Selected family therapy outcomes with Bowen, Haley, and Satir

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Table 4.20.2

Non-Engaged Groups: Identified Client Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Bowen</th>
<th>Haley</th>
<th>Satir</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDENTIFIED CLIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE (Mean)</td>
<td>14.8</td>
<td>15</td>
<td>15</td>
<td>14.9</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>40%</td>
<td>81.8%</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td>Black</td>
<td>60%</td>
<td>18.2%</td>
<td>50%</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>80%</td>
<td>54.5%</td>
<td>75%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Females</td>
<td>20%</td>
<td>45.5%</td>
<td>25%</td>
<td>38.7%</td>
</tr>
<tr>
<td><strong>FAMILY LIVING SITUATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both parents</td>
<td>40%</td>
<td>45.5%</td>
<td>0%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Blended</td>
<td>0%</td>
<td>18.2%</td>
<td>25%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Single parent</td>
<td>60%</td>
<td>31.8%</td>
<td>50%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>4.5%</td>
<td>25%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

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This study has attempted to fill the research gap between prior family therapy outcome studies which have focused primarily on eclectic approaches to treatment, or only one type, or school of therapy. Therefore, this research has addressed the limitation set forth by Gurman and Kniskern (1981b) that little research had been conducted on "pure" family therapy models. By having the direct participation of three vanguard theorists in the field, including Murray Bowen, Jay Haley, and Virginia Satir, this study has been able to generate and analyze data regarding the differences between distinct schools of family therapy. Despite a substantial amount of research, Jacobson (1985, 1988) asserted that previous outcome studies have not rigorously evaluated family therapy. The present study has attempted to analyze a number of issues not previously addressed in the literature. In particular, the process of clinical Engagement, Dropout, and Completion, as well as Satisfaction with Treatment, Locus of Control, and Family Functioning have been evaluated. Further, the addition of a comparison group has strengthened the results of this study.
APPENDICES
APPENDIX A

ROTTER INTERNAL-EXTERNAL
LOCUS OF CONTROL SCALE
PLEASE NOTE

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598-602
604-611

University Microfilms International
I. INSTRUMENT NAME: CLIENT INFORMATION FORM

II. ADMINISTRATION TIMING: BEFORE TREATMENT

III. DATE OF INTERVIEW/ADMINISTRATION: __________________________

IV. COMPLETED BY: (FULL NAME OF PROBATION COUNSELOR)
(FULL NAME_______________________________________________________)

V. COMPLETED ABOUT: (FULL NAME OF IDENTIFIED CLIENT)

______________________________

PEOPLE PRESENT DURING INTERVIEW (CHECK ALL THAT APPLY):

MOTHER _____
FATHER _____
IDENTIFIED CLIENT _____
SIBLINGS _____
OTHER _____
(SPESIFY): ______________________________________________________
CLIENT INFORMATION FORM

A. DEMOGRAPHICS

1. **Race:**
   - [ ] White
   - [ ] Black
   - [ ] Other

2. **Sex:**
   - [ ] Male
   - [ ] Female

3. **Current Living Situation:**
   - [ ] Both Natural Parents
   - [ ] Blended (one step-parent)
   - [ ] Single or Separated Parent
   - [ ] Other

4. **Income and Occupation:**
   - **Yearly Income**
   - **Type Of Work**
   - **Number of Jobs in Last 5 Yrs.**
   - Father
   - Mother
   - Identified Client

5. **Current Offense of Identified Client:**
   (Please give VAJGIS code)

   ____________________________
   ____________________________
   ____________________________
B. HOME ENVIRONMENT

1. **Location of Residence:**
   - [ ] Urban
   - [ ] Suburban
   - [ ] Rural

2. **Type of Residence:**
   - [ ] Home (own rent)
   - [ ] Apartment
   - [ ] Trailer
   - [ ] Other: _______________________

3. How long has the family lived at the current address?
   - _______________________ yrs.

4. How many times has the family moved in the past five years?
   (enter in all those blocks that apply).
   - Less than 75 miles? _______
   - Greater than 75 miles? _______
   - and changed school districts _____

5. How many of the following rooms does the residence have?
   - Bedrooms _____
   - Bathrooms _____
   - Family Room _____

6. Does the identified child share a room? ______. If yes, with whom is the room shared? ______________________

7. How many people live in the house? _______________________
C. FAMILY PROFILE

1. Please list all the members of the nuclear family and fill in the following information. A nuclear family could include: father, mother, biological and step children, grandparents. They need not be living in the home.

<table>
<thead>
<tr>
<th>FIRST NAME AND RELATIONSHIP</th>
<th>SEX</th>
<th>AGE</th>
<th>NATURAL=N</th>
<th>LIVES WITH FAMILY</th>
<th>LAST GRADE IN SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES,NO</td>
<td></td>
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</tr>
</tbody>
</table>

2. Are there any other relatives living in the home? (List full name and relationship)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

D. CRIMINAL HISTORY

Please list the members of the family, including grandparents, who have been involved in the criminal justice system as either a juvenile or an adult.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>RELATIONSHIP</th>
<th>AGE AT ONSET</th>
<th>TYPE OF OFFENSE</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
E. COMMUNITY INVOLVEMENT

Please indicate the number of hours per month, each of the listed family members is involved with the following community activities:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MOTHER HRS/MO</th>
<th>FATHER HRS/MO</th>
<th>IDENTIFIED CHILD HRS/MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHURCH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIAL OR ATHLETIC CLUB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.T.A.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLITICAL ORGANIZATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITING FRIENDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITING RELATIVES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECEIVING FRIENDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATHLETIC EVENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CULTURAL EVENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. If you needed help in the future, would you return to this Family Institute? (Read this) Give me a number from one (1) to five (5), with 1 = definitely No, 3 = maybe, and 5 = definitely yes.

   Interviewer: Circle Response

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Definitely</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maybe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Definitely</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Do you feel your family was prepared for what to expect in family therapy?

   Yes   
   No    If not, in what way was your family unprepared:

   ____________________________
   ____________________________
   ____________________________

7. In your opinion, which family member(s) wanted to continue treatment the most?

   Checklist for interviewer (Do not read):
   
   ____ Mother
   ____ Father
   ____ Step-Mother
   ____ Step-Father
   ____ Identified Client
   ____ Sibling (Name: ____________________________)
   ____ Grandparent (Name: _________________________)
   ____ Other (Name and relationship _____________)

   Comments:

   ____________________________
   ____________________________
   ____________________________
   ____________________________

   -5-

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### F. SERVICES INTERVENTION

**Instructions:**
For those problems or professional services that any member of the family has received within the last two years, please complete the information for each problem. (see example below).

<table>
<thead>
<tr>
<th>Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcoholism</td>
<td>father</td>
<td>Alcoholics Anonymous</td>
<td>Group</td>
<td>3 yrs</td>
<td>$ None</td>
<td>$ None</td>
<td>X Yes _ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X Yes _ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X Yes _ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Type of Problem:</th>
<th>Identified Client:</th>
<th>Agency:</th>
<th>Type of Treatment:</th>
<th>Length of Treatment:</th>
<th>Cost: Monthly</th>
<th>Total $</th>
<th>Still receiving service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

| 7. Additional Comments: | |
|------------------------| |
APPENDIX D
CLIENT PROGRESSION LOG
THE CLIENT PROGRESSION LOG HAS BEEN REMOVED BECAUSE IT CONTAINS CONFIDENTIAL INFORMATION.
APPENDIX E

DROPOUT TELEPHONE QUESTIONNAIRE
I. INSTRUMENT NAME: DROP-OUT TELEPHONE QUESTIONNAIRE

II. DATE OF TELEPHONE INTERVIEW: _______________________________

III. COMPLETED BY: (FULL NAME OF INTERVIEWER):
(FULL NAME____________________________________________________) and
TELEPHONE NUMBER OF INTERVIEWER:
_____________________________________________________________

IV. COMPLETED ABOUT: (FULL NAME OF IDENTIFIED CLIENT)
_____________________________________________________________

V. FAMILY MEMBER INTERVIEWED (CHECK ONE):

____ MOTHER
____ STEP-MOTHER
____ FATHER
____ STEP-FATHER
____ IDENTIFIED CLIENT
____ OTHER (SPECIFY) ____________________________
INSTRUCTIONS TO TELEPHONE INTERVIEWER:

This form includes a suggested introduction to use when calling the families, the actual questions to ask the family member you speak with, and space to write down the answers. There will be space to write down verbatim responses as well as checklists to help make recording the answers easier. Both should be used.

Whenever possible, the contact person should be the mother or step-mother in the family. This may require call-backs. If this becomes too much of a problem, ask to speak to the father next, and if this is impossible, use the identified client as the contact person.

Re-wording or repeating the questions may be necessary so be very familiar with what is requested before attempting to use this questionnaire.

The purpose of the interview is to find out why a family dropped out of treatment. The questions will begin with a general information question, followed by more specific questions. Some of the questions may not need to be asked, depending on preceding answers. These questions will be noted. Please be familiar with all questions to avoid duplication and to make the transitions easier.

**Important Tips To Remember**

1. Clearly identify who you are, what you want, and why.

2. Clear communication is essential.

3. Help the family member feel comfortable, not rushed. Negotiate a better time to call if you catch them at a bad time.

4. Help the family member to feel like what (s)he has to say is of great importance to you.

5. Always be polite and considerate.
QUESTIONNAIRE FOR PHONE INTERVIEWS WITH DROP-OUTS

Suggested Format For Introduction: (Do not read verbatim)

Hello, may I speak to Mrs. ___________. My name is _______.
I am a research assistant with the Family Therapy Treatment and Training Grant in which you recently participated. Is now a good time to answer some questions? It should not take more than five to ten minutes.
(IF THE ANSWER IS "NO", FIND A TIME THAT IS CONVENIENT. DO NOT HANG UP WITHOUT AGREEING ON ANOTHER TIME).

Your name was given to me by the research team because your family stopped coming for treatment. It would be very helpful to the research project to find out why your family decided not to come. Information about your family's experience will help us decide what changes need to be made to make the experience a better one for future families.

I would like to ask you a few questions, but I want to make sure you realize that I am in no way connected with your Court, and any information you give me will never be linked to you by name.

Do you have any questions about who I am or what I need from you?
Questions and Answers:

1. What caused your family to stop coming for family therapy?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Checklist for interviewers only: (Do not read this checklist. Check all blanks mentioned, then double check those blanks indicating more significant problems).

____ a. Transportation problems.
____ b. Conflict with appointment times.
____ c. Unhappy with services.
____ d. Desire by some family members to quit.
____ e. Did not like the therapist.
____ f. Conflict with Probation Counselor.
____ g. Probation was terminated
____ h. Problems got better.
____ i. Problems got worse.
____ j. Resistance in making changes in the family.
____ k. Moved.
____ l. Dissatisfied with time required for participation in the grant.
____ m. Other (Specify): ____________________________________________
____ n. ____________________________________________________________
____ o. ____________________________________________________________
____ p. ____________________________________________________________
2. (Do not ask if not checked in question #1.) Were there any problems keeping the appointments for family therapy?

Yes _____
... No ______

(If "Yes): 
Would you please identify what problems you had?:

________________________________________

________________________________________

________________________________________

3. (Do not ask if not checked in question #1.) Was there anything specific about your therapist that influenced your decision to stop treatment?

Yes _____ If yes, could you identify what about your therapist you would have liked to be different?

________________________________________

________________________________________

________________________________________

No _____ If no, could you identify what about your therapist you liked?

________________________________________

________________________________________

________________________________________

4. How could the services have better met your family's needs or problems?

________________________________________

________________________________________

________________________________________

________________________________________
8. In your opinion, which member(s) of your family most wanted to stop treatment?

Checklist for interviewer (Do not read):

- Mother
- Father
- Step-Mother
- Step-Father
- Identified Client
- Sibling
- Grandparent
- Other (Relationship _____________________)

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. (Do not read - Checklist for Interviewer): Was the decision to stop treatment unanimous?

Yes _____
No . _____

10. What do you see as the problem or problems that brought your family into treatment?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Checklist For Interviewer (Do not read):

- Marital Conflicts
- Custody Problems
- Step-Parent Problems
- Chronic Court Involvement
- Delinquency
- School Problems:
  - academic problems
  - truancy
- Financial Problems
- Alcohol Abuse:
  - with one or both parents
  - with teenager
- Drug Abuse:
  - with one or both parents
  - with teenager
- Sexual Problems:
  - with parents
  - with teenager
- Physical Abuse
- Other (Please specify)
  a. _____________________________
  b. _____________________________

Now go back over above checklist and put a second check in the blank(s) which represents what seemed to you to be the more significant problem(s) of the family.

11. Do you feel these problems are now (Check one):

- Better
- Worse
- The Same

12. Is there anything else you would like to say about your experience in family therapy?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you very much for helping us with this project.
I. **INSTRUMENT NAME:** RECIDIVISM INDEX

II. **ADMINISTRATION DATE:** (AFTER TREATMENT:_________________________)

III. **COMPLETED BY:** (FULL NAME OF PROBATION OFFICER:________________)

IV. **COMPLETED ABOUT:** (FULL NAME OF IDENTIFIED CLIENT:____________________)
**G. COURT RECORDS CHECK**

Attention Probation Counselor: Do not include this as part of your interview with the parents. Information required on this form must be gathered from the identified client's school records.

1. **COURT CONTACTS:**

Please list all court charges/petitions as noted in the identified client's court file.

