informed consent (See Appendix B).

Following the informed consent each parent either participated by filling out a written questionnaire or by

participating in a face-to-face interview with UCDD researchers. UCDD researchers conducted over a hundred interviews in which each participant was asked a series of questions from the Family Environment scale instrument (see appendix C). The interviews lasted forty-five minutes and were conducted at the UCDD center. During this interview the researchers verbally asked the participant each question and then circled the answer given by the participant on the interview sheet. The participant's answers were recorded and later entered into Microsoft Excel by UCDD researchers.

Parents who chose not to participate in a personal interview took a written questionnaire home to fill out. After filling out the questionnaire, the participants brought it back to UCDD researchers. UCDD researchers then entered this data into Microsoft Excel.

Family Environment Scale

The Family Environment Scale uses closed ended questions to assess the dynamics of the family. This scale was designed to measure the social-environmental characteristics of all types of families. The scale has sub categories of questions that measure different social-environmental aspects of the family. The responses

to these questions gave specific information into the independent variable (family cohesion). The responses indicated the degree of cohesion, expressiveness and conflict of that participant's family. The degree of cohesion, expressiveness, and conflict for each participant's family was imperative to answer this research thesis question: Does family cohesion as defined by the ability of the family to work together, contribute to the success of autistic children in Treatment? The questions included in the questioner were in the form of statements in which the respondents were required to answer true or false. According to Moos and Moos (1997), the family environment scale has a cronbach alpha coefficient ranging from .61 to .78. This coefficient indicates a moderate to strong reliability for the family environment scale.

In addition to data gathered from the parents based on the FES, data was also gathered on the child's behaviors based on the Behavioral rating scale (See Appendix D). This behavioral data was collected weekly by each child's individual UCDD teacher.

Behavior Rating Scale

Each week every child at UCDD participates in a treatment session with a UCDD teacher. During every session the UCDD teacher completed a behavior rating scale based on the child's behavior during the treatment session. The UCDD teacher rated the child on areas of his/her behavior including eye contact, attentiveness, ability to transition, acceptance of activities, compliance, initiation of activities, ability to turn take, ability to imitate, ability to communicate with words, ability to communicate receptively, and receptiveness to commands. Each behavior was rated on a scale of one to five with one being "Always difficult" and five being "no difficulty". The closer the child's behavioral rating was to five the more progress the child was making in that behavior. This data was collected during a period of one year. This was the data used to measure the child's success in treatment. This researcher conducted a test of reliability that indicated a cronbach alpha coefficient of .847 indicating a strong reliability for the behavioral rating scale.

Data Recording

The data pertaining to the parent's family cohesion was recorded using paper questionnaires. The UCDD researchers circled the answers to the questions on the questionnaire when performing the interviews. Participants who completed paper questionnaires marked their own answers to each question. The data was then entered into Microsoft excel by UCDD researchers. The data pertaining to the behavioral success of the autistic child was recorded weekly on a behavioral rating scale. This behavioral information was also entered into Microsoft Excel by a UCDD researcher. The data existing in Microsoft Excel was extracted and entered into Statistical package for the social sciences (SPSS) for data analysis.

Summary

This chapter detailed the selection of participants from the UCDD. The chapter specified the characteristics of the participants and the selection process of the participants. The process in which the participants participated in was described and informed consent was specified. Preexisting likert scales were identified and

their use for purposes of this study was described. The involvement of UCDD researchers for purposes of collecting this data was also discussed and described.

CHAPTER FOUR

EVALUATION

Introduction

This chapter discusses data analysis and describes the specific variables that measured the independent and dependent variables. The chapter describes the results of the data analysis and interprets this data. The impact of study findings on micro and macro social work practice is also discussed.

Data Analysis

This research project addressed the following question. Does family cohesion as defined by the ability of the family to work together, contribute to the success of autistic children in treatment? The researcher hypothesized that as the cohesiveness of the family increases the success of the Autistic treatment increases.

During the analysis of the research, the data collected on the Family environment scales and behavioral rating scales was entered into the statistical package for the social sciences (SPSS). The parent answers to questions from the FES regarding family cohesion, family

conflict, and family expressiveness were entered as the independent variables for Family Cohesiveness.

The data for the Dependent variable Success of treatment was recorded based on the behavioral rating scales. The data obtained from completed behavior rating scales was entered for the dependent variable of success of treatment. The behavior rating scales were divided by individual behaviors including eye contact, attentiveness, ability to transition, acceptance of activities, compliance, initiation of activities, ability to turn take, ability to imitate, ability to communicate with words, ability to communicate receptively, and receptiveness to commands. Each individual behavior had an initial rating score documented by a UCDD teacher and a score that was recorded after a year of ABA treatment by a UCDD teacher. These scores were used as the measure of the child's success in treatment. For purposes of this data analysis the initial behavior scores were subtracted from the ending behavior scores in order to calculate the amount of behavior progression for each child. The behavioral rating scale data consisted of data recorded over a period of one year.

Results

Univariate Analysis

A univariate analysis was conducted of both the independent variables (FES) and the dependent variables (Behavior success scores). A measure of descriptives giving minimum, maximum, mean, and standard deviation were calculated for the variables in the FES and for behavioral success scores. The continuous variables in the family environment scale were; degree of cohesion, degree of family expression, and degree of family conflict. The behavior variables measuring success were attentiveness, eye contact, transitions, acceptance, compliance, and response to direction, response to interactions, initiation, turn taking, imitation, communication, and receptive communication. Table 2 displays the minimum scores, maximum scores, mean scores, and standard deviation for FES subscales and Behavioral success scores.

Table 2. Descriptive Statistics (Family Environment Scale and Behavior Scores)

Variables	Min.	Max.	M	SD
FES				
Standard scores				
COHESIVENESS	18.00	65.00	53.7875	10.87174
CONFLICT	33.00	75.00	45.9375	10.01940
EXPRESSIVENESS	28.00	71.00	50.5025	10.38681
Behavior Success scores				
ATTENTIVENESS	-1.25	4.88	2.0839	2.01544
EYE CONTACT	-1.63	4.88	2.0172	1.90682
TRANSITIONS	-2.25	4.75	.0870	.84413
ACCEPTANCE	-1.88	2.00	.1344	.74438
COMPLIANCE	-2.00	2.50	.1807	.83217
REDIRECTION	-1.75	2.50	.2104	.85113
RE-INTERACTION	-1.63	2.63	.2516	.81289
INITIATION	-2.25	2.50	.2292	.93431
TURN TAKING	-4.25	3.25	.2167	1.14933
IMITATION	-2.25	5.00	2.1260	2.68682
COMMUNICATION	-3.25	5.00	.2005	1.20000
RECEPTIVE-COMM	-2.50	2.25	.1393	.89936

For the independent variable (FES) these frequencies indicate the mean score of cohesiveness ($m = 53.7875$), conflict ($m = 45.9375$), expressiveness ($m = 50.5$) which indicates that the average score for FES subscales is between forty six and fifty four. This indicates the distribution of scores throughout the population. For the dependent variable (behavior success scores) the

frequencies indicate mean amount of success that the children made for each behavior. This helps us to understand how successful the children were in each behavior. The behaviors that indicated the most successful results were attentiveness ($m = 2.08$), eye contact ($m = 2.017$), and imitation ($m = 2.1260$).

Bivariate Analysis

The data was analyzed to test this null hypothesis that there is no relationship between family cohesion and an Autistic child's success in treatment. Bivariate analysis was used to decide whether to reject the null hypothesis. The bivariate analysis addressed the relationship between family cohesion and Success in treatment without consideration of the possible influence of other variables.

