
12.7

Family Life Cycle

PURPOSE: To identify developmental tasks and changes common to various stages in the life of a family.

DISCUSSION: Just as an individual can be described in terms of his or her stage in the human life cycle (see Item 12.6), it is possible to describe stages that occur throughout the life of a family unit. Although the stages of family development are less distinct and more variable than the stages of individual development, such a conceptualization can help the worker assess a family's functioning in a broader context, and better understand the family's strengths and problems.

Table 12.2 outlines the stages commonly observed within the nuclear family (i.e., married man and woman with their biological children) based on ones identified by Carter and McGoldrick (1989). Needless to say, the structure, functioning, and life cycle of many families vary significantly from that of the nuclear family; examples include extended family structures and the various types of single-parent families such as ones headed by an unmarried mother or father, divorced or widowed parents, and single adoptive parents.

Given the high rate of divorce in the United States, it is important to understand how phases in the family life cycle are impacted by the dissolution of a marriage and by remarriage. Table 12.3, also developed by Carter and McGoldrick (1989), describes the family both prior to and after a divorce. A high percentage of those who divorce eventually remarry and start another family unit. A remarriage often gives rise to the so-called *blended family*, which is particularly complex because the two adults entering this new marriage may bring with them biological children and sometimes stepchildren from one or more previous marriages, and, subsequently, they may bear additional children. Multiple sets of grandparents, stepparents, and other relatives are significant figures in the dynamics and develop-

TABLE 12.2 Family Life Cycle

Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second-Order Changes in Family Status Required to Proceed Developmentally
1. Leaving home: Single young adults	Accepting emotional and financial responsibility for self	a. Differentiation of self in relation to family of origin b. Development of intimate peer relationships c. Establishment of self re work and financial independence
2. The joining of families through marriage: The new couple	Commitment to new system	a. Formation of marital system b. Realignment of relationships with extended families and friends to include spouse
3. Families with young children	Accepting new members into the system	a. Adjusting marital system to make space for child(ren) b. Joining in childrearing, financial, and household tasks c. Realignment of relationships with extended family to include parenting and grand-parenting roles
4. Families with adolescents	Increasing flexibility of family boundaries to include children's independence and grandparent's frailties	a. Shifting of parent child relationships to permit adolescent to move in and out of system b. Refocus on midlife marital and career issues c. Beginning shift toward joint caring for older generation
5. Launching children and moving on	Accepting a multitude of exits from and entries into the family system	a. Renegotiation of marital system as a dyad b. Development of adult to adult relationships between grown children and their parents c. Realignment of relationships to include in-laws and grandchildren d. Dealing with disabilities and death of parents (grandparents)
6. Families in later life	Accepting the shifting of generational roles	a. Maintaining own and/or couple functioning and interests in face of physiological decline; exploration of new familial and social role options b. Support for a more central role of middle generation c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without overfunctioning for them d. Dealing with loss of spouse, siblings, and other peers and preparation for own death. Life review and integration

Source: From Betty Carter and Monica McGoldrick, *The Changing Family Life Cycle: A Framework for Family Therapy*, 2nd ed. Copyright © 1989 by Allyn and Bacon. Reprinted by permission.

TABLE 12.3 Family Life Cycle and Divorce

Phase	Emotional Process of Transition: Prerequisite Attitude	Developmental Issues
Divorce		
1. The decision to divorce	Acceptance of inability to resolve marital tensions sufficiently to continue relationship	Acceptance of one's own part in the failure of the marriage
2. Planning the breakup of the system	Supporting viable arrangements for all parts of the system	a. Working cooperatively on problems of custody, visitation, and finances b. Dealing with extended family about the divorce
3. Separation	a. Willingness to continue cooperative coparental relationship and joint financial support of children b. Work on resolution of attachment to spouse	a. Mourning loss of intact family b. Restructuring marital and parent-child relationships and finances; adaptation to living apart c. Realignment of relationships with extended family; staying connected with spouse's extended family
4. The divorce	More work on emotional divorce: overcoming hurt, anger, guilt, etc.	a. Mourning loss of intact family: giving up fantasies of reunion b. Retrieval of hopes, dreams, expectations from the marriage c. Staying connected with extended families
Postdivorce Family		
5. Single-parent (custodial household or primary residence)	Willingness to maintain financial responsibilities, continue parental contact with ex-spouse, and support contact of children with ex-spouse and his or her family	a. Making flexible visitation arrangements with ex-spouse and his family b. Rebuilding own financial resources c. Rebuilding own social network
6. Single-parent (noncustodial)	Willingness to maintain parental contact with ex-spouse and support custodial parent's relationship with children	a. Finding ways to continue effective parenting relationship with children b. Maintaining financial responsibilities to ex-spouse and children. c. Rebuilding own social network

