Multi-Family Group Treatment of Multi-Problem Families: Preliminary Study

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MULTI-FAMILY GROUP TREATMENT
OF
MULTI-PROBLEM FAMILIES:
PRELIMINARY STUDY

by

Judith S. Duckman
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PROBLEM IDENTIFICATION AND FORMULATION

Introduction

Communities, health and welfare agencies, educational and governmental authorities have shown a great deal of concern for families exhibiting certain kinds of social behavior which is either disallowed as inimical to the cultural standards or disvalued as an unsatisfactory expression of its cultural objectives. Many terms have been applied to these families, including families of disorganizations, the poor, the "culture of poverty", dysfunctional families and the multi-problem family. Implicit in all these categorizations are the concepts of recidivism, deviant behavior, frequency of crisis situations and chronicity of community assistance and services. Geismar and La Sorte define the multi-problem family in terms of disorganized social functioning of an order that adversely affects the following situations of behavior: (1) relationships inside the family, (2) relationships outside the family group, for example, in the community and the neighbourhood, (3) performance of tasks, such as those concerned with household practices, designed to maintain the family as a physical unit, resulting in serious problems in more than one area of social adjustment, health, economic behavior and recreational need.

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1 Buell, Beisser, and Wedemeyer, "Reorganization to Prevent and Control Disordered Behavior", 158.

2 Geismar and La Sorte, Understanding the Multi-Problem Family, 19-20.
Problems characteristic of this group of people, which come to the attention of society through its public welfare, correctional and protective agencies and services, include child neglect, crime, dependency on relief, school truancy, delinquency, problem drinking, disease and disertion.

Survey of the Literature

Although the estimated number of multi-problem families, and the proportion of persons identified as belonging to disorganized families, within a given population is relatively small, they are recipients of a disproportionately large percentage of health, welfare, education and other social services. Reporting on two studies of multi-problem families (St. Paul, Minnesota, 1958 and Vancouver, B.C. 1961), Geismar and La Sorte state that 2.2% and 2.3%, respectively, of the total number of families in these centres were designated as multi-problem families, however, over one half of the health and welfare services of the respective communities were being absorbed by these groups. In the St. Paul study it was estimated that the average multi-problem family received active service from nine different agencies. This high concentration of problems and services in a small segment of the larger society was also borne out by the San Mateo study. The seriousness of the situation becomes even more apparent when we consider the concept of problem families as opposed to family problems. The multi-problem family's characteristic response to stress is

\[3\] Geismar and La Sorte, Understanding the Multi-Problem Family, 57-60.

\[4\] Buell, et. al., 164-165.
permanent or repeated breakdown of basic functions necessary for the well-being of the family group and its individual members. As Geismar and La Sorte state, "the distinction lies in the ... consequences of the crisis rather than the crisis itself which determines whether a family will remain stable or become disorganized."\(^5\) Geismar and Ayres, in the 1958 study of multi-problem families in St. Paul, found that, in general, the high incidence of behavior disorders were associated with poor overall functioning and a lack of family solidarity.\(^6\)

Viewing the family as a basic and integral unit in society, ensuring the maintenance of the system by the performance of certain designated tasks, the implications of the presence of dysfunctional families become even more extensive for the community. The family is responsible for the following functions: reproduction, the provision of shelter and physical care for the family members, the provision of emotional care and socialization of the young. These tasks are carried out by means of a division of labour, allocated according to roles assigned to the various members of the family.\(^7\) In the disorganized family, symptomatic impairments are indicative of disorganization and a lack of integration of roles.\(^8\)

According to Buell, Beissen and Wedemeyer this accounts for the recurrence of disorganized behavior from generation to generation. They state that parents, unable to accept the social standards themselves, tend to condone

\(^5\)Geismar and La Sorte, 35.
\(^6\)Geismar and Ayres, *Families in Trouble*, 95.
\(^7\)Duvall, *Family Development*.
\(^8\)Geismar and La Sorte, 37.
illegal, unsocial behavior by other members of the family. In addition, the parents, failing to realize their own capacity for social adjustment during the developmental sequences of their own childhood, become so preoccupied with their own chronic problems and marital struggles, that they are unable to offer their children the necessary, minimum of attention and care. They thus deprive and damage their children emotionally, and leaving them ill-equipped to achieve a reasonably good personal adjustment.  

Also characteristic of the multi-problem family, and hindering the alleviation of the drain on community services and resources they create is their resistance to treatment and their "handicapping attitudes such as alienation from the community, and hostility and suspicion toward authority." Geismar and La Sorte describe this as an "anomic" relationship with the community resulting in a pattern of going from agency to agency, with repeated applications for service, but with failure to follow through with plans offered. This lack of identification with and integration into the community manifests itself in a non-adherence to societal values, such as a low level of aspiration, an absence of ambition and an attitude of fatalism, and relationships lacking strength and stability.  

In searching for a means of prevention and methods to intervene into the self-perpetuating process of multi-problem families, we must begin with a conceptual approach to the problem, leading to a confrontation of

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9 Buell, Beissen, and Wedemeyer, 172-173.
11 Geismar and La Sorte, 17.
causation. Geismar and La Sorte note that Marx's *The Communist Manifesto* of 1848, prompted the view of thinking of the problems of "the poor" in terms of exploitation by the aristocracy. Although the rise in the standard of living in industrialized nations and the advances in welfare legislation have weakened this argument, programs aimed at alleviation are still reminiscent of this approach.\(^\text{12}\) Prevention and treatment on a community organization and community action basis are attempts to restructure society in such a way as to eliminate or modify those factors in society which stimulate the production of the problem. Community approaches involving an integration of services, attacks on "slum landlords" etc., and the socialization of health and welfare schemes, are efforts to rid society of its unjust elements, and to provide not only equality of benefits, but also equality of access.

Preceding the era of intense social indigence, emphasis was placed on the concept of individual differences and personality factors. Apparent here is the influence of Freud which served to reawaken and strengthen Darwinian theories. Following from this, individual treatment and intensive psychotherapy, with those exhibiting disordered behavior, finds its rationale. More recently, however, the etiology of families' failure to adjust to society has been concerned with multiple theories of causation including focus on the breakdown in the process of social organization, the influence of biological factors such as intelligence, the psychological processes and the importance of early developmental stages in personality formation, economic deprivation and the inter-

\(^{12}\) Geismar and La Sorte, 25.
relationship between behavior pathology and the social structure. Most writers and clinicians now agree on a plan of attack involving diagnosis and treatment based on a functional theoretical framework of reference. Evaluation of adaptation and family organization is assessed in terms of the effective performance and integration of the tasks and subsequent roles assigned to the family and its individual members. Problems are classified according to family functioning in marital, child rearing and economic spheres and are specifically related to failure in functioning of the father, the mother and the siblings. Further impetus to this approach has probably also been given by the interest and developments in the field of family therapy, among the helping professions.