A comparison of Means using ANOVA was used to compare the mean scores of the independent and dependent variables. The independent variables were standard scores of family cohesion, family conflict, and family expressiveness based on the FES. The dependent variables were behavioral success scores based on the behavioral rating scale. The behaviors that were used for dependent variables were the child's eye contact, attentiveness,

turn taking, ability to imitate, compliance, receptive communication, ability to task complete, acceptance of activities, and ability to transition. ANOVA was used to compare the mean scores of FES subscales and the mean scores of behavior success. This comparison aimed at indicating if there is a significant difference in the means for each variable. This comparison of means was used to answer this thesis question: Does family cohesion affect the success of an Autistic child in treatment? Table 3 displays the results of the ANOVA analysis between each independent and dependent variable.

Table 3. Analysis of Variance

Source	F	SIGNIFICANCE	Eta
Between groups			
FES-COHESION			
ACCEPT	2.169	.047*	.417
COMP	1.017	.427	.300
REDIRECT	1.224	.301	.326
REINTER	.197	.985	.137
INITIATE	.414	.891	.197
TURNTAKE	1.137	.350	.315
IMMITATE	.870	.534	.279
COMM	3.040	.007**	.478
RECEPTCO	.663	.702	.246
ATTENTIV	1.223	.301	.326
EYECON	1.239	.288	.329
TRANS	9.203	.000**	.687

Source	F	SIGNIFICANCE	Eta
FES-EXPRESSIVE			
ACCEPT	.553	.812	.242
COMP	.077	1.000	.093
REDIRECT	.211	.988	.152
REINTER	.578	.793	.247
INITIATE	.324	.654	.188
TURNTAKE	.645	.737	.260
IMMITATE	.837	.573	.294
COMM	.734	.661	.276
RECEPTCO	.690	.699	.269
ATTENTIV	1.218	.301	.347
EYECON	1.153	.340	.339
TRANS	.709	.683	.272
FES-CONFLICT			
ACCEPT	.479	.867	.226
COMP	.724	.670	.275
REDIRECT	.361	.938	.198
REINTER	.819	.589	.291
INITIATE	1.390	.216	.368
TURNTAKE	1.347	.235	.363
IMMITATE	1.517	.167	.382
COMM	1.286	.264	.356
RECEPTCO	.673	.714	.265
ATTENTIV	1.114	.364	.334
EYECON	1.133	.352	.336
TRAN	.372	.932	.201
Significance if *P < .05 or **P < .01			

As shown in Table 3, there were three groups that showed statistically significant differences. There was a statistically significant difference at the $p < .05$ level between FES Cohesiveness and Acceptance [$F = 2.169$,

p = .047]. The association was positive with eta score of .417. The effect size, calculated using eta squared was .174. There was a statistically significant difference at the $p < .01$ level between FES cohesiveness and communication [F = 3.040, P = .007]. The difference between mean scores was large and the association was positive with an eta of .478. The effect size was .228. There was a statistically significant difference at the $p < .01$ level between FES Cohesiveness and Transitions [F = 9.203, p = .000]. The difference between mean scores was large and the association was positive with eta score of .687. The effect size was .472.

There were thirty-three groups that indicated no significance. There were nine behaviors grouped with Family Cohesion that did not show significance. There was no statistically significant difference between FES cohesiveness and the following behaviors; compliance [F = 1.017, P = .427], Redirection [F = 1.224, p = .301], Response to interaction [F = .197, p = .985], Initiation [F = .414, p = .891], Turn taking [F = 1.137, p = .350], Imitation [F = .870, p = .534], Receptive commands [F = .663, p = .702], Attentiveness [F = 1.223, p = .301], and Eye contact [F = 1.249, p = .288]. These

groups did not have a significant difference in mean Scores.

There was no significance in any of the groups involving FES Expressiveness. There was no statistically significant difference between FES Expressiveness and the following behaviors; Acceptance [$F = .553$, $p = .812$], Compliance [$F = .077$, $p = 1.000$], Redirection [$F = .211$, $p = .988$], Response to interaction [$F = .578$, $p = .793$], Initiation of activities [$F = .324$, $p = .954$], Turn taking [$F = .645$, $p = .737$], Imitation [$F = .837$, $p = .573$], Communication [$F = .734$, $p = .661$], Receptive communication [$F = .690$, $p = .699$] Attentiveness [$F = 1.218$, $p = .301$], Eye contact [$F = 1.153$, $p = .340$], and Transitions [$F = .709$, $p = .683$]. The means between FES Expressiveness and all behavior scores were not significantly different.

There was no statistical significance in any of the groups involving FES Conflict. There was no statistically significant difference between FES Conflict and the following behaviors; Acceptance [$F = .479$, $p = .867$], Compliance [$F = .724$, $p = .670$], Redirection [$F = .361$, $p = .938$], Response to interaction [$F = .819$, $p = .589$], Initiation [$F = 1.390$, $p = .216$], Turn taking [$F = 1.347$,

p = .235], Imitation [F = 1.517, p = .167], communication [F = 1.286, p = .264], Receptive communication [F = 1.286, p = .714], Attentiveness [F = 1.114, p = .364], Eye contact [F = 1.133, p = .352], and Transitions [F = .372, P = .932]. There is no significant difference in means between Family conflict and behavioral scores.

Data Interpretation

This research study examined the answer to this thesis question: Does family cohesion as defined by the ability of the family to work together, contribute to the success of autistic children in Treatment? This researcher's hypothesis was: as the cohesiveness of the family increases the success of the Autistic treatment increases.

When examining this thesis question, data analysis found three groups that showed statistically significant variance indicating a positive relationship between family cohesion and behavior success scores. There was a statistically significant difference in means for family cohesion paired with Acceptance, Communication, and Transition behaviors. This indicates that the amount of

family cohesion significantly affects an autistic child's success in acceptance of activities, communication, and ability to transition. The results indicate some truth to the hypothesis which states that as cohesion increases the child's success in treatment increases.

For purposes of this study, Family cohesiveness is described as a family's ability to positively work together, problem solve, attend to each other, help one another, positively communicate with each other, and spend time with one another. The child's acceptance behavior is the child's ability to accept activities provided without difficulty, communication is the child's ability to appropriately convey thoughts and emotions to another, and transition is the child's ability to go from one task to another without engaging in significant maladaptive behaviors such as tantrums.

The relationship between family cohesion and an Autistic child's ability to communicate, transition, and accept activities may indicate that the family is the key system that models behavior and acts as a primary source of teaching maladaptive or adaptive behaviors to the Autistic child. If the family is the key teacher then the amount of family cohesion will affect the child's ability

to be successful in communicating and transitioning during treatment. Increased cohesiveness in the family may provide the autistic child with a safe environment that fosters the child's ability to better handle transitions and encourages the child to openly communicate. This indicates that a child's home environment is a significant factor of his/her behavior. Therefore, there is a need for interventions that increase family cohesion in order to increase an Autistic child's ability to accept activities, communicate, and transition appropriately.

The study found nine groups that did not indicate a significant relationship between family cohesion and success in treatment. There was no significance between family cohesion and the behaviors of compliance; redirection, response to interaction, initiation, turn taking, imitation, receptive commands, attentiveness, and eye contact. This means that there is not a relationship between family cohesion and a child's success in these above mentioned behaviors. This means that while cohesion positively affects the child's ability to transition, accept activities, and communicate, it does not affect additional behaviors. These behaviors appear to be

behaviors that are not learned through observation of or interaction with the family environment. It may be that the child must be taught these behaviors in a structured environment in order to be successful in achieving these positive behaviors. This may also mean that the family has no influence on the Autistic child's behaviors beyond his or her ability to transition, accept activities, and communicate. This may suggest that the interventions used to help the family be more cohesive may not assist the child in learning any additional skills other than the ones mentioned above.