Source: From Betty Carter and Monica McGoldrick, *The Changing Family Life Cycle: A Framework for Family Therapy*, 2nd ed. Copyright © 1989 by Allyn and Bacon. Reprinted by permission.

ment of the blended family. The schema presented in Table 12.4, from Carter and McGoldrick (1989), presents important elements of the remarried family formation.

Poverty, when combined with parenthood at an early age, often creates a truncated family life-cycle consisting of only three major stages: (1) adolescent/unattached young adult; (2) family with children, often in a three- or four-generation

TABLE 12.4 Remarried Family Formation

Steps	Prerequisite Attitude	Developmental Issues
1. Entering the new relationship	Recovery from loss of first marriage (adequate "emotional divorce")	Recommitment to marriage and to forming a family with readiness to deal with complexity and ambiguity
2. Conceptualizing and planning new marriage and family	Accepting one's own fears and those of new spouse and children about remarriage and forming a stepfamily. Accepting need for time and patience for adjustment to complexity and ambiguity of the following: 1. Multiple new roles 2. Boundaries: space, time, membership, and authority 3. Affective issues: guilt, loyalty conflicts, desire for mutuality, unresolvable past hurts	a. Work on openness in the new relationships to avoid pseudomutuality. b. Plan for maintenance of cooperative financial and coparental relationships with ex-spouses. c. Plan to help children deal with fears, loyalty conflicts, and membership in two systems. d. Realignment of relationships with extended family to include new spouse and children. e. Plan maintenance of connections for children with extended family of ex-spouse(s).
3. Remarriage and reconstruction of family	Final resolution of attachment to previous spouse and ideal of "intact" family: Acceptance of a different model of family with permeable boundaries	a. Restructuring family boundaries to allow for inclusion of new spouse-stepparent. b. Realignment of relationships and financial arrangements throughout subsystems to permit interweaving of several systems. c. Making room for relationships of all children with biological (noncustodial) parents, grandparents, and other extended family. d. Sharing memories and histories to enhance stepfamily integration.

Source: From Betty Carter and Monica McGoldrick, *The Changing Family Life Cycle: A Framework for Family Therapy*, 2nd ed. Copyright © 1989 by Allyn and Bacon. Reprinted by permission. This table is a variation on a developmental scheme presented by J. W. Ransom, S. Schlesinger, and A. Derdeyn, "A Stepfamily in Formation," *American Journal of Orthopsychiatry* 49 (1979).

household; and (3) a stage when the grandmother has a central role in the direct care of grandchildren and other young people in the household.

SELECTED BIBLIOGRAPHY

Carter, Betty, and Monica McGoldrick. "The Changing Family Life Cycle." In *The Changing Family Life Cycle: A Framework for Family Therapy*, 2nd ed., edited by Betty Carter and Monica McGoldrick. Boston: Allyn and Bacon, 1989.

PURPOSE: To create data-gathering questionnaires, checklists, vignettes, and other data-gathering tools for use with clients in a particular practice setting.

DISCUSSION: The major advantage of using commercially available data-gathering and assessment instruments is that they have been field-tested and can be easily ordered from a publisher. Their major disadvantages are that they can be expensive and may be too complex, too long, or too limited in their application. As an alternative to using ones that are copyrighted and commercial products, social workers should consider designing their own so the tools will be tailored to the types of clients served and the agency setting. With a bit of trial and error, most workers can create simple and practical tools such as the questionnaire, checklist, and vignette.

Figure 12.11 is a sample *questionnaire* developed for use during initial interviews with couples seeking assistance with marital problems. Because it is short and takes only a few minutes to complete, clients do not find it burdensome. As with a problem checklist (see Item 11.5), this type of questionnaire can be used to zero in on the client's primary concerns. The basic format has wide application. Items can be rewritten to focus on other relationships, problems, or concerns. The reader can use this sample questionnaire as a model for developing tools for his or her own practice.

