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## Family Systems and Young Children with Behavior Problems

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FAMILY SYSTEMS AND YOUNG CHILDREN  
WITH BEHAVIOR PROBLEMS

by

Trina L. Turner

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
Master of Arts

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## VITA

The author, Trina Louise Turner, entered DePaul University in September, 1982 and earned a bachelor of arts degree, with high honor, in psychology June, 1986. While attending DePaul University, Ms. Turner was elected a member of Alpha Lambda Delta, the National Honor Society for Freshman, was elected treasurer of Psi Chi, the National Honor Society in Psychology and elected a member of the Blue Key National Honor Fraternity.

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## CHAPTER I

### INTRODUCTION

In the past, the central focus of theories of personality was the individual. Personality theorists were primarily concerned with how the individual came to develop into a thinking and feeling person. These theories gave some recognition to how interpersonal relationships might have had an impact on the individual, but, the central focus was on the individual and his/her development as such.

Recently, the focus has changed. Rather than giving sole consideration to the individual, many theorists and researchers have begun to take the individual's family and the impact the family unit as a whole may have on the course of development into account. This shift would seem to allow for a better understanding of "the primary interpersonal context in which the individual develops and functions" (Hadley, Jacob, Milliones, Caplan & Spitz, 1974, p. 208).

According to Cowley (1978), "understanding the family as a social system...[in which]... different component parts or members of the family mutually fit to adapt to one another to form a rather rigid pattern of interactions" (p. 18) is a basic premise of family systems theory. She



further states "psycho-social approaches to understanding family factors which influence human behavior are based on the assumption that people do not have problems but are part of a system that has problems" (p. 3). In other words, an individual family member's difficulty, should be considered a symptom of a larger problem. Ackerman (1966) states

we may define a symptom as a set of pathologically loose, rapidly changing role relations that leads by stages to the disintegration of the family and to the fragmentation of the identity relations of individual and family. (p. 90)

Therefore, in order to gain a better understanding of the problem, it is necessary to consider the family as a whole.

The understanding that families experiencing difficulty may have an individual member who is also experiencing difficulty as part of their system has led to a change in how the family system has been studied. This is especially true of research done using families with mentally ill family members. Research in this area combines "mental health and family theories in efforts to unravel the secrets of family interaction and to ascertain how the family influenced psychological well being" (Cowley, 1978, p. 18).

By the same token, just as the family may influence its individual member, the presence of a mentally ill family member also tends to effect the life of the family itself. Bernheim and Lehman (1985) state

The family is faced with the challenge of providing for the needs of its ill member while negotiating the inevitable conflicts among its healthy members, all within an atmosphere fraught with confusion, stigma and secrecy. (p.18)

Thus, in order to better understand the difficulties of the family and the individual member it is necessary to consider the family as a whole.

This study proposes to focus on the family system's effect on the individual and vice-versa. Of interest here is the young child, aged 4-5, with behavior problems and his/her family. The review of the literature will cover four main areas.

1. A general explanation of what constitutes "behavior problems" in young children.
2. A more specific explication of the process of identifying young children with behavior problems according to the Child Behavior Checklist (Achenbach & Edelbrock, 1983).
3. The means by which different family systems are identified and classified using the Circumplex Model of Marital and Family Systems (Olson, McCubbin, Barnes, Larsen, Muxen & Wilson, 1985).
4. A review of literature on the effect of marital distress on children with behavior problems.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

Although this literature focuses primarily on school-aged and adolescent children, an attempt is made to extrapolate the findings to apply to young children. Further, literature which considers school-aged children and adolescents with behavior problems and their familial environments will also be considered.

As previously mentioned, part of the focus of the present study is on the young child, aged 4-5 years, with behavior problems. There are several reasons for selecting this particular age group as a subject of study. First, there seems to be little empirical information about this particular age group and it is hoped that this proposed study might offer some relevant data and insight. For the most part, this age group has not received much attention because of their rapid development. With such high frequency and variety of change, it is difficult to partition out pathological from expected change at this developmental stage. This leads to a second reason for focusing on this age group. The rapid development of a child this age taxes the family's flexibility in approaching and dealing with him/her. The task is further complicated

when a child with behavior problems is a member of an inflexible family system which may be unable to cope with such changes.

### Behavior Problems (What constitutes them)

Boyle and Jones (1985) define behavior problems as "a grouping of symptoms that represent socially undesirable patterns of behavior (e.g., fighting, stealing, lying). These patterns of behavior are manifested externally and often reflect deficient interpersonal competence and/or violation of age-appropriate social norms" (p. 138). For these authors, the criteria by which children with behavior problems are categorized are observable and require less interpretation than do emotional disorders.