<table>
<thead>
<tr>
<th>DATE</th>
<th>OFFENSE</th>
<th>DISPOSITION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2. If any other children in the family have had court charges/petitions, please complete the following information:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
<th>OFFENSE</th>
<th>DISPOSITION</th>
<th>COMMENTS</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

3. Comments: Please note any additional comments regarding the above information.
## VAJJS Codes

### Offense Against Public Justice, Policy and Property (Combined)

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>536</td>
<td>Accessory after fact</td>
<td>350</td>
<td>Beyond control of Welfare Dept.</td>
</tr>
<tr>
<td>540</td>
<td>Aid or desert armed forces</td>
<td>491</td>
<td>Incurrigibility/beyond parental/guardian control</td>
</tr>
<tr>
<td>540</td>
<td>Conspiracy to commit crime</td>
<td>492</td>
<td>Runaway - In state</td>
</tr>
<tr>
<td>540</td>
<td>Contempt of court</td>
<td>494</td>
<td>Runaway - Out of state</td>
</tr>
<tr>
<td>541</td>
<td>Escape - aiding</td>
<td>493</td>
<td>Truancy</td>
</tr>
<tr>
<td>541</td>
<td>Fail to appear/parole</td>
<td>542</td>
<td>Custody/Child Welfare</td>
</tr>
<tr>
<td>541</td>
<td>Female prostitution</td>
<td>357</td>
<td>Adjudication of custody</td>
</tr>
<tr>
<td>541</td>
<td>Gambling/betting</td>
<td>407</td>
<td>Custody-permanent (with right to place for adoption)</td>
</tr>
<tr>
<td>541</td>
<td>Interfering with officer</td>
<td>498</td>
<td>Custody - protective</td>
</tr>
<tr>
<td>541</td>
<td>Other offense against public justice, policy and property</td>
<td>496</td>
<td>Custody - temporary (relief of custody)</td>
</tr>
<tr>
<td>538</td>
<td>Obstructing justice</td>
<td>494</td>
<td>Neglect - dependent/abandoned/without proper care</td>
</tr>
<tr>
<td>572</td>
<td>Perjury - false swearing</td>
<td>498</td>
<td>Visitation rights</td>
</tr>
<tr>
<td>516</td>
<td>Resisting arrest</td>
<td>498</td>
<td>Dependent and neglect</td>
</tr>
<tr>
<td>516</td>
<td>Other offense against public justice, policy and property</td>
<td>490</td>
<td>Adoption</td>
</tr>
</tbody>
</table>

### Alcohol and Drug Offenses

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>519</td>
<td>ABC violation</td>
</tr>
<tr>
<td>600</td>
<td>Driving under influence of alcohol</td>
</tr>
<tr>
<td>601</td>
<td>Driving under influence of narcotics</td>
</tr>
<tr>
<td>700</td>
<td>Drug laws other than narcotics</td>
</tr>
<tr>
<td>981</td>
<td>Drunk A Disorderly/drunk in public</td>
</tr>
<tr>
<td>985</td>
<td>Inebriate</td>
</tr>
<tr>
<td>455</td>
<td>Liquor laws - drinking in public</td>
</tr>
<tr>
<td>113</td>
<td>Liquor laws - illegal possession of purchase</td>
</tr>
<tr>
<td>112</td>
<td>Narcotics - possession with intent to sell</td>
</tr>
<tr>
<td>123</td>
<td>Narcotics - possession (felony)</td>
</tr>
<tr>
<td>124</td>
<td>Narcotics - possession (misdemeanor)</td>
</tr>
<tr>
<td>125</td>
<td>Paraspharmaceutical/poison</td>
</tr>
<tr>
<td>117</td>
<td>Paraphernalia/poison and sale</td>
</tr>
<tr>
<td>120</td>
<td>Sale under/or distribution of drugs/narcotics</td>
</tr>
<tr>
<td>121</td>
<td>Sniffing glue</td>
</tr>
<tr>
<td>119</td>
<td>Other offense against alcohol &amp; drug laws</td>
</tr>
</tbody>
</table>

### Miscellaneous Offenses

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>592</td>
<td>Adjudication of custody</td>
</tr>
<tr>
<td>498</td>
<td>Custody-permanent (with right to place for adoption)</td>
</tr>
<tr>
<td>496</td>
<td>Custody - protective</td>
</tr>
<tr>
<td>494</td>
<td>Custody - temporary (relief of custody)</td>
</tr>
<tr>
<td>492</td>
<td>Neglect - dependent/abandoned/without proper care</td>
</tr>
<tr>
<td>498</td>
<td>Visitation rights</td>
</tr>
<tr>
<td>498</td>
<td>Dependent and neglect</td>
</tr>
<tr>
<td>490</td>
<td>Adoption</td>
</tr>
</tbody>
</table>

### Codes for Children in Need of Service

### Traffic and Vehicle Law Offenses

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>647</td>
<td>Allowing use of auto by person without permit</td>
</tr>
<tr>
<td>643</td>
<td>Auto inspection violation</td>
</tr>
<tr>
<td>654</td>
<td>Auto license laws</td>
</tr>
<tr>
<td>642</td>
<td>Auto regulation violation/inspection plates</td>
</tr>
<tr>
<td>648</td>
<td>Defacing serial number</td>
</tr>
<tr>
<td>652</td>
<td>Driving under influence of narcotics - see Alcohol &amp; Drug Offenses</td>
</tr>
<tr>
<td>622</td>
<td>Failure to give proper signal</td>
</tr>
<tr>
<td>646</td>
<td>Failure to report accident</td>
</tr>
<tr>
<td>623</td>
<td>Failure to stop for red light or stop sign</td>
</tr>
<tr>
<td>652</td>
<td>Failure to surrender operator's permit</td>
</tr>
<tr>
<td>622</td>
<td>Failure to yield right of way</td>
</tr>
<tr>
<td>640</td>
<td>Habitual offender</td>
</tr>
<tr>
<td>622</td>
<td>Hit &amp; run - leaving scene of accident - failure to stop at accident</td>
</tr>
<tr>
<td>610</td>
<td>Hitchhiking</td>
</tr>
<tr>
<td>649</td>
<td>Improper equipment</td>
</tr>
<tr>
<td>645</td>
<td>No liability insurance fee</td>
</tr>
<tr>
<td>641</td>
<td>No operator's license, no chauffeur's license</td>
</tr>
<tr>
<td>670</td>
<td>Reckless driving - speeding</td>
</tr>
<tr>
<td>640</td>
<td>Revoked license</td>
</tr>
<tr>
<td>652</td>
<td>Using another person's permit</td>
</tr>
<tr>
<td>653</td>
<td>Violation motor vehicle laws (unspecified)</td>
</tr>
<tr>
<td>629</td>
<td>Other offense against Traffic and Vehicle Laws</td>
</tr>
</tbody>
</table>

### Special Process/Order

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>353</td>
<td>Held for court appeal</td>
</tr>
<tr>
<td>354</td>
<td>Held for federal authorities</td>
</tr>
<tr>
<td>355</td>
<td>Held for Grand Jury</td>
</tr>
<tr>
<td>354</td>
<td>Held for mental hospital</td>
</tr>
<tr>
<td>983</td>
<td>Held for military authorities</td>
</tr>
<tr>
<td>985</td>
<td>Held for other civil authorities/habeas corpus</td>
</tr>
<tr>
<td>358</td>
<td>Material witness</td>
</tr>
<tr>
<td>352</td>
<td>State Ward</td>
</tr>
<tr>
<td>350</td>
<td>Case transferred to another jurisdiction</td>
</tr>
</tbody>
</table>

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### VAJJIS CODES

#### Offenses Against Morality, Decency and Peace

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>023</td>
<td>Abduction of female</td>
</tr>
<tr>
<td>020</td>
<td>Adultery</td>
</tr>
<tr>
<td>070</td>
<td>Unlawful assembly</td>
</tr>
<tr>
<td>045</td>
<td>Breach of peace, disturbing peace</td>
</tr>
<tr>
<td>040</td>
<td>Contributing to delinquency of a child</td>
</tr>
<tr>
<td>044</td>
<td>Cruelty to animals</td>
</tr>
<tr>
<td>047</td>
<td>Cruelty to children</td>
</tr>
<tr>
<td>046</td>
<td>Cursing, abusing, obscene language</td>
</tr>
<tr>
<td>039</td>
<td>Discharging firearms, explosives</td>
</tr>
<tr>
<td>031</td>
<td>Disorderly conduct</td>
</tr>
<tr>
<td>049</td>
<td>Disorderly house</td>
</tr>
<tr>
<td>038</td>
<td>False fire alarm &amp; tampering (other fire offenses)</td>
</tr>
<tr>
<td>025</td>
<td>False alarm - Bank threat</td>
</tr>
<tr>
<td>035</td>
<td>False information</td>
</tr>
<tr>
<td>043</td>
<td>Forcible rape</td>
</tr>
<tr>
<td>042</td>
<td>Imperfect marriage</td>
</tr>
<tr>
<td>041</td>
<td>Interfering sexual relations</td>
</tr>
<tr>
<td>040</td>
<td>Littering</td>
</tr>
<tr>
<td>046</td>
<td>Looting</td>
</tr>
<tr>
<td>043</td>
<td>Non-support</td>
</tr>
<tr>
<td>041</td>
<td>Obscene matter</td>
</tr>
<tr>
<td>037</td>
<td>Other Sex Offenses</td>
</tr>
<tr>
<td>045</td>
<td>Other weapons or firearms laws</td>
</tr>
<tr>
<td>049</td>
<td>Possession of fire bomb</td>
</tr>
<tr>
<td>045</td>
<td>Briot</td>
</tr>
<tr>
<td>057</td>
<td>Slumber and ilegal</td>
</tr>
<tr>
<td>000</td>
<td>Sodomy (unnatural act &amp; crime against nature)</td>
</tr>
<tr>
<td>011</td>
<td>Soliciting and pandering - procuring</td>
</tr>
<tr>
<td>016</td>
<td>Violation of marriage law</td>
</tr>
<tr>
<td>000</td>
<td>Weapon - concealed</td>
</tr>
<tr>
<td>008</td>
<td>Other offenses against morality, decency and peace</td>
</tr>
<tr>
<td>010</td>
<td>Prostitution</td>
</tr>
<tr>
<td>014</td>
<td>Detaining a Female for Prostitution</td>
</tr>
<tr>
<td>021</td>
<td>Incest</td>
</tr>
<tr>
<td>022</td>
<td>Seduction</td>
</tr>
<tr>
<td>023</td>
<td>Fornication</td>
</tr>
<tr>
<td>043</td>
<td>Masturbation</td>
</tr>
<tr>
<td>042</td>
<td>Cohabitation</td>
</tr>
<tr>
<td>040</td>
<td>Bigamy</td>
</tr>
<tr>
<td>431</td>
<td>Spouse abuse - by male</td>
</tr>
<tr>
<td>432</td>
<td>Spouse abuse - by female</td>
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</tbody>
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#### Offenses Against Property

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
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</thead>
<tbody>
<tr>
<td>150</td>
<td>Arson</td>
</tr>
<tr>
<td>122</td>
<td>Automobile - tampering with/setting in motion</td>
</tr>
<tr>
<td>120</td>
<td>Automobile - theft of/larceny</td>
</tr>
<tr>
<td>121</td>
<td>Automobile - unauthorized use</td>
</tr>
<tr>
<td>128</td>
<td>Bad Checks</td>
</tr>
<tr>
<td>131</td>
<td>Break and enter</td>
</tr>
<tr>
<td>106</td>
<td>Break and enter - attempted</td>
</tr>
<tr>
<td>100</td>
<td>Burglary</td>
</tr>
<tr>
<td>161</td>
<td>Burglary - attempted</td>
</tr>
<tr>
<td>153</td>
<td>Destroying property - explosives</td>
</tr>
<tr>
<td>190</td>
<td>Destroying private property - vandalism</td>
</tr>
<tr>
<td>161</td>
<td>Destroying public property - vandalism</td>
</tr>
<tr>
<td>180</td>
<td>Extortion (blackmail)</td>
</tr>
<tr>
<td>181</td>
<td>Fire menace (burning laws)</td>
</tr>
<tr>
<td>130</td>
<td>Forgery (checks)</td>
</tr>
<tr>
<td>100</td>
<td>Forgery (false documents)</td>
</tr>
<tr>
<td>107</td>
<td>Fraud - defraud by false pretenses</td>
</tr>
<tr>
<td>117</td>
<td>Larceny - attempted</td>
</tr>
<tr>
<td>110</td>
<td>Larceny - grand</td>
</tr>
<tr>
<td>113</td>
<td>Larceny - petty</td>
</tr>
<tr>
<td>111</td>
<td>Larceny of certain farm animals</td>
</tr>
<tr>
<td>115</td>
<td>Pickpocketing</td>
</tr>
<tr>
<td>105</td>
<td>Possession of burglary tools</td>
</tr>
<tr>
<td>124</td>
<td>Possession of stolen car</td>
</tr>
<tr>
<td>118</td>
<td>Possession of stolen goods (receiving stolen property)</td>
</tr>
<tr>
<td>114</td>
<td>Pursue matching</td>
</tr>
<tr>
<td>116</td>
<td>Shoplifting</td>
</tr>
<tr>
<td>154</td>
<td>Threatening use of explosives</td>
</tr>
<tr>
<td>152</td>
<td>Throwing missiles or objects at auto</td>
</tr>
<tr>
<td>190</td>
<td>Trepassing</td>
</tr>
<tr>
<td>170</td>
<td>Other offense against property</td>
</tr>
</tbody>
</table>

#### Offenses Against the Person

<table>
<thead>
<tr>
<th>Code</th>
<th>Offense Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>401</td>
<td>Abduction - fraudious</td>
</tr>
<tr>
<td>040</td>
<td>Assault - felonious</td>
</tr>
<tr>
<td>050</td>
<td>Assault - simple</td>
</tr>
<tr>
<td>024</td>
<td>Carnal knowledge of child</td>
</tr>
<tr>
<td>070</td>
<td>Kidnapping/abduction</td>
</tr>
<tr>
<td>047</td>
<td>Manslaughter</td>
</tr>
<tr>
<td>011</td>
<td>Murder</td>
</tr>
<tr>
<td>003</td>
<td>Murder - attempted</td>
</tr>
<tr>
<td>020</td>
<td>Rape</td>
</tr>
<tr>
<td>021</td>
<td>Rape - statutory</td>
</tr>
<tr>
<td>027</td>
<td>Rape - attempted</td>
</tr>
<tr>
<td>025</td>
<td>Rape - aldling and abetting</td>
</tr>
<tr>
<td>030</td>
<td>Robbery - armed</td>
</tr>
<tr>
<td>032</td>
<td>Robbery - other/ unspecified</td>
</tr>
<tr>
<td>033</td>
<td>Robbery - attempted</td>
</tr>
<tr>
<td>044</td>
<td>Shooting into occupied dwelling</td>
</tr>
<tr>
<td>045</td>
<td>Shooting into occupied vehicle</td>
</tr>
<tr>
<td>060</td>
<td>Threatening bodily harm - brandish firearms</td>
</tr>
<tr>
<td>052</td>
<td>Throwing missiles or objects at auto</td>
</tr>
<tr>
<td>090</td>
<td>Other offense against the person</td>
</tr>
<tr>
<td>012</td>
<td>Use of firearm in committing a felony</td>
</tr>
<tr>
<td>018</td>
<td>Defend battery</td>
</tr>
<tr>
<td>019</td>
<td>Defend bodily felony</td>
</tr>
</tbody>
</table>
I. **INSTRUMENT NAME:** SATISFACTION WITH TREATMENT

II. **DATE COMPLETED:** ________________________________

III. **COMPLETED ABOUT:** (FULL NAME OF THERAPIST ________________________________)

IV. **COMPLETED BY:**

   **FULL NAME:** ________________________________

   (CHECK ONE)

   _____ FATHER

   _____ MOTHER

   _____ IDENTIFIED CLIENT

   _____ OTHER (PLEASE SPECIFY) ________________________________
The following questions are concerned with your satisfaction with the quality of the family therapy and services you and your family received from your Family Therapist. Please circle one number for each question.