The checklist is a simple format for data gathering. It demands little of the client. With a little creativity, the worker can develop a checklist related to a specific set of client concerns. Figure 12.12 is an example of a *checklist* designed especially for the parents of children involuntarily placed in foster care by a child protection agency. It was developed by Horejsi, Bertsche, and Clark (1981) to help parents express their feelings about their child being placed into foster care.

Information about a person's attitudes and values cannot be easily obtained through direct verbal or written questioning. Projective or indirect methods are more effective. Think, for example, about the child welfare worker responsible for deciding whether or not a couple should be licensed as foster parents. In order to assess the couple's capacity for foster parenting, the worker needs to learn about their beliefs and attitudes surrounding child care. The worker could ask a direct question,

FIGURE 12.11 Sample Homemade Questionnaire**Questionnaire on the Husband-Wife Relationship**

Explanation: This is a questionnaire about how satisfied you are with what goes on between you and your spouse (between husband and wife). Your answer will help us identify possible sources of stress and worry. Place a check (✓) on the line under the phrase that best describes the degree of satisfaction you have in relation to the item. If an item does not apply to you, simply put NA next to the item.

	Very Satisfied	Mostly Satisfied	Mostly Dissatisfied	Very Dissatisfied
The way we make decisions	_____	_____	_____	_____
The way we divide up responsibility for child care	_____	_____	_____	_____
The way we handle and budget money	_____	_____	_____	_____
The amount of money we earn	_____	_____	_____	_____
The way we resolve conflict	_____	_____	_____	_____
The way we divide up housework and other home-related jobs	_____	_____	_____	_____
The way we get along with our children	_____	_____	_____	_____
The way we discipline our children	_____	_____	_____	_____
The way we get along with in-laws and other relatives	_____	_____	_____	_____
The way we use our free time	_____	_____	_____	_____
The way we talk to each other	_____	_____	_____	_____
The way we care for our home	_____	_____	_____	_____
The amount of time we have together	_____	_____	_____	_____
The amount of alcohol used	_____	_____	_____	_____
The way we give each other emotional support	_____	_____	_____	_____
The amount of privacy we have	_____	_____	_____	_____
The way we handle birth control	_____	_____	_____	_____
The sexual part of our relationship	_____	_____	_____	_____
The way we plan for our future	_____	_____	_____	_____
The way we get along with the neighbors	_____	_____	_____	_____
The way we deal with moral or religious concerns	_____	_____	_____	_____
The way we handle anger and frustration	_____	_____	_____	_____

Please list here any other concerns you may have about your marital relationship:

What do you consider to be the major strengths in your marriage?

What do you consider to be the one or two major problems in your marriage?

FIGURE 12.12 Sample Homemade Checklist

Understanding the Parents' Feelings

Explanation: Below is a list of feelings that have been expressed by other parents who have had their children placed in foster care. Your feelings may be similar or they may be different from those of other parents who have had a similar experience. Please place a check (✓) by those statements that come close to expressing how you feel.

- ☐ I feel stunned and numb.
- ☐ I feel like this whole thing is a bad dream; I cannot believe this is really happening.
- ☐ I feel preoccupied with the thoughts of my child and the separation; I cannot seem to think of anything else.
- ☐ I feel shaky and nervous—as if a friend had suddenly died.
- ☐ I feel overwhelmed; I can't think clearly or do what I know I should do.
- ☐ I feel everyone blames me for what happened, even though it was not all my fault.
- ☐ I feel I was singled out unfairly and that I am being accused of being a “bad” parent.
- ☐ I feel like I have been railroaded and treated unfairly by the agency and the court.
- ☐ I feel like I cannot face my own child.
- ☐ I am afraid of what others think of me.
- ☐ I feel resentment toward everyone.
- ☐ I fear what I tell my social worker will be used against me.
- ☐ I feel afraid that I will never get my child back.
- ☐ I feel confused over why my child was placed in foster care.
- ☐ I feel that my other children will be placed in foster care.
- ☐ I feel depressed and sad.
- ☐ I feel alone and isolated; I feel everyone has abandoned me.
- ☐ I feel cut off from family and friends.
- ☐ I feel like running away and never coming back.
- ☐ I feel God is punishing me.
- ☐ I feel placement was necessary even though it was painful.
- ☐ Given time and help, I feel I can put things back together again.
- ☐ I am pretty sure of what I need to do in order to deal with the situation.
- ☐ I feel much better than I did when my child first went into foster care.
- ☐ I have mixed feelings about foster care-sometimes I want my child back and sometimes I think he/she is better off if we are not together.