Proposed Method of Treatment

Taking into account the above information and findings from the various studies mentioned, the need arises for an efficient and economical method of treating the multi-problem family, which will augment the existing community approaches and services designed to alleviate and prevent the variety of problems manifest and experienced by this group of people. Individual treatment, although generally effective in terms of bringing about a "better" level of adjustment of persons, and thereby enhancing their future coping abilities, has been shown to be too narrow an approach to have any radical or large scale significance in the treatment of the

13 Geismar and La Sorte, 17.
14 Buell, Beissner, and Wedemeyer, 171, Schlesinger, 10 and Geismar and Ayres, viii.
multi-problem family. In addition, the time and expense involved cannot be justified by its results in dealing with this problem. Family therapy holds more promise and is founded on a firmer rationale, but here, as with individual therapy, we must face the problem of involving the clients in treatment, and penetrating the mutual alienation between community agencies or institutions and multi-problem families. Mordecai Kaffman, discussing the expectations about treatment as perceived both by the therapist and by the client, in an article in *Crisis Intervention* points out that, "present methods of psychotherapy seem to be suitable to a limited group of people within our society. This is true not only from an economic standpoint but also in view of their intrinsic content, which is connected with values and characteristics of the middle and upper class of our culture."\(^{15}\) For these reasons a multi-family group approach is proposed. This would combine the assessment and treatment of family functioning aspects of family therapy, with the added advantages of a group approach. Although group counselling has been used in various ways with members of multi-problem families, it has never been tried from a multiple family group standpoint. Both family agencies and settlement houses are experienced in organizing groups for "underprivileged" mothers, deprived children, and adolescent "gangs".\(^{16}\) In many ways the use of groups has proved to be most successful in involving these people in treatment. Hanna Grunwald, discussing the use of groups with multi-problem families notes that, "it appears that the presence of other persons with similar problems, in a

\(^{15}\) Kaffman, "Short-Term Family Therapy", 202.

\(^{16}\) Grunwald, "Group Counselling with the Multiproblem Family".
small group, guided by an understanding leader, has a constructive influence in that it helps clients relax defenses, resolve old attitudes, and attempt to make changes with some degree of confidence." In addition, it places an increased emphasis on the economic, social and cultural components of the etiology and treatment of the individual and family problems.

The specific advantages of multiple family group treatment are concerned with the processes of identification and interaction.

The fact that the group members face common reality problems and have shared feelings, experiences and concerns creates a supportive and less threatening atmosphere facilitating discussion, mutual respect and identification. Often this is an effective way of involving persons, who are resistive and evasive in the individual interview. It has also been found that those families with very little motivation can be carried along by other families whose motivation is stronger. This commonality, felt by group members, serves to reduce their feelings of guilt and anxiety provoked by their situations, thereby enhancing their feelings of self-worth and lessening the need to defend with projection and rationalization.

The distrust of authority figures which often inhibits the members of multi-problem families from involving themselves in treatment is accounted

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17 Grunwald, 40.
18 Committee Report, 40. Group Treatment and Family Service Agencies, 16.
19 Grunwald, 33.
20 Leichter and Schulman, "Emerging Phenomena in Multi-Family Group Treatment".
21 Committee Report, 3.
for in terms of a fear of overdependence resulting from emotional deprivation in early childhood and an endless search for acceptance, according to Grunwald. She states that "in the group setting the fear of overdependence is lessened as the client faces the worker in the presence of other persons with whom he may identify". This enables him to feel secure enough to discharge repressed material and to ventilate feelings of hostility.

The interaction which takes place within the group can help combat the social isolation experienced by the multi-problem families and may lead to the formation of meaningful relationships. In addition it illuminates characteristic modes of behavior offering the worker the opportunity to intervene directly in the interplay and make on the spot interpretations, and it offers the other members of the group the opportunity to recognize patterns in others and themselves and to witness the therapeutic process "in action". This can be both encouraging and supportive to the hopeless and the frightened.

The presence of the various family members in the group serves to stimulate a dialogue between generations so that all will be able to learn to relate to each other as human beings. Often the adults can act as substitute parents to the children of others until they can assume a more parental role with their own children. This medium offers the children the opportunity to communicate with adults other than their own parents, and

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22 Grunwald, 32-33.

23 Leichter and Schulman.
as communications are received and reciprocated they can gradually risk more genuine interchange with their own parents, thus challenging the pathogenic structure of the family and making the parents more aware of the rigid family system. 24

Although this method of treatment is still in the experimental stages, some of the unique dimensions it has illuminated seem especially suited to usage with the multi-problem family.

Hypothesis

Multi-family group treatment is an effective means of improving the social functioning of multi-problem families, with certain characteristics distinct from the individual casework approach.

Questions following from the Hypothesis:

1. Can families be meaningfully involved in treatment by the utilization of this approach?

2. What dimensions of group therapy can be proposed to be effective in treating multi-problem families?

3. What focus should the therapist take in the multi-family group treatment of multi-problem families and what role should be taken?

24 Leichter and Schulman.
DESIGN

Sample

As Children's Aid Societies often come into contact with the families previously described, this agency in city X, with a population of 200,000, will be used to carry out the study. As this is a preliminary study, families will be drawn from only one agency. This is based on the assumption that the multi-problem family is served by a variety of different agencies, and that those making application or referred to the C.A.S. are a representative sample of such families seen by health, welfare, correctional, and family agencies. City X, (Ontario, Canada) was selected on the basis of its size. It was felt that this city is typical of the average urban centre, in terms of the stresses and difficulties it presents for its inhabitants, is witness to the dysfunctional symptomatology of the multi-problem family and accommodates a variety of social services.