This study showed no significant relationships between family expressiveness and any of the twelve child behaviors including; acceptance, compliance, redirection, response to interaction, initiation, turn taking, imitation, communication, receptive communication, attentiveness, eye contact, and ability to transition. For purposes of this study Family expressiveness is described by a family's ability to talk about their feelings to one another, discuss personal problems, and openly discuss family problems.

This lack of relationship may indicate that expressiveness in the family does not teach the Autistic

child communication and social skills and does not help the child to maintain interaction skills. This may indicate that the level of expressiveness in a family has no impact on an Autistic child. Therefore, an Autistic child does not learn how to respond to others or express him/herself from the family. It may be that the child does not become involved in the expressiveness of the family due to an Autistic child's natural lack of interest in others. It may also be that the child is unable to relate the expressiveness that he/she has with the family with others outside of the family. The lack of relationship suggests that interventions aimed at increasing the family's expressiveness may not affect the child's success in treatment.

This study showed no significant relationships between family conflict and any of the child's behaviors including; acceptance, compliance, redirection, response to interaction, initiation, turn taking, imitation, communication, receptive communication, attentiveness, eye contact, and ability to transition. This lack of relationship indicates that the amount of family conflict does not affect a child's maladaptive or adaptive behaviors.

For purposes of the study family conflict is described as; fighting, arguing, high levels of disagreement, lack of support, competitiveness, and lack of strong interpersonal relationships. The lack of relationship between family conflict and a child's behavior success may indicate that the family's conflict does not hinder the child's ability to learn and maintain positive behaviors. This may also mean that the lack of family conflict does not increase the child's positive behaviors. These results indicate that an Autistic child's behaviors are not learned in the family environment. Therefore, interventions use to decrease family conflict may not effect the child's success in treatment.

The data analysis indicated a significant relationship between family cohesion and a child's ability to transition, communicate, and accept activities which supports this study's hypothesis. These findings indicate that as family cohesion increases the success of treatment increases. However these results only indicated success in specified behaviors. This indicates that the hypothesis was not correct when evaluating the success of all behaviors. Thirty-three groups were found to have no

significance. This indicated a lack of relationship between family cohesion and success in treatment. We can infer from these results that family cohesion may have some impact on a child's success in treatment. However, the impact of family cohesion is not significant enough to affect the child's success in all behaviors. Therefore, both the hypothesis and the null hypothesis lacked support from the data analysis.

Implications of Findings for Micro Practice

When interpreting the results of the data analysis, the effects of the family system on the Autistic child's success in treatment were discussed.

The significant positive relationships between family cohesion and the child's success in the skills of transitioning, acceptance of activities, and communication suggests that cohesion of the family has a significant effect on particular behaviors of the Autistic child. This may indicate a need for the Micro Social Worker to focus his/ her assessment not only on the Autistic child but also on the cohesiveness of the family. The relationship may indicate that the family is a major source of role modeling and teaching for the

Autistic child. With this in mind it is important for the Social Worker to assist the family in providing positive role modeling for the child.

A comprehensive assessment of the family's level of cohesion will indicate to the Social Worker if there is a need for intervention. The Social Worker may want to focus on intervening to increase the amount of communication, positive interpersonal relationships, and problem solving in the family. Understanding the relationship between family cohesion and a child's ability to transition, accept activities, and communicate may help the Social Worker to better understand the Autistic child within his/her family system. This understanding should aid the Social Worker in not only focusing on the child but also focusing on improving the family functions that may be affecting the child. The Social Worker may be able to make a significant impact on the child's ability to master transitions, communication, and acceptance of activities if the Social Worker works to achieve maximum cohesiveness in the family.

In addition to the significant relationship described there were also Thirty-three non-significant relationships in this study. We need to now examine what

non-significant relationships mean to the Micro Social worker.

The relationships between Family cohesiveness and an Autistic child's compliance, ability to redirection, response to interaction, initiation, turn taking, imitation, receptive commands, attentiveness, and eye contact were not statistically significant. This indicates that the family's level of cohesion does not affect particular behaviors of the Autistic child. Therefore, the Social Worker needs to keep in mind that while family cohesion positively affects some behaviors it may have no effect on others. In terms of increasing the child's compliance, ability to redirect, response to interaction, initiation, and turn taking skills, imitation, receptive commands, attentiveness, and eye contact the Social Worker may want to focus less on the family and more on interventions with the child. The lack of relationship may suggest that the Autistic child does not learn these skills from the family. Therefore the Social Worker should not only intervene with the family but should also work to increase the quality of the Autistic child's treatment.

There were no significant relationships between family expressiveness and a child's acceptance, compliance, redirection, response to interaction, initiation, turn taking, imitation, communication, receptive communication, attentiveness, eye contact, and ability to transition. This indicates that the level of expression in the family does not increase the child's ability to engage in these behaviors. For the Micro Social Worker this may be surprising. It is often viewed that the level of expression in a child's environment will effect the child's interactions with others. However this lack of correlation suggests that the child does not learn social behaviors from his/her family.

The Micro Social Worker should explore interventions that may increase these behaviors without focusing on increasing the expressive responses of the family. These interventions may be provided in the child's existing treatment program or in additional treatment programs. The Social Worker must focus less on increasing the family's expressiveness and more on helping the child learn his/her own expressive responses to interaction. It is important that the Social Worker understands that the

child may not learn many social behaviors solely from family role modeling.

There were no significant relationships between family conflict and a child's acceptance, compliance, redirection, response to interaction, initiation, turn taking, imitation, communication, receptive communication, attentiveness, eye contact, and ability to transition. This indicates that the level of conflict in the family does not affect how well the Autistic child interacts and responds during treatment. For the micro practice social worker this indicates that interventions focused on reducing family conflict will not significantly affect the Autistic child's success in treatment. This indicates the need for the social worker to spend less time assessing the amount of conflict in the family and more time assessing treatment factors that may be inhibiting the child's success. The Social Worker may focus on additional interventions to target the child's maladaptive behaviors rather than focusing on the functioning of the family.

It must be mentioned that the lack of significance in many relationships of this study does not suggest that a Social Workers responsibility to tend to the needs of

an Autistic child's family are alleviated. This study's results indicate the need for the Social Worker to assess the need's of the child and offer the child specific interventions to enhance behaviors that are not enhanced through the functioning of the family system.

Limitations of Study

The predominant limitation of this study was that it was not a random sample and therefore these findings cannot be generalized beyond the study sample. All Autistic children of the study were being treated by the UCDD center. This center utilized an ABA treatment framework. This narrowed the research to examining the effects of only one framework of treatment. By examining additional frameworks of treatment the study may have been able to more accurately examine the relationship between family cohesion and treatment success. Due to this limitation we cannot assume that the results of this study would apply to all Autistic children participating in different frameworks of Autistic treatment.

Implications for Future Research

This research indicates the need for future research about the correlation between family and an autistic child's success in treatment.

There is a need for future research to be conducted with the inclusion of several different frameworks of Autistic treatment. This study only examined the ABA framework of Autistic treatment. In order to generalize results of this study to the general Autistic society, it is imperative that all treatment frameworks be examined. This additional research may indicate that the relationship between family cohesion and success of treatment is in fact significant within the context of different treatment frameworks.

Future research on the correlation between family cohesion and success of Autistic treatment will be imperative to Autistic families and professionals working with Autistic families. With the prevalence of Autism at an all time high, the search for effective treatment is imperative. The more information that we know about Autistic treatment and the factors that contribute to success in Autistic treatment, the more effective

interventions we as Social Workers will be able to offer to Autistic children and their families.