Please describe here any feelings you have that do not appear on the above list.

Source: From Horejsi, Bertsche, and Clark, *Social Work Practice with Children in Foster Care* (1981), Appendix D, pp. 236–37. Courtesy of Charles C Thomas, Publisher, Springfield, Illinois.

such as: Do you believe in spanking a child who misbehaves? or How do you feel about children who wet the bed? Such pointed questions, however, tend to elicit rather superficial responses, which do not reveal the underlying attitudes that are so important in parenting.

An alternative approach is to use a series of carefully written vignettes as springboards for discussion and exploration. Basically, a *vignette* is a brief description of a real-life problem or situation. It provides an indirect method of gathering information and facilitates the expression of feelings and personal viewpoints. Figure 12.13 presents two samples developed by Horejsi (1979) for use in the foster home study process. Needless to say, the worker using this projective tool must create vignettes that will elicit the type of information needed to understand the client.

In general, social workers underutilize aids like questionnaires, checklists, and vignettes in their data collection. The reader is encouraged to develop and experiment with these tools. A number of guidelines will help those willing to give it a try.

1. Be clear about the purpose to be served by the tool, the reasons for using it, the type of information sought, and the type of client for whom it is being prepared.

FIGURE 12.13
Sample
Vignettes

The Brown Family: A Situation to Discuss

Mr. and Mrs. Brown are foster parents to Johnny, age five. Johnny is mentally retarded and has poor arm and hand coordination. Consequently, he has some trouble eating. Because today is Mrs. Brown's birthday, the Browns have decided to go out for an evening meal at a restaurant. While eating, Johnny drops food on the floor and is generally messy. In addition, he has a temper tantrum, cries, and throws food. This gets stares and disapproving looks from the other people in the restaurant.

- a. What do you think of this situation?
- b. How should this behavior be handled?

The Patterson Family: A Situation to Discuss

The Pattersons are very religious people. They have been foster parents to fifteen-year-old Alfred for the past five years. The Pattersons go to church services and participate in other church activities on a regular basis. It means a lot to them. Until a few months ago, Alfred went to church with them, even though he was raised in another religious denomination. Now Alfred refuses to go to church. He says that religion is foolishness and that he should not be forced to go to the Pattersons' church when his parents belonged to a different one. The Pattersons feel that religion is central to their life, and they expect everyone living in their family to participate in religious activities.

- a. What do you think of this situation?
- b. How should a conflict of this type be handled?

Source: From Horejsi, *Foster Family Care* (1979), pp. 165–166. Courtesy of Charles C Thomas, Publisher, Springfield, Illinois.

2. The completion of the questionnaire should be a relatively easy task and not tax the client's physical or mental capacity. A simple, short, and focused questionnaire is more likely to be completed than a long one.
3. Rather than attempt to develop an all-purpose questionnaire, it is better to design several, each with a specific purpose or focus.
4. In general, the higher the client's level of education and motivation, the more likely he or she is to deal successfully with a written data-gathering tool. Remember that many people lack basic reading skills.
5. Open-ended questions may be necessary when it is difficult to anticipate probable responses. However, written responses to open-ended questions are often difficult to read and understand. Consequently, tools with many open-ended questions offer few advantages over the interview.
6. The construction of precoded or close-ended questions (multiple choice, checklists, etc.) requires knowledge about the kinds of responses clients are likely to give. However, a good close-ended question is easy on the client and can be read quickly by the worker.
7. When possible, the questionnaire items should follow a uniform format (i.e., each item has similar wording, and structure). This helps the client move easily from question to question and minimizes the chance that the client will misunderstand a question.
8. The sequence of questions should follow a logical order. The most sensitive or probing questions should appear toward the end of the questionnaire.
9. Each question or item should contain a single idea. Avoid two- or three-part questions. Questions should be free of bias. The language used should be simple, clear, and concise. Avoid jargon.
10. A pretest should be used to determine whether clients can understand all of the questions, can complete it in a reasonable amount of time, and whether the data obtained are indeed useful.
11. Tools developed for use in multidisciplinary or interdisciplinary settings should be understandable to and useable by all members of the team.
12. Whenever possible, tools should be designed so that the data collected can be represented in a visual or graphic manner for rapid comprehension.