1. How would you rate the services your family received from your family therapist?
   
   POOR   AVERAGE   EXCELLENT
   
   1  2  3  4  5

2. At the end of treatment, do you think the problem that brought you to family counseling is . . .
   
   MUCH WORSE   THE SAME   MUCH BETTER
   
   1  2  3  4  5

3. How much did your therapist deal with the problem that brought your family into counseling?
   
   NOT AT ALL   SOME   A GREAT DEAL
   
   1  2  3  4  5

4. How much do you think the change you see in your family is due to the family counseling you received?
   
   NOT AT ALL   SOME   A GREAT DEAL
   
   1  2  3  4  5

5. If you needed help in the future, would you return to this Family Institute?
   
   DEFINITELY   MAYBE   DEFINITELY
   NO        YES
   
   1  2  3  4  5

6. If your family had a similar problem in the future, would you want the family therapist's counseling approach to . . .
   
   CHANGE A    CHANGE    DO THE
   GREAT DEAL  SOME      SAME THING
   
   1  2  3  4  5

7. How many problems do you expect to have in your family within the next year?
   
   MANY   SOME   NONE
   
   1  2  3  4  5
8. How do you think your family will handle any new problems without outside help or counseling?

<table>
<thead>
<tr>
<th>POOR</th>
<th>AVERAGE</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

9. On the whole, how satisfied are you with the job done by your therapist?

<table>
<thead>
<tr>
<th>COMPLETELY DISSATISFIED</th>
<th>SOMEWHAT SATISFIED</th>
<th>COMPLETELY SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

10. How would you rate your therapist in each of the following areas?:

   a. The therapist's interest in me depended on the things I said or did.

      | DEFINITELY TRUE | DEFINITELY NOT TRUE |
      |----------------|---------------------|
      | 1 2 3 4 5 6    | 1 2 3 4            |

   b. The therapist nearly always knew exactly what I meant.

      | DEFINITELY TRUE | DEFINITELY NOT TRUE |
      |----------------|---------------------|
      | 1 2 3 4 5 6    | 1 2 3 4            |

   c. The therapist wanted me to be a particular kind of person.

      | DEFINITELY TRUE | DEFINITELY NOT TRUE |
      |----------------|---------------------|
      | 1 2 3 4 5 6    | 1 2 3 4            |

   d. I felt that the therapist disapproved of me.

      | DEFINITELY TRUE | DEFINITELY NOT TRUE |
      |----------------|---------------------|
      | 1 2 3 4 5 6    | 1 2 3 4            |

   e. The therapist realized what I meant even when I had difficulty in saying it.

      | DEFINITELY TRUE | DEFINITELY NOT TRUE |
      |----------------|---------------------|
      | 1 2 3 4 5 6    | 1 2 3 4            |
f. The therapist expressed his/her true impressions and feelings to me.

<table>
<thead>
<tr>
<th>DEFINITELY NOT TRUE</th>
<th>DEFINITELY TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

g. I felt appreciated by my therapist.

<table>
<thead>
<tr>
<th>DEFINITELY NOT TRUE</th>
<th>DEFINITELY TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

h. The therapist was openly himself or herself in our relationship.

<table>
<thead>
<tr>
<th>DEFINITELY NOT TRUE</th>
<th>DEFINITELY TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

11. How would you rate the involvement of the following family members in counseling sessions (Rate only those family members who live in the home. Check below any family members who do not live at home).

<table>
<thead>
<tr>
<th>NOT LIVING AT HOME</th>
<th>NOT AT ALL INVOLVED</th>
<th>SOMEWHAT INVOLVED</th>
<th>VERY INVOLVED</th>
</tr>
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<td>a. Father:</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>b. Mother:</td>
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<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>c. Identified Client:</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>d. Brothers and Sisters:</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>e. Other: (Name Who)</td>
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<td>1 2 3 4 5</td>
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|                     |                     | 1 2 3 4 5         |              |
|                     |                     | 1 2 3 4 5         |              |
|                     |                     | 1 2 3 4 5         |              |
12. Were there any other people who were involved in your family counseling? If so, please list by their relationship to you (No names are necessary).

Relationship:

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13. Is there anything else that you would like to express about the treatment you received?

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**Satisfaction with Treatment Questionnaire**

The Satisfaction with Treatment Questionnaire is a 17-item instrument developed by the Family Research Project in order to measure client attitudes about the services received after completion of treatment. The instrument consists of two subscales: (a) **Satisfaction with Therapist** who provided services to the client families, and (b) **Satisfaction with Approach and Outcome** of treatment. The **Satisfaction with Therapist** subscale uses a 6-point Likert-type scale in which response categories ranged from a score of 1, or Definitely Not True, to a score of 6, or Definitely True. High scores indicated greater satisfaction with therapist. The **Satisfaction with Outcome** subscale uses a 5-point Likert-type scale with response categories which range from a score of 1, or Dissatisfaction, to a score of 5, or Total Satisfaction, with a score of 3 representing Some Satisfaction.

The Satisfaction with Treatment Questionnaire was administered as a posttest measure to Mothers, Fathers, and Identified Clients who completed treatment in the Family Research Project.
APPENDIX H
HUMAN SUBJECTS REVIEW:
INFORMED CONSENT AND
RELEASES OF INFORMATION

W1: FAMILY WRITTEN AND VIDEOTAPE
INFORMED CONSENT

W2: FAMILY RELEASE OF INFORMATION
FAMILY RESEARCH PROJECT

W3: FAMILY RELEASE OF INFORMATION
JUVENILE COURT SERVICES UNIT
W1: FAMILY WRITTEN AND VIDEOTAPE
INFORMED CONSENT
I understand that by signing this form I agree to take part in a research study about family relations and treatment of adolescents under supervision of the Virginia Department of Correction. I understand that my part and my family's part in this study will include answering written questions about our family and ourselves, being videotaped and being interviewed a number of times.

I understand that because some of the information I will be asked about is personal and private, both the information and my identity will be treated as strictly confidential by the researchers. I understand that the information I give about myself and my family is for only research and educational purposes.

My agreement to take part in this study is completely voluntary. I have not been promised anything in return for my participation and I understand that I will not get anything for my participation except a better understanding of myself and my family. I have been given a chance to ask questions about the study and all my questions have been answered to my satisfaction. I understand that I am free to quit taking part in this program at any time.
I agree to take part in this research out of a sincere desire to be of help in increasing the knowledge about families and adolescents and because it is my belief that taking part in this study might benefit myself, other families and adolescents within the juvenile justice system.

Date  
Signature of Participant

Date  
Signature of Participant

Date  
Signature of Witness
FAMILY INSTITUTE OF VIRGINIA
DEPARTMENT OF CORRECTIONS
JUVENILE AND DOMESTIC RELATIONS COURT
FAMILY RESEARCH PROJECT

Reply To: ____________________________

_______________________________

_______________________________

RELEASE OF INFORMATION

I, ________________________________ hereby authorize
________________________________ of the Family Institute of Virginia, the Department of Corrections and/or the Family Research Project research evaluators to inspect and/or both obtain copies of any and all court, medical, psychological, social history, school or other records or videotapes of whatever kind pertaining to me.

A copy of this same form shall also serve as my authorization to the custodian of any records pertaining to me to release them to the person and agencies named above.

Date: ____________________________ Signed: ____________________________

Witness: __________________________ Parent or Guardian of Minor
W3: FAMILY RELEASE OF INFORMATION
JUVENILE COURT SERVICES UNIT
DEPARTMENT OF CORRECTIONS
FAMILY THERAPY TREATMENT RESEARCH GRANT
JUVENILE AND DOMESTIC RELATIONS COURT

Reply to: __________________________

_____________________________

RELEASE OF INFORMATION

I, __________________________ hereby authorize __________________________ of the Juvenile and Domestic Relations Court and/or the Family Therapy Treatment research evaluators to inspect and/or both obtain copies of any and all court, medical, psychological, social history, school or other records of whatever kind pertaining to me.

A copy of this same form shall also serve as my authorization to the custodian of any records pertaining to me to release them to the person and agencies named above.

Date: _______________ Signed: _______________
Witness: _______________ Parent or Guardian of Minor
APPENDIX I
FAMILY RESEARCH PROJECT
VIDEOTAPE RELEASE FORMS

V1: FAMILY VIDEOTAPE CONSENT FORM

V2: PROCESS CODERS
CONFIDENTIALITY AGREEMENT
BEAVERS TIMBERLAWN CODERS

V3A.1: THERAPIST VIDEO INFORMED CONSENT
(BOWEN)

V3A.2: THERAPIST VIDEO INFORMED CONSENT
GEORGETOWN UNIVERSITY
(BOWEN)

V3B.1: THERAPIST VIDEO INFORMED CONSENT
(HALEY)

V3B.2: THERAPIST VIDEO INFORMED CONSENT
FAMILY THERAPY INSTITUTE OF WASHINGTON
(HALEY)

V3C.1: THERAPIST VIDEO INFORMED CONSENT
AVANTA NETWORK
(SATIR)

V4: PROCESS CODERS
CONFIDENTIALITY AGREEMENT
TYPESCRIPTER AND NONVERBAL CODERS

V5: PROCESS CODERS
CONFIDENTIALITY AGREEMENT
UNITIZERS AND CODERS
V1: FAMILY VIDEOTAPE CONSENT FORM
I have taken part in a research study about family relations and treatment of adolescents under the supervision of the Family Institute of Virginia, and the Virginia Department of Corrections. My part and my family's part in this study included answering written questions about our family and ourselves and being videotaped.

I understand that some of the information I have been asked about is personal and private and therefore my name and my family's name will be treated as strictly confidential by the researchers and the Department of Corrections. However, I understand that the information I have given about myself and my family and the videotapes will be used by the researchers and the Department of Corrections for educational and research purposes and that this will entail making the information and the videotapes, but not my family's name, available for use and viewing, research and evaluation to other parties and groups as authorized by either the Family Institute of Virginia or the Virginia Department of Corrections. I understand that the tapes and material related to the tapes may be made available, in whole or in edited form, to mental health, medical and educational institutions; it may also be presented at meetings or gatherings of professional groups. I hereby give my permission for the videotapes to be used for research and educational purposes as specified above.

The undersigned hereby releases the Family Institute of Virginia and the Virginia Department of Corrections, and any party acting under their authority or permission, from any and all claims he/she may have against them on account of, or arising out of taking, recording, reproducing, publication, transmitting or exhibiting of the videotapes and related information.

My agreement to take part in this study has been completely voluntary. I have not been promised anything in return for my participation. I have been given a chance to ask questions about the study and all my questions have been answered to my satisfaction. I have been free to stop taking part in this program at any time.

I have taken part in this research out of a sincere desire to be of help in increasing the knowledge about families and adolescents and
because it is my belief that taking part in this study might benefit myself and other families and adolescents within the juvenile justice system.

Date ___________________________  Signature of Participant

Date ___________________________  Signature of Participant

The above consent was read and signed in my presence. In my opinion, the person signing did so fully and with an understanding of its contents and the implications of such contents.

Date ___________________________  Witness
CONFIDENTIALITY AGREEMENT
FOR FAMILY RESEARCH PROJECT
BEAVERS TIMBERLAWN CODERS

I understand that the videotapes that I will be viewing are of families who voluntarily agreed to participate in family therapy sessions as part of the Family Research Project as well as of their rehabilitation program supervised by the Virginia Department of Corrections.

I understand further that the information on these videotapes concerns the personal lives and concerns of these families, is privileged information, and therefore is deserving of absolute confidentiality on my part. I agree to treat all this information as confidential, and will not discuss any specific or identifying aspects of this information with any person who is not officially part of the Family Research Project staff.

I further agree to view the tapes when alone or in the presence of Family Research Project staff only. Finally, I agree that if, by chance, I happen to recognize or be familiar with any family members on the tapes I view, I will stop immediately any further monitoring of videotapes for that particular family and report the situation to the Project Director.

I understand all components of this confidentiality form and voluntarily agree to abide responsibly by these conditions.

______________________________    ______________________________
Date                                      Signature

The above consent was read and signed in my presence. In my opinion the person signing did so fully and with an understanding of its contents and the implications of such contents.

______________________________    ______________________________
Date                                      Signature of Witness
V3A.1: THERAPIST VIDEO INFORMED CONSENT (BOWEN)
APPENDIX III

FAMILY INSTITUTE OF VIRGINIA
DEPARTMENT OF CORRECTIONS
INFORMED CONSENT

As a therapist participating in the Virginia Family Research Project, I conducted one or more interviews with families referred by the juvenile court system. Many of these interviews were videotaped.

I hereby give my permission for all of the videotapes of these interviews to be utilized for research and educational purposes. Part of the research and use may include the publication of portions of written transcripts of these tapes.

I understand that the tapes and material related to the tapes may be made available, in whole or in edited form, to mental health, medical and educational institutions, and also it may be presented at meetings or gatherings of professional groups. I hereby consent to such use of the videotapes.

The undersigned hereby releases the Family Institute of Virginia, the Virginia Department of Corrections and the Georgetown Family Center, their agents, employees, successors or assigns and any party acting under their authority or permission, from any and all claims he/she may have against them on account of, or arising out of such taking, recording, reproducing, publication, transmitting or exhibiting of the information specified above.

_________________________________________  ______________________________
Date                                                Signature of Therapist

The above consent was read and signed in my presence. In my opinion the person signing did so fully and with an understanding of its contents and the implications of such contents.

