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## Evaluating the Impact of a Gottman-Based Marriage Strengthening Program on Families Adopting Children with Special Needs

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EVALUATING THE IMPACT OF A GOTTMAN-BASED MARRIAGE STRENGTHENING  
PROGRAM ON FAMILIES ADOPTING CHILDREN WITH SPECIAL NEEDS

By

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In memory of my father, Ernest Gross, and my sister, Linda Gross.

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I often think of that phrase about the journey of a thousand miles beginning with a single step. I began this journey as a single mother, with a baby and a 6 year old, believing it would take three or four years. Well, the babies are now 11 and 17, and I took many more steps on that journey than I ever imagined was possible. The journey at times became more like an odyssey with the many slings and arrows of life that I faced along the way.

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## **ABSTRACT**

Twelve married couples fostering special needs children completed a 6-month, weekly, individualized marital strengthening intervention based on Gottman's Sound Marital House model. 66% (8 couples) were located three to seven years later and interviewed about what they have found useful in that experience. The interview was semi-structured and non-directive and informed a grounded theory approach. The findings indicate that, for this sample, some curricular concepts were experienced as important. However, the findings also suggested that family science researchers and program evaluators should consider not just curricular particulars but the entire process of enrolling and participating in such a program, namely, generic therapeutic aspects of participation.

# CHAPTER 1

## INTRODUCTION

Perhaps the most grave, unresolved problem in the US foster care system is the large and increasing number of disrupted placements of special needs foster children. Disruption of foster placements is known to be deleterious to the children placed in them. Moreover there are not enough foster homes available.

However, effective interventions have either not been attempted or have not been published. The Healthy Marriages Initiative provided a vehicle for addressing this lack. Diverse short-and longer-term marital education interventions had been associated with decreasing divorce rates in the general population. Therefore, in 2003, the Children's Bureau of the US Administration for Children, Youth, and Families (ACYF) began funding extensions of these diverse programs to couples who fostered special needs children.

The next logical step would be to ascertain the extent to which any of these interventions made a difference, that is, the extent to which they were experienced as helpful by the couples who received them, trickled down to the parent-foster child relationship, and – ultimately – were associated with a decrease in foster placement breakups.

Consequently this dissertation studied one of these initiatives. From 2004 to 2009 the ACYF funded the Strong Couples, Healthy Children program of the Children's Home Society of Florida, Tallahassee, to provide a Gottman-Based Marriage Strengthening program -- named *Strong Couples, Healthy Children* -- to adoptive parents of children with special needs in both urban and rural counties. The present investigator at that time was an administrative officer at the Children's Home Society, Tallahassee, and as such had oversight of all the agency's service and research programs.

This curriculum was of interest not only because its efficacy had wide-ranging empirical support in the general US population, but also because it was offered individually to couples in their own homes, in weekly sessions, for a minimum of six months. Booster sessions were scheduled upon completion. Because the other programs being funded typically used 8-12 hour workshops, offered on a weekend in public settings, the “dosage” effect was of interest to the ACYF. That is, the ACYF wanted to know if a longer, more intense program was more influential than something less.

However, in common with apparently all of the marital intervention programs funded by the ACYF at that time, couple participation was voluntary and sparse (see Lee, 2009). Only 12 couples completed all the sessions. Therefore, the before, during, and after survey data collected in the course of the program – albeit suggestive of program merit – could not be given more than descriptive weight or generalized. The sample was self-selected and too small in size for inferential statistical analysis. Nevertheless, the aggregate data suggested that these 12 couples deemed the program valuable, and field notes at that time indicated that there may have been positive influences on the couple’s relationship, child behaviors, and parents’ positive perceptions of the children. However, the assessments were concurrent with the intervention and no control groups could be recruited. Therefore, there was no assessment of the longevity of any marital influences, if any were uncovered, and initiation (cite) and investigator biases (Hawthorne Effect) could not be eliminated as causal factors. Furthermore, self-reports inquiring into what the consumers found effective were shaped by the curriculum that was used. That is, participants were reminded what had been taught and asked which of these were the most impressive.

Given these shortcomings, the present investigator decided that a qualitative approach applied long after the conclusion of the intervention was likely to be the most enlightening next step in the present study. She also was concerned that in this particular program, as in almost all others funded by the ACYF and, perhaps in marriage education itself, the diverse initiatives had not been contextualized, that is, the specific curricular interventions were not seen as interactive parts of a much larger *process*.

Participation in a marriage strengthening program is a series of sub-processes: Learning of the program, conveying that information to a partner, both partners agreeing to participate, setting time aside each week for the sessions, meeting with a counselor and, for 90 uninterrupted minutes each week, looking exclusively at ones marital relationship. The present investigator believes that each of these sub-processes – albeit not considered by other program researchers – may be influential. They may be experienced by the partners as signs of positive valuing, commitment, and openness to change. And, as such, may instill hope and energies devoted to the relationship, and cultivate realistic self-esteem and mutual good will.

Accordingly, three to seven years after completing the marital strengthening program, the seven couples who agreed to participate in the follow up interviews were interviewed one at a time. The interviews were informed by the Grounded Theory Approach and, as such, were largely open-ended. The interviewer did not lead the witnesses! She did, however, prompt the participants when required by silences and by her research assumptions. These prompts could be as simple as seeking elaboration or probing for both Sound Marital House curricular features and those more generic therapeutic factors that she expected had been ignored by other family scientists. The interviewees are all those who could be located at this time and comprise 60% of the original sample. The small number is not uncommon in qualitative studies). The subsequent

analyses of interview transcripts resulted in “saturation” (little, if any, new information was obtained by the final transcript).

If this were a research proposal for funding, the investigator would end with a statement why she was the well-suited to carry out the research task. Her response: She is equipped with the requisite knowledge provided by her graduate education in family science and family therapy, and what she has learned as an administrator in a public child-serving agency. The latter especially is useful in that it not only gives her insight into processes not necessary addressed by others, but also she has earned the trust of past and current agency personnel. She has access to their observations about client and agency processes, and she has access to client contact information and their agency and program files. This notwithstanding informed consent was acquired from all related parties and all names were changed.

Finally, subjective lenses may be uncovered and credibility of alleged findings may be increased to the extent that the investigator makes known her personal assumptions and her research agenda.

### **Research Assumptions**

The original research was conducted ethically and scientifically; the respondents were fully-informed and participated willingly; the respondents understood all of the materials and surveys, and responded honestly.

If sufficient rapport is achieved, consumers of a product will be able to remember and talk openly and honestly about their experiences with it.

Asking consumers about their experiences with a product is an important source of insight for intervention developers and program evaluators. It also has much to offer theory and model builders. The investigator is qualified to conduct this agency and program evaluation. Her



educational experience and her employment history outweigh bias in giving her access to clients and their records in this agency setting.

Inquiry informed by the Gottman Sound Marital House model will have heuristic value, in that the intervention curriculum was based on it, it enjoys high visibility and use in the professional community, its efficacy in diverse populations is considered to be empirically supported, and the present investigator has studied it extensively and is neutral if not positive about it.

In the following Chapter (2) each of the allegations in this Introduction will be elaborated and tied to the family science literature.

## CHAPTER 2

### REVIEW OF THE LITERATURE

#### Scope of the Problem

*Child maltreatment may be said to exist when parents either are unaware of their children's needs or, although aware of these needs, are unable or unwilling to provide an appropriate response. When children are thought to be unsafe in their families, they are placed with surrogate parents until the unsafe circumstances can be fixed. The process of foster care begins when a court decides that the maltreatment is so extreme that it is too dangerous for children to continue to live in their homes. This may happen when family members inflict physical and