Behavior problems of children include aggression against peers and/or adults, noncompliance, temper tantrums and purposeful destruction of property (Crowther, Bond & Rolf, 1981; Fagot, 1984). In their sample of 705 non-immigrant three-year-old children, Richman, Stevenson and Graham (1982) found that approximately 7% of the sample had moderate or severe behavior problems while 15% had mild problems. These children were more likely to use health services, to exhibit more incontinence and to show more developmental delay than non-clinical children. Achenbach and McConaughy (1987) found that children between the ages of 2 to 5 years identified as having behavior problems, exhibited behaviors which included depression, immaturity,

sleep difficulties, somatic complaints as well as being destructive, aggressive, delinquent or schizoid.

### The Child Behavior Checklist (CBCL)

In order to identify children with behavior problems, the proposed study will utilize the Child Behavior Checklist (CBCL), as well as employ its classification system as developed by Achenbach and Edelbrock (1983). For the most part, Achenbach and Edelbrock's (1983) criteria for identifying a child with a behavior problem are based on observable data, but some items that could be considered unobservable or even intrapsychic are included.

When considering the behavior problems of children, Achenbach and Edelbrock (1983) take into account a number of factors. Achenbach (1979) and Achenbach and Edelbrock (1983) divided the children into three age groupings (4-5, 6-11 and 12-16 year olds) and by sex allowing for any age and sex differences in the prevalence and patterning of behavior problems.

Factor analyses were performed on the CBCL's of children referred to a wide variety of mental health settings in order to obtain a differentiated picture of clinical syndromes. When these factor-based scales had been constructed a number of behavioral problem and scaled composite scores were derived and normalized T scores were computed for each. The CBCL protocols were obtained through a home interview survey of randomly selected parents. The

authors have referred to these scales as being the "narrow-band scales." The narrow-band scales measure social withdrawal, depression, immaturity, somatic complaints, delinquency, aggression and hyperactivity.

Achenbach and Edelbrock (1979) then performed second-order factor analyses of the narrow-band scales constructed for each sex within each age period. The authors found that the "narrow-band scales formed two coherent broad-band groupings" (p. 29) referred to as Internalizing and Externalizing. These groupings "reflect a distinction between fearful, inhibited, overcontrolled behavior [internalizing], and aggressive, antisocial, undercontrolled behavior [externalizing]" (Achenbach & Edelbrock, 1983, p. 31). Thus, Internalizing is more reflective of a child's problems with the self (e.g., depression, somatic complaints) while Externalizing deals mainly with the conflicts the child has with others (e.g., delinquency, aggression). There is also a Mixed heading of narrow-band scales for those scales that did not correlate highly with either of the other two broad-band groupings. For 4-5 year olds, this includes sexual problems, as exhibited in boys, and obesity, in girls (Achenbach & McConaughy, 1987).

Achenbach and Edelbrock (1983) argued that while these broad-band groupings appear to reflect contrasting behaviors, they are not mutually exclusive. The authors state that "the degree and direction of correlation between

them depends on the characteristics of the sample studied" (Achenbach & Edelbrock, 1983, p. 33). In six clinical samples the authors factor analyzed, the average Pearson correlation between total Internalizing and Externalizing was  $r=.48$  and in six normative samples there was an average correlation of  $r=.63$ . They argue that there is a positive relationship between these behaviors although they have often been viewed as opposites. However, these authors note that this positive association between Internalizing and Externalizing does not mean it is not possible to have children whose behavior is primarily one or the other. This is because individuals who score very high in one area tend to be above average in other areas as well. By the same token, individuals who score very low in one area also tend to be low in others.

The reliability of the CBCL has been assessed in a number of ways. This measure has good test-retest reliability. The first check of test-retest reliability was at a one week interval of mothers of nonreferred children. The authors used nonreferred children because the scores were less susceptible to regression toward the mean. For the 118 behavior problems, the intraclass correlation coefficient (ICC) was .952. For the 20 social competence items it was .996. The long term stability was also examined by using 12 mothers of nonreferred children with three month intervals. The ICC for the 118 behavior

problems was .838 and for the 20 social competence items it was .974 (all were  $p < .001$ ).

Interparent agreement was also examined with the mothers and fathers of 168 children evaluated in mental health settings. There was an overall ICC of .985 for 118 behavior problems and .978 for the 20 social competence items (both  $p < .001$ ).

As with reliability, validity was also assessed in several different ways. With regard to trait validity and the CBCL, clinically referred children received significantly higher scores ( $p < .005$ ) than demographically similar nonreferred children on 116 of the 118 behavior problems. The two items showing a non-significant difference were "2. Allergy" and "4. Asthma." On the 20 social competence items, clinically referred children received significantly lower scores ( $p < .01$ ) than did nonreferred children.