Families will be selected on the basis of the following criteria:

(1) the presence of problems in more than one of the following areas of social functioning:
   (a) family relationships and family unity
   (b) individual behavior and adjustment
   (c) care and training of children
   (d) social activities
   (e) economic practices
   (f) household practices
   (g) health conditions and practices

(2) chronicity of need and recidivism

(3) resistance to treatment and persistent failure to respond to help offered

(4) handicapping attitudes such as alienation from the community, hostility and suspicion toward authority

25 Geismar and Ayres, 5.
(5) at least one parent present in the home

(6) at least one child under 18 years of age either in the home or in temporary care outside of the home.

Other variables such as the age of the parents, age and sex of the children, the number of other children, whereabouts of missing spouses, other persons in the home, race, ethnic origin, religion, number of years married, legality of marriage, education of the family members or type of living accommodations (such as urban renewal projects, owned or rented dwelling, etc.) will be randomly assigned.

The intake procedure will consist of one interview with the intake worker of the agency, who will determine, on the basis of the above criteria, whether the family is suitable for the study. If they are eligible to participate in the project, they will be arbitrarily assigned to a group which will receive the enriched service (group treatment) or to a worker in the agency for the regular casework services of the agency, and told that they will be contacted within a two week period. They will not be informed of their participation in a research project, in order to control for the Hawthorne Effect. As the findings of the study will have no relevance to the identity of the participants, and as all families will be offered some form of treatment, none of which, at this time, can be proven more effective, this practice will not be imposing on the rights of the family. Those families who do not meet the requirements for the sample, will follow the regular agency procedure in receiving help.

In order to control for factors affecting treatment which might occur between the time of initial contact with the agency and the application of service, treatment will be given no later than two weeks after the intake interview. Since Agency X handles a large caseload, of which a
substantial proportion of the cases are characteristic of the sample required, there will be no difficulty in forming the treatment groups within this period of time.

The sample will include thirty six families. It is felt that this will be large enough to gather sufficient information to determine the advisability of proceeding on a wider and larger basis. At the same time the size of the project will limit the expenditure required. It is expected that the duration of the study will be one year.

Method

An experimental design will be utilized to test the hypothesis. The sample will be arbitrarily divided into an experimental group of 18 families who will receive the enriched service, and a control group of \( \frac{1}{2} \) of 18 families, \( \frac{1}{2} \) of which will receive the regular individual casework services of the agency the other half receiving family therapy as practiced in the agency. The experimental group will be further divided into six groups of three families each. As the average primary family (parent(s) and children) consists of 5.9 persons\(^{26}\), a greater number of families in each group may result in the presence of too many persons to permit meaningful interaction to take place, and the interaction expected to occur would be too complex to be utilized therapeutically by the worker. All members of the primary family, in the home or temporarily separated from the family, but accessible for treatment, except children under nine years old, will be included in the family group.

\(^{26}\) Geismar and Ayers, 15.
The groups will meet on a weekly basis with one therapist, for an hourly session, for a period of six months. The focus of group therapy will be on the following dimensions:

1. a sharing and mutual exploration of common problems
2. the opportunity to view problems more objectively by hearing them verbalized and worked on by others.
3. the opportunity to be in the role of "helper" at times.
4. the opportunity to have others from the community, seen as one's peers, available to challenge, support, desensitize and educate.

The activity of the therapist will be designed to develop and maintain an appropriate therapeutic milieu in which the group process, family interaction and didactic techniques will be utilized to attain the following goals:

1. an examination for themselves of how the members of the group relate and interact with one another in their own family systems, in the group situation and with the community at large.
2. an exploration of whether ways of relating offer the most satisfaction attainable.
3. an examination of and experimentation with other ways of interacting.
4. an examination of patterns of family functioning in terms of family tasks and roles, their interrelationship and interdependence.
5. an exploration of whether patterns of functioning are satisfactory to the maintenance of the family system and the implementation of the tasks assigned to the family.
6. an examination and trying of alternative ways of carrying out these tasks.

(7) an examination of the members attitudes and feelings toward the community.

(8) an exploration of implications of these attitudes and the development of more productive attitudes.

(9) discussion of difficult reality problems which confront members of the groups.

(10) an exploration of satisfactory ways of meeting these reality problems.

In order to create a therapeutic atmosphere and encourage introspective attitudes on the part of the group members, the worker will engage in the following activities:

(1) encourage individual participation and group interaction.

(2) support group members share human concerns and feelings.

(3) direct and redirect group to discussion of issues.

(4) conceptualize and/or summarize themes and interactions.

(5) challenge reality or universality of personal attitudes.

(6) respond with information and/or direct guidance.

(7) reorient focus of an issue from an abstract level or individual responsibility to specific family meaning and/or responsibility.

(8) ask for a restatement of thoughts, feelings and actions expressed by individuals in relation to family members, self and community.

(9) point out thoughts, feelings and actions of individuals in relation to family members, self and community.

(10) question motives of thoughts, feelings and actions of individuals in relation to family members, self and community.

(11) investigate consequences of thoughts, feelings and actions of individuals in relation to family members, self and community.

(12) encourage the development of and experimentation with alternative thoughts, feelings and actions of individuals in relation to family members, self and community.

28 An adaptation of techniques employed by Kimbro Jr., et.al., 23.
COLLECTION OF DATA

As has been pointed out above the concept of the multi-problem family is understood in terms of its social functioning and it is in this sense that the effectiveness of treatment must be evaluated. This involves an examination of the roles which each person is playing and a consideration of whether they contribute to his own and his family's well-being, whether they are in line with his potential for social functioning, whether they are in keeping with societal expectations and whether those tasks can be identified as family functions are being performed in a manner which is conducive to the welfare of the family as well as the community.²⁹

In order to facilitate this Geismar and Ayres' Profile of Family Functioning, developed in the St. Paul study of multi-problem families (1958), will be utilized.³⁰ This looks a family functioning in terms of Individual Behavior and Adjustment, Role Performance in the Family Group, Roles Both Within and Outside the Family Group, Role Performance Outside the Family Group and Social Relationships or Instrumental Goals.

The data will be collected by means of an open-ended interview conducted by a caseworker with family members in the sample. Case records where applicable and available will also be utilized. This information gathered will then be rated by two judges. This will be done prior to the beginning of treatment and again after a six month period of service.

