

# SIGNIF. CHANGES

(3)

Test/Scale	MOM	DAD	IC	SIB
Communication Scale			Communication Improved ( $<.01$ )	
Piers-Harris - Anxiety			Self concept re Anxiety improved ( $<.05$ )	
		etc		

① indicate in each cell, where appropriate nature of change (eg, decrease in anxiety, Better/Improved Communication, etc) and put signif level in parens  
See above as example

② Look for patterns in two ways

WATCH OUT for small N's, as no impact must be attributed to that - eg if only 4 sib #2 in Sater group, its unreasonable to expect significant changes (anything under N of 15 C's makes it tough to obtain statistical significance -

(a) Several scales showing improved/reduced functioning in areas which tap common dimensions → what does model impact

(b) patterns across family members?  
did certain people show more areas of change - were others left out re impact. Are there any discrepancies (eg Trer rating of BT, or IC/kids vs. parents BT ratings)

③ These patterns will require description + interpretation (don't go overboard tho re speculation) - you can <sup>also</sup> look at non significant findings to elaborate possibly, but again don't go overboard on non signif findings. (over)

- With non significant findings, you might pull out where change differences show some visible ~~diff~~ impact even tho not significant (such as Distance measures on BT) and gently touch on patterns, particularly if they reinforce patterns of signif findings in 2 (a) + (b). Lack of signif may be due to small N's, but...

③ might also want to chart (in same way) non signif. findings - these I would not necessarily present as tables in report or offer much narrative, but chart may help you to summarize what didn't happen re impact of a model. Most interesting discussion in this area might be changes that did not occur which would be "expected" vis model's focus/goals.

Then repeat process for 2nd model

Then compare - perhaps await stat. analysis on first.

5/14

JOAN

INFO RE COMPUTER ACCOUNT

1. Account code = XKMS  
Account # = 9773  
Wylbur Account = XKMS MSK

Account set up by James Coleman (257-1613)  
Account budgeting details by Pete Rikard (257 1448)  
Account programming details by Peter or Carrie Lilly (257 1582)

2. Data set/program will be stored on a tape while inactive this summer. Roger Brown will get tape name/# from James Coleman when it is set up. Should be around middle of next week. This will allow Roger to "call up" tape and activate data set in summer should additional observations (Haley, Dropouts) be ready to be added. Roger can do this with Carrie's help. The basic program is already established and can be (re) applied to this new data without having to develop any new programs
3. The above accounts (#1) will remain active so that new data sets/programs (eg., drop out telephone info, p.o. impact? Area data) can be added/run ~~continuously~~

## METHODOLOGY

### Sampling

The movement from planning to implementing a research project invariably requires some degree of "whitting <sup>sp?</sup> down" activity to permit initial design plans to accommodate unanticipated and/or changing realities within the arena of study. For the Family Therapy Research and Training Project, this accommodation was strikingly evident in three important instances.

Perhaps the most significant modification in the study's design and sampling plan required <sup>an</sup> abandonment of the plan to pool incoming cases and assign them in a random and (relatively) concurrent fashion to each of the four treatment groups; the three representing the family therapy models under evaluation and a fourth constituting a "contrast" group receiving traditional (non-family therapy oriented) services within the Correctional System. This plan was abandoned largely due to the varying time schedules of availability of the therapists in the three family therapy institutes participating in the study. Such unanticipated delays necessitated either holding some families on a waiting list for as much as eight months, permitting these families to receive traditional court services for this length of time and then referring them to the appropriate family therapy model, or converting the sampling plan to a "rolling" one based upon the availability of the family therapists. Obviously, while attempts to maintain comparability of the treatment group's client/families through random assignment was desirable, it was simply not a feasible option as the Project evolved. Hence, a rolling, non-random assignment of families to family therapist/institutes was substituted.

The second major modification in the study's design resulted in response to the unexpectedly slow flow of referred families, as well as to concerns about families selected for the project and being asked to be involved in extensive testing but not being provided with services by therapists from either of the three family therapy institutes. As a consequence, it was decided that the contrast group of families (those receiving traditional court services) would be drawn from an approximately similar pool of families but from a different geographic region and/or in a staggered time frame than those families receiving family therapy services from the three institutes.