SELECTED BIBLIOGRAPHY

- Horejsi, Charles. *Foster Family Care*. Springfield, Ill.: Charles C. Thomas, 1979.
- . *Questionnaire on Husband-Wife Relationship*. Missoula: University of Montana, 1982.
- Horejsi, Charles, Anne Bertsche, and Frank Clark. *Social Work Practice with Parents of Children in Foster Care: A Handbook*. Springfield, Ill.: Charles C. Thomas, 1981.
- Jordan, Cathleen, and Cynthia Franklin. *Clinical Assessment for Social Workers*. Chicago: Lyceum Books, 1995.

13.12

Decision Trees

PURPOSE: To examine alternative choices for improving agency functioning or strengthening human services programs.

DISCUSSION: To remain viable in a changing society, human services agencies must regularly make decisions about how to adjust their programs and methods of operation to better serve community needs. These decisions must be made carefully and social workers should be prepared to assist the agencies in making the best choices from the available alternatives.

A *decision* is the outcome of a process whereby a choice is made regarding how to solve a problem or achieve a desired goal (Gibson, Ivancevich, and Donnelly 1988). Most decisions made in human service agencies are in-house decisions regarding ways to make the agency more efficient or effective. For example, decisions must be made regarding what information to collect on the agency's intake form or what content to include in a volunteer training program. These decisions are typi-

cally made by middle-level managers, supervisors, and direct-service practitioners. Other decisions are more far reaching and represent the agency's efforts to make a major change in direction or respond to a unique need or opportunity. Such decisions might include responding to another agency's request to provide collaborative services in a low-income neighborhood or to terminate a program. The latter decisions are typically made by top-level management, boards, and/or legislators.

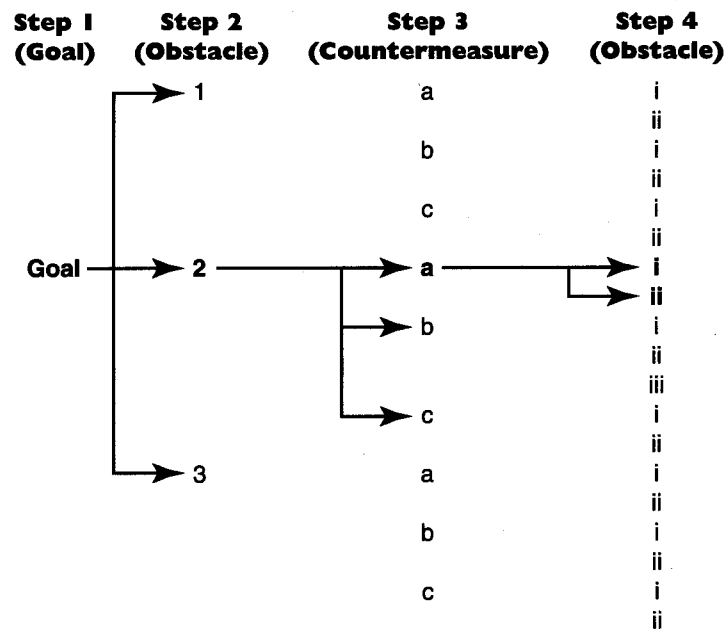
Both types of decisions can have an important impact on clients and the services they receive from the agency. Such decisions must be made carefully following a study process that involves the clear explication of the problems or issues of concern, the collection and assessment of relevant data, the selection of the best plan of action, the implementation of that plan, and the evaluation of the results with the recognition that if the desired result is not achieved the change should be modified or rescinded. One technique that reveals the likely implications of selecting various alternatives is the decision tree.

A *decision tree* diagrams the choices available in a given situation, forces a projection of possible events that may lead to differing outcomes, and helps explicate the payoffs from each choice. A decision tree can be applied as a relatively simple tool for visually listing possible actions for achieving a desired goal, identifying obstacles to those actions, and then considering countermeasures to overcome the obstacles. Decision trees can also be quite sophisticated using various weighting systems regarding the probability of outcomes, the cost effectiveness of various choices, and the possible impact of risk factors. In the work of most social workers, the more simple decision trees are likely to be used.

Following are the basic steps in developing a decision tree.