Instrument

An adapted form of the St. Paul Profile of Family Functioning will be used to determine the effectiveness of the respective treatment

²⁹Geismar and La Sorte, 64-65.
³⁰Geismar and Ayres, 5, and Appendix D.
methods. In each case a score of 1 will be assigned to inadequate functioning, a score of 4 for marginal functioning and a score of 7 for adequate functioning in each category. Intermediary levels of functioning will fall between these base points on a 7-point continuum. The following categories will be used in assessing social functioning:

**General Criteria for Levels of Social Functioning**

(a) **Inadequate** - community has a right to intervene
- laws and/or mores are clearly violated.
- behavior of family members a threat to the community
- family life is characterized by extreme neglect, severe deprivation, or very poor relationships resulting in psychial and/or emotional suffering of family members; disruption of family life imminent, children in clear and present danger because of conditions above or other behavior inimical to their welfare.

(b) **Marginal** - behavior not sufficiently harmful to justify intervention
- no violation of major laws although behavior of family members is contrary to what is acceptable for status group
- family life marked by conflict, apathy, or unstable relationships which are a potential threat to welfare of family members and/or the community; each crisis poses the danger of family's disruption, but children are not in imminent danger.

(c) **Adequate** - behavior is in line with community expectations
- laws are obeyed and mores observed.
- behavior acceptable to status group
- family life is stable, members have a sense of belonging, family is able to handle problems without facing disruption, children are being raised in an atmosphere conducive to healthy physical and emotional development. Socialization process carried out affirmatively; adequate training in skills.

31 Geismar and La Sorte, 205-222.
A. Family Relationships and Family Unity

1. Marital Relationship - Marital Relationship should be checked where either or both of the following are applicable: (i) one partner has a legal responsibility toward the other and has some contact with the family; (ii) there is a continuing extramarital relationship of significance in family functioning.
Check not applicable where above are not present.

(a) Inadequate - separated partner does not support when so ordered or is extremely disturbing influence on family.
- extramarital relations are endangering children's welfare, or have come to attention of law.
- emotional tie is so deficient that children are endangered.
- severe, persistent marital conflict, necessitating intervention by authorities or threatening complete disruption of family life.

(b) Marginal - separated partner does not support adequately or regularly or is a disturbing influence in family.
- extramarital relations exist but do not openly affect welfare of children.
- weak emotional tie between partners, lack of concern for each other.
- there are some points of agreement between parents, but disagreement and conflict tend to predominate and obscure them.

(c) Adequate - couple lives together.
- extramarital relations, if present at all, are minimal and transitory, and have not been allowed to jeopardize family solidarity.
- positive emotional tie between partners who can express need for the other's help and respond appropriately to need.
- considerable pleasure derived from shared experiences.
- consistent effort to limit scope and duration of marital conflict and keep communication open for resolution of conflicts which arise.

2. Parent-Child Relationship

(a) Inadequate - no affection is shown between parents and children.
- great indifference or marked rejection of children.
- no respect shown for one another.
- no approval, recognition or encouragement shown to children.
- if any concern shown at all by parents, it takes the form of rank discrimination in favor of a few against the rest.
- parent-child conflict extremely severe.
- (Above so serious as to constitute neglect as legally defined, and warrant intervention by authorities.)

(b) Marginal
- affection between parents and children is intermittent, or weak, or obscured by conflict.
- parents' anger unpredictable and unrelated to specific conduct of children.
- family members played off against each other.
- marked favoritism with no attempt to compensate disadvantaged children.
- little mutual respect or concern for each other.
- parents and children frequently in conflict.
- (Above present, but danger to children is potential -- not actual.)

(c) Adequate
- affection is shown between parents and children.
- parents try always to be consistent in treatment of children.
- children have sense of belonging, emotional security.
- children and parents show respect for each other, mutual concern.
- parent-child conflict is minimal or restricted by consistent attention, free communication, and desire for harmony.

3. Relationship Among Children

(a) Inadequate
- conflict between children resulting in physical violence or cruelty which warrants intervention.

(b) Marginal
- emotional ties among children are weak.
- rarely play together.
- fighting occurs often, teasing, bullying, other emotional or physical cruelty.
- children rarely share playthings, show little loyalty to one another or pride in other's achievements.

(c) Adequate
- positive emotional ties and mutual identification among children.
- depending on age, often play together, share their playthings.
- loyal to each other, enjoy other's company, take pride in achievements of their siblings.
- fighting and bickering normal for age.
4. Family Solidarity

(a) Inadequate - marked lack of affection and emotional ties among family members.
- conflict among members persistent or severe.
- marked lack of cohesiveness and mutual concern, satisfactions in family living not evident.
- no pride in family or sense of family identity.
- members plan on basis personal gratification rather than family as whole.
- serious danger of family disruption.
- (Above so serious that laws relating to neglect or cruelty violated or family welfare so threatened that intervention justified.)

(b) Marginal - little emotional warmth is evidenced among family members.
- family members often in conflict.
- little cohesiveness, such as members rarely doing things together, eating together; little planning toward common family goals; little feeling of collective responsibility; little pulling together in crisis.
- few satisfactions in family living.
- (Above presents potential but not yet actual danger to welfare of children.)
- family's solidarity assumes antisocial forms.

(c) Adequate - warmth and affection are shown among family members, giving them a sense of belonging and emotional security.
- conflict within family dealt with quickly and appropriately.
- definite evidence of cohesiveness: e.g. members often do things together; family plans and works toward common goals; definite feelings of collective responsibility; members pull together in times of stress.
- members find considerable satisfaction in family living.
- cohesiveness not at odds with the welfare of the community.

B. Individual Behavior and Adjustment

1. Individual Behavior of Parents - Check separately for mother and father. Check "not applicable" if parent has no tie to family (as indicated under marital relationship). If there are more than one mother or father figures with ties to family, check the one who has the strongest tie with the family. Check "inadequate" if consequences of law violations (incarceration, probation, etc.) are still operative; however, prolonged probation should be weighed with other factors.
(a) Inadequate - socially delinquent behavior:
- is incarcerated or on probation for law violation.
- seriously deviant sexual behavior (promiscuity, etc.) or serious offenses against family (assault, incest, etc.) endangering welfare of children. 
- excessive drinking severely affecting family welfare (reducing budget below minimal level, causing severe conflict, etc.) and warranting intervention for sake of children.
- mental-physical state:
  - serious mental illness requiring intervention or resulting in institutionalization.
  - mental defectiveness requiring institutionalization or so limiting capacity to maintain family life that special help or training necessary.
- parent has disease which endangers public health, has not sought or carried through on treatment, health authorities have right to intervene, chronic or major physical disease or handicap so disabling person unable to provide the minimum care for children who are his major responsibility.
- role performance.
- as spouse: if deserted or separated, does not support when so ordered.
- extramarital liaisons endangering family.
- severe conflict with spouse damaging to children.
- as parent: violation of laws relating to neglect of children, assault, incest, etc., making intervention necessary.
- as breadwinner: if absent, does not support when so ordered.
- if at home and physically able to work, is unable or unwilling to support family.
- as homemaker: housekeeping and care of children so inadequate that it constitutes neglect and warrants intervention.
- as member of community: law violations other than offenses against family.
- extremely hostile attitude toward community - children encouraged to commit antisocial acts.