It should be underscored that the consequence of both of the above modifications was to move the issue of the comparability of the four groups of families receiving treatment from an assumption (due to random assignment) to an empirical question. Achieving comparability across treatment groups was initially sought so that when therapy models were being compared, changes in family members' functioning evidenced by one model but not the others could be linked to that model's impact and not to differences in the family being serviced by that particular model (e.g.; differential motivation level, severity of presenting problem, etc.). Finally, while comparability of groups might still be empirically tested, "post-hoc", by comparing the treatment groups' families on (selected) demographic data, and statistically controlling for such data (where the groups significantly differed) when looking at changes in family members' functioning, this multivariate statistical option would require a larger number of cases/families seen by each treatment group than that which could have been accommodated by the Project. Ultimately, the consequence of these two research design/sampling modifications,

therefore, was to shift the Project's analysis plan towards a "within group" format seeking to describe and explain the variable impact/effectiveness of each treatment model across the full range of outcome measures, and away from a "between group" analysis format seeking to determine the differential impact of one model vs. another on any particular outcome measure. Since the Project's research team started from the philosophical stance that each family therapy model was in fact effective, but in different ways and/or contexts, in the end such a shift in analysis plans seemed entirely congruent and appropriate.

The third and final modification in the Project's research design pertained to accommodating "subject mortality". The original plan called for the replacement of families which dropped out of therapy before termination had been mutually agreed upon by the family and therapist. This plan was ~~developed~~ <sup>developed</sup> to assure that approximately 50-60 cases were tested pre and post therapy for each treatment model. While considerable variability occurred across the three family therapy models in their percentage of "dropouts" at varying steps in the research project, the typical length of treatment provided by Bowenian trained family therapists was such that replacing dropouts after a certain point in time would have likely involved that Institute's therapists in providing services and the Project's research team in implementing post testing far beyond the initially anticipated ending of the project.

Consequently, while the final number of pre and post tested families receiving family therapy in Satir's treatment group was 56, for Bowen it was only 33. For Haley, on the other hand, the dropout problem had become so severe and the pool of replacements so limited that . . . . \* Finally, it should be cautioned that interpreting the differential rates of dropouts across the three family

\* I don't know what if anything can be said here re Haley

therapy models is not simply a judgement of the relative impact or effectiveness. Differentials in testing logistics, in waiting time periods before beginning treatment, in changes in the families' circumstances (e.g. geographic moves), in access to the respective institutes, and indeed in the very manner in which the therapy services were structured, as examples, all may have had something to do with these dropouts patterns. To shed further light on this phenomenon, Chapter — provides a profile of each Institute's dropout rate as well as a summary of the findings resulting from a telephone interviewing of families who dropped out of treatment from the three family therapy institutes. \*

} is this being done?!

### Instrumentation

The instrumentation package entailed two basic data sets, Input or demographic data about the families receiving therapy and Outcome data profiling varied dimensions of individual and family functioning. The Outcome data set was developed to assess the variable impact/effectiveness of each family therapy model, while the Input data set was developed to profile families receiving these services as well as to potentially help shed light on "for whom" certain models of intervention achieved certain outcomes.

The attached chart profiles the range of outcomes measures utilized, also indicating on which members of the family (units of measurements) this information pertained, the source of the data, and the method by which this data was collected. Finally, while Appendix I provides a more detailed description of the areas of functioning tapped by each outcome measure, it should be noted that this data set was developed primary from the interfacing of the treatment objectives as

Suggest we do it the way - see 1st yr Report format

\* might also include analysis of client characteristics information on drop outs (vs continuers?) if desired - drop outs cc information/scan sheets not yet completed

identified through extensive interviews with the proponents/developers of each of the three family therapy models, of the Project objectives identified by Department of Corrections personnel, as well as the expertise of the Project's research team (see Appendix I for a schedule of the research team's activities in developing the evaluation plan).

Do you  
want  
this  
Schedule -  
if so where  
to put it...  
Appendix  
or Text.

(Insert Chart 1)

The second data set included an extensive intake history on each family's past and present living circumstances. This data was collected in two forms; the Client Characteristics Information Form and the Family Change Inventory. The first form secured the basic demographic data about each family's current living situation, including socio-economic variables, family composition and characteristics of the home environment. In addition, current and past involvements with other helping professionals were recorded, as well as past criminal involvement of all family members. The Family Change Inventory was developed to provide a profile of critical life events and changes experienced by family members and by their families of origin, including some multigenerational information as well.