- Step 1 State the goal.* For example, determine the value of creating a home visitation program staffed by volunteers.
- Step 2 Identify possible obstacles.* Select approximately three significant impediments to reaching the goal. In the example of the home visitation program, these might be (1) difficulty in recruiting a sufficient pool of qualified people, (2) difficulty in finding time and resources to train the volunteers, and (3) difficulty in providing for the personal safety of volunteers when they visit homes.
- Step 3 Identify countermeasures* (i.e., ways or methods of overcoming obstacles identified in Step 2). In relation to Obstacle 2 in Step 2, for example, countermeasures might be (a) hire a new staff member to develop a training curriculum and offer it to the volunteers, (b) release a staff member from current responsibilities to develop and provide training, or (c) contract for the training from a nearby university.
- Step 4 Identify obstacles that may be needed to overcome each countermeasure.* Regarding countermeasure (a) in Step 3, for example, obstacles might be (i) difficulty of securing funds for a new staff member and (ii) inability to recruit a staff member competent to develop this training curriculum.

FIGURE 13.7
Illustration
of a Decision
Tree



Essentially, a decision tree diagrams the analytic process set in motion by the preceding steps. In Figure 13.7, the path of arrows reflects the branches of the partial decision tree described here. The tree can branch indefinitely, but usually after four or five steps are completed, the most viable options will emerge. If each obstacle and countermeasure is fully developed, a thorough assessment of the implications for each option can be made and the quality of the decision-making process enhanced.

SELECTED BIBLIOGRAPHY

- Delp, Peter, Arne Thesen, Juzar Motiwalla, and Neelakantan Seshadri. *System Tools for Project Planning*. Bloomington: Indiana University, International Development Institute, 1977.
- Gibson, James L., John M. Ivancevich, and James H. Donnelly, Jr. *Organizations: Behavior, Structure, and Processes*, 6th ed. Homewood, Ill.: BPI/IRWIN, 1988.

PURPOSE: To help the client make a decision when there are four or more options.

DISCUSSION: The *priorities-weighting grid* is a decision-making tool that can help an individual, family, or small group make a difficult decision by systematically examining each option in relation to every other option. It is useful when those who need to make a decision have numerous options but cannot see that any one choice is better than another. Essentially, this technique moves the client through a series of forced choices; from this process, the preferred option will emerge.

This technique can be used with a client during an interview, or taught to clients so they can use it at home to make personal and family decisions. The grid can focus on decisions as diverse as prioritizing one's personal values or something as mundane as deciding which of five used cars to buy. In this latter example, choices would have to be made between the relative importance of price, condition, size, and so on. The grid is not an effective tool if a choice is to be made between only two or three options.

FIGURE 14.2 Sample Priorities-Weighting Grid

Priorities	Priorities Grid										Options/Alternatives
1.	1	1	1	1	1	1	1	1	1	1	1. _____
	2	3	4	5	6	7	8	9	10		
2.		2	2	2	2	2	2	2	2		2. _____
		3	4	5	6	7	8	9	10		
3.			3	3	3	3	3	3	3		3. _____
			4	5	6	7	8	9	10		
4.				4	4	4	4	4	4		4. _____
				5	6	7	8	9	10		
5.					5	5	5	5	5		5. _____
					6	7	8	9	10		
6.						6	6	6	6		6. _____
						7	8	9	10		
7.							7	7	7		7. _____
							8	9	10		
8.								8	8		8. _____
								9	10		
9.									9		9. _____
									10		
10.											10. _____

Figure 14.2 is a sample priorities-weighting grid. Directions for completing the grid are the following:

1. List the options you are considering down the right side of the page. Assign each a number; order is not important.
2. Compare option 1 with option 2, circling your preference on the grid. Next, compare option 1 with option 3; again, circle your preferred option on the grid.
3. When you are finished comparing option 1 with every option listed, proceed in the same manner comparing option 2 with 3, then 4, and so on through the list.
4. When finished, count the number of times you circled each number. Remember to count both horizontally and vertically.
5. Finally, list your options in the priorities column on the left side of the paper according to their score: highest number as 1, lowest as 10. In the case of a tie score, examine the grid and determine which option you chose when you compared the two.

SELECTED BIBLIOGRAPHY

Carkhuff, Robert. *The Art of Problem-Solving*. Amherst, Mass.: Human Resource Development Press, 1973.

PURPOSE: To increase precision in assessment and evaluation by using instruments for clinical measurement.