_________________________________________  ______________________________
Date                                                Witness
V3A.2: THERAPIST VIDEO INFORMED CONSENT
GEORGETOWN UNIVERSITY
(BOWEN)
The undersigned hereby consents to the taking of recording of his/her voice, likeness or photograph or motion picture and the production of closed circuit television programs, video tape recordings and other visual and/or auditory recordings by Georgetown University Hospital and anyone acting under the authority of said Hospital. I understand that this material may be made available, in whole or in edited form, not only to the staff and residents of Georgetown University Hospital, but also to medical and educational institutions and also that it may be presented at meetings or gatherings of professional groups. I hereby consent to such use.

The undersigned hereby releases Georgetown University Hospital, and any party acting under its authority or permission, from any and all claims he/she may have against them on account of or arising out of such taking, recording, reproducing, publication, transmitting, or exhibiting as authorized by Georgetown University Hospital.

_________________________  __________________________
Date                      Signature of Participant

If signing as guardian, committee, or nearest relative of participant:

_________________________
Signature

_________________________
Relationship to participant

The aboved consent was read, discussed, and signed in my presence. In my opinion the person signing said consent did so freely and with full knowledge and understanding of its content and the implications of such contents.

_________________________  __________________________
Witness:                      Date
V3B.1: THERAPIST VIDEO INFORMED CONSENT
(HALEY)
APPENDIX III

FAMILY INSTITUTE OF VIRGINIA
DEPARTMENT OF CORRECTIONS
INFORMED CONSENT

As a therapist participating in the Virginia Family Research Project, I conducted one or more interviews with families referred by the juvenile court system. Many of these interviews were videotaped.

I hereby give my permission for all of the videotapes of these interviews to be utilized for research and educational purposes. Part of the research and use may include the publication of portions of written transcripts of these tapes.

I understand that the tapes and material related to the tapes may be made available, in whole or in edited form, to mental health, medical and educational institutions, and also it may be presented at meetings or gatherings of professional groups. I hereby consent to such use of the videotapes.

The undersigned hereby releases the Family Institute of Virginia, the Virginia Department of Corrections and the Family Therapy Institute of Washington, D.C., their agents, employees, successors or assigns and any party acting under their authority or permission, from any and all claims he/she may have against them on account of, or arising out of such taking, recording, reproducing, publication, transmitting or exhibiting of the information specified above.

Date ___________________ Signature of Therapist

The above consent was read and signed in my presence. In my opinion the person signing did so fully and with an understanding of its contents and the implications of such contents.

Date ___________________ Witness

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V3B.2: THERAPIST VIDEO INFORMED CONSENT
FAMILY THERAPY INSTITUTE OF WASHINGTON
(HALEY)
As a therapist participating in the Virginia Family Research Project, I conducted one or more interviews with families referred by the juvenile court system. Many of these interviews were videotaped.

I hereby give my permission for all of the videotapes of these interviews to be utilized for research purposes. Part of the research and use may include the publication of portions of written transcripts of these tapes. I understand that the tapes will be restricted to viewing by researchers, and there is to be no viewing of the tapes by professional or lay people other than as specified below.

I also understand that Mr. Jay Haley, Director, Family Therapy Institute of Washington, D.C., has selected the tapes listed below as suitable viewing for educational purposes, and these tapes may be shown for educational purposes. I understand that the tapes and material related to the tapes may be made available, in whole or in edited form, to mental health, medical and educational institutions, and also it may be presented at meetings or gatherings of professional groups. I hereby consent to such use of the following tapes and related information:

<table>
<thead>
<tr>
<th>Identified Client Name</th>
<th>Date of Session</th>
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</table>

The undersigned hereby releases the Family Institute of Virginia, the Virginia Department of Corrections and The Family Therapy Institute of Washington, D.C., their agents, employees, successors or assigns and any party acting under their authority or permission, from any and all claims he/she may have against them on account of, or arising out of such taking, recording, reproducing, publication, transmitting or exhibiting of the information specified above.

I agree to the above out of a sincere desire to increase the knowledge in the field of family therapy.

Date ___________________ Signature of Therapist ___________________

The above consent was read and signed in my presence. In my opinion the person signing did so fully and with an understanding of its contents and the implications of such contents.

Witness: ___________________ Date: __________. 1980.
V3C.1: THERAPIST VIDEO INFORMED CONSENT
AVANTA NETWORK
(SATIR)
APPENDIX III

FAMILY INSTITUTE OF VIRGINIA
DEPARTMENT OF CORRECTIONS
INFORMED CONSENT

As a therapist participating in the Virginia Family Research Project, I conducted one or more interviews with families referred by the juvenile court system. Many of these interviews were videotaped.

I hereby give my permission for all of the videotapes of these interviews to be utilized for research and educational purposes. Part of the research and use may include the publication of portions of written transcripts of these tapes.

I understand that the tapes and material related to the tapes may be made available, in whole or in edited form, to mental health, medical and educational institutions, and also it may be presented at meetings or gatherings of professional groups. I hereby consent to such use of the videotapes.

The undersigned hereby releases the Family Institute of Virginia, the Virginia Department of Corrections and Virginia Satir and the Avanta Network, their agents, employees, successors or assigns and any party acting under their authority or permission, from any and all claims he/she may have against them on account of, or arising out of such taking, recording, reproducing, publication, transmitting or exhibiting of the information specified above.

Date __________________________ Signature of Therapist

The above consent was read and signed in my presence. In my opinion the person signing did so fully and with an understanding of its contents and the implications of such contents.

Date __________________________ Witness

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V4: PROCESS CODERS
CONFIDENTIALITY AGREEMENT
TYPESCRIPTER AND NONVERBAL CODERS
APPENDIX IV

CONFIDENTIALITY AGREEMENT
FOR FAMILY RESEARCH PROJECT
TYPESCRIPTERS & NONVERBAL CODERS

I understand that the videotapes that I will be viewing are of families who voluntarily agreed to participate in family therapy sessions as part of the Family Research Project as well as of their rehabilitation program supervised by the Virginia Department of Corrections.

I understand further that the information on these typescripts concerns the personal lives and concerns of these families, is privileged information, and therefore is deserving of absolute confidentiality on my part. I agree to treat all this information as confidential, and will not discuss any specific or identifying aspects of this information with any person who is not officially part of the Family Research Project staff.

I further agree to wear headphones at all times when viewing these videotapes, and to view the tapes when alone or in the presence of Family Research Project staff only. Finally, I agree that if, by chance, I happen to recognize or be familiar with any family members on the tapes I view, I will stop immediately any further monitoring of videotapes for that particular family and report the situation to the Project Director.

I understand all components of this confidentiality form and voluntarily agree to abide responsibly by these conditions.

Date __________________________ Signature __________________________

The above consent was read and signed in my presence. In my opinion the person signing did so fully and with an understanding of its contents and the implications of such contents.

Date __________________________ Signature of Witness __________________________
APPENDIX V

CONFIDENTIALITY AGREEMENT FOR FAMILY RESEARCH PROJECT UNITIZERS AND CODERS

I understand that the typewritten transcriptions (typescripts) which I will be unitizing or coding are verbatim recordings of samples taken from the therapy sessions of families who voluntarily agreed to participate in family therapy as part of the Family Research Project as well as of their rehabilitation program supervised by the Virginia Department of Corrections.

I understand further that the information contained in these typescripts concern the personal lives and concerns of these families, is private information, and therefore, is deserving of absolute confidentiality on my part. I agree to treat all this information as confidential, etc.

I also understand that these typescripts are to remain inside the Family Institute of Virginia at 2910 Monument Avenue and are never to be taken in any form from the building.

I agree to work with these typescripts either when alone or in the presence of Family Research Project staff only. Further, I agree that if, by chance, I happen to recognize or be familiar with any family members I may identify from the typescript information, I will stop immediately any further viewing of typescripts for that particular family and report the situation to the Project Director.

Date ___________________ Signature ___________________

The above consent was read and signed in my presence. In my opinion, the person signing did so fully and with an understanding of its contents and the implications of such contents.

Date ___________________ Signature of Witness ___________________

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APPENDIX J

HUMAN SUBJECTS REVIEW:
DOCUMENTATION OF PRIOR APPROVAL

A. VIRGINIA COMMONWEALTH UNIVERSITY

B. NATIONAL INSTITUTE OF MENTAL HEALTH
A. VIRGINIA COMMONWEALTH UNIVERSITY
October 13, 1981

Dr. Donald L. Brummer
Chairman, Committee on
Conduct of Human Research
1022 East Marshall Street
Richmond, Virginia 23293

Subject: Revision of consent forms for "Process and Outcome
      Study of Three Family Approaches"

Dear Dr. Brummer:

Thank you very much for your review and acceptance of our Family
Research Project "Human Subjects" informed consent.

As requested by correspondence dated August 31, 1981, the following
changes have been made to the consent forms for the Research Project:

1) Paragraph 5 has been deleted from Appendix I and
   Appendix III.

Attached are three (3) copies of each consent form for each
Institute. If you need any additional information, please contact
me.

Sincerely,

Joan E. Winter
Project Director

JEW:rlh
Attachment
Inter-Office Correspondence

Date: August 31, 1981

To: Ms. Joan E. Winter & Dr. Donald J. Kiesler

From: Dr. Donald L. Brummer, Chairman
Committee on the Conduct of Human Research

Subject: Protocol "Process and Outcome Study of Three Family Approaches."

The above protocol was reviewed and approved by the Committee on the Conduct of Human Research on August 26, 1981, subject to the following stipulations:

1) Delete 5th paragraph of Appendix I in the consent form. Also delete 5th paragraph of Appendix III.

Kindly forward 3 copies of each of these consent forms to Mrs. Delores Watts, Office of Research and Graduate Studies, Box 568, MCV Station, upon acceptance of which an approval notice will be sent to you.

DLB/dw
B. NATIONAL INSTITUTE OF MENTAL HEALTH
August 19, 1981

Joan E. Winter, MSW BS
Co-Director
Family Institute of Virginia
Research and Educational Services
2910 Monument Avenue
Richmond, VA 23221

Dear Dr. Winter:

This will acknowledge receipt of the above referenced research grant application. It has been assigned to the Treatment Development and Assessment Research Review Committee of the National Institute of Mental Health. As Executive Secretary of that Committee, I will be arranging for the review of your proposal.

Each proposal receives two reviews. The first review is by a committee of twelve scientists who evaluate the scientific and technical merit of the proposal. The National Advisory Mental Health Council provides the second review and is responsible for policy considerations. By law, no award may be made without a recommendation of approval by the Council, and recommendations by the initial or peer review group are subject to modifications by the Advisory Council. The Council will review your proposal at its meeting tentatively scheduled for March 1982. You will be informed of the Council's final action as soon as possible after that meeting.

On July 27, 1981 new procedures pertaining to the protection of human subjects went into effect in the Department of Health and Human Services. The changes were published in the January 26, 1981 Federal Register. The write-up in the Federal Register is quite extensive, and the Public Health Service is still in the process of developing its regulations. The new procedures in effect now, however, have two important aspects which I want to call to your attention. First, certain categories for exemptions have been created for proposals which involve human subjects. You should check with your office of sponsored research to see if your proposal falls under one of the exemptions. Note however, that ANY investigator with a proposal involving human subjects, whether or not the proposal meets one of the exemption criteria, MUST still complete items 1, 2 and 3 of Form 596, "Protection of Human Subjects Assurance/Certification/Declaration." The second major change is that the Agency, the Alcohol, Drug Abuse and Mental Health Administration, is now enforcing a regulation which has been in existence for a number of years, but not monitored carefully. That is, the 596 Form MUST be received within sixty days after receipt of your application, or the application will be administratively deferred until the next review cycle. The receipt date for your application is indicated above. To avoid a delay in the review of your application, please be sure that a copy of the Form 596, pertaining to your application is sent to me, if it has not already been included in your proposal, within sixty days of the above receipt date.
In addition, I am requesting that you complete the enclosed brief form on the "Protection of Human Subjects" aspects of your proposed research and return it as soon as possible. Although some of this information is already contained in your proposal, it facilitates the review process to have a summary on this important topic. A pre-addressed franked envelope is enclosed for your convenience. Any additional materials you wish to send in support of your application should be sent directly to me as soon as possible, but no later than October 10, 1981. All correspondence should reference the grant number above.

If you have any questions, do not hesitate to contact me, either by telephone (301) 443-6470, or by writing to me at the National Institute of Mental Health, Parklawn Building, Room 4-68, 5600 Fishers Lane, Rockville, Maryland 20857.

Thank you for your interest in the research programs of the National Institute of Mental Health.

Sincerely,

Jane F. Carey, Ph.D.
Executive Secretary
Psychosocial and Biobehavioral Treatments Research Review Subcommittee

Enc.
October 16, 1981

Jane F. Carey, Ph.D.
National Institute of Mental Health
Parklawn Building
Room 4-66
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Carey:

Thank you for acknowledging the receipt of Grant Application 1 RO1 MH 37030-01, and for the detailed explanation of the review process of the proposal.

In your letter, you explained the new guidelines to protect the use of the human subjects in research. As requested, we have already submitted Form 596 with the original grant proposal on July 1, 1981. (Copy attached).

Also we have received notification of approval from the Committee on the Conduct of Human Research (G0239) under the auspices of Virginia Commonwealth University in Richmond, Virginia. There were two changes made in the Appendices (Appendix I and III), and the revisions have been submitted to the Committee. I have enclosed copies of the letter and the revisions to be included in the review of the proposal.

Enclosed you will also find the completed "Protection of Human Subjects" form as requested. Also enclosed are copies of all appendices.

If you have any questions, do not hesitate in calling me.

Sincerely,

[Signature]

Joan E. Winter
Project Director

JEW:rlh

Enclosures
E. Human Subjects

All human subjects began their participation in the project prior to this request for funding. An "Informed Consent" and "Release of Information" forms were drafted and reviewed by the Virginia Department of Corrections and all Juvenile and Domestic Relations judges referring families into the project. (See Appendix XI). The Department of Corrections stated that the client privacy measures taken in the project "met not only the standard of Virginia's laws on privacy but also the spirit as well."

1. Subjects: All client families referred to the project (over 300 families) had a youth who had been before the juvenile court (some clients were on court probation.) They ranged in age from 8-18 and represented all socioeconomic backgrounds and races (Caucasian, Black, Japanese, Hispanic).