Finally, it should be noted that Input data also was secured from the family therapists participating in the project. While the initial intent was to use the

CHART 1. OVERVIEW OF OUTCOME  
DATA SET

Unit of Measurement	Instrument	Source of Information	Method Data Collection
I. <u>Identified Client</u>	Family Awareness Scale Piers-Harris Self Concept Locus of Control F.A.C.E.S. Nye Short Scale School Adjustment School Performance Recidivism Index	I.C. I.C. I.C. I.C. I.C. teachers school records court records	self report self report self report self report self report self report record search record search
II. <u>Parent(s)</u>	State-Trait Anxiety Scale Emotional Maturity Scale Family Awareness Scale Locus of Control F.A.C.E.S. Community Involvement Scale	parent(s) parent(s) parent(s) parent(s) parent(s) parent(s)	self report self report self report self report self report self report
III. <u>Sibling(s)</u>	Family Awareness Scale Piers-Harris Self Concept Locus of Control	sibling sibling sibling	self report self report self report
IV. <u>Marital Relationship</u>	Family Heirarchy Test Dyadic Adjustment Scale	parents parents	self report self report
V. <u>Parent-Child Relationships</u>	Parent-Child Communication Scale Family Heirarchy Test	parents and children parents and I.C.	self report self report
VI. <u>Whole Family</u>	Family Heirarchy Test Beavers Timberlawn Scale Therapist Evaluation Scale	parents and I.C. independent trained raters therapist	self report video taped observation self report

data to help explain differential outcome, the small number of therapists involved made this impractical. Never-the-less, a profile of therapists trained in each family therapy model could prove illuminating in guiding hiring, retention and staff development considerations. This profile included basic data, information on professional education and training experiences, as well as self-reportive assessments of their own assumptions about the process and goals of family therapy and about their modes of intervention within this process.

$< .05$  If argue in ...  
you will be wrong 5 times out of 100.

# Bowen Outcomes

Seriously undermined  
by small N's to start,  
plus lost cases at testing -  
hence changes, <sup>that did evidence themselves</sup> were largely  
not statistically significant.

A few interrelated patterns do  
exist, tho - see other attached  
Comments

also Globals  
Seemed to be  
rated lower  
(consistently?) than  
other items

## BT Impressions

Therapist most generous about  
family change

I.C. and kids more positive about  
change than parents (p-c relats  
improved but marital not; see to  
support this lack of improvement in  
dyadic adjustment) ~~\_\_\_\_\_~~

Sib 2 seems to rate family most  
negatively, ~~\_\_\_\_\_~~

Interesting question - might improvement  
be measured by decrease in  
disagreement across family members'  
assessment of family func

Coders seemed harshest judges  
of family change. IF we think  
this is valid measurement strategy then....!

SATIR \_\_\_\_\_  
 BOWEN   X  

INSTRUMENT   BT    
 SUBSCALE   DERT power  

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.
MOTHER	} NOT CODED !!		
FATHER			
I.C.			
SIB. 1			
SIB. 2			
FAMILY / CODERS	5.10	6.54	<del>NS</del> 20
Family/Therapist	3.50	4.06	<08 3

NOTES: Test scores are means for group of subjects treated by particular model, unless otherwise indicated

NOTES: Stat. signif. indicates whether difference between pre and post test scores (changes) are significantly different from "0". Hence NS=No change from pre to post

COMMENTS:

SATIR \_\_\_\_\_  
 BOWEN   X  

INSTRUMENT   BT    
 SUBSCALE   parental coalitions  

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	} NOT CODED!!			
FATHER				
I.C.				
SIB. 1				
SIB. 2				
FAMILY / CODERS	5.32	6.62	NS	20
Family / Therapist	5.37	4.93	<.10	5

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COMMENTS:

SATIR \_\_\_\_\_

BOWEN X

INSTRUMENT BT  
SUBSCALE closeness

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	} NOT CODED !!			
FATHER				
I.C.				
SIB. 1				
SIB. 2				
FAMILY/CODERS	4.71	5.28	NS	15
Family/Therapist	4.16	4.72	NS	2

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COMMENTS:

SATIR \_\_\_\_\_  
 BOWEN   X  

INSTRUMENT   B-T    
 SUBSCALE   determinability  

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	6.00	6.30	NS	5
FATHER	6.75	6.43	NS	9
I.C.	5.91	5.46	NS	7
SIB. 1	6.21	5.33	NS	14
SIB. 2	4.50	7.00	NS	25
FAMILY/CODERS	5.71	6.78	NS	15
Family/Therapist	6.00	6.09	NS	0

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COMMENTS:

SATIR \_\_\_\_\_  
 BOWEN   X  

INSTRUMENT   BT    
 SUBSCALE   MYTHOLOGY  

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	5.33	5.26	NS	3
FATHER	5.24	5.26	NS	9
I.C.	5.13	5.77	<.07	7
SIB. 1	5.17	5.89	NS	15
SIB. 2	3.63	4.00	NS	25
FAMILY /coders	4.63	4.61	NS	15
Family/Therapist	4.15	4.89	<.007	6

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COMMENTS:

# PH Compressors

Same impact - but  
more likely negative.  
= ????