With regard to construct validity and the CBCL, "total behavior problem scores can be viewed as representing a dimension of behavior problems analogous to the construct of general ability represented by the total scores on intelligence tests" (Achenbach & Edelbrock, 1983, p.70). By the same token, it is possible to view the behavior problem scales of the Child Behavior Profile as subgroupings of problems analogous to the subtests of general ability tests. Understood in this way, significant correlations with other



behavior rating scales and empirically derived syndromes provide evidence of construct validity. In the case of the total CBCL behavior problem score and total scores on other widely used parent rating forms (i.e., the Conners Parent Questionnaire, the Quay-Peterson Revised Behavior Problem Checklist), correlations are as high as those typically found between tests of general intelligence ( $r = -.48$  to  $.91$ ,  $p = .05$  and  $r = .40$  to  $.89$ ,  $p = .05$ , respectively).

Finally, in consideration of criterion-related validity, the authors used referrals for mental health services as a criterion and presented evidence of significant differences ( $p < .001$ ) between demographically matched referred and nonreferred children on all Profile scores for all age and sex groups.

As noted previously, children with behavior problems exhibit a number of inappropriate behaviors, both observable and inferred. The present study will identify children who have behavior problems only and will not attempt to diagnose these children. This system will be a means of identifying children who have behavior problems only and not an attempt to diagnose these children.

#### Classifying Family Systems--The Circumplex Model

Again, the focus of this study will be on examining this child within the context of his family system rather than considering the child with behavior problems as a separate entity. Therefore, this study will classify

families with young children with behavior problems using Olson's (1986) Circumplex Model of Marital and Family Systems. This model provides a means to describe different types of couples and families.

Basically, the Circumplex Model of Marital and Family Systems consists of two broad dimensions which conceptualize and describe family types. The first of these two dimensions is family cohesion. Olson, Sprenkle and Russell (1979) take a cross-disciplinary view of the concept of cohesion in order to operationalize cohesion. They state that

The fact that at least forty concepts relate to this dimension indicates the significance of cohesion as a unifying dimension. At least six different social science fields have used this concept in some way - even though their conceptual and operational definitions are quite varied. (p. 5)

The authors hypothesize that balance within the dimension of cohesion allows for a more functional family system. They argue that balance within the family system is "the most conducive to effective family functioning and to optimum individual development" (Olson, Sprenkle & Russell, 1979, p. 6). Thus, cohesion is defined as "the emotional bonding that family members have toward one another" (Olson, Russell & Sprenkle, 1983, p. 70). The authors believe that there are specific variables that should be considered to assess the degree to which a family system is bonded.

While variables including emotional bonding, independence, boundaries, coalitions, time, space, friends,

decision-making and recreation might not be directly assessed by the dimension of cohesion, they are underlying factors (Olson, Sprenkle & Russell, 1979). The authors suggest that the ways a family may bond together include both the emotional bonding of family members with one another and each individual member's independence within the family system. A cohesive family system is one which is able to balance its members' development as individuals with its ability to function as a unit (Olson, Russell & Sprenkle, 1983). Olson, et al. (1983) suggest, however, that the two extremes are dysfunctional levels of cohesion. Excessive cohesion is referred to as "enmeshment," characterized by overidentification with family members, too much bonding within the family and limited independence. The low extreme of cohesion is referred to as "disconnectedness," where there is little bonding among family members and extreme independence from the family (Olson, Sprenkle & Russell, 1979). Between these two extremes, families are considered balanced or functionally cohesive. The authors hypothesize that families with balanced cohesion will be better able to manage difficulties as they may arise.

The second dimension of the Circumplex model is family adaptability. The authors define adaptability as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in

response to situational and developmental stress" (Olson, Russell & Sprenkle, 1983, p. 70). An adaptive system requires the balancing of change and stability. The variables of interest with regard to adaptability include the family's power structure (assertiveness and control), negotiation styles, role relationships and relationship rules, and positive and negative feedback (Olson, Sprenkle & Russell, 1979).

The basic assumption is that adaptive family systems are capable of maintaining balance within the system despite the changes that occur either within the system or due to outside stressors. As a result, within the family, there is "a mutually assertive style of communicating, equalitarian leadership, successful negotiation, positive and negative feedback loops, role-sharing and role-making and rule-making with few implicit rules and more explicit rules" (Olson, Sprenkle & Russell, 1979, p. 12). The functionally adaptive family has the "ability to change its power structure and role relationships in response to situational and developmental stress" (Alexander, Johnson & Carter, 1981, p. 200). Thus, the family is able to move and change rules and roles as needed depending on the situation and as circumstances arise. As with cohesion, a family system that is unable to remain adaptively balanced during times of both change and stability will fall at the extremes of the scale. A family system which is unable to or resists change

is considered rigid, while a family which is constantly changing unnecessarily or without purpose is considered chaotic (Alexander, Johnson & Carter, 1981).

In the Circumplex Model, there are 16 marital and family types each including a cohesion and adaptability component. These 16 types were based on a 4 x 4 matrix derived by classifying adaptability and cohesion into four levels, each. Each type has two descriptive terms related to a level of adaptability and a level of cohesion. The intent of these terms is to describe, as opposed to diagnose, the underlying dynamics of a marital or family system (Olson, Sprenkle & Russell, 1979; Olson, McCubbin, Barnes, Larsen, Muxen & Wilson, 1985).