2. Recruitment: Professionals from the Juvenile Courts (12), Social Services Agencies (5) and Mental Health Clinics referred families they felt needed assistance into the research pool. The only criteria was that a youth had had contact with the juvenile justice system. All participation on the part of the families was voluntary. Upon referral, the Family Research Project staff made contact with the family, discussed their voluntary participation and the fact that the family counseling was a research project intended to help not only their family but also to help develop a more effective family counseling program for juvenile offenders. After this point, pre-testing began.

3. Potential Risks: Since all of the families were to be treated by "successful" family therapists, supervised in a close manner, it was felt that the risks were minimal to the families. Of course, there was the stress of family therapy on the family system, however, this stress would be present anytime a family engaged in treatment. See the "Informed Consent" and "Release of Information" for privacy considerations.

4. Safeguards: All video tapes will be kept at the Family Institute of Virginia Research and Educational Services. Typescripters and a Research Assistant will be the only people to view the therapy videotapes. If, at a later date, an educational use of the tape is desired, for a wider audience, an additional consent form will be secured from the specific family (available upon request). The Beavers-Timberlawn tapes will be view by only 2-4 trained and licensed professional family practitioners.

5. Benefits: The families have had the benefit of "expert" family intervention. Since all three principal treatment groups are motivated to be successful with the families, one can assume that the families will get the "creme de la creme".

6. Risks Versus Benefits - (See above).
5. INVESTIGATIONAL NEW DRUGS - ADDITIONAL CERTIFICATION REQUIREMENT

SECTION 46.17 OF TITLE 45 OF THE Code of Federal Regulations states, "Where an organization is required to prepare or to submit a certification... and the proposal involves an investigational new drug within the meaning of the Food, Drug, and Cosmetic Act, the drug shall be identified in the certification together with a statement that the 30-day delay required by 21 CFR 130.3a(2) has elapsed and the Food and Drug Administration has not, prior to expiration of such 30-day interval, requested that the sponsor continue to withhold or to restrict use of the drug in human subjects, or that the Food and Drug Administration has waived the 30-day delay requirement, provided, however, that in those cases in which the 30-day delay interval has neither expired nor been waived, a statement shall be forwarded to DHHS upon such expiration or upon receipt of a waiver. No certification shall be considered acceptable until such statement has been received."

INVESTIGATIONAL NEW DRUG CERTIFICATION

TO CERTIFY COMPLIANCE WITH FDA REQUIREMENTS FOR PROPOSED USE OF INVESTIGATIONAL NEW DRUGS IN ADDITION TO CERTIFICATION OF INSTITUTIONAL REVIEW BOARD APPROVAL, THE FOLLOWING REPORT FORMAT SHOULD BE USED FOR EACH IND (ATTACH ADDITIONAL IND CERTIFICATIONS AS NECESSARY).

- IND FORMS FILED:  [ ] FDA 1571,  [ ] FDA 1572,  [ ] FDA 1573

- NAME OF IND AND SPONSOR

- DATE OF 30-DAY EXPIRATION OR FDA WAIVER (FUTURE DATE REQUIRES FOLLOWUP REPORT TO AGENCY)

- FDA RESTRICTION

- SIGNATURE OF INVESTIGATOR ____________________________ DATE ________________

6. COOPERATING INSTITUTIONS - ADDITIONAL REPORTING REQUIREMENT

SECTION 46.16 OF TITLE 45 OF THE Code of Federal Regulations IMPOSES SPECIAL REQUIREMENTS ON THE CONDUCT OF STUDIES OR ACTIVITIES IN WHICH THE GRANTEE OR PRIME CONTRACTOR OBTAINS ACCESS TO ALL OR SOME OF THE SUBJECTS THROUGH COOPERATING INSTITUTIONS OTHER THAN GRANTEES OR CONTRACTING INSTITUTION WITH RESPONSIBILITY FOR HUMAN SUBJECTS PARTICIPATING IN THIS ACTIVITY (ATTACH ADDITIONAL REPORT SHEETS AS NECESSARY).

INSTITUTIONAL AUTHORIZATION FOR ACCESS TO SUBJECTS

- SUBJECTS:  STATUS (WARDS, RESIDENTS, EMPLOYEES, PATIENTS, ETC.) - Some subjects are juveniles referred by the juvenile courts. Some are on probation, some are not under the jurisdiction of the court.

- NUMBER

- AGE RANGE 6-18

- NAME OF OFFICIAL (PLEASE PRINT) William R. Bader

- TITLE Regional Court Services Manager

- TELEPHONE (703) 591-9400

- NAME AND ADDRESS OF COOPERATING INSTITUTION Virginia Department of Corrections

- 11110 Main Street

- Fairfax, Virginia

- OFFICIAL SIGNATURE

NOTES: (e.g., report of modification in proposal as submitted to agency affecting human subjects involvement)

Attached is an "Informed Consent" and "Release of Information" signed by the participants in the research study. It has been approved by the Virginia Department of Corrections, including all Juvenile and Domestic Relations Judges who referred families to the project. They do not have a DHHS Assurance Number. However, the study is now pending review by the Virginia Commonwealth University Human Subjects Review Board (G0239), which oversees the activities of the Principal Investigator and other researchers. Our project is now pending review of this board on August 26, 1981. The Family Title of Virginia, Research and Educational Services (Nonprofit) does not have a DHHS review board, however, if deemed necessary it will submit DHHS documentation as required.
Dear Applicant:

The review of your application for grant support from the National Institute of Mental Health has now been completed.

The enclosed Summary Statement contains the Initial Review Group's recommendation along with detailed information on the scientific/technical review of your application by the Initial Review Group to which it was assigned. At its most recent meeting, the National Advisory Mental Health Council concurred with their recommendation.

The following general information will help you understand details of the review process and the status of your application.

Most recommendations of Initial Review Groups are unanimous. When they are not, the actual vote is indicated on the Summary Statement. When two or more members differ from the majority, the Advisory Council gives special attention to the application.

For approved applications, the Summary Statement indicates the years and amounts recommended for support and reflects the priority score assigned to the application by the Initial Review Group.

It is important to understand that because of limited funds, approval of an application does not assure that funding will be available. If funding is available, there is no assurance that the application will be funded at the recommended level.

Information about the assignment of priority scores and their interpretation is contained in the enclosed sheet entitled "ADAMHA Priority Scores." Because the distribution of priority scores may vary from committee to committee, priority scores for applications reviewed by different committees may not be strictly comparable. Such variations are monitored by staff and are taken into account when funding decisions are made.
Disapproval of an application by the Council in no way precludes consideration of any requests for support you may make in the future. If you wish to submit an application in the future, we will give it our full consideration.

If you need further information on your application, you should contact the staff person responsible for the program to which your application was assigned. The program class code (which appears as a 2 or 3 letter code on the upper right corner of your Summary Statement below the grant number) indicates the individual on the enclosed list of Institute Staff whom you should contact for this purpose.

Sincerely yours,

[Signature]
Bruce L. Ringler
Chief
Grants Management Branch

3 Enclosures
RESUME: Funds are requested to analyze empirically behaviors of therapists (process) and families (outcome) who participated in a research project which was designed to compare three family therapy procedures with a sample of families with delinquent adolescents. The objectives of this project have merit. However, as this application is written, it does not provide sufficient information about the methodology involved when the data were collected and the conceptual bases of the three therapies utilized; the methodology involved in obtaining the process data needs to be elucidated; data analyses are not specified; and the budget is exorbitant. It was felt that the applicant needs to determine whether or not the outcome data from the three therapies are significantly different before beginning the process analyses. Therefore, disapproval was unanimously recommended. The applicant should be encouraged to resubmit.

HUMAN SUBJECTS: This study will involve videotapes of persons who were involved in an earlier project. Subjects will give their consent for the tapes to be used for research purposes. The staff persons who will be working with this information (typescripters, coders, unitizers) will have to sign a statement agreeing to maintain the confidentiality of the participants. The committee felt that the human subject procedures are adequate.

DESCRIPTION: In 1981, the sponsoring organization received funds from the Law Enforcement Assistance Administration (LEAA), through the Virginia Department of Corrections, to study the effectiveness of three different family therapy models in treating adolescent delinquents and their families.

FINAL ACTION: MARCH 1-3, 1982
The therapists who were involved in this project were trained, selected, and supervised by key proponents or originators of each model: Murray Bowen for the Systems Model, Jay Haley for the Strategic Model, and Virginia Satir for the Communication Model.

In the conducted study, 60 families with juveniles in contact with the law were assigned to each of the three family therapy groups and a control group (received usual court services). A large number of measures were taken before, during, and within one month and again six months after treatment. The measures represented the dimensions or constructs most important to each model; and clients, individual family members, marital pairs, the family as a whole, and the therapists were assessed. In addition to a number of self-report measures and several therapist ratings, school reports and direct observation were included among the outcome measures. While the major objective data collection and treatment phases have been completed, the data have not been analyzed. However, the analyses will focus on the input or predictor and outcome data.

In the proposed project, funds are requested to analyze the process data that will be taken from samples of interview segments and coded from transcripts of videotapes and to obtain outcome data that focus on the observed functioning and competence of each family from videotapes of the family in a structured task session.

The goals of the process analyses are: (1) to obtain a reliable representation of actual therapist behavior in order to compare each model's therapists against the behaviors prescribed by the model and the training (Were therapists working correctly?) against the therapists of other models (How much do the models differ in practice?), and to develop empirically derived profiles of the work of therapists from each model with composites of therapist interventions compiled for training purposes; (2) to sample the changes in family members' behavior; and (3) to develop a pool of videotapes to be available for other process researchers.

A multi-stage coding approach will be utilized with the process data. The first stage of measurement involves coding according to the intervention categories of the Family Therapist Intervention Coding System (FTICS) which was developed by the project staff and is sufficiently comprehensive to characterize the interventions of therapists using all three family therapy models, as well as the five dimensions of Pinsof's (1980) Family Therapist Coding System (FTCS). A second stage of measurement will involve coding therapist's statements at a higher level of abstraction for such constructs as activity level, flexibility, non-verbal, confrontiveness, etc. This system has not been finalized.

Samples will be drawn from the first, second, and third "thirds" of each family's total therapy sessions for each of the three family therapy approaches for a total of 600 videotapes, from which two 10-minute segments will be samples and are assumed to be representative of the entire session. The pre-unitized typescripts taken directly from videotapes of sessions will
serve as the data format for coding. All verbal plus targeted non-verbal behavior will be included. Graduate or advanced undergraduate students will serve as coders and will be blind as to the particular family therapy approach and for temporal location of each segment.

Outcome data will be obtained by having experienced, graduate trained family clinicians view and rate pre- and post-therapy videotapes of families responding to three structured tasks which successively ask the family to identify their strengths, identify what they want to change about their family, and to plan something together. The fifteen item Beavers-Timberlawn Family Evaluation Scales will be utilized for this rating. It is hoped that these measures will provide a more naturalistic and functional outcome criteria by which to compare the three models and to identify, for each model, areas of change and no-change. Other outcome measures, from therapist and family members, will be compared with the ratings given by the tape observers. And, finally, it is hoped that the therapist process data can be matched with family interactional process measure to identify those interventions that seem most useful.

CRITIQUE: The overall project, of which this proposal is a part, is very broad and ambitious. This proposal and supporting documents indicate that the project has attempted to examine issues related to therapist training in addition to examining how different modalities, therapist attributes, and patient attributes contribute to outcome. The goal of attempting to empirically differentiate among family therapy approaches at the process and outcome levels is, indeed, interesting and ambitious enough in its own right. The field of family therapy is in need of solid outcome research as well as clarification of the kinds of changes in functioning and/or structure that distressed families make when successfully treated, and how those changes are best facilitated by therapist interventions. Thereby, the objectives of the proposed project have merit.

The present outcome study has in a sense been completed with the applicant having made compromises along the way, e.g., in the interests of naturalism, the duration and family membership involved varied; compromises in random assignment were made; etc. The process data herein proposed would in part serve the role of external checks that therapists were conforming to their prescribed techniques—a frequent control device in outcome studies.

As this application is written, however, it does not provide information about several of the methodological procedures that were followed when the data were collected. For example, it seems as if training manuals were not used when the therapists were trained in one of the three proposed therapeutic family approaches. Rather, the developer of each model provided the training, and it seems as if this person also established the initial standards for therapists. Therefore, it is not clear what norms will be used to evaluate within and between model differences in the Family Therapist Intervention Coding System categories. If all Satir therapists, for example, often make pre-supposition
questions, what does that say about their adherence to the model? The meaning of the data may be unclear if all therapists of all models equally often make pre-supposition questions. Furthermore, a conceptual basis for expecting these models to be efficacious with juvenile offenders and their families is never discussed in this proposal.

In terms of the sample, it is not clear why the proposed number of families are needed to address the major objectives of this application. Also, the families that received treatment in the program came into contact with the researchers through the correctional system because each had an adolescent who was in trouble with the law. There is no discussion of this method of selecting research subjects or the meaning of their informed consent or participation under these circumstances. Also, there is no discussion of the kinds of services the control group received and thus for what it controlled. Detailed information was not provided as to the length of treatment for the various groups, the size of the families, composition (e.g., extended families, single parent), psychopathology of individual family members, etc. In short, the pre-treatment status of the families is unclear, and they may have differed on a number of unspecified dimensions that may have had an important bearing on the conduct of the treatment as well as the outcome.