In addition to future studies similar to this research, there is also a need for future research regarding successful treatment frameworks. This additional research will provide information that will guide professionals and family's in there efforts to offer the most successful and beneficial treatments to Autistic children.

Without further research the prevalence of Autism will continue to rise and there will continue to be an absence of information regarding the best way to deal with the devastating developmental disorder.

Summary

This chapter discussed the fashion in which the data was analyzed and offered details concerning the univariate and bivariate analysis. Descriptive statistics were offered for both the independent variable of family cohesion and the dependent variable of success in treatment. In bivariate analysis, Statistical test of variance were conducted using ANOVA and ETA. Analysis of variance was offered to present the relationships between

family cohesion and success of treatment. This chapter indicated partial support of this study's hypothesis with three significant relationships. However, the null hypothesis was also supported with thirty-three non-significant relationships.

Data interpretation was offered discussing the meaning of data analysis results. Implications for micro social workers were discussed in detail. It was suggested that the Micro Social Worker should still attend to the needs of the family but should not focus a large amount of time and resources to improving the cohesiveness of the family. In conclusion this chapter detailed limitations of this study as well as presented implications for future research.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter will offer details concerning the termination phase of this research. This chapter discusses the researcher's communication of findings with the research site and participants. The researchers follow up was discussed as being minimal due a positivist worldview. Details concerning termination were also offered.

Communicating Findings to Study Site and Study Participants

The findings of this study were presented to the UCDD agency through written report and verbal presentation. A copy of this research report was formally presented to The UCDD research team and UCDD advisor by the researcher. The researcher also presented a detailed verbal presentation to the UCDD team outlining the results of the study and its implications for future UCDD research.

Study participants may be able to access information regarding this study if UCDD wishes to post information

in the parents meeting room. Study participants may also check out a copy of this research in the Cal State San Bernardino (CSUSB) library. The researcher did not formally present results to the participants of the study due to the anonymity of the participants.

The positivist worldview did not indicate a need to distribute research results to the participants of the study. Therefore, this researcher did distribute research results to participants. Research results will be distributed to participants only upon a request from the UCDD researchers for the release of results to parent participants.

Termination of Study

After the presentation of the study to the UCDD team, the researcher terminated the relationship with UCDD. Following presentation there will no longer be a need to stay in contact with the UCDD research team or to gain contact with any anonymous participants. After the presentation the researcher disengaged from the UCDD team.

Ongoing Relationship with Study Participants

There will not be an ongoing relationship with study participants. Due to the use of secondary data the researcher did not acquire an initial relationship with the study participants and will not create a relationship with participants. There is no necessity to gain contact with parents that were potentially participants of this study. The positivist worldview does require extended contact with study participants. Therefore, this researcher will not have any contact with participants.

The UCDD research team will have an ongoing relationship with study participants as they engage with them for use in additional studies other than this research. The ongoing relationship that will occur between UCDD researchers and participants is external to this research and this researcher.

Summary

This chapter discussed the presentation of this study's results to UCDD through written report and verbal presentation. The termination of relationship with UCDD was offered and reasons for termination due to the positivist worldview were described. The lack of initial

relationship with participants was explained as reason for lack of continued relationship with study participants. UCDD's plan for additional relationship with participants was explained and noted as external to this research. This chapter concludes this research report.

APPENDIX A
DATA COLLECTION INSTRUMENT

Instructions:

You will be asked to respond to questions pertaining to yourself, your family, and a **specific** child in your family between 3 and 14 years old who lives at home with you. The focus of this study is male children. Thus, if you have both male and female children within this age range, please select the male child to describe. If you have a female child, but no male child within this age range, please complete the packet for her.

Once you have selected a child in your family to evaluate when responding to the child-specific questions, please write his/her first name below:

Child's First Name Only: _____
(Name will not be used in data processing)

Identifying the child's first name will allow you to consistently focus on the same child throughout the questionnaire. The child's name will not be a component of any data analyses, nor will it be entered into a database.

Please read the questions carefully and mark your response with a or **X**. It is important that you **do not leave any questions unanswered**. Failure to answer completely may mean that we will be unable to use any of the information that you provide.

What's your relationship to this child? _____

Are you currently a college student? Yes No

Date today: _____

After completion, please put the questionnaire inside the envelope and seal the envelope for confidentiality.

We appreciate your willingness to participate in this project.

About the CHILD (identified on page 1)

Child's age: _____

Child's gender:

- ① Female
- ② Male

Child's ethnicity:

- ① African American/Black
- ② Asian/Pacific Islander
- ③ Hispanic/Latino
- ④ White/Caucasian
- ⑤ Native American
- ⑥ Other: _____

Has your child been diagnosed with any of the following?

- ① Mental Retardation
- ② Seizure Disorder
- ③ Cerebral Palsy
- ④ Autism
- ⑤ Asperger's Syndrome
- ⑥ Pervasive Developmental Disorder (PDD)
- ⑦ Attention Deficit Disorder/Hyperactivity
- ⑧ Sleep Problems
- ⑨ Other: _____

About the child's MOTHER (or primary caregiver)

Who is the child's female primary caregiver?

- ① Mother
- ② Stepmother
- ③ Foster mother
- ④ Adoptive mother
- ⑤ Grandmother
- ⑥ Other: _____

Age: _____

Ethnicity:

- ① African American/Black
- ② Asian/Pacific Islander
- ③ Hispanic/Latino
- ④ White/Caucasian
- ⑤ Native American
- ⑥ Other: _____

Marital Status:

- ① Single
- ② Married
- ③ Separated
- ④ Divorced
- ⑤ Widow
- ⑥ Cohabiting

Education:

- ① No high school
- ② Some high school
- ③ High school grad/GED
- ④ Some college
- ⑤ 2-year college graduate
- ⑥ 4-year college graduate
- ⑦ Post graduate

About the HOUSEHOLD

Total household income?

- ① Less than \$24,000
- ② \$24,001 to \$35,999
- ③ \$36,000 to \$47,999
- ④ \$48,000 to \$59,000
- ⑤ \$60,000 to \$71,999
- ⑥ \$72,000 or more

For siblings living in the home:

	Sibling's Gender		Sibling's Age
	Female	Male	
1	<input type="radio"/> ①	<input type="radio"/> ②	_____
2	<input type="radio"/> ①	<input type="radio"/> ②	_____
3	<input type="radio"/> ①	<input type="radio"/> ②	_____
4	<input type="radio"/> ①	<input type="radio"/> ②	_____
5	<input type="radio"/> ①	<input type="radio"/> ②	_____

Have any of the siblings been diagnosed with a disability or sleep disorder?

Please specify: _____

How many individuals live in the household? _____

About the child's FATHER (or primary caregiver)

Who is the child's male primary caregiver?