(b) Adequate - socially delinquent behavior:
- law violations are limited to such slight infractions as minor traffic violations.
- drinking or extramarital relations not a serious problem to individual or to family. Has fair complement of social skills, relates comfortably to most people and institutions.
- mental-physical state:
  - mental health is good.
  - psychosocial functioning at the level of individual's potential.
- performs up to mental capacity and able to function adequately in most areas.
- diseases or handicaps not of serious nature, receiving appropriate treatment, functioning hampered only slightly if at all.

- role performance:
  - as spouse: conflict with spouse is minimal, dealt with appropriately; extramarital affairs rare, positive emotional tie, disagreements well handled or well tolerated.
  - as parent: positive relationship with children, shows them affection, spends time with them, provides appropriate physical and emotional care.
  - as breadwinner: provides income for family enabling above-minimal living standard.
  - works regularly at full-time job, has positive feeling for job.
  - as homemaker: housekeeping and care of children is generally good.
  - as member of community: has meaningful ties with friends, relatives, etc.
  - belongs to some social groups which provide satisfactions, is comfortable with social status, with or without some desire to improve it.
  - has positive attitude toward community, makes good use of facilities when necessary.

(c) Marginal
- socially delinquent behavior:
  - minor law violations not resulting in incarceration or probation, deviant sexual conduct, offenses against family, or excessive drinking, but not seriously affecting family welfare.
  - deficiency in social skills which handicaps comfortable relationships to people and institutions.
- mental-physical state:
  - mental or emotional disorder is present but able to function on minimal level, not actually dangerous to family.
  - mental retardation seriously limiting functioning.
  - chronic or major physical disease or handicap which is somewhat disabling, but permits minimal functioning especially in regard to care of children.

- role performance:
  - as spouse: frequent conflict or disagreement with spouse in many areas of living, emotional tie weak.
  - as parent: little concern for or interest in children.
- displays little affection for them, physical and emotional care provided minimal.
- shows favoritism.
- as breadwinner: provides marginal or uncertain income, but little or no PA required. (unless so disabled as to require outside support.)
- as homemaker: housekeeping and care of children poor, but health of family not seriously endangered.
- as member of community: has little or no social contacts with neighbors, relatives, etc., belongs to no social groups, is dissatisfied with social status.
- has a generally hostile attitude toward community, makes poor use of resources.

2. Individual Behavior and Adjustment of Children - For purposes of scoring, children 10 and over are considered together, as are children from 1 to 9. The total score for each group is determined by finding the average of separate scores. Do not consider children who are permanently out of home.

(a) Inadequate - acting out behavior: acting out, disruptive, antisocial behavior of serious concern and indicative of a child in real danger, warranting intervention.
- incarcerated or on probation.
- mental-physical state: mental illness requiring intervention of resulting in hospitalization.
- excessively withdrawn or other behavior suggesting emotional disturbance or serious problems in relating to others.
- mental defectiveness requiring institutional training or custodial care that is not provided.
- child has disease which endangers public health, no measures taken for isolation or treatment.
- other serious health conditions or handicaps for which proper care is not provided.

- role performance
- as child: violent destructive, or assaultive behavior against family members.
- as pupil: excessive truancy, disruptiveness, incorrigibility, property destruction causing intervention.
- other infringements of school regulations resulting in suspension, expulsion, etc.
- as member of peer groups: participation with others in delinquent acts; so unable to relate to peers as to be severely disturbed emotionally.
- often involved in severe conflicts with peers.
(b) Marginal

- acting out behavior: acting out, disruptive, antisocial behavior of less serious nature, not a longstanding pattern, not indicative of more serious problems, therefore intervention not warranted.

- mental-physical state: emotional disorder evident, but receiving treatment or not serious enough to justify intervention.

- performance below mental and/or physical capacity; mental retardation severely limiting functioning, but special training, such as special class received.

- child not retarded but performs well below capacity.

- presence of chronic or major physical disease or handicap receiving some treatment, but permits minimal functioning.

- role performance
  - as child: gets along poorly with parents and siblings, rarely performs household duties.
  - as pupil: acting out or withdrawn behavior of less serious nature.
  - attendance not regular but no action taken.
  - school work poor.
  - little positive feeling toward school.
  - as member of peer groups: has few friends, belongs to no peer groups, conflict with peers common.

(c) Adequate

- acting out behavior: acting out behavior is normal for age - pranks, mischievousness, etc., not of serious nature.

- mental-physical state: emotional health appears good, enjoys appropriate activities, relates well to others.

- performs up to mental and physical capacity and able to function adequately in most areas.

- diseases or handicaps if present are receiving appropriate care with resulting favorable adjustment.

- role performance
  - as child: close ties to family members.
  - continuous participation in household duties and family life.
  - as pupil: attends regularly, school work approximates ability, positive attitude toward school.
  - acting out limited to occasional pranks.
  - as member of peer groups: is well liked, has friends, belongs to one or more peer groups.
C. Care and Training of Children

1. Physical Care

(a) Inadequate - supply and care of clothes, cleanliness, diet, and health care provided for children seriously endangers their health or threatens adjustment in school and acceptance in peer groups.
- vermin a serious health or social handicap.
  - (Above so serious that intervention warranted.)

(b) Marginal - children have few clothes, which are dirty and not mended, pay little attention to cleanliness receive unbalanced, unnutritious diet.
- parents lax in looking after health needs of children, but health of children and social adjustment are not threatened to the extent that intervention is justified.

(c) Adequate - children have suitable clothes, are kept clean, diet well balanced and wholesome, health needs are look after promptly.