For the process analyses of therapists' behavior, 1200 ten-minute pre-unitized typescripts will be coded. Several concerns were raised about the proposed procedures. (1) No specific hypotheses are stated concerning differences between the approaches. (2) It is implied that therapist activity within each system is stable through therapy; yet, it is not clear what criteria will be used to determine whether a given therapist is "faithful" to his or her particular therapeutic approach, what derivations will be tolerated, nor how derivations will be explained. (3) It is not clear why typescripts are being used since much useful information will be lost in the transcription process. (4) The rationale for summing or combining different kinds of therapist activity is not stated. What indices will be used? What is their meaning? (5) It does not seem as if any attention was or will be paid to the possible influence the families will have on the therapists' activity regardless of the therapeutic approach used. (Dr. Kiesler, the principal investigator, was among the first to call attention to the myth of patient, therapist, and treatment uniformity.) (6) More information is needed as to how precisely are the different process dimensions expected to relate to the diverse outcome measures. (7) The applicant has not finalized her thinking as to the criteria for selecting the raters, how and to what level of proficiency the coders will be trained. Further, the coding system proposed has many sub-categories which need some defense in cost/benefit terms (often, more gross measures are more reliable and equally discriminative) and some pilot evidence (that successful and unsuccessful cases may have a chance to show process differences) before beginning such an enormous task. (8) And, finally, since one of the goals of the FTICS is to be able to differentiate between the three approaches, it would have been helpful if information had been provided as to whether or not the developers of the three approaches and their colleagues think that various patterns on the scale do indeed differentiate their techniques. This concern was raised because, although the investigators
state that Bowen, Haley, and Satir were involved in training the therapist, there is no indication that they or their collaborators were involved in the scale construction.

With respect to the family interaction outcome measures, the ratings are far more economical to make, the investigators have had some experience with training raters and with reliability estimates for these scales, and there are studies that suggest the reliability of the Beavers-Timberlaun Scales. It needs to be demonstrated, however, that a family's performance under the proposed conditions correspond to its interaction in real life.

Experienced trained clinicians will serve as raters for the outcome data. The reliabilities for such ratings in a pilot study of 12 families ranged from .17 to .73 on individual scales, which is not convincing even though the coefficient for the sum of the scales was .82 (N=36 families). However, if experienced persons could be trained up to adequate reliability levels and kept blind for pre- versus post-treatment samples, then these more functional interactional data would usefully complement the many other measures taken.

Throughout this application, there is very limited discussion of how the data will be analyzed. The analytic procedures that will be employed to analyze each data set need to be specified and justified.

In summary, the committee's feeling was that the applicant has accumulated an extremely valuable set of data which offers important opportunities for understanding the relationship between process and outcome variables in specific schools of family therapy. However, the committee believes that the process analysis should first be justified and then focused by the results of the outcome analysis. That is, the process analysis may not even be worthwhile, if the outcome analyses fail to reveal any significant treatment effects with any particular type of family. If the principal investigator's outcome analysis reveals such specific effects, then the results of that analysis can be used to focus the process analysis on particular cases. This will reduce the overwhelming task and attendant costs involved in an overall process data analysis.

Additionally, the process analysis should be based on specific profile hypotheses about how the treatments should differ according to theory. Ideally, these hypotheses should be framed or operationalized in terms of the variables or instruments that will be applied to the raw data.

The profile hypotheses could focus the process analysis theoretically, whereas the outcome analysis could focus it empirically. Both can be used to delineate specific process-outcome hypotheses that would be essential in any future research endeavors.

After attention has been paid to the preceding concerns, the committee expressed a desire that the applicant submit a revised application.
The budget seems excessive for what is proposed with the greater portion targeted for personnel costs related to coding activities. As several of these positions could be deleted by reducing the number of families that will be included in the analyses, working from the video-rather than typescripts, etc.

that the tapes presumably have already been made, the request to use more recording equipment is not justified.

...more specification is needed as to the tasks that will be performed by the consultants--H. Bowen, J. Haley, and V. Satir.

Ms. Winter, the 80 percent time "project director," has a 1977 M.S.W. from Virginia Commonwealth University. She was the director of the project from which the data to be analyzed in the proposed research will be drawn. Her vita does not indicate publications in psychotherapy research.

Kiesler, the 30 percent time "principal investigator," has a 1967 Ph.D. in psychological psychology from the University of Illinois. Currently he is a professor at the Virginia Commonwealth University. He has several publications relevant to the proposed endeavor; they include papers on design and measurement in psychotherapy research. Dr. Kiesler is well-known in the psychotherapy field; however, his work has not been specifically in the family area.

NDATION: The committee unanimously recommended disapproval. It was a desire that the applicant resubmit after the noted concerns are addressed.
PROTECTION OF HUMAN SUBJECTS
(Applicable to primary and secondary sources of data)

1. Subject Description
What will be the demographic and other defining characteristics of the subjects, special settings, if any, (e.g., hospitals, schools), sample size, and other relevant descriptors?

2. Subject Consent
What will subjects be told about the nature of the study; how will consent be obtained; will it be written or oral; what records will be kept of consent; what incentives will be provided for participation, if any? PLEASE ENCLOSE A COPY OF THE CONSENT FORM(S) IF NOT ALREADY SENT.

3. Data Confidentiality
What precautions will be taken to safeguard identifiable records of individuals; what procedures will be used for coding and storing data; what will be the immediate and long range uses of the data, the availability of data to anyone other than project staff, and the circumstances of such availability?
APPENDIX K

HUMAN SUBJECTS REVIEW:

APPROVAL

COLLEGE OF WILLIAM AND MARY
Proposal for Research with Human Subjects

Name: JOAN E. WINTER

Department: COUNSELING

Status: DOCTORAL STUDENT

If student, faculty advisor: CHARLES MATTHEWS, Ph.D.

1. In a 2 to 3 page precis, provide a general description of the research project, noting (a) the research question, (b) the scientific or educational benefits of the work, (c) the potential risks to the participants, (d) the investigator responsible (must be a faculty member), and (e) a clear statement of the research methodology.

2. Provide copies of (a) all standardized tests to be used, (b) any questionnaires to be administered, (c) any interview questions to be asked.

3. Provide copies of consent forms (one form for each different class of subjects). If the subject is a minor (under 18), parental permission must be obtained in writing. The consent form should contain (a) the researcher's name, (b) the title of the project, (c) a statement about whether or not the results will be anonymous (and if not, what will be done to protect the subject's confidentiality), (d) a brief description of what the subject will be asked to do, with this statement indicating in a general fashion what risks are employed. If the consent is obtained after the data have been collected, it must include a release for the researcher to include the data in any subsequent analysis. If no consent form is possible, the general description above (1) must include a justification for the procedure.

4. Describe the intended participants, the procedures that will be used to recruit those subjects, any payments for participation that will be provided, and an indication of whether the results will be made available to interested subjects (and a description of how that will be accomplished).

5. Will the subjects be: (check one)
   X yes __no (a) fully informed.
   ____yes __no (b) partially informed.
   ____yes __no (c) deceived.

6. Will subjects be told that they may terminate participation at any time? X yes __no
   Will subjects be informed that they may refuse to respond to particular questions or refuse to participate in particular aspects of the research? X yes __no
7. Does the research involve any physically intrusive procedures or pose a threat to the subjects' physical health in any way? If so, please explain.  

8. Will the research involve:

- [ ] yes  [x] no (a) physical stress or tissue damage?
- [ ] yes  [x] no (b) likelihood of psychological stress (anxiety, electric shock, failure, etc.)?
- [ ] yes  [x] no (c) deception about purposes of research (but not about risks involved)?
- [ ] yes  [x] no (d) invasion of privacy from potentially sensitive or personal questions?

If any of the above is involved, explain the precaution to be taken. Also, if any of the above is involved and the research is conducted by a student, explain how the faculty advisor will supervise the project.

9. If any deception is involved, explain the debriefing procedure to be followed.

PLEASE NOTE THAT PROPOSED RESEARCH WILL BE DERIVED FROM ARCHIVAL DATA ONLY. IN ADDITION, THIS RESEARCH ALREADY OBTAINED HUMAN SUBJECTS REVIEW APPROVAL. (SEE ATTACHED DOCUMENTATION)
HUMAN SUBJECTS REVIEW REQUEST

SELECTED FAMILY THERAPY OUTCOMES WITH BOWEN, HALEY, AND SATIR

THE RESEARCH QUESTION:

The purpose of the study is to investigate three distinct, and well-known models of family therapy. Specifically, the question to be investigated concerns what family therapy approaches achieve what types of engagement, dropout, completion, recidivism, satisfaction with treatment, locus of control and family functioning outcomes with what kinds of delinquent families. Further, what effect do traditional court services, with no family intervention, have on a similar sample of delinquent families.

SAMPLE

The archival data to be utilized in the proposed investigation were derived from the large-scale Family Research Project (FRP) developed and conducted by the Family Institute of Virginia, under the auspices of the Virginia Department of Corrections. The data is owned by and housed at the Family Institute of Virginia, in Richmond. This study was designed to evaluate the effectiveness of family therapy with youths from the Virginia juvenile justice system and their families (n =249). All families who participated in the project were volunteers. Treatment was provided by therapists (n =48) who were selected, and supervised or trained by three exemplars in the field of family therapy, including Murray Bowen, Jay Haley, and Virginia Satir. Those subjects in the control group received traditional court services under the direction of the Virginia Department of Corrections Juvenile Court Services Units.

RESEARCH METHODOLOGY

A non-equivalent, quasi-experimental design with pre and post treated (n = 188) and comparison (n =61) groups is proposed. The causal-comparative designed in planned to involve three distinct family treatment models and one comparison group. The independent variable included the treatment interventions (Bowen, Haley, Satir, and Comparison group). The dependent variables include 7 criterion variables of clinical engagement, completion, dropout, recidivism, satisfaction with treatment, locus of control and family functioning. Data will be analyzed by way of Chi Square, ANOVA and MANOVA statistical procedures. Results of the study will be reported in a manner in compliance with ethical and professional standards of psychotherapy outcome research.

BENEFITS OF THE STUDY:

Specifically, the capability of family treatment to keep children out of institutions and jails by working with their family systems was the fundamental aim of this research effort. Treated families benefited by having well trained or supervised therapists...
providing psychotherapy. Comparison and treated groups families alike benefited by undergoing the pre and posttesting process, which in and of itself was considered to have an educational effect.

With regard to the field of psychotherapy, there exists a "major research priority" is to evaluate "family treatment methods that already have had widespread clinical and training impact" (Gurman & Kniskern, 1981b, p. 756). While family therapy has attained significant positive outcomes, there remains substantial variation between methods of treatment and training. These distinctions result in considerable differences with regard to implementation. As Gurman and Kniskern (1981b) observed: "treatments that have been studied have almost never followed 'pure' applications of given treatment models" (p. 745). The proposed study represents the first, and only investigation in family therapy outcome research to utilize exemplars of three well-known and distinct treatment models. Additionally, each pioneer was able to personally direct the particular manner of treatment implementation. Two of these exemplars are now dead. Thus, the analysis of this data represents an unprecedented opportunity to contribute to the field of family therapy.

INSTRUMENTS

Seven instruments will be analyzed in the proposed research (see Appendices A-H). The proposed measures include:

1. Client Information Form
   This measure was designed by the FRP researchers to gather descriptive data on the treated and comparison group families (30 minutes).

2. Rotter Internal-External Locus of Control Scale
   This self-report instrument is designed to assess individual differences regarding beliefs about the nature of the world (10 minutes).

3. Family Adaptability and Cohesion Evaluation Scales
   This self-report instrument is designed to measure the perceptions of family members regarding the family (15 minutes).

4. Client Progression Log
   This log was developed to identify those families who engaged, dropped, completed, or recidivated in the research study (completed by FRP staff).

5. Dropout Telephone Questionnaire
   A 12 question structured interview was developed in order to collect both quantitative and qualitative information about those families who dropped out of treatment. This measure will be used to explore selective follow-up questions only (15 to 20 minutes).

6. Recidivism Index
   The prior utilization of court records to collect information regarding further legal charges regarding identified clients and their siblings (FRP staff collected).

7. Satisfaction with Treatment Questionnaire
   A self-report instrument designed to measure client attitudes about the treatment services and therapist skills after completion of treatment (10 minutes).

POTENTIAL RISKS TO THE PARTICIPANTS

The potential risks to families is minimal. All subjects in the original study were volunteers and free to cease participation at any time. While families were referred by the juvenile court system, only those families who indicated their willingness to be involved in the research project were included in the study. At the point of referral,
prior to any testing or data gathering, each parent or guardian signed a "Release of Information," and an "Informed Consent" to participate in the research. There were no "deceptions" of subjects in the investigation. Confidentiality of subjects has been strictly maintained (see Appendix I). Each family and therapist were assigned a code number which was maintained throughout data entry and analysis.

INFORMED CONSENT FORM

Copies of the "Informed Consent" and "Release of Information" forms are attached (see Appendix H). These consent forms were reviewed and approved by the Virginia Department of Corrections, and the Virginia Office of the Attorney General. In addition, at a later stage in the project when applying for additional grant funding to evaluate process data (not part of the present request), the Human Subjects Review Committees of Virginia Commonwealth University, and the National Institute of Mental Health also approved the human subjects procedures involved in the overall Family Research Project. These separate reviews included the human subject research procedures and consent forms contained in the propose research (see Appendix J).

INVESTIGATOR RESPONSIBLE

Dr. Charles Mathews
Professor
School of Education
College of William and Mary
(804) 221-2340
Licensed Professional Counselor

DOCTORAL STUDENT

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Licensed Clinical Social Worker
Board of Behavioral Sciences,
Approved Supervisor,
American Association of Marriage and Family Therapy,
Approved Supervisor

APPENDIX L

FAMILY ADAPTABILITY AND COHESION EVALUATION SCALES
DIRECTION OF PRE AND POST MEAN SCORES
FAMILY ADAPTABILITY AND COHESION EVALUATION SCALES

There were three subscales for FACES, including Adaptability, Cohesion, and Social Desirability. The following subsections briefly summarize the results of the data analysis.

**Adaptability Subscale**

Scores on the Adaptability subscale range from 126 to 294; healthy scores range from 183 to 238. There were no statistically significant findings on the Adaptability subscale for Mothers, Fathers, or Identified Clients. The following subsections present the direction and mean score results for the Adaptability subscale.

Mothers in all three treated groups scored with less Adaptability at the conclusion of treatment, with the Haley and Satir Mothers scoring below the healthy range. In contrast, the comparison group Mothers were within the healthy range for family Adaptability. Parallel with this result, however, is the fact that the comparison group Mothers had higher pretest Adaptability mean subscale scores than those in the treated groups. However the comparison group Mothers’ scores decreased at the posttest. Figure 5.6 provides a visual representation of the Mothers’ Adaptability Subscale pre and posttest means.