SATIR \_\_\_\_\_  
 BOWEN   X  

INSTRUMENT   Piers HARRIS    
 SUBSCALE   Behavior  

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER				
FATHER				
I.C.	6.51	6.23	NS	5
SIB. 1	5.64	5.73	NS	11
SIB. 2	6.50	6.50	NS	25
FAMILY				

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COMMENTS:

SATIR

BT

~~BT~~

Txcr's pre test evaluations  
consistently low (exc. for global!)  
And very generous re  
changes occurring!

Positive changes recorded  
by family members  
scattered across members

Codes indicated least + change

SATIR X  
 BOWEN \_\_\_\_\_

INSTRUMENT B-T  
 SUBSCALE OUTR POWER

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	} NOT CODED			
FATHER				
I.C.				
SIB. 1				
SIB. 2				
FAMILY /CODER	5.79	5.05	NS	28
FAMILY /Therapist	3.91	5.13	<0001	0

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COMMENTS:

SATIR X  
 BOWEN \_\_\_\_\_

INSTRUMENT B-T  
 SUBSCALE parental Coalitions

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	} NOT CODES			
FATHER				
I.C.				
SIB. 1				
SIB. 2				
FAMILY / Code	5.77	5.41	NS	26
Family / Kernel	4.35	5.53	<0001	0

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COMMENTS:

SATIR X  
 BOWEN \_\_\_\_\_

INSTRUMENT B-T  
 SUBSCALE CLOSENESS

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.
MOTHER	} NOT CODED		
FATHER			
I.C.			
SIB. 1			
SIB. 2			
FAMILY / coder	5.35	5.27	NS
Family / therapist	4.70	6.32	<0001

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COMMENTS:

SATIR   X  

BOWEN           

INSTRUMENT   BT    
 SUBSCALE   determinability  

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	6.08	6.47	NS	6
FATHER	6.38	5.90	NS	22
I.C.	6.04	5.12	<.01	2
SIB. 1	5.58	5.35	NS	26
SIB. 2	4.25	3.00	NS	52
FAMILY/Coder	5.56	4.56	<.04	11
Family/Therapist	6.00	6.21	NS	0

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COMMENTS:

SATIR X

BOWEN \_\_\_\_\_

INSTRUMENT BTSUBSCALE Mythology

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	4.50	5.77	<.001	6
FATHER	5.32	5.55	NS	22
I.C.	5.76	5.63	NS	✓
SIB. 1	5.83	6.35	NS	26
SIB. 2	4.00	3.00	NS	52
FAMILY / Eader	5.20	5.80	<.10	11
Family / Texer	3.84	5.32	<.0001	0

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COMMENTS:

Fit 2 model vis communication/convergence

F H

a few - surprisingly  
showing decline in touches

Distance decreases but  
generally still NS

SATIR X

BOWEN \_\_\_\_\_

INSTRUMENT Family Hierarchy  
 SUBSCALE Reversals TOTAL

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	1.28	1.13	NS	27
FATHER	0.92	0.67	NS	30
I.C.	1.19	1.38	NS	24
SIB. 1				
SIB. 2				
FAMILY				

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COMMENTS:

# FACES

WASHOUT for Dad + IC

Mom shows some

signif change in Adaptability  
Areas

SATIR

X

BOWEN

INSTRUMENT

Faces

SUBSCALE

emotional bonding

SUBJECT	PRE TEST	POST TEST	STAT. SIGNIF.	
MOTHER	29.32	29.88	NS	6
FATHER	30.13	30.55	NS	22
I.C.	28.02	29.38	<.10	4
SIB. 1				
SIB. 2				
FAMILY				

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COMMENTS:

TABLE OF V6607 BY V2

V6607		V2		TOTAL
FREQUENCY	PERCENT	ROW PCT	COL PCT	
		1 Bowen	3 Satin	
1	5	2	7	
	5.62	2.25	7.87	
	71.43	28.57		
	15.15	3.57		
2	9	12	21	
	10.11	13.48	23.60	
	42.86	57.14		
	27.27	21.43		
3	2	0	2	
	2.25	0.00	2.25	
	100.00	0.00		
	6.06	0.00		
4	3	5	8	
	3.37	5.62	8.99	
	37.50	62.50		
	9.09	8.93		
8	14	37	51	
	15.73	41.57	57.30	
	27.45	72.55		
	42.42	66.07		
TOTAL	33	56	89	
	37.08	62.92	100.00	

Pre-test  
 Level of  
 Offense  
 (3rd Most  
 Serious)

No other  
 Offense