- ① Father
- ② Stepfather
- ③ Foster father
- ④ Adoptive father
- ⑤ Grandfather
- ⑥ Other: _____

Age: _____

Ethnicity:

- ① African American/Black
- ② Asian/Pacific Islander
- ③ Hispanic/Latino
- ④ White/Caucasian
- ⑤ Native American
- ⑥ Other: _____

Marital Status:

- ① Single
- ② Married
- ③ Separated
- ④ Divorced
- ⑤ Widow
- ⑥ Cohabiting

Education:

- ① No high school
- ② Some high school
- ③ High school grad/GED
- ④ Some college
- ⑤ 2-year college graduate
- ⑥ 4-year college graduate
- ⑦ Post graduate

FES: Please mark with a ✓ or X "True" if you think the statement is true or mostly true of your family, and "False" if the statement is not true of your family.		True	False
1	Family members really help and support one another.	<input type="radio"/>	<input checked="" type="radio"/>
2	Family members often keep their feelings to themselves.	<input type="radio"/>	<input checked="" type="radio"/>
3	We fight a lot in our family.	<input type="radio"/>	<input checked="" type="radio"/>
4	We don't do things on our own very often in our family.	<input type="radio"/>	<input checked="" type="radio"/>
5	We feel it is important to be the best at whatever you do.	<input type="radio"/>	<input checked="" type="radio"/>
6	We often talk about political and social problems.	<input type="radio"/>	<input checked="" type="radio"/>
7	We spend most weekends and evenings at home.	<input type="radio"/>	<input checked="" type="radio"/>
8	Family members attend church, synagogue, or Sunday School fairly often.	<input type="radio"/>	<input checked="" type="radio"/>
9	Activities in our family are pretty carefully planned.	<input type="radio"/>	<input checked="" type="radio"/>
10	Family members are rarely ordered around.	<input type="radio"/>	<input checked="" type="radio"/>
11	We often seem to be killing time at home.	<input type="radio"/>	<input checked="" type="radio"/>
12	We say anything we want to around home.	<input type="radio"/>	<input checked="" type="radio"/>
13	Family members rarely become openly angry.	<input type="radio"/>	<input checked="" type="radio"/>
14	In our family, we are strongly encouraged to be independent.	<input type="radio"/>	<input checked="" type="radio"/>
15	Getting ahead in life is very important in our family.	<input type="radio"/>	<input checked="" type="radio"/>
16	We rarely go to lectures, plays or concerts.	<input type="radio"/>	<input checked="" type="radio"/>
17	Friends often come over for dinner or to visit.	<input type="radio"/>	<input checked="" type="radio"/>
18	We don't say prayers in our family.	<input type="radio"/>	<input checked="" type="radio"/>
19	We are generally very neat and orderly.	<input type="radio"/>	<input checked="" type="radio"/>
20	There are very few rules to follow in our family.	<input type="radio"/>	<input checked="" type="radio"/>
21	We put a lot of energy into what we do at home.	<input type="radio"/>	<input checked="" type="radio"/>
22	It's hard to "blow off steam" at home without upsetting somebody.	<input type="radio"/>	<input checked="" type="radio"/>
23	Family members sometimes get so angry they throw things.	<input type="radio"/>	<input checked="" type="radio"/>
24	We think things out for ourselves in our family.	<input type="radio"/>	<input checked="" type="radio"/>
25	How much money a person makes is not very important to us.	<input type="radio"/>	<input checked="" type="radio"/>
26	Learning about new and different things is very important in our family.	<input type="radio"/>	<input checked="" type="radio"/>
27	Nobody in our family is active in sports, Little League, bowling, etc.	<input type="radio"/>	<input checked="" type="radio"/>
28	We often talk about the religious meaning of Christmas, Passover, or other holidays.	<input type="radio"/>	<input checked="" type="radio"/>
29	It's often hard to find things when you need them in our household.	<input type="radio"/>	<input checked="" type="radio"/>
30	There is one family member who makes most of the decisions.	<input type="radio"/>	<input checked="" type="radio"/>
31	There is a feeling of togetherness in our family.	<input type="radio"/>	<input checked="" type="radio"/>
32	We tell each other about our personal problems.	<input type="radio"/>	<input checked="" type="radio"/>
33	Family members hardly ever lose their tempers.	<input type="radio"/>	<input checked="" type="radio"/>
34	We come and go as we want to in our family.	<input type="radio"/>	<input checked="" type="radio"/>
35	We believe in competition and "may the best man win."	<input type="radio"/>	<input checked="" type="radio"/>
36	We are not interested in cultural activities.	<input type="radio"/>	<input checked="" type="radio"/>
37	We often go to movies, sports events, camping, etc.	<input type="radio"/>	<input checked="" type="radio"/>
38	We don't believe in heaven or hell.	<input type="radio"/>	<input checked="" type="radio"/>
39	Being on time is very important in our family.	<input type="radio"/>	<input checked="" type="radio"/>
40	There are set ways of doing things at home.	<input type="radio"/>	<input checked="" type="radio"/>

FES: Please mark with a ✓ or X "True" if you think the statement is true or mostly true of your family, and "False" if the statement is not true of your family.		True	False
41	We rarely volunteer when something has to be done at home.	<input type="radio"/>	<input type="radio"/>
42	If we feel like doing something on the spur of the moment we often just pick up and go.	<input type="radio"/>	<input type="radio"/>
43	Family members often criticize each other.	<input type="radio"/>	<input type="radio"/>
44	There is very little privacy in our family.	<input type="radio"/>	<input type="radio"/>
45	We always strive to do things just a little better the next time.	<input type="radio"/>	<input type="radio"/>
46	We rarely have intellectual discussions.	<input type="radio"/>	<input type="radio"/>
47	Everyone in our family has a hobby or two.	<input type="radio"/>	<input type="radio"/>
48	Family members have strict ideas about what is right and wrong.	<input type="radio"/>	<input type="radio"/>
49	People change their minds often in our family.	<input type="radio"/>	<input type="radio"/>
50	There is a strong emphasis on following rules in our family.	<input type="radio"/>	<input type="radio"/>
51	Family members really back each other up.	<input type="radio"/>	<input type="radio"/>
52	Someone usually gets upset if you complain in our family.	<input type="radio"/>	<input type="radio"/>
53	Family members sometimes hit each other.	<input type="radio"/>	<input type="radio"/>
54	Family members almost always rely on themselves when a problem comes up.	<input type="radio"/>	<input type="radio"/>
55	Family members rarely worry about job promotions, school grades, etc.	<input type="radio"/>	<input type="radio"/>
56	Someone in our family plays a musical instrument.	<input type="radio"/>	<input type="radio"/>
57	Family members are not very involved in recreational activities outside work or school.	<input type="radio"/>	<input type="radio"/>
58	We believe there are some things you just have to take on faith.	<input type="radio"/>	<input type="radio"/>
59	Family members make sure their rooms are neat.	<input type="radio"/>	<input type="radio"/>
60	Everyone has an equal say in family decisions.	<input type="radio"/>	<input type="radio"/>
61	There is very little group spirit in our family.	<input type="radio"/>	<input type="radio"/>
62	Money and paying bills is openly talked about in our family.	<input type="radio"/>	<input type="radio"/>
63	If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	<input type="radio"/>	<input type="radio"/>
64	Family members strongly encourage each other to stand up for their rights.	<input type="radio"/>	<input type="radio"/>
65	In our family, we don't try that hard to succeed.	<input type="radio"/>	<input type="radio"/>
66	Family members often go to the library.	<input type="radio"/>	<input type="radio"/>
67	Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).	<input type="radio"/>	<input type="radio"/>
68	In our family each person has different ideas about what is right and wrong.	<input type="radio"/>	<input type="radio"/>
69	Each person's duties are clearly defined in our family.	<input type="radio"/>	<input type="radio"/>
70	We can do whatever we want to in our family.	<input type="radio"/>	<input type="radio"/>
71	We really get along well with each other.	<input type="radio"/>	<input type="radio"/>
72	We are usually careful about what we say to each other.	<input type="radio"/>	<input type="radio"/>
73	Family members often try to one-up or out-do each other.	<input type="radio"/>	<input type="radio"/>
74	It's hard to be by yourself without hurting someone's feelings in our household.	<input type="radio"/>	<input type="radio"/>
75	"Work before play" is the rule in our family.	<input type="radio"/>	<input type="radio"/>
76	Watching TV is more important than reading in our family.	<input type="radio"/>	<input type="radio"/>
77	Family members go out a lot.	<input type="radio"/>	<input type="radio"/>
78	The Bible is a very important book in our home.	<input type="radio"/>	<input type="radio"/>
79	Money is not handled very carefully in our family.	<input type="radio"/>	<input type="radio"/>
80	Rules are pretty inflexible in our household.	<input type="radio"/>	<input type="radio"/>

FES: Please mark with a ✓ or X "True" if you think the statement is true or mostly true of your family, and "False" if the statement is not true of your family.