Fathers’ mean scores indicated less Adaptability at the conclusion of treatment for two of the treated groups (Bowen and Haley), as well as in the comparison group. The posttest mean score for the three treated groups is slightly above the healthy range, and below for the comparison group. Among the four experimental groups only the Satir Fathers’ scores increased slightly
from pre to post, remaining within the healthy range for family Adaptability. In contrast with the Mothers' Adaptability subscale scores, Fathers had lower mean scores in the comparison group at both the pre and posttest stage than the pre and posttest mean score for Fathers in the treated groups. Figure 5.7 provides a visual representation of the Fathers' Adaptability Subscale pre and posttest means.

With regard to the Identified Clients, all three treated groups of Identified Clients' mean scores indicated a move toward less Adaptability at the conclusion of treatment. However, the posttest mean score for the treated groups was still within the healthy range. In contrast, the comparison group Identified Clients had the highest pre (196.43) and posttest (195.66) mean scores among all the family members completing the FACES Adaptability subscale. Their score decreased slightly at the time of posttesting, yet remained within the healthy range. Further, the nontreated comparison group Identified Clients had greater pre and posttest Adaptability scores than clients in any of the three treated groups. Figure 5.8 provides a visual representation of the Identified Clients' Adaptability Subscale pre and posttest means.

**Cohesion Subscale**

Scores on the Cohesion subscale range from 162 to 378; healthy scores range from 235 to 306. There were no statistically significant findings on the Cohesion subscale for Mothers or Fathers. With the Identified Clients there was a significant Group effect. The following subsections present the direction and mean score results for the Cohesion subscale.
Mothers, in all three treated groups, scored with less family Cohesion at the conclusion of treatment. Nevertheless, the posttest mean score of the treated groups remained within the healthy range. In contrast, the comparison group Mothers slightly increased their score at the time of posttesting and were within the healthy range. Further, Mothers in the comparison group had higher Cohesion pretest scores, as well as higher posttest scores. Figure 5.9 provides a visual representation of the Mothers' Cohesion Subscale pre and posttest means.

Fathers scored with less Cohesion at the conclusion of treatment in two of the treated groups (Bowen and Haley), as well as in the comparison group. However, the posttest mean scores remained within the healthy range for all four of the experimental groups. Only the Satir Fathers scores increased from pre to post. Similar to the Mothers' Cohesion mean scores, Fathers in the comparison group had higher pretest scores. Figure 5.10 provides a visual representation of the Fathers' Cohesion Subscale pre and posttest means.

Identified Clients scored with greater Cohesion at the conclusion of treatment for two of the treated groups (Haley and Satir). Both of these treatment models included Identified Clients in the therapeutic process. On the other hand, the Bowen group and the comparison group posttest mean scores decreased at the point of posttesting. Identified Clients did not obtain therapy with their parents in either of these two experimental groups. Nonetheless, the posttest mean scores were within the healthy range for the three treated groups, and for the comparison group.

Identified Clients in the comparison group had substantially higher Cohesion pretest scores, and correspondingly higher posttest scores than those
in the treated groups. This parallels the Mothers' and Fathers' pretest mean scores, but the Identified Clients' pretest scores were even higher. However, as reported, there was the highest decrease between pre and posttest scores among the comparison group clients. Figure 5.11 provides a visual representation of the Identified Clients' Cohesion Subscale pre and posttest means.

In effect, the results indicate that the Identified Clients in the comparison group pretest sample scored with a higher mean level of Cohesion, while those in the treated samples revealed a lower level of family Cohesion at the time of the pretest. As indicated by the test developers, the healthy range for Cohesion scores on FACES is between 235-306. By this standard, only the Bowen sample, at the pretest stage, scored below this level, while the other three experimental groups were within the range of healthy scores. However, the comparison group had the highest mean score on family Cohesion at the pretest stage (265.48). This finding also indicates that those families referred to the comparison group initially viewed themselves as more cohesive than those families who were referred to the treatment groups.

At the posttest stage, Identified Clients in the comparison group sample scored with a higher mean level of Cohesion, whereas those in the three treated samples obtained lower mean posttest scores on this subscale. However, this score represents a decrease in family Cohesion for the comparison group at the posttest stage, while the direction of mean scores increased for those in the treated groups from the pre to posttest stage.

The results also revealed that only the Identified Clients in the Bowen sample decreased their level of family Cohesion between the pre and posttest.
The healthy range for Cohesion scores on FACES begins at 235. The Identified Clients in Bowen group, at the posttest stage, obtained a mean score of 231.30, a decrease of 2.22 in pre and posttest means. Identified Clients in the Bowen group were rarely, if ever included in the treatment process. In addition, Bowen Theory actively eschews the process of increasing family members' level of emotional bonding, a component of family Cohesion. Bowen postulated that the force toward togetherness in families is so indigenous to systems that the practitioner need not attend to increasing a family system's level of closeness (Winter, 1992). Therefore, there would not be a focus on increasing emotional bonds between family members in this treatment approach. Thus, the decrease in Identified Clients' level of Cohesion is congruent with Bowen Theory, as well as practice.

In sum, Identified Clients in the comparison group were different with regard to Cohesion from all three of the treated groups at the point of the pretest. Further, the direction of mean score changes, pre and post, indicated that there were increases in Cohesion scores among the Haley and Satir families, and decreases in the Bowen and comparison group at the point of posttesting (see Figure 5.11).

Social Desirability Subscale

As reported, scores equal to or greater than 34.1 (standardized clinical mean) indicate higher levels of Social Desirability. Scores above 40 reveal a false positive, idealized view of the family system on this self report measure. There were statistically significant findings on the Social Desirability subscale for
Mothers, Fathers, and Identified Clients. The following subsections present the direction and mean score results for the Social Desirability subscale.

The direction of Mothers' scores was higher at the conclusion of treatment in all three of the treated groups. On the other hand, the comparison group scores decreased slightly at the point of posttesting. The pre and posttest mean scores were within the positive regard range for the three treated groups, as well as for the comparison group. Once again, Mothers in the comparison group had higher Social Desirability pretest scores than in the treated groups. However, as reported, there was the greatest decrease between pre and posttest scores among the comparison group. Thus, the mean score data indicated that the direction of change for all the treated Mothers increased, whereas Mothers in the nontreatment, comparison group decreased their perceived level of Social Desirability. Figure 5.12 provides a visual representation of the Mothers' Social Desirability Subscale pre and posttest means.

With regard to the Fathers' Social Desirability subscale results, the comparison group had substantially higher pretest scores which were maintained at the posttest. The Fathers pre and posttest scores exceeded 40. As reported, scores equal to or greater than 34.1 (standardized clinical mean) indicate higher levels of Social Desirability. Scores above 40 reveal a false positive view of the family system on this self report measure.

The Fathers' mean scores revealed higher level of Social Desirability at the conclusion of treatment in two (Bowen and Satir) of the treated groups. On the other hand, the Haley and comparison group scores decreased slightly at the time of posttesting. The pre and posttest mean scores were within the range of positive regard for the three treated groups. However, comparison group pre
and posttest scores for the Fathers, each above 40, revealed an idealized, overly inflated picture of the family. Fathers in the comparison group had higher Social Desirability pretest scores and correspondingly higher posttest scores. However, as reported, there was a decrease between pre and posttest scores among the comparison group Fathers. None of the Fathers' mean scores in the treated groups were above 40. Figure 5.13 provides a visual representation of the Fathers' Social Desirability subscale pre and posttest means.

Thus, all Fathers who participated in treatment increased their level of Social Desirability at the conclusion of therapy, whereas Fathers in the nontreatment, comparison group decreased their perceived level of Social Desirability.

In considering the findings on the Social Desirability subscales, the results should be viewed with caution for three reasons. First, there were scores for only 10 Fathers in the comparison group. Second, the reliability scores on Social Desirability are lower than for the Adaptability and Cohesion subscales. Third, according to the test developer, mean scores above 40 (attained only in the comparison group pre and post) are considered to represent an idealized picture of the family. Therefore, it is the position of Olson, et. al (Shaffer, 1993) that where scores exceed 40, the higher the score the lower the reliability for this self report instrument. Such higher scoring individuals tend to respond in a way that they believe to be a more socially acceptable and desirable response, rather than their true response.

The comparison group Fathers, both pre and post, scored in the unreliable, idealized range. Alternatively, it might also be tenable that their extremely positive family picture was related to the possibility that this
Comparison group's Fathers were different from the treated group Fathers'. Comparison group means scores could, for example, reflect that these Fathers, or even their families, did not need treatment as much as the participants in the clinical groups. It is of note that, while not in the above 40 idealized range, Mothers and Identified Clients in the comparison group also had the highest pretest Social Desirability scores among the four experimental samples. Lastly, this finding could also be the result of the fact that these Fathers, as well as the other family members, did not obtain therapy which may have positively affected their sense of family pride and well being.

In sum, both the pre and posttest scores for Fathers in the comparison group were substantially higher than in the treated groups. Regardless of what factors contributed to the result, Fathers' in the comparison group were different with regard to Social Desirability.

Identified Clients scored with greater Social Desirability at the conclusion of treatment in all three of the treated groups. Scores for clients in the comparison group decreased slightly at posttest. Again, Identified Clients in the comparison group had higher Social Desirability pretest scores which were maintained at the posttest. Pretest mean scores were not within the range of positive regard for the Bowen and Haley treatment groups, and were just slightly in the positive range for the Satir group. Figure 5.14 provides a visual representation of the Identified Clients' Social Desirability subscale mean scores.

In effect, Identified Clients in the comparison group, at the time of the pretest, scored with a higher mean level on the Social Desirability subscale, while those in the three treated groups scored at a lower level. Thus, while clients in the comparison group sample scored with a higher mean score on the
Social Desirability subscale, both pre and post, only those in the treated samples increased their mean scores at the completion of treatment.
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   marital and family therapy: Special ethical issues. *American Journal of
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   G. Shovelar (Ed.), *Marriage is a family affair: Textbook of marriage and


Personal Information:

**Born:** Aiken, South Carolina, February 24, 1947
**Marital Status:** Married, no children

Education:

Arizona State University, Tempe, Arizona  
**BACHELOR OF SCIENCE,** June, 1970  
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Virginia Commonwealth University, Richmond, Virginia  
Graduate School of Social Work  
**MASTERS OF SOCIAL WORK,** May, 1977, with Highest Honors  
**Thesis:** "The Phenomena of Incest"

College of William and Mary, Williamsburg, Virginia  
Counseling Department  
**EDUCATIONAL SPECIALIST,** December, 1989

College of William and Mary, Williamsburg, Virginia  
Counseling Department  
**DOCTORATE IN COUNSELING,** Ed.D., 1993  
**Dissertation:** "Selected Family Therapy Outcomes  
with Bowen, Haley, and Satir"

Licensure:

Clinical Social Worker, State License #00904000350  
Examiner, State of Virginia, Licensed Clinical Social Worker  
Board of Behavioral Sciences, Approved Supervisor,  
State License #2511004  
National Register of Clinical Social Workers, #015272  
Diplomate of Clinical Social Workers
Memberships

Phi Kappa Phi National Honor Society
National Association of Social Workers
Academy of Certified Social Workers
Avanta Network, International Family Therapy Faculty, Executive Board
American Association of Marriage and Family Therapy-Clinical Member; Approved Supervisor
Mental Health Association
PAIRS Professional Leader

Special Awards, Honors

Outstanding Young American Woman, 1976
Virginia Commonwealth University Scholarship Award, 1977
National Advisory Committee on Family Therapy Research, National Institute of Drug Abuse
"Distinguished Contributor," Virginia Department of Corrections, 1981
Who's Who in the South and Southwest, 1986
World's Who's Who of Women, Ninth Edition

Areas of Special Interest

Marital and Family Therapy
Incest, Child Abuse
Hypnosis
PAIRS Professional Leadership Training for Couples
Residential Treatment Programs
Juvenile Delinquency and Family Systems
Organizational Development
Education and Training of Therapists
Treatment Outcome and Process Research
Legal Consultant and Expert Witness for Divorce, Child Custody, Child Abuse, Sexual Offenders, and Criminal Cases
Supervision of Therapists (under the auspices of state and national licensing boards and organizations, for maintaining licensure and rehabilitation)
Professional Experience

1983-Present  Director, Family Institute of Virginia, Inc., 2910 Monument Avenue, Richmond, Virginia 23221

Responsibilities include administration, supervision and training for a multi-disciplinary team of therapists (8). Supervision of clinical research, training and educational services. The Family Institute of Virginia, additionally, has an on-going training program for therapists and includes 30 students per year. Also, provide direct clinical services for individual, marital and family counseling, and clinical consultations and supervision. Consultant to attorneys, judges, and provide court testimony.

1978-Present  Executive Director, Family Therapy Research Project, under the auspices of the Virginia Department of Corrections, 4615 West Broad Street, Richmond, Virginia 23230.

Administer and coordinate a four-year family therapy treatment and training research grant for the Department of Corrections. Purpose was to determine what models of family therapy are effective with juvenile delinquents and their families with 188 families in the study sample. Also, what methods of staff training and development are necessary to create an effective therapist. Jay Haley, M.A., Murray Bowen, M.D., and Virginia Satir, D.S.W., each coordinated a treatment and training module which was evaluated.

1981-Present  Co-Trainer with Harry Aponte, two Clinical Training Programs, four days per month on "The Person and Practice of the Therapist." Thirty students under the auspices of the Family Institute of Virginia and licensure supervision through the Virginia Board of Behavioral Sciences.

1977-1983  Co-Director, Family Institute of Virginia, Inc., 1800 Staples Mill Road, Richmond, Virginia 23230.

Responsibilities included individual, family and group therapy with children and adults. Consultation and training on a contract basis with health delivery systems
(hospitals, mental health, corrections and welfare) in family and individual therapy, incest, juvenile delinquency, and substance abuse.


1982-1983  Member, National Institute of Drug and Alcohol Abuse, National Advisory Committee, "Family Therapy and Research."


Responsibilities included individual, marital, and family therapy with students and faculty. Primary emphasis on direct clinical practice and supervision of clinical work.


Part-time employment (10-15) hours per week. Responsibilities included individual, family and group therapy.

1976  Therapist, Outpatient Clinic, Medical College of Virginia, Department of Psychiatry, Virginia Commonwealth University, Richmond, Virginia. Field placement.

1975-1976  Community Residential Care Specialist, Virginia Department of Corrections, Division of Youth Services, 1500 Forest Avenue, Richmond, Virginia 23229

Responsibilities included development and supervision of all community residential care treatment programs (14 programs including detention homes, group homes, foster care and halfway houses) in Central Virginia. Supervision of program directors and interns (psychology doctoral interns, graduate social work interns, VISTA volunteers) and general program administration.
Experience in grant development and administration, community and public relations, program and staff development, implementation, research evaluation, and certification.