These 16 types can also be broken down into three general types of marital and family systems. The norms for these three types were based on the percentages of 1100 "normal" couples and families that participated in a national survey as well as parents with no adolescents, parents with adolescents and couples without children (Olson, et al., 1985). The first type of system is considered balanced. Within in this system, the family is balanced on both the cohesion and adaptability dimensions. The second type is the midrange system and includes those families balanced on one dimension but not on the other (e.g., balanced on adaptability but not on cohesion). Finally, there are the extreme systems. In these cases, the

family systems are at extreme levels on both the cohesion and adaptability dimensions which might serve as an indication of a dysfunctional family system (Olson, Sprenkle & Russell, 1979).

FACES III overcomes many of the limitations of the FACES II. With FACES II, the cohesion and adaptability dimensions were highly correlated with each other, with social desirability and with marital and family satisfaction. The ideal was for cohesion and adaptability to be orthogonal within the context of the Circumplex model. With the FACES III, the correlation between the cohesion and adaptability dimensions is virtually non-existent ( $\underline{r}=.03$ ). Further, there is no longer a correlation between social desirability and adaptability ( $\underline{r}=.00$ ). However, there does remain a slight correlation between social desirability and cohesion ( $\underline{r}=.39$ ). There is a lack of evidence with regard to the concurrent validity of the FACES III, however, there is very good evidence with regard to its face validity, content validity and trait validity (ability to discriminate between groups). There is also evidence with regard to the correlation between family members for cohesion ( $\underline{r}=.41$ ) as well as a slight correlation between family members and adaptability ( $\underline{r}=.25$ ).

The FACES III also appears to have good reliability. For cohesion, internal reliability is reported to be  $\underline{r}=.77$ . For adaptability, the consistency  $\underline{r}=.62$ . The total

reliability for both dimensions is at  $\underline{r}=.68$ . Test-retest reliability, with an interim of 4-5 weeks, for cohesion is  $\underline{r}=.83$  and for adaptability is  $\underline{r}=.80$ . This information is based on the results of a national survey which included 1,000 "normal" families (Olson, 1986).

The central hypothesis of the Circumplex model is that families identified as being balanced types will function better than those identified as extreme types. This hypothesis further assumes that across the life cycle extreme family types will experience more difficulty in functioning effectively. The Circumplex model assumes there is a curvilinear relationship between its two central dimensions and family functioning. A family system that has too much or too little cohesion or adaptability is considered to be dysfunctional (Olson, 1986).

A number of authors take issue with various aspects of the Circumplex Model. Beavers and Voeller (1983) take issue with the way in which Olson conceptualizes cohesion. They disagree with the notion that cohesion has both bonding and autonomy components. They argue that autonomy deals with "how much differentiation of self has occurred - how much the boundary between self and others has been defined" (Beavers & Voeller, 1983, p. 86). Conversely, cohesion is conceptualized as a variable defining the interaction among family members. As such, it is hard to consider bonding and autonomy as being related. The authors argue that Olson has

described a situation in which the boundaries between self and other have been blurred.

In his analysis of both Olson's Circumplex Model and the Beavers Systems Models, Lee (1988) also addresses the issue of curvilinearity. He notes that Beavers also takes issue with this idea and suggests these dimensions should be conceptualized as linear rather than curvilinear. For Beavers, especially with regard to adaptability, the more flexible a family system, the better. According to his perception, high adaptability means there is a greater ability to change the structure as opposed to there being a deficit in the functioning of the family.

There has also been some concern about how appropriately the Circumplex Model applies to minority families in which the normative expectations may be different. Olson, Russell and Sprenkle (1983) note that a number of minority families have expectations where the emphasis is on family togetherness and loyalty and this often occurs at the expense of individual members' becoming independent of the system. These authors note that this is also true of some religious groups (e.g., the Amish, the Mormons). They note that these families might tend to be described as extreme, or enmeshed, on the cohesion dimension. However, the authors concede that these families may be able to function as long as all family members are willing to agree to and abide by these expectations.



Vega, Patterson, Sallis, Nader, Atkins and Abramson (1986) used the FACES II (the second version of the Family Adaptability and Cohesion Evaluation Scale) in an attempt to discover any differences in how Mexican-Americans and Anglo families might be identified by the Circumplex Model. Vega, et al. also administered a measure of acculturation to the Mexican-American subjects to see if acculturation was related to family system's scores for Mexican-American families. The investigators hypothesized that there would be similar levels of cohesion and adaptability between the Mexican-Americans and the Anglos and that acculturation would have no relationship to either of the dimensions. Basically, the hypotheses were supported with some slight differences between groups. Although these results indicated that Mexican-Americans were more likely to score at the very high end of adaptability, the investigators concluded that the culture of the family might make a difference in how a minority family tends to score within the Circumplex model but that "these variations remain within the criteria of well-functioning and resilient families" (p. 865). The investigators also note that the results of the study should be interpreted cautiously since the participating families volunteered and biases probably exist.