DISCUSSION: Given the pressure by funding agencies and third-party payers such as insurance companies, Medicaid, and Medicare, social workers must constantly search for better ways of measuring the impact of their therapeutic services. The tools often called rapid assessment instruments (RAIs), when coupled with the single-subject design, provide a feasible method of evaluating clinical interventions for a wide variety of problems. In this application, the client's initial score on an RAI is used as a baseline and subsequent changes in the score are taken as indicators of change.

According to Fischer and Corcoran (1995, 9), RAIs are "standardized paper-and-pencil questionnaires that can be filled out by the client in a relatively short period of time, that can be easily administered and scored by the practitioner, and that give fairly accurate pictures of the client's condition at any point in time and/or over a period of many administrations." One widely used set of RAIs, the WALMYR Assessment Scales, was described in Item 12.18. There are, however, many others.

Every clinical social worker should have access to a variety of RAIs. An excellent source is the two-volume sourcebook by Fischer and Corcoran (1995) that describes over 320 rapid assessment instruments and explains how to select, administer, score, and interpret these measures. Included in this collection are RAIs for use with adults, couples, families, and children. Each instrument is classified by area of problem or concern.

These areas and the number of instruments listed under each area (i.e., the number shown in parentheses) are as follows: Abuse (5); Anger, hostility, and aggression (7); Anxiety and fear (24); Assertiveness (12); Beliefs—rational and irrational (12); Children's behaviors/problems (9); Death concerns (4); Depression and grief (20); Eating problems (12); Family functioning (18); Geriatric concerns (8); Guilt (1); Health issues (18); Identity (2); Interpersonal behavior (20); Locus of control (17); Loneliness (5); Love (5); Marital/couple relationship (25); Mood (3); Narcissism (1); Obsessive-compulsive (5); Parent-child relationship (12); Perfectionism (1); Phobias (10); Problem solving (3); Procrastination (2); Psychopathology and psychiatric

symptoms (14); Rape (2); Satisfaction with life (2); Schizotypal symptoms (4); Self-concept and esteem (9); Self-control (3); Self-efficacy (3); Sexuality (9); Smoking (1); Social functioning (2); Social support (9); Stress (11); Substance abuse (11); Suicide (11); and Treatment satisfaction (4).

SELECTED BIBLIOGRAPHY

Fischer, Joel, and Kevin Corcoran. *Measures for Clinical Practice*, 2nd ed. (Two volumes) New York: Free Press, 1995.

15.7

Differential Impact Scoring (DIS)

PURPOSE: To obtain client's perceptions on changes that have occurred since intervention began and differentiate changes attributed to the intervention from those attributed to other factors.

DISCUSSION: When a client is receiving services from more than one professional and more than one agency, how does one determine which intervention has had an impact? And, how does one account for changes in the client's life circumstances that may cause either an improvement or a worsening of the situation but that have nothing to do with the interventions? A limitation in our usual attempts to secure a "before-and-after" measure is that the identified change, whether positive or negative, may have resulted from influences other than the worker's or the agency's intervention. In such cases, it would be inappropriate for an agency either to claim credit for positive change or to assume responsibility for negative changes. The *ABA* and *ABAB* single-subject designs (see Item 15.1) attempt to address this problem, but for practical and

ethical reasons it is not always feasible to stop and then later restart an intervention as a way of determining which of several interventions might be having an impact.

The procedure called *Differential Impact Scoring (DIS)* is a method of separating out the impact of a specific intervention from other factors and interventions that also influence the client. A major limitation of DIS is that it depends on self-reported data. Perceptions voiced by a client may or may not be an accurate description of what really happened.

The example of DIS is drawn from a study (Horejsi 1972) of a lay volunteer program's impact on the functioning of youths on probation, as perceived by the parents of those youths; its basic format and scoring procedure can be adapted for use in other settings. During the months of contact with the volunteer, these adolescent clients also had regular contact with their probation officer, and many of the youths and their families were simultaneously receiving services from mental health, social service and health care agencies, school programs, and other professionals. To determine if the volunteers were having an impact, respondents (i.e., the parents) were asked 37 questions about whether they had observed changes in their child's school attendance, grades, money management, choice of friends, control of anger, communication with family, and so on. (Two sample questions are shown in Figure 15.4). If the respondent expressed the belief that a change (either "better" or "worse") had occurred, a follow-up question asked whether the respondent believed