	True	False
81 There is plenty of time and attention for everyone in our family.	①	②
82 There are a lot of spontaneous discussions in our family.	①	②
83 In our family, we believe you don't ever get anywhere by raising your voice.	①	②
84 We are not really encouraged to speak up for ourselves in our family.	①	②
85 Family members are often compared with others as to how well they are doing at work or school.	①	②
86 Family members really like music, art and literature.	①	②
87 Our main form of entertainment is watching TV or listening to the radio.	①	②
88 Family members believe that if you sin you will be punished.	①	②
89 Dishes are usually done immediately after eating.	①	②
90 You can't get away with much in our family.	①	②

SA45: The following is a list of problems and complaints that people sometimes have. After each one, mark with a ✓ or X the number that best describes how much that problem has bothered or distressed you during the past 7 days, including today. Mark only one number for each problem and do not skip any items.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1 Feeling lonely	①	②	③	④	⑤
2 Feeling blue	①	②	③	④	⑤
3 Feeling no interest in things	①	②	③	④	⑤
4 Feeling fearful	①	②	③	④	⑤
5 The idea that someone else can control your thoughts	①	②	③	④	⑤
6 Feeling others are to blame for most of your troubles	①	②	③	④	⑤
7 Feeling afraid in open spaces or on the streets	①	②	③	④	⑤
8 Hearing voices that other people do not hear	①	②	③	④	⑤
9 Feeling that most people cannot be trusted	①	②	③	④	⑤
10 Suddenly scared for no reason	①	②	③	④	⑤
11 Temper outbursts that you could not control	①	②	③	④	⑤
12 Feeling afraid to go out of your house alone	①	②	③	④	⑤
13 Other people being aware of your private thoughts	①	②	③	④	⑤
14 Feeling others do not understand you or are unsympathetic	①	②	③	④	⑤
15 Feeling that people are unfriendly or dislike you	①	②	③	④	⑤
16 Having to do things very slowly to ensure correctness	①	②	③	④	⑤
17 Feeling inferior to others	①	②	③	④	⑤
18 Soreness of your muscles	①	②	③	④	⑤
19 Feeling that you are watched or talked about by others	①	②	③	④	⑤
20 Having to check and double-check what you do	①	②	③	④	⑤
21 Difficulty making decisions	①	②	③	④	⑤
22 Feeling afraid to travel on buses, subways, or trains	①	②	③	④	⑤
23 Hot or cold spells	①	②	③	④	⑤
24 Having to avoid certain things, places, or activities because they frighten you	①	②	③	④	⑤
25 Your mind going blank	①	②	③	④	⑤
26 Numbness or tingling in parts of your body	①	②	③	④	⑤

SA45: The following is a list of problems and complaints that people sometimes have. After each one, mark with a **V** or **X** the number that best describes how much that problem has bothered or distressed you during the past 7 days, including today. Mark only one number for each problem and do not skip any items.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
27	①	②	③	④	⑤
28	①	②	③	④	⑤
29	①	②	③	④	⑤
30	①	②	③	④	⑤
31	①	②	③	④	⑤
32	①	②	③	④	⑤
33	①	②	③	④	⑤
34	①	②	③	④	⑤
35	①	②	③	④	⑤
36	①	②	③	④	⑤
37	①	②	③	④	⑤
38	①	②	③	④	⑤
39	①	②	③	④	⑤
40	①	②	③	④	⑤
41	①	②	③	④	⑤
42	①	②	③	④	⑤
43	①	②	③	④	⑤
44	①	②	③	④	⑤
45	①	②	③	④	⑤

Your Sleep Habits: The following questions relate to your usual sleep habits during the past month ONLY. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

- 57 During the past month, when have you usually gone to bed at night? Usual bedtime _____
- 58 During the past month, how long has it usually taken you to fall asleep each night? In minutes _____
- 59 During the past month, when have you usually gotten up in the morning? Usual getting up time _____
- 60 During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.) Hours of sleep per night _____
- 61 During the past month, how would you rate your sleep quality overall?
- | | | | |
|---|-------------|---|------------|
| ① | Very good | ③ | Fairly bad |
| ② | Fairly good | ④ | Very bad |

Your Child's Sleep Habits: Please think of the child you identified on page 1 of this packet. The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the past week in your child's life when answering these questions. If last week was unusual for a specific reason (such as your child had an ear infection and did not sleep well or the TV set was broken), choose the most recent typical week. Answer USUALLY if something occurs 5 or more times in a week; answer SOMETIMES if it occurs 2-4 times in a week; answer RARELY if something occurs never or 1 time during a week.

	USUALLY 5 or more times/wk	SOMETIMES 2-4 times/wk	RARELY 0-1 time/wk
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45	Write in your child's bedtime: Week Nights _____; Weekends _____		
47	Child's usual amount of sleep each day (combining nighttime sleep and naps): Hours _____ and minutes _____		
48	Write in the number of minutes a night that waking usually lasts: _____		
49	Write in the time of day your child usually wakes in the morning: Weekdays _____; Weekends _____		

During the past week, did your child appear sleepy or fall asleep during the following:

	Very Sleepy	Falls asleep
50	<input type="radio"/>	<input type="radio"/>
51	<input type="radio"/>	<input type="radio"/>
52	<input type="radio"/>	<input type="radio"/>
53	<input type="radio"/>	<input type="radio"/>
54	<input type="radio"/>	<input type="radio"/>
55	<input type="radio"/>	<input type="radio"/>
56	<input type="radio"/>	<input type="radio"/>

PSI: For each statement, please focus on the child you identified on page 1 of this packet and mark with a <input type="checkbox"/> or X in the response that best represents your opinion.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1 When my child wants something, my child usually keeps trying to get it.	1	2	3	4	5
2 My child is so active that it exhausts me.	1	2	3	4	5
3 My child appears disorganized and is easily distracted.	1	2	3	4	5
4 Compared to most, my child has more difficulty concentrating and paying attention.	1	2	3	4	5
5 My child will often stay occupied with a toy for more than 10 minutes.	1	2	3	4	5
6 My child wanders away much more than I expected.	1	2	3	4	5
7 My child is much more active than I expected.	1	2	3	4	5
8 My child squirms and kicks a great deal when being dressed or bathed.	1	2	3	4	5
9 My child can be easily distracted from wanting something.	1	2	3	4	5
10 My child rarely does things for me that make me feel good.	1	2	3	4	5
11 Most times I feel that my child likes me and wants to be close to me.	1	2	3	4	5
12 Sometimes I feel my child doesn't like me and doesn't want to be close to me.	1	2	3	4	5
13 My child smiles at me much less than I expected.	1	2	3	4	5
14 When I do things for my child, I get the feeling that my efforts are not appreciated very much.	1	2	3	4	5
17 My child seems to cry or fuss more often than most children.	1	2	3	4	5
18 When playing, my child doesn't often giggle or laugh.	1	2	3	4	5
19 My child generally wakes up in a bad mood.	1	2	3	4	5
20 I feel that my child is very moody and easily upset.	1	2	3	4	5
21 My child looks a little different than I expected and it bothers me at times.	1	2	3	4	5
22 In some areas, my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.	1	2	3	4	5
23 My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
24 My child doesn't seem to smile as much as most children.	1	2	3	4	5
25 My child does a few things which bother me a great deal.	1	2	3	4	5
26 My child is not able to do as much as I expected.	1	2	3	4	5
27 My child does not like to be cuddled or touched very much.	1	2	3	4	5
28 When my child came home from the hospital, I had doubtful feelings about my ability to handle being a parent.	1	2	3	4	5
29 Being a parent is harder than I thought it would be.	1	2	3	4	5
30 I feel capable and on top of things when I am caring for my child.	1	2	3	4	5