In addition, a number of other issues have been raised about Circumplex Model of Marital and Family Systems and its

capacity to adequately explain and identify family systems and their functioning. Nevertheless, the Circumplex model offers a means by which to identify functional and dysfunctional family systems. It is a means to measure how cohesive and how adaptive a family system is in dealing with stress. The focus of the current investigation is the difficulty which may exist within the family system in which there is a young child with a behavior problem. For this reason, in this author's opinion, the Circumplex model appears to be well suited to identify these systems and exploring the association between families and their children with behavior problems.

Basically, the Circumplex model "addresses the issue of change in the family system in response to stress or to accommodate changes in family members" (Olson, et al., 1983, p. 68). The model operates under the presumption that changes occur over time in family types and that each family type is free to change or move in the direction necessary in order to accommodate its family members. The direction this change or movement takes may be determined by a particular situation, by the stage of the family life cycle or by the socialization of the family members (Olson, et al., 1983).

Children's Behavior Problems and Family Functioning

With regard to families of children with behavior problems, much of the literature has focused on the relationship between the behavior of the child and the

parents' marital relationship. Jouriles, Pfiffner and O'Leary (1988) found that marital conflict was associated with behavior problems in both boy and girl toddlers. This finding seems consistent with the argument that dissatisfaction with the marital relationship is related to family conflict and that this conflict is associated with behavior problems in children (Hetherington & Martin, 1986).

However, there have been a number of studies which have come to different conclusions. For example, Emery and O'Leary (1984), using a non-clinic sample of families found that there was a "generally low magnitude of the association found between marital discord and child behavior problems" (p. 416) in their sample. Christensen, Phillips, Glasgow and Johnson (1983) found no association between marital difficulty and child behavior problems. Instead, they discovered an association between parental perception of child behavior problems and marital discord as well as parents' negative behavior toward the child. In other words, the parents' marital difficulties influenced the way in which the child was perceived and in which he/she was subsequently dealt with but was not related to the child's behavior problem.

The consideration of child behavior problems with respect to the marital dyad does not afford much conclusive or consensus information, thus, a different perspective may be necessary to better understand the dynamics of the

family in this type of situation. A family systems approach which examines the difficulties of the child within the context of the family may yield more information. Although much of the research done in this area focuses on school-aged and adolescent children, it is hoped that the insights gained will be applicable to young children.

In her investigation, Fischer (1980) examined the styles of family systems with a disturbed and a non-disturbed adolescent. Subjects were 37 families (i.e., mother, father, labeled adolescent, same-sex unlabeled adolescent) who met certain criteria: White, urban or suburban residence, middle class and at least two adolescent children of the same sex. The investigator also noted that all of the families were either Catholic or Protestant. Families asked to participate were assigned to one of four groups: a) Severe (adolescent at home and usually receiving outpatient treatment); b) Acting Out (adolescent had come to the attention of the courts within the past year for a clearly defined offense); c) Bone, an adolescent was in a non-family related accident and suffered a broken bone (a non-behavior problem stress control); and Control (families without mental health, delinquency or broken bone problems randomly chosen from school lists). Each family was contacted by mail and asked to fill out questionnaires included, independently of the other family members. The questionnaire was of a six-point Likert format measuring

variables such as reciprocity of needs, agreement about needs, family disagreement, clarity of rules, rigidity of family expectations, anxiety and satisfaction. The results indicated that the Severe family system is a closed one with little change likely. Members are prohibited against trying anything new or different, however, members are left unclear with regard to expected behavior. Only the disturbed adolescent experiences dissatisfaction within this system because he does not feel his needs are reciprocated. For the Acting Out family, the results indicated that there is considerable disagreement within the family about child-rearing practices: the parents experience dissatisfaction with family life and both siblings experience anxiety.

Fox, Rotatori, Macklin, Green and Fox (1983) examined the perceptions of 17 "maladjusted adolescents" of their own family environments. They argued that the way these adolescents viewed their family environment may be a partial explanation for their behavior both in and outside of the home. The sample consisted of 17 subjects of which the mean age was 16 years. The investigators found that these adolescents perceived their families as being "low in mutual support..., providing a less than adequate atmosphere for fostering personal growth..., and lacking in general organization" (p. 833).

Searight, Searight and Scott (1987) investigated the family environments of public school children identified as

having school behavior problems. The investigators compared the scores of these children on the Family Environment Scale with normative scores and found significant differences between the subjects' scores and the normative scores suggesting that "behavior problems at school of differing types might be associated with elevated levels of family distress" (p. 1266).