FIGURE 15.4
Sample
Questions
from
Interview
Schedule

- Item 16.** What about the frequency with which you and (youth's name) have disagreements or arguments? Has this improved, remained the same, or gotten worse?
A _____ improved B _____ remained the same C _____ worse
(If either improved or worse) In your opinion, to what extent did the volunteer have something to do with (this improvement) (this change for the worse)?
1 _____ Volunteer had a great deal to do with the change.
2 _____ Volunteer had quite a bit to do with the change.
3 _____ Volunteer had only a little bit to do with the change.
4 _____ Volunteer had nothing to do with the change.
- Item 24.** Do you think things have improved, remained the same, or gotten worse in regard to how often (youth's name) gets into arguments or fights with other kids?
A _____ improved B _____ remained the same C _____ worse
(If either improved or worse) In your opinion, to what extent did the volunteer have something to do with (this improvement) (this change for the worse)?
1 _____ Volunteer had a great deal to do with the change.
2 _____ Volunteer had quite a bit to do with the change.
3 _____ Volunteer had only a little bit to do with the change.
4 _____ Volunteer had nothing to do with the change.
-

the volunteer had anything to do with the perceived change; possible responses were “great deal,” “quite a bit,” “only a little,” and “nothing.”

An *item score* ranging from +10 to -10 was obtained by a multiplication procedure. For example, an individual item score of zero would result if a parent stated that his or her child’s school attendance had either “improved” (+2) or “gotten worse” (-2) and that the volunteer had “nothing” (0) to do with this change. An item score of plus six (+6), for example, would result if the parent stated that his or her child’s school attendance had “improved” (+2) and that the volunteer had “quite a bit” (3) to do with the change (i.e., $2 \times 3 = 6$). All possible item scores are shown in Figure 15.5.

A *summary score* for each youth was obtained by summing all 37 item scores. A high positive summary score resulted when a parent reported many improvements and attributed most of them to the volunteer’s intervention. A low positive score resulted when a parent perceived few improvements that could be attributed to the volunteer’s influence. A negative summary score indicated that negative changes had occurred and the parents believed that the volunteer’s intervention had caused the deterioration. Theoretically, summary scores could range from a high of 370 ($2 \times 5 \times 37$) to a low of -370 ($-2 \times 5 \times 37$).

The DIS is at best a crude measure, but it can prove useful when other approaches are not feasible. Magura and Moses (1986) use a similar approach in their *Parent Outcome Interview*, an instrument designed to obtain the client’s perceptions of agency services in child welfare cases. In addition to asking respondents whether a change had occurred (i.e., better or worse), a series of open-ended follow-up questions probed for the reasons why the services were or were not effective and, if effective, how the improvement in functioning took place. Such an approach requires additional interview time with the respondents (i.e., the Parent Outcome Interview required two hours to administer) but yields a more detailed understanding of which interventions are effective and why.

FIGURE 15.5
Possible
DIS Item
Scores

Parent's Evaluation of Child's Functioning	Parent's Perception of Volunteer's Contribution to Change	Individual Item Score
Improved (+2)	“great deal” (5)	$2 \times 5 = 10$
Improved (+2)	“quite a bit” (3)	$2 \times 3 = 6$
Improved (+2)	“only a little” (1)	$2 \times 1 = 2$
Improved (+2)	“nothing” (0)	$2 \times 0 = 0$
Remained the same (0)		0
Worse (-2)	“nothing” (0)	$-2 \times 0 = 0$
Worse (-2)	“only a little” (1)	$-2 \times 1 = -2$
Worse (-2)	“quite a bit” (3)	$-2 \times 3 = -6$
Worse (-2)	“great deal” (5)	$-2 \times 5 = -10$

SELECTED BIBLIOGRAPHY

- Horejsi, Charles. "Attitudes of Parents Toward Juvenile Court Volunteers." *Federal Probation* (June 1972): 13–18.
- . "Juvenile Probationers' Behavior and Attitudes Rating Scale." In *Tests and Measurements in Child Development: Handbook II*, edited by Orval Johnson. San Francisco: Jossey-Bass, 1976, pp. 1092–1093.
- Magura, Stephen, and Beth Moses. *Outcome Measures for Child Welfare Services*. Washington, D.C.: Child Welfare League of America, 1986.