1975-1976 Coordinator, Family Therapy and Staff Development Training Program, Virginia Department of Corrections, Division of Youth Services, 301 Turner Road, Richmond, Virginia

Coordination of a grant for inter-agency training of juvenile justice system personnel. Responsibilities included grant development and administration, selection of staff and inter-agency family counseling program coordination (courts, detention homes, and group care facilities). Also, teaching one third of the seminars, coordinating the curriculum, and hiring of six other family therapy instructors.

1973-1975 State Supervisor of Group Care, Virginia Department of Welfare and Institutions, 501 South Belvidere Street, Richmond, Virginia

Supervisor of all state operated community residential care facilities. Responsibilities included recruitment, supervision and retention of staff, development of operating procedures and manuals, supervision of graduate students (psychology doctoral interns, graduate social work administration students), program development with localities (county managers, judges, city councils), coordination of volunteer advisory boards and services, and program evaluation.

1971-1973 Director, Ladies Mile Manor, Halfway House, Virginia Department of Welfare and Institutions, 3007 Chamberlayne Avenue, Richmond, Virginia

Responsibilities included initiation and development of the first community residential care facility for girls in Virginia. Coordination of supervision of a multi-disciplinary staff and students, program and grant administration, and evaluation.
<table>
<thead>
<tr>
<th>Year</th>
<th>Position</th>
<th>Institution</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970-1971</td>
<td>Counselor, Arizona Job Colleges</td>
<td>Casa Grande, Arizona</td>
<td>Individual, family, group, and play therapy with a multi-racial (Indians, Chicanos, Blacks, Anglos) residential program for poverty families in Arizona funded by the Ford Foundation, Department of Vocational Rehabilitation and the Department of Health, Education and Welfare. Responsibilities also included supervision and teaching of minority paraprofessional counselors.</td>
</tr>
<tr>
<td>1969-1970</td>
<td>Counselor, Child Psychiatry Hospital</td>
<td>Arizona State Hospital, Phoenix, Arizona</td>
<td>Individual, group, and family therapy with hospitalized children and adolescents under the supervision of MSW's and M.D. Responsibilities included supervision of youths; individual, group, and family counseling; and development of a therapeutic community model.</td>
</tr>
</tbody>
</table>
Specialized Training

1970-1989 Virginia Satir, D.S.W. Ongoing therapy training and supervision. Includes five family therapy residential month-long seminars and other shorter workshops (15). Also, one month-long seminar devoted to family reconstruction, 1976.

1976-Present Harry Aponte, M.S.W., private practice, former Director of Philadelphia Child Guidance Clinic. Ongoing family therapy training and individual supervision.

1976-1979 Milton Erickson, M.D., 7715 North 12th Street, Phoenix, Arizona. Training and supervision in clinical hypnosis and therapy. (At least six weeks of direct training with Dr. Erickson before his death.)


1980-Present Albert Pesso, M.S. "Psychomotor Workshop." A series of 3-day workshops on "Psychomotor Therapy" which incorporates body movement and psychotherapy.

1985 Nicholas Groth, Ph.d. "Assessing and treating sex offenders." Workshop conducted at the Medical College of Virginia, Richmond, Virginia.
1990-1991  

**Lori Gordon, M.S.W.**  "PAIRS Professional Leadership Training." 100 hour course for providing psychoeducational intervention for couples, Fort Lauderdale, Florida.

1984  

**Humberto Maturna Ph.d.**  "The Maturna lectures: A thorough exposition of Maturna therapy." Symposium conducted at the Eastern Virginia Medical School, Norfolk, Virginia, August.

1984  

**Paul Watzliwick, Ph.d.**  The problems of change: The change of problems. Symposium conducted at the Eastern Virginia Medical School, Norfolk, Virginia, June.

1984  

**John Thie, C.P.**  "Touch for Health" training program and certificate. Taught by originator of the concept. Palo Mesa, California, April 1984.

1982-1988  

**Carl Whitaker, M.D.**  Three 3-day family therapy seminars. One under the auspices of The Family Institute of Virginia; 2-week intensive family therapy clinical training program, seminars, Gabrieta Island Garden.

1978-1984  


1976, 1983  


1982  

**Irma Lee Sheperd, M.S.**  Atlanta, Georgia. Small group training, four days. Family Institute of Virginia, Richmond, Virginia.

1982  

**Robert Goulding, M.D., Mary Goulding, M.S., private practice.** "Gestalt therapy and transactional analysis." Five days, Family Institute of Virginia, Richmond, Virginia.

1974-1979  Vincent Sweeny, M.D., Co-Director of the Center for Study of Human systems, Chevy Chase, Maryland. Organizational development, therapeutic consultation and family therapy supervision.


1977  Hank Giaretto, M.A. Director of Sexual Child Abuse Treatment Program of Santa Clara County Court, San Jose, California. One month (March) training and research at this incest treatment and training facility, which has treated over 800 sexually abusing families.

1975-1976  Thomas Fogarty, M.D., Center for Family Learning, New Rochelle, New York. Two 3-day family therapy seminars, Richmond, Virginia.


1974-1975  Peggy Papp, M.S.W., Center for Family Learning, New Rochelle, New York. Two family sculpting workshops, Richmond, Virginia.
Consultations, Lectures, Workshops

1980-Present  Expert Witness and Consultant to lawyers and judges regarding child custody, divorce, and criminal cases. Also clinical evaluations and interventions strategies, pre- and post-trial. Involved on a regular basis with several lawyers, Commonwealth Attorneys, and judges.

1979-Present  To summarize, numerous workshops on family therapy, incest, and training and development of therapist (at least 15 per year). Also, television appearances on child abuse, incest, and family problems.

1975-Present  Family Therapy Consultant and Planner, Virginia Department of Corrections, Richmond, Virginia. Included development of a family therapy program design for the State of Virginia, staff training and development.

1983-1984  Organizational Consultant, St. Catherine's School, Richmond, Virginia. Provided clinical and residential program consultation to 150 students. Worked extensively with staff, faculty, and school administration regarding organizational development.

1979  Dean of Students or Head Master for boarding program with Richmond Juvenile Court, Family Counseling Program, Richmond, Virginia. "Working with incest families," May 28.

1979  Family Therapy Network Symposium, Maryland. "Research in family therapy models: Communications, systems, and structural," May 12.

1977-1979  Ninth District Court Services Unit, Providence Forge, Virginia. Family therapy and staff development consultant.


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<th>Year</th>
<th>Event</th>
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<tr>
<td>1978</td>
<td>Virginia Department of Mental Health and Retardation,</td>
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<td></td>
<td>&quot;Family therapy and the alcoholic system,&quot; Syria, Virginia,</td>
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<td></td>
<td>June 14-16.</td>
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<tr>
<td>1978</td>
<td>Virginia Department of Corrections, Division of Youth Services and</td>
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<td></td>
<td>the University of Virginia, Department of Continuing Education,</td>
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<td></td>
<td>Training Academy, Waynesboro, Virginia. &quot;Working with incest</td>
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<tr>
<td></td>
<td>families,&quot; June 20-21.</td>
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<tr>
<td>1978</td>
<td>Featherstone Growth Center, Amelia, Virginia. &quot;Family therapy,&quot; and</td>
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<tr>
<td></td>
<td>&quot;Family reconstruction,&quot; 3-day workshops for mental health</td>
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<td></td>
<td>professionals, April, June.</td>
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<tr>
<td>1978</td>
<td>University of Southern Mississippi, Psychology Department. &quot;Marriage</td>
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<tr>
<td>1978</td>
<td>Henrico County Public Schools, Henrico, Virginia. &quot;Family therapy</td>
</tr>
<tr>
<td></td>
<td>with child focused families,&quot; February 20-21.</td>
</tr>
<tr>
<td>1977-1978</td>
<td>Southside Area Mental Health Clinics, Petersburg,</td>
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<td></td>
<td>Virginia. &quot;Family therapy,&quot; 9-month course taught to mental health</td>
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<td>practitioners.</td>
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<td>1977</td>
<td>Marin County Juvenile Court, Marin, California. &quot;Staff development</td>
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<td></td>
<td>and family therapy skills,&quot; March.</td>
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<tr>
<td>1977</td>
<td>Virginia Department of Welfare, Southwest Regional Office,</td>
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</table>
Grant Awards


1975-1976  Project Administrator, "Family Therapy and Staff Development Program," Law Enforcement Assistance Administration.

Research and Publications


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1986


1987


1988


1989

1991


1992


ABSTRACT

Joan Elizabeth Winter, Ed.D
The College of William and Mary, April, 1993
Chairman: Charles O. Matthews, Ph.D.

The purpose of this study was to investigate three distinct, and well-known models of family therapy: Bowen Theory, Haley's Strategic Family Therapy, and the Satir Process Model. Specifically, the question that was explored concerned what family therapy approaches achieve what types of engagement, dropout, completion, satisfaction with treatment, locus of control, and family functioning outcomes with what kinds of delinquent families. Further, what effect do traditional court services, with no family intervention, have on a similar sample of delinquent youths and their families. The sample (n = 249) was derived from 14 Virginia juvenile court service units.

General systems theory provided the theoretical framework for the three distinct types of family therapy explored. A "major research priority" for the field of family systems theory and practice was identified as the need to evaluate "family therapy methods that already have had widespread clinical and training impact" (Gurman and Kniskern, 1981, p. 756). While family therapy has attained significant positive outcomes, there remain substantial variations between methods of treatment and training. Prior research has not focused on "pure applications of given treatment models." (p. 745). This study represents the first, and only, investigation of family therapy outcome research to utilize exemplars of three distinctly different and prominent approaches to family change. Treatment was provided by therapists (n = 48) who were selected, and supervised or
trained by Murray Bowen, Jay Haley, and Virginia Satir. Each pioneer was able to personally direct the particular manner of treatment implementation.

A non-equivalent, quasi-experimental design with pre and posttest treated (n = 188) and comparison (n = 61) groups was employed. Independent variables included the treatment interventions (Bowen, Haley, Satir, and comparison group). The dependent variables included seven criterion variables of clinical engagement, clinical dropout, completion, satisfaction with treatment, locus of control, and family functioning. Data were analyzed by way of chi-square, two-way analysis of variance, and repeated measures analysis of variance statistical procedures.

Results indicated a significant difference in Engagement between the Bowen and Haley models (<.005), and between the Satir and Haley models (<.001). The Bowen (91.2%, n = 52) and Satir (93.7%, n = 59) groups engaged significantly more families than the Haley (67.6%, n = 46) group. Results also indicated a significant difference in clinical Dropout between the Satir and Haley models (<.001), and between the Satir and Bowen models (<.001). The Satir (5.1%, n = 3) group had fewer premature terminations than the Haley (60.9%, n = 28), and Bowen (36.5%, n = 19) treatment groups. There were no statistically significant differences between the Haley and Bowen Dropout samples.

In addition, results indicated a significant difference in Completion between five of the pairwise comparisons. Findings revealed a significant difference in Completion between Satir and Bowen (<.001), Satir and Haley (<.001), and Satir and the Comparison group (<.001). Moreover, there were differences between Bowen and Haley (<.001), and between the comparison group and Haley (<.001). The Satir group completed with the highest number of
families (88.8%, n = 56), followed by the comparison group (59%, n = 36), the Bowen completed sample (57.9%, n = 33), and then the Haley (26.5%, n = 18) treatment group.

The Rotter Internal-External Locus of Control, in a repeated measures analysis of variance, resulted in a significant effect for Time. Thus, at the end of treatment, parents had lower mean scores indicating a move toward being more internally directed.

The Family Adaptability and Cohesion Evaluation Scales, in a repeated measures analysis of variance for three subscales, resulted in some significant findings, specifically: Identified Clients' Cohesion subscale (Group effect); Mothers' Social Desirability (Group effect); Fathers' Social Desirability (Group effect); and Identified Clients' Social Desirability (Group and Time effect). In general, follow-up testing revealed that there was a difference in the pretest scores for the comparison group which were maintained over time, to the posttest. Follow-up testing also revealed differences between the three treated groups for some of the subscales.

The Satisfaction with Outcome subscale, which evaluated the family members' perceptions regarding treatment outcome revealed significant effects for Group and Person on a two-way analysis of variance. For the Group effect follow-up testing indicated that families were more satisfied with the Satir Process Model than Bowen Theory (<.001). For the Person effect, follow-up testing revealed that Mothers were more satisfied with treatment than the Identified Clients (<.001), and that Fathers were more satisfied than the Identified Clients (<.002).
Within the Satisfaction with Therapist subscale, which evaluated the family members' level of satisfaction with the clinician who provided treatment, statistically significant differences were found for Group, Person, and Group and Person Interaction on a two-way analysis of variance. Analysis of the interaction found 15 differences among 36 paired comparisons. In general, results indicated that all family members were more satisfied with the Satir Process Model therapists, than with the Bowen and Haley clinicians. There were a particular difference between the Identified Clients in the Satir group and those in the Bowen and Haley treatment models. Parents in the Bowen and Haley group were more satisfied than the Identified Clients in these respective groups.

Qualitative data with regard to Satisfaction with Treatment was also analyzed. Herein, it was revealed that both Mothers and Fathers were quite satisfied with the treatment they received. Overall, the Bowen and Satir families were satisfied with the educational component of the treatment they received. Families were dissatisfied with the some aspects of the treatment they received in the respective groups, in particular: Bowen Theory: exclusion of the Identified Client from therapy; Strategic Family Therapy: unknown observers on the other side of mirror engendered a perception of vulnerability and lack of confidence in the therapist; Satir Process Model: the brevity of treatment received within the confines of the research project was perceived as a shortcoming.

The study attempted to fill a void in the family therapy outcome literature by evaluating three distinct models of treatment. The research addressed a priority set forth by Gurman and Kniskern (1981) who advanced that little, if any, empirical evaluation has been conducted on "pure" family therapy models. By having the direct participation of three vanguard theorists, including Murray
Bowen, Jay Haley, and Virginia Satir, this research generated substantial data on Engagement, Dropout, Completion, Satisfaction with Treatment, Locus of Control, and Family Functioning.