Overall, these studies seem to suggest that children and adolescents who have been identified as having some type of problem (behavioral or otherwise) are a part of a distressed family system. The investigators attempted to show that there is an association between these types of children and their family structures.

Several studies have investigated the relationship between the child with behavior problems and his/her family using the Circumplex Model. Again, much of the literature in this area tends to focus on children in middle childhood and on adolescents. Rodick, Henggeler and Hanson (1986) used the Family Adaptability and Cohesion Evaluation Scales (FACES) to assess its ability to differentiate normal families from those with a delinquent adolescent. This study used the first version of the FACES which was designed to measure an individual member's perception of his family's cohesiveness and adaptability (Olson, Sprenkle & Russell, 1979). In accordance with the Circumplex Model, few families with delinquent adolescents scored within balanced

ranges on the cohesion and adaptability scales. Further, two-thirds of the families without delinquent adolescents scored within balanced ranges of the scale indicating trait validity for the scale.

Smets and Hartup (1988) recently completed a study in which the relationship between family systems and the symptomatology of children during middle childhood and adolescence was examined. The investigators used the FACES II as well as the Child Behavior Checklist and the Perceived Competence Scale for Children (a self-report measure of self-esteem) in their study. The FACES II is the second version of the FACES (a 30-item self report instrument which looks at family adaptability and cohesion). Smets and Hartup hypothesized that either rigid, enmeshed or disengaged families would experience difficulty during middle childhood some negotiating of rights and privileges between these children and their parents occurs at this time and the dysfunctional family structures would not allow for their differences to be successfully settled. However, during adolescence, the functioning of the family might not be as closely associated with a child's behavior because the adolescent has begun to make many of his/her own decisions with regard to his/her social interactions. The investigators were able to find evidence to support their hypothesis. Families falling into the balanced range had children with fewer symptoms than those in the midrange or

extreme families, however, this association was not as strong for families with adolescents.

### The Present Study

The present study will further investigate issues dealing with family systems and children. It will focus on the association between extreme family types and children with behavior problems. It is hypothesized that families with a young child with behavior problems will be more likely to experience difficulties within their systems. This is not to say that the child with behavior problems is the cause of the difficulties within the system or vice-versa. Rather, it suggests that when one member of the family is experiencing difficulty the family system as a whole is affected one way or another. That is, a child's behavior problems are associated with family system's disruption. The causal links will need to be addressed in future research.

The present study hypothesizes that those families in which has been identified a young child with behavior problems on the CBCL will be classified as either low or high in cohesion as measured by the FACES III. The present study further hypothesizes that those families in which there has been identified a young child with behavior problems will be identified as either low or high in adaptability as measured by the FACES III.



## CHAPTER III

### METHOD

#### Subjects

The subjects for the present study were participants in an urban, community (non-for-profit) social service agency which provides services for children between the ages of 18 months and 6 years and their parents. The basic presenting problem of the children, according to parental report, is that their children are difficult to handle and noncompliant. By way of behavior modification techniques taught by parents who have completed and been trained in the program, incoming parents learn a different approach to coping with the behavior problems of their children. The children also participate in the program in one of three classroom-like rooms where staff utilize behavior modification techniques similar to those taught to the parents. Thus, parents are required to participate in the program along with their children.

A total of 47 subjects, 40 mothers and seven fathers, were surveyed on 42 children (for five of the children both parents were available to complete the measures). The children were 4-5 years of age, 29 4-year olds and 18 5-year olds, and identified by their parents as having

behavior problems. Further, 36 cases pertained to boys and 11 pertained to girls. These parents participated in a parent training program located on the North side of Chicago. The mean age of the parents who completed the actual measure was 34.3 years. The mean age of the other, biological parent was 36.5 years.

Forty of the 47 subjects were married. The average amount of time subjects had been married was 8.4 years. With regard to the remainder of the sample, 2 of the total subjects were divorced, 2 were separated and 3 were single parents.

The educational and financial background of the subjects was heterogenous. Nine of the 47 subjects had received at least a high school diploma, 9 had received an undergraduate degree, 5 subjects has some graduate education but received no degree and 3 received a graduate degree. With regard to income, 22 of the 47 subjects had family incomes of more than \$35,000 annually, 5 families had incomes of more than \$30,000 but less than \$35,000, 5 families had incomes of more than \$25,000 but less than \$30,000 per year, 5 families had annual incomes of more than \$20,000 and less than \$25,000, another 5 families had annual incomes between \$15,000 and \$20,000 and 4 families had incomes of less than \$15,000 per year.

With regard to ethnicity, 36 of 47 subjects were White, 3 were Black or African-American, 3 were Latino and 2

were of mixed ethnic origin. Three subjects did not report their ethnic background.