PSI: For each statement, please focus on the child you identified on page 1 of this packet and mark with a **✓** or **X** in the response that best represents your opinion.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
81. Compared to the average child, my child has a great deal of difficulty getting used to changes in schedule or changes around the house.	1	2	3	4	5
82. My child reacts very strongly when something happens that my child doesn't like.	1	2	3	4	5
83. Leaving my child with a babysitter is usually a problem.	1	2	3	4	5
84. My child gets upset easily over the smallest thing.	1	2	3	4	5
85. My child easily reacts and overreacts to loud sounds and bright lights.	1	2	3	4	5
86. My child's sleeping or eating schedule was much harder to establish than I expected.	1	2	3	4	5
87. My child usually avoids a new toy for a while before beginning to play with it.	1	2	3	4	5
88. It takes a long time and it is very hard for my child to get used to new things.	1	2	3	4	5
89. My child doesn't seem comfortable when meeting strangers.	1	2	3	4	5
44. There are some things my child does that really bother me a lot.	1	2	3	4	5
45. My child has had more health problems than I expected.	1	2	3	4	5
46. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.	1	2	3	4	5
47. My child turned out to be more of a problem than I had expected.	1	2	3	4	5
48. My child seems to be much harder to care for than most.	1	2	3	4	5
49. My child is always leaning on me.	1	2	3	4	5
50. My child makes more demands on me than most children.	1	2	3	4	5
51. I can't make decisions without him.	1	2	3	4	5
52. I have had many more problems raising children than I expected.	1	2	3	4	5
53. I enjoy being a parent.	1	2	3	4	5
54. I feel that I am successful most of the time when I try to get my child to do or not do something.	1	2	3	4	5
55. Since I brought my first child home from the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.	1	2	3	4	5
56. I often have the feeling that I cannot handle things very well.	1	2	3	4	5
57. It takes a long time for parents to develop close, warm feelings for their children.	1	2	3	4	5
58. I expected to have closer and warmer feelings for my child than I do and this bothers me.	1	2	3	4	5
59. Sometimes my child does things that bother me just to be mean.	1	2	3	4	5
60. When I was young, I never felt comfortable holding or taking care of children.	1	2	3	4	5
61. My child knows I am his or her parent and worships me more than other people.	1	2	3	4	5
67. The number of children that I have now is too many.	1	2	3	4	5

PSI: For each statement, please focus on the child you identified on page 1 of this packet and mark with a Y or X in the response that best represents your opinion.		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
68	Most of my life is spent doing things for my child.	1	2	3	4	5
69	I find myself giving up more of my life to meet my children's needs than I ever expected.	1	2	3	4	5
70	I feel trapped by my responsibilities as a parent.	1	2	3	4	5
71	I often feel that my child's needs control my life.	1	2	3	4	5
72	Since having this child, I have been unable to do new and different things.	1	2	3	4	5
73	Since having a child, I feel that I am almost never able to do things that I like to do.	1	2	3	4	5
74	It is hard to find a place in our home where I can go to be by myself.	1	2	3	4	5
75	When I think about the kind of parent I am, I often feel guilty or bad about myself.	1	2	3	4	5
76	I am unhappy with the last purchase of clothing I made for myself.	1	2	3	4	5
77	When my child misbehaves or fusses too much, I feel responsible, as if I didn't do something right.	1	2	3	4	5
78	I feel every time my child does something wrong, it is really my fault.	1	2	3	4	5
79	I often feel guilty about the way I feel toward my child.	1	2	3	4	5
80	There are quite a few things that bother me about my life.	1	2	3	4	5
81	I felt sadder and more depressed than I expected after leaving the hospital with my baby.	1	2	3	4	5
82	I wind up feeling guilty when I get angry at my child and this bothers me.	1	2	3	4	5
83	After my child had been home from the hospital for about a month, I noticed that I was feeling more sad and depressed than I had expected.	1	2	3	4	5
84	Since having my child, my spouse (or male/female friend) has not given me as much help and support as I expected.	1	2	3	4	5
85	Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).	1	2	3	4	5
86	Since having a child, my spouse (or male/female friend) and I don't do as many things together.	1	2	3	4	5
87	Since having a child, my spouse (or male/female friend) and I don't spend as much time together as a family as I expected.	1	2	3	4	5
88	Since having my last child, I have had less interest in sex.	1	2	3	4	5
89	Having a child seems to have increased the number of problems we have with in-laws and relatives.	1	2	3	4	5
90	Having children has been much more expensive than I had expected.	1	2	3	4	5

PSI: For each statement, please focus on the child you identified on page 1 of this packet and mark with a or in the response that best represents your opinion.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
91 I feel alone and without friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92 When I go to a party, I usually expect not to enjoy myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93 I am not as interested in people as I used to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94 I often have the feeling that other people my own age don't particularly like my company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95 When I run into a problem taking care of my children, I have a lot of people to whom I can talk to get help or advice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96 Since having children, I have a lot fewer chances to see my friends and to make new friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97 During the past six months, I have been sicker than usual or have had more aches and pains than I normally do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98 Physically, I feel good most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99 Having a child has caused changes in the way I sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100 I don't enjoy things as I used to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 12 months, have any of the following events occurred in your immediate family?

	Yes	No
102 Divorce	<input type="radio"/>	<input type="radio"/>
103 Marital reconciliation	<input type="radio"/>	<input type="radio"/>
104 Marriage	<input type="radio"/>	<input type="radio"/>
105 Separation	<input type="radio"/>	<input type="radio"/>
106 Pregnancy	<input type="radio"/>	<input type="radio"/>
107 Other relative moved into household	<input type="radio"/>	<input type="radio"/>
108 Income increased substantially (20% or more)	<input type="radio"/>	<input type="radio"/>
109 Went deeply into debt	<input type="radio"/>	<input type="radio"/>
110 Moved to new location	<input type="radio"/>	<input type="radio"/>
111 Promotion at work	<input type="radio"/>	<input type="radio"/>
112 Income decreased substantially	<input type="radio"/>	<input type="radio"/>
113 Alcohol or drug problem	<input type="radio"/>	<input type="radio"/>
114 Death of close family friend	<input type="radio"/>	<input type="radio"/>
115 Began new job	<input type="radio"/>	<input type="radio"/>
116 Entered new school	<input type="radio"/>	<input type="radio"/>
117 Trouble with superiors at work	<input type="radio"/>	<input type="radio"/>
118 Trouble with teachers at school	<input type="radio"/>	<input type="radio"/>
119 Legal problems	<input type="radio"/>	<input type="radio"/>
120 Death of immediate family member	<input type="radio"/>	<input type="radio"/>

For each of the following 12 statements, please focus on the child you identified on page 1 of this packet and mark with a or X in the response that best represents your opinion.