2. Training Methods and Emotional Care

(a) Inadequate - affection is rarely shown to children, marked indifference or obvious rejection.
- parents have pathological tie to children, use them as pawns.
- physical and emotional cruelty.
  - (Above so serious that intervention is warranted.)
- parents' behavior standards are so deviant from wider community that children are encouraged toward antisocial acts.
- physical punishment overly severe, or inappropriate.
- extreme lack of discipline.
- inconsistency of methods in one parent or between parents, limits not enforced, strong disagreement between parents on training.
- approval shown rarely or not at all.
  - (Above directly contributes to delinquent behavior or otherwise puts children in danger.)

(b) Marginal - little affection is shown to children, parents usually indifferent to or reject children, or are overpermissive.
- children have little sense of emotional security.
  - (Above potential rather than actual danger to children.)
- parents' behavior standards in many respects somewhat deviant from community, or there is a
lack of standards, or parents expect too much or too little maturity.
- parents are overly rigid, overpermissive, indifferent.
- physical punishment, swearing occurs.
- discipline not appropriate to behavior.
- approval of good conduct rare.
- parents are inconsistent, often do not enforce limits, disagree with each other over exercise of discipline, do not share task of training.
- parents show favoritism.
- (Above potential rather than actual danger.)

(c) Adequate
- parents show steady affection for children, provide atmosphere of emotional warmth, sense of belonging.
- parents' ideas of how children should behave are generally those acceptable to community.
- standards of behavior are appropriate to age level.
- parents are neither overly rigid nor overly permissive, physical punishment rare.
- method used usually appropriate to behavior.
- approval of good conduct often shown.
- parents are fairly consistent in exercising discipline, enforce limits set, agree with each other in exercising discipline, share job of training children.

D. Social Activities

1. Informal Associations

(a) Inadequate
- conflict with relatives, neighbors, friends resulting in physical violence or illegal activities.
- persons as above such a disturbing and discordant influence on family as to endanger welfare of children.
- participation with friends in perpetrating delinquent antisocial acts.

(b) Marginal
- broken, discordant, indifferent relationships to relatives.
- frequent squabbling with neighbors; family members have few or no social outlets with friends or have friends whose influence leads to dubious social consequences (drunken sprees, destruction of property, children left alone, etc.)
(c) Adequate  - majority of relationships with relatives are pleasant and satisfying.
- fairly amicable relationships maintained with neighbors.
- family members have social outlets with friends providing recreational and interpersonal satisfactions, sense of identification with larger groups, provide necessary socialization experiences for children.

2. Formal Associations

(a) Inadequate  - membership in formal groups perpetrating anti-social acts.
- behavior in organized group so destructive or disruptive that intervention is necessary.

(b) Marginal  - family members belong to no organized groups.
- no activity with groups having a civic orientation.
- family feels socially rejected and unable to improve social status.

(c) Adequate  - family members, where appropriate, belong to some clubs, organizations, unions, etc.
- some members active in groups which lend support to community betterment.

E. Economic Practices

1. Source and Amount of Income

(a) Inadequate  - income entirely from general relief because of failure of able-bodied head of household of support (except temporary layoffs, and ADC or other payments due to absence or husband or his disability).
- income from PA obtained through fraudulent means.
- income derived from theft, forgery, etc.
- amount of income so low or unstable that basic necessities not provided for children.

(b) Marginal  - income derived partly from general relief because head of household unable to hold a steady job or laid off because of employment situation, unless disabled, because of physical handicap, mental illness or deficiency.
- children of working age who are not in school, service, etc., not working.
- amount of income marginal or unstable, barely meets family needs.

(c) Adequate  - income derived from work of family members, or from sources such as pensions, rent, support payments, etc., but money is not from public funds (except for pensions, A.D.C., A.B., O.A.A. etc.)
family sufficiently independent financially
to afford a few luxuries or savings, is fairly
well satisfied with economic status, and
working toward greater financial security.

2. Job Situation

(a) Inadequate - behavior on job breaks the law, as fraud, embezzlement, robbery, physical violence to coworkers.
- able-bodied man unwilling to obtain employment.

(b) Marginal - frequent changes of job, unsteady work pattern, works less than full time, job is below capacity.
- poor relations with boss and coworkers, dissatisfied with job.

(c) Adequate - works regularly at full time job, seeks advancement, changes jobs only when unavoidable due to economic or other circumstances, or for improvement.
- job is suitable for person's capabilities, maintains harmonious relations with boss and coworkers, has positive feeling toward job.

3. Use of Money

(a) Inadequate - severe conflict over control of income endangering children's welfare.
- budgeting and money management so poor that basic necessities not provided.
- excessive debt resulting in garnishment, or reduces family budget as above.

(b) Marginal - disagreement over control of income leading to conflict among family members.
- family unable to live within budget, money management poor, luxuries take precedence over basic necessities, impulsive spending.
- (Above not seriously endangering children's welfare.)

(c) Adequate - money spent on basis of agreement that such is responsibility of one or more members of family.
- family budgets income, money management carried out with realistic regard to basic necessities.
- debts are relatively few, and seldom incurred for luxuries; they are manageable and planned for in budget.
F. Household Practices

1. Physical Facilities

(a) Inadequate - property is so deteriorated, kept in such poor state of repair, facilities for sleeping, washing, sanitation, heat, water, refrigeration, or cooking so inadequate as to be an actual threat to the physical and emotional welfare of family members, particularly children; situation necessitates intervention by health or other authorities.

(b) Marginal - property is deteriorated, in poor state of repair, sufficient space not available.
- absence or inadequacy of basic household equipment.
- (Above potentially harmful to welfare of children.)

(c) Adequate - property is kept in good condition, sufficient space for family members.
- necessary household equipment available and in good working order.

2. Housekeeping Standards

(a) Inadequate - home is maintained in such a dirty and unsanitary condition, meals so irregular, diet so inadequate as to constitute an actual hazard to physical well-being of children.
- vermin or rats present serious health hazard.

(b) Marginal - home is in disorder, meals irregular, diet poorly planned, making a potential hazard to physical welfare of children.

(c) Adequate - home is maintained in a condition conducive to good health, hygiene, and a sense of orderliness.
- meals served regularly, diet is well balanced and nutritious.
- attention paid to making home attractive.

G. Health Conditions and Practices

1. Health Problems

(a) Inadequate - presence of communicable disease endangering public health, not isolated or properly treated.
- major or chronic disease or handicap so severely limiting person's functioning within and without the home that there is an actual threat to family welfare, particularly the care children are receiving.
- proper treatment or quarantine not secured for diseases endangering life of person and/or public health.
- parents neglect or refuse to provide medical or other remedial care for health and well-being of children.
- disease prevention practices (sanitation, diet, etc.) not followed.
- conditions so poor that physical neglect of children is involved.

(b) Marginal
- presence of disease, major chronic illness or handicaps which limits person's functioning inside and outside home, but constitutes no actual threat to family welfare.
- refusal or failure to get or continue medical care other than in column to left.
- medical instructions disregarded or not followed consistently.
- disease prevention practices not generally followed, but health of children not seriously endangered.

(c) Adequate
- physical health of family members is such that they are able to function adequately in their various roles.
- concern is shown about ill health or handicaps, medical care promptly sought when needed, medical instructions followed.
- disease prevention practices are observed.

H. Relationship to Family Centered Worker

1. Attitude Toward Worker

(a) Inadequate
- physical violence or verbal assault and other types of insulting behavior.

(b) Marginal
- worker met with hostility, resentment, or defensiveness on part of family; or marked indifference shown.

(c) Adequate
- worker is received with friendliness and readiness to consider family problems in relation to services offered.

2. Use of Worker

(a) Inadequate
- refusal to talk with worker when the basis of community concern is such that the worker has a right to stay in the situation.
- absolute refusal to acknowledge any problems.
(b) Marginal - apathy apparent in dealing with caseworker.
- reluctance shown to recognize and/or deal with major family problems.

(c) Adequate - willingness is shown to work together with worker on major problems facing the family.
- awareness shown of the major problems upon which casework has been concentrating and effort made to work toward solution of problem.

I. Use of Community Resources

1. School

(a) Inadequate - parents are extremely hostile to school, encourage or abet consistent truancy, are antagonistic to school personnel; refuse co-operation when this is necessary due to seriousness of community concern.
- children have extremely negative attitude toward school, are excessively truant without excuse, are very disruptive, destroy school property, commit other infringements of school regulations demanding intervention.

(b) Marginal - parents place little value on education, take little interest in children's school activities, are lax in enforcing attendance, are unco-operative with school in plans for children.
- children have negative attitude toward school, truant rather frequently, are disruptive or a disturbing influence; do poor school work, but not sufficiently serious to warrant intervention.

(c) Adequate - parents value education for their children, see that they attend school regularly, are co-operative with school personnel when joint planning is indicated.
- children like school, attend regularly, are not behavior problems, achieve according to capacity.

2. Church

(a) Inadequate - law violations directed against church, as robbery, destruction of property, committing nuisances, vandalism, etc.
- instilling hostile attitudes in children toward religion.
- serious religious conflict between parents has negative effect upon children.
(b) Marginal - using church for purposes sharply at variance with aims of church, as being an extremely disruptive influence in a church group. - children are permitted to attend Sunday School or church social activities, but parents oppose or show negative attitudes toward church.

(c) Adequate - attend church fairly regularly, derive personal satisfaction from church tie.

3. Health Resources
(including mental health)

(a) Inadequate - hostility or bitterness or apathy toward available health resources so great that serious health problems of children do not receive medical care, or health needs of parents that prevent them from caring for children are not met.

(b) Marginal - family regards health resources with suspicion, hostility, resentment. - agencies used unconstructively, appointments are missed, following through lacking, medical advice not followed, but not to extent of seriously endangering children’s welfare.

(c) Adequate - family has positive attitude toward health agencies, available facilities are used promptly when need arises, appointments are kept, medical advice followed.

4. Social Agencies
(includes probation, housing authority, employment agencies, etc. as well as casework agencies.)

(a) Inadequate - extreme hostility to social agencies leading to behavior such as assault, robbery, or destruction of property, fraud, etc. - refusal to accept agency services where this has been ordered by law or is necessary because of community concern about children.

(b) Marginal - attitude toward agencies marked by hostility, resentment, defensiveness, apathy, etc. - agencies used unconstructively -- family is not co-operative, or is apathetic, or overly demanding, etc.
5. Recreational Agencies

(a) Inadequate
- hostility toward recreational agencies leads to assault, robbery, destruction of property etc.
- parents prevent children from using organized recreational facilities.

(b) Marginal
- children seldom use organized recreational groups -- such as playgrounds.
- if use is made, behavior is characterized by disruptiveness, nonco-operation, etc.

(c) Adequate
- family members, particularly children, make use of available recreational resources according to age and interest which provide satisfaction and necessary socialization experience (for children).

Reliability and Validity

Both the reliability and validity of the Profile of Family Functioning have been demonstrated in the St. Paul Study. It has been shown through a quantitative comparison of the 150 St. Paul multi-problem families, with groups similarly identified as disorganized and with other family groups known to differ in their functioning, that the multi-problem family displays a characteristic pattern of functioning. Because of a characteristic interrelationship in degrees of malfunctioning among the nine categories the instrument gives rise to unidimensional continuum called family functioning.

In order to ensure validity of measurement in this study, it has been attempted to stimulate the conditions for judgement under which the

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32Geimar and Ayres, Measuring Family Functioning.
33Geismar and La Sorte, 75-76, 81-83.
34Ibid.
St. Paul study was carried out, as far as possible. This includes the qualifications of the judges, the type of rating system and the type of population being measured. To ensure reliability two judges will be used in carrying out this study, as was done in the St. Paul study.
ANALYSIS OF DATA

Once the data has been collected and rated on the seven-point scale by the judges, it will be possible to chart a profile of family functioning for each family in the sample, on a scalogram (see Table I). In each case, the mean score for each family under each of the nine major categories will be entered on the chart. This will be done at Time 1 (prior to service) and Time 2 (after six months of service). The level of functioning for each family before and after treatment may then be compared. In addition, some indication of the areas and degree of movement will be designated.

In order to compare the effectiveness of the various treatment methods, the mean score for each category for the two control groups and the experimental group respectively may be calculated and entered on a similar chart (see Table II). A comparison of effectiveness of treatment method will also be possible in each of the various categories of family functioning. To compare the overall effectiveness of the treatment method in terms of family functioning, the mean scores may be totalled for each of the two control groups and the experimental group. Table III gives a comparison of family functioning of the entire sample, in each of the nine categories.
### Table I

**Profile of Levels of Family Functioning**

**Before and After Treatment**

<table>
<thead>
<tr>
<th>Category of Family Functioning</th>
<th>Mean Scores</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
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<tr>
<td>Care and Training of Children</td>
<td>Inadequate Functioning</td>
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<tr>
<td>Individual Behavior and Adjustment</td>
<td>Time₁ (Prior to Service)</td>
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<tr>
<td>Family Relationships and Unity</td>
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<td>Social Activities</td>
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<td>Relationship to Social Worker</td>
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<td>Use of Community Resources</td>
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<td>Economic Practices</td>
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<td>Health Conditions and Practices</td>
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<td>Household Conditions and Practices</td>
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TABLE II

PROFILE OF EFFECTIVENESS OF TREATMENT METHODS BASED ON MEAN SCORES
OF LEVELS OF FAMILY FUNCTIONING AND THE LEVEL OF DIFFERENCE BETWEEN
BEFORE AND AFTER TREATMENT PERIODS

<table>
<thead>
<tr>
<th>MEAN SCORE FOR CATEGORIES OF FAMILY FUNCTIONING</th>
<th>INDIVIDUAL TREATMENT</th>
<th>FAMILY TREATMENT</th>
<th>MULTIPLE-FAMILY TREATMENT</th>
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<tr>
<td></td>
<td>Prior to Treatment</td>
<td>After Treatment</td>
<td>Level of Difference</td>
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<td>Care &amp; Training of Children</td>
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<td>Health Conditions and Practices</td>
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<td>Household Conditions and Practices</td>
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<tr>
<td>FAMILY AND TREATMENT METHOD GROUP</td>
<td>MEAN SCORES ON CATEGORIES OF FAMILY FUNCTIONING</td>
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<td>MULTIPLE-FAMILY</td>
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ANTICIPATED FINDINGS

From the design of the study the following findings might be expected: (1) Family functioning in each of the respective categories may move toward more adequate functioning, toward inadequate functioning or it may remain the same; (2) Overall family functioning may also move in a direction toward adequate functioning, toward inadequate functioning or it may remain the same; (3) Family functioning with the two control groups and the experimental group respectively may change, showing greater adequacy, less adequacy or no change may take place. A +lor -1rate of change will be considered significant as levels are based on the mean score for the variables in each major category and for each grouping.

It will also be possible to determine, to a limited extent, whether families can be meaningfully involved in treatment by means of the multi-family group method by an examination and comparison of the continuance and discontinuance rates for each of the respective control and experimental groups. In doing this reasons for continuance or discontinuance must also be considered.

Limitations of the Study

Certain assumptions necessarily limit the scope of the study and the inferences which may be made on the basis of the findings. It has been assumed that the criteria variables used in selecting the sample are significant and for the most part inclusive. In order to control for this, assumptions concerning the influential characteristics of multi-problem families were based on findings from previous studies, and other variables
which were not experimentally controlled were randomly assigned.

In using an open-ended interview for the collection of data it would not be possible to control for either positive or negative interactions which may occur between the interviewer and interviewees, and which might affect the responses given. However, this method of obtaining information was chosen on the basis of certain inherent advantages which, in the mind of the researcher, overrode its disadvantages. It provides for a more natural response and the unstructured nature in which the interview may be conducted lends itself to a more fruitful session, which is essential in considering social functioning.

The findings of the study must also take into consideration the competence and effectiveness of each therapist. In any social research it is impossible to control all human variables therefore we must rely on such things as a person's training and qualifications and assume that these are, to some extent, standardized and built-in controls. It may also be argued that these criteria do not take into account all personality factors on the part of the therapist and the clients which might influence relationships between them, or client-client relationships. Again this must be left to chance and it is assumed that differences which occur will balance out.

The size of the sample also limits the results. As mentioned above this is a pilot study and it is not, therefore, intended to be all-inclusive. If the findings indicate a significant positive correlation between the proposed treatment method and effectiveness, in terms of family functioning then it would validate the implementation of a larger study with a wider sample of the population.
EXPECTED CONCLUSIONS

If a significant, positive correlation is found between multi-family group treatment of multi-problem families and effectiveness, determined by a comparison of the level of family function before and after service, we may conclude that this is an effective means of treating the multi-problem family. In comparing this rate with the rate calculated for the other treatment methods we may determine whether change in the level of family functioning is due to the treatment method itself, is significant or is the result of other factors. In addition, we may assume that the focus of the therapist and the dimensions of group treatment of the multi-problem family, as outlined in the study, may be considered effective and significant. In considering the continuance and discontinuance rates for the various groups, it will also be possible to conclude whether this is an effective means of meaningfully involving multi-problem families in treatment.

In addition, the mean scores for the levels of family functioning for the different treatment methods, in each of the nine categories, will give some indication of the most effective method of treatment for each area of family functioning.

Implications

The implications of the study are broad and varied. First if it is found that multi-family group treatment of multi-problem families is an effective means of treatment then a more precise study could be carried out to determine the most effective method of treatment for such families.
This could be comprised of three control groups where one group received individual treatment only, one group received family therapy and a third group receiving both individual and family therapy simultaneously. The experimental groups would receive the enriched service (as outlined in this study) alone, the enriched service plus individual treatment, the enriched service plus family therapy and the enriched service in combination with individual and family treatment, respectively.

The application of the Profile of Family Function in testing the effectiveness of treatment methods also has implications for further research. Although it is specifically designed for the multi-problem family, it may be used as a model for implementing profiles of other groups and problem areas. This could lead to testing of other treatment methods for specific types of problems, resulting in an expansion of the theoretical body of social work knowledge.

The use of the multiple family group treatment method may also be further experimented with, both theoretically and practically, if it is shown to be effective. As the focus of the worker and the dimensions of the treatment method were delineated in this study it may serve as a guide for others who attempt this method.

This study set out to build on the knowledge, already acquired, about the multi-problem family. It was an attempt to find a method of treatment which is both efficient and effective in dealing with this problem. The dilemma of the multi-problem family is far too complex to be understood or handled by only one method of attack. The proposed treatment method is offered only as a supplement to existing services and in an attempt to find new innovations for an alleviation of the problem. As has already been
pointed out the etiology of the multi-problem family is multi-dimensional and direct service is only one piece of the puzzle.
SELECTED BIBLIOGRAPHY