Subjects were also asked about the composition of the family, this included friends, living in the household. With regard to other children in the home, 12 children were the only children in the family, 22 children had one sibling and eight children had two siblings. With regard to adults living in the home, 34 children has no other adults living with them other than their parents, four children had one additional adult living at home, three children had two additional adults living at home and one child had three additional adults living at home. In the majority of the cases in which there were additional adults in the home, these individuals were extended family members (e.g., grandparents, aunts, uncles).

Children. There are, typically, more boys than girls participating in the program. Again, the chief complaint of the parent(s) is noncompliance. The intellectual abilities of the children varies widely from severely developmentally delayed to superior. A number of these children will enter into the school system placed into special classes.

### Instruments

The Family Adaptability and Cohesion Evaluation Scale, third version (FACES III). The Family Adaptability and Cohesion Evaluation Scales (FACES III; Olson, 1986) is a self-administered scale based on the Circumplex Model of

Marital and Family Systems consisting of 20 items inquiring into the nature of a family's cohesion and adaptability. The scale is administered two times. The first time the individual is asked to respond the items based on family as it currently exists. The second time he is asked to respond to the questions based on his family as he desires it to be.

For the purposes of the present study, those scores between 10 and 34 will represent low cohesiveness and 46 and 50 will represent excessive cohesiveness. Scores between 35 and 45 represent a balanced system. With regard to adaptability, scores between 10 and 19 will represent low adaptability and scores between 29 and 50 will represent excessive adaptability. Adaptability scores falling between 20 and 28 will represent a balanced system.

The Child Behavior Checklist (CBCL). The second instrument to be utilized is the Child Behavior Checklist (CBCL) which gathers information on children between the ages of 4 and 16. It consists of 118 items pertaining to behavior as well as items which report on school performance and "the amount and quality of his [the child's] participation in sports, games, hobbies, chores, organizations and school relationships" (Achenbach, 1979, p. 27). It is designed, primarily, for the parents of the children in question to complete.

For the purposes of this present study, children were identified as having some type of behavior problem according

to the narrow- and broad-band scales of the Child Behavior Checklist. Profiles with scores of  $T > 63$  (the 90th percentile) on either the Internalizing or Externalizing scales were one way of identifying children with behavior problems in the present study. Those profiles in which there was one or more narrow-band scale of  $T > 70$  (the 98th percentile) served as another means by which to identify behavior problems. According to McConaughy and Achenbach (1988), because there exist a smaller number of items comprising the narrow-band scales, it is necessary to be more conservative with regard to the standards for judging deviance than with the broad-band scales.

### Procedure

In order to understand the problems parents may be experiencing with their child, the agency conducts an intake interview. This interview is based on a pre-arranged set of questions which are unique to this agency. These questions inquire into the nature of the difficulties being experienced by the parent or parents as well as the developmental history, family life and the marital life of the parents. During this interview, which lasts approximately one and one-half hours, the child is observed by other staff members in one of their classroom-like settings. The interview is conducted by an intake worker.

After completing the interview, the parents were informed of this study and asked if they wish to

participate. They were informed that their participation is strictly voluntary. Parents were also informed that the study is being conducted by a former staff member of the program. These subjects were also informed that the nature of the study is to examine the relationship between young children and their families. They will be informed further that the information they give will be kept confidential. All of this was done by the intake worker.

Upon their agreement to participate, parents were given a packet containing a number of items: a) the Consent Form for their agreed participation in the study; b) a demographic sheet asking for general information (e.g., age, birthdates, occupation, etc.); c) the FACES III; and d) the CBCL. With regard to the FACES III, subjects were asked to respond only as the statements pertained to their family as it was at that time. The focus was on obtaining data on the family's current status. There was also be cover sheet which will explained how the parents were to complete the measures. The interviewer told them it would take approximately 20 - 30 minutes to complete the measures and that they should inform her when they are finished. At this point, the interviewer left the room.

In cases in which one parent was present for the interview, that parent was given the measures to fill out. In cases in which both mother and father were present for

the interview, both parents were asked to complete the measures.

## CHAPTER IV

### RESULTS

Several statistical analyses were computed on the data collected. A Pearson correlation matrix intercorrelated all 15 of the variables from the CBCL and the FACES III. Table 1 shows the most relevant findings. The  $r = -.60$  ( $p < .05$ ) between Adaptability and Obesity was significant. However, it should be kept in mind that Obesity is a narrow-band scale which only appears for 4 to 5 year old girls. In this sample, the information is based on 11 cases. Therefore, while the results show a negative correlation between these variables, the results in this case should be interpreted with caution since the small sample size was probably not fully representative of the population of 4-5 year olds of the geographic area.

Correlations were low for comparisons between Internalizing and Externalizing on the CBCL and Cohesion and Adaptability for the FACES III. The same is true for the comparisons between remainder of the narrow-band scales for the CBCL and the dimensions of the FACES III.