- 95 Which statement best describes your child?
- 1 Almost always likes to play with me 3 Usually doesn't like to play with me
 2 Sometimes likes to play with me 4 Almost never likes to play with me
- 99 When upset, my child is:
- 1 Easy to calm down 3 Very difficult to calm down
 2 Harder to calm down than I expected 4 Nothing I do helps to calm my child
- 101 Since I've had my child:
- 1 I have been sick a great deal 3 I haven't noticed any change in my health
 2 I haven't felt as good 4 I have been healthier
- 96 My child cries and fusses:
- 1 Much less than I had expected 3 Much more than I expected
 2 Less than I had expected 4 It seems almost constant
 3 About as much as I expected
- 41 I have found that getting my child to do something or stop doing something is:
- 1 Much harder than I expected 3 Somewhat easier than I expected
 2 Somewhat harder than I expected 4 Much easier than I expected
 3 About as hard as I expected
- Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, tantrums, fights, whines, etc. Please mark the number of things you counted.
- 42
- 1 1-3 things 3 4-7 things
 2 4-5 things 4 10+
- 43 When my child cries, it usually lasts:
- 1 Less than 2 minutes 3 10-15 minutes
 2 2-5 minutes 4 More than 15 minutes
 3 5-10 minutes
- 57 When I think about myself as a parent I believe:
- 1 I can handle anything that happens 3 I have some doubts about being able to handle things
 2 I can handle most things pretty well 4 I don't think I handle things very well at all
 3 Sometimes I have doubts, but find that I handle most things without any problems

- 58 I feel that I am:
- ① A very good parent
 - ② A better than average parent
 - ③ An average parent
 - ④ A person who has some trouble being a parent
 - ⑤ Not very good at being a parent

- 59 What was the highest level in school or college you or the child's mother has completed?
- ① 1st to 8th grade
 - ② 9th to 12th grade
 - ③ Vocational or some college
 - ④ College graduate
 - ⑤ Graduate or professional school

- 60 What was the highest level in school or college the child's father has completed?
- ① 1st to 8th grade
 - ② 9th to 12th grade
 - ③ Vocational or some college
 - ④ College graduate
 - ⑤ Graduate or professional school

- 61 How easy is it for you to understand what your child wants or needs?
- ① Very easy
 - ② Easy
 - ③ Somewhat difficult
 - ④ It is very hard
 - ⑤ I usually can't figure out what the problem is

Thank you very much for participating in this study. Please check that all questions are answered. Afterwards, put the packet and the Informed Consent inside the envelope and seal the envelope for confidentiality. Only a trained researcher will open the envelopes for data processing. Return this envelope to the appropriate person. Again, your responses are confidential and will only be reported by group rather than by individual. Your name or your child's name will not be recorded in any data set.

APPENDIX B
INFORMED CONSENT



CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

University Center for Developmental Disabilities

Dear Parent,

Thank you for participating in our UCDD research project!

As you know, this project is an integral part of the programs here at UCDD. We are gathering information regarding families and children at the Center so that we may effectively assess our programs on an ongoing basis. Our goal is to be able to gauge what we are doing here, see what we're doing well, and work to improve the quality and nature of the services we will provide in the future. We also hope that our efforts will contribute in an important way to understanding in the field so that developmentally disabled children, their parents, and siblings can be best served, both at our Center and elsewhere.

As we go through the items in the questionnaire, which will take about one to two hours, we ask that you please give careful consideration to each item and respond as accurately and honestly as possible.

Your responses will be pooled with those of other parents and examined as a group, not individually. Thus, we will not report or interpret individual results, as these are not relevant for our project. It is important for you to know that all of your answers will be kept completely confidential. There are no foreseeable risks associated with your participation and refusal to participate will not affect your services at UCDD in any way.

This project has been reviewed and approved by the Institutional Review Board, here at California State University, San Bernardino. If you have any questions about the project, or wish to receive a copy of the results when they become available, please feel free to contact Jamie Grover at (909) 880-5495.

Thank you. Your participation is greatly appreciated!

Sincerely,

Charles D. Hoffman, Ph.D.
Director of Research

Please sign your name below if you understand the above information and agree to participate.

Name

Date

Print Name

No, I do not wish to participate

APPENDIX C

FAMILY ENVIRONMENT SCALE (FES)

<p>FES Family Environment Scale</p>	<p>Health</p> <p>Cohesion</p> <p>Expressiveness</p> <p>Conflict</p> <p>Independence</p> <p>Achievement orientation</p> <p>Intellectual/Cultural orientation</p> <p>Active/Recreational orientation</p> <p>Moral/Religious orientation</p> <p>Organization</p> <p>Control</p>	<p>High scores suggestive of deterioration in parental health</p> <p>The degree of commitment, help and support family member provide for one another</p> <p>The extent to which family members are encouraged to express their feelings directly</p> <p>The amount of openly expressed anger and conflict among family members</p> <p>The extent of which family members are assertive, are self-sufficient, and make their own decisions.</p> <p>How much activities (such as school and work) are cast into an achievement-oriented or competitive framework</p> <p>The level of interest in political, intellectual, and cultural activities</p> <p>The amount of participation in social and recreational activities</p> <p>The emphasis on ethical and religious issues and values</p> <p>The degree of importance of clear organization and structure in planning family activities and responsibilities</p> <p>How much set rules and procedures are used to run family life</p>
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APPENDIX D
BEHAVIORAL RATING SCALE



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

University Center for Developmental Disabilities

Session Progress Notes

Date: _____ Teacher Name: _____
 Consumer Name: _____ Teacher Signature: _____

Session Objective(s): Increase: _____ Sup. Teacher initials for goals: _____

time on task task completion acceptance of teacher selected activities
 ability to transition compliance/follow directives decreased inappropriate behavior
 attentiveness to teacher response to interaction initiated interaction
 expressive communication initiated communication receptive communication

comments regarding the session's objectives / goals: _____

Intervention Activities and Strategies: praise redirection
 Preferred Activities used during session & comments: _____

Non Preferred Activities used during session & comments: _____

New Activities used during session & comments: _____

Session Summary:

Behavior(s) displayed during session:

Attentiveness toward teacher:	1	2	3	4	5
	none	very little	some	often attentive	always
Amount of eye contact displayed:	1	2	3	4	5
	none	very little	some	often	always
Transitions:	1	2	3	4	5
	always difficult	often difficult	some difficulty	a little difficulty	no difficulty
Acceptance of activities:	1	2	3	4	5
	always difficult	often difficult	some difficulty	a little difficulty	no difficulty
Compliance/follow directives:	1	2	3	4	5
	always difficult	often difficult	some difficulty	a little difficulty	no difficulty

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page 2

Inappropriate behavior displayed:

- self-injurious
 self-stimulatory
 aggressive: when frustrated
 aggressive: when excited
 hits
 bites
 tantrums
 kicks
 yells
 cries
 goes to floor
 escapes area

Redirected to targeted activity:

1	2	3	4	5
always difficult	often difficult	some difficulty	a little difficulty	no difficulty

comments regarding behavior(s) and redirection used during session:

Socialization Behavior(s) during session:

Response to interaction:

1	2	3	4	5
none	very little response	some	responds often	always

Initiated interaction:

1	2	3	4	5
none	very little	some	often initiates	always

Difficulty with turn taking:

1	2	3	4	5
always difficult	often difficult	some difficulty	a little difficulty	no difficulty

Difficulty with imitation:

1	2	3	4	5
always difficult	often difficult	some difficulty	a little difficulty	no difficulty

comments regarding interaction during session:

Communication Behavior(s) during session:

- words
 word approximations
 phrases
 sentences
 PECS
 gestures
 signs
 leads teacher toward wanted item
 nonspecific vocalizations
 points
 repeats words with prompts
 names objects
 initiates communication
 answers questions
 asks questions
 participates in conversations
 echolalia
 gibberish
 off topic communication
 articulation difficulties

Initiated communication:

1	2	3	4	5
none	very little	some	often initiates	always

Circle: verbal and/or nonverbal

Receptive communication:

1	2	3	4	5
none	very little	some	often responds	always

comments regarding communication during session:

Session summary:

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