When the data was arranged in order to create a 2 x 3



Table 1

Correlations Among Variables

	<u>Cohesion</u>	<u>Adaptability</u>
Cohesion		-.27
Adaptability	-.27	
Social Withdrawal	-.03	-.09
Depressed	.05	-.12
Immature	-.24	.11
Somatic Complaints	.07	-.34
Sexual Problems	-.15	-.09
Schizoid	-.07	-.30
Aggressive	.11	-.21
Deliquent	-.04	-.04
Hyperactive	.50	-.37
Schizoid-Anxious	.01	-.25
Obesity	.37	-.60 *
Internalizing	.01	-.10
Externalizing	.09	-.24

\*  $p < .05$

matrix using the frequency of distressed and non-distressed children in low, moderate and high scoring family types, there were no high Cohesion scores and there were no moderate Adaptability scores. This was found to be true for all narrow-band scores. The possibility that some of the significant relationships in the correlational analyses were due to a curvilinear relationship was expected.

Eta was computed base on the results of an ANOVA and no significant associations were found.

## CHAPTER V

### DISCUSSION

The results of the study seem to suggest there is no relationship, straight line or curvilinear, between behavior problems and family types. With the exception of the negative correlation between Obesity and Adaptability, there were no significant associations between any of the scores of the children with the scores of the families. However, the unexpected results of no moderate Adaptability scores and no high Cohesion scores have implications for the results of the present study.

While using the FACES III, the hypotheses of the present study took into account the idea of curvilinearity, as presented in the Circumplex model, underlying the measure. It was the intention of the present study to consider curvilinearity as an integral part of the theory behind the measure. However, as demonstrated by the results of the eta analysis, the idea of curvilinearity seems questionable. The lack of high scores for the Cohesion dimension as well as the lack of moderate scores for the Adaptability dimension might imply that curvilinearity may not be an appropriate assumption for this measure.

There is also the possibility that the eta effect was due to an idiosyncrasy of the present sample that negated the curvilinear effect rather than a flaw in the Circumplex Model. However, empirical studies using the FACES instruments have given little support the Circumplex Model of family functioning. Studies have shown that certain cells were underrepresented, non-existent, or did not fit the pattern predicted by the Circumplex Model (Hampson, Beavers & Hulgus, 1988). At the very least, these results seem to suggest that a better understanding and further research of this particular aspect of the Circumplex Model continues to be needed. Further research is needed involving the FACES III and other measures of family functioning in order to resolve the linear vs. curvilinear argument of family functioning. It may be that there is no model that is appropriate for this measure whether or not it is the Circumplex Model or, different models may apply in different situations. In any case, future research with regard to this study should consider using other measures of family functioning.

Aside from possible problems with the measure leading to a lack of significant results, it also seems possible that there may have been problems with the sample. It might be that this sample was not diverse enough so that different family types or distressed and non-distressed children would be adequately represented. Future studies should utilize

larger and, if possible, more diverse family structures. If possible, more fathers or father figures within the family structure should also be surveyed.

It remains unclear from the results of this study what impact, if any, young children identified with behavior problems actually have on the family system and vice-versa. Given the results, it does not seem feasible to abandon the hypothesis as yet. Instead, more research needs to be done focusing on 4 and 5 year old children and/or their families. Future studies conducted in this area might examine the differences between age appropriate and deviant behaviors of these children in an effort to differentiate what should be considered normative development and what should not. Little has been done in this area. Future research might also consider concentrating solely on the families of young children. In this way, more insight might be gained into how, if at all, the family changes with the changing needs and development of a young child. Further studies might also examine how the age of the parent, other siblings and/or other adults in the home effect a family's ability to be effective when dealing with a young child. It could be that a large number of different people with differing opinions may have an impact on how the child is dealt with. Finally, future research could examine how ethnic and/or socioeconomic differences have an impact on families with young children. While it is obvious that there are

differences in family types and styles, it is not quite as clear what impact they have when young children are involved. It is also possible that different family styles have a stronger impact for different aged children.

Although the results of this study do not support the hypothesis, enough support has been given to justify conducting the study again with some modifications.

## CHAPTER VI

### SUMMARY

The focus of the present study was to examine the relationship between young children and their families. Past studies have shown a relationship between marital discord and children and more recent studies have examined the correlation between middle school aged children and their families, however, there has been little, if any, research which considers young children. This study was an attempt at remedying this situation. It was hypothesized that a relationship would be found between young children identified with behavior problems and their families and that these children would be members of a dysfunctional family system. Again, the purpose was not to infer a causal relationship but to look for an association.

The results of the present study did not support the hypothesis. This could be due to a number of factors one of which might be that the measures selected for this study, specifically the Family Adaptability and Cohesion Evaluation Scale, third version (FACES III), did not tap into the issues under consideration in this particular study.

It is the conclusion of this study that the hypothesis

which was the focus of the present study should not be abandoned but re-tested using different measures.



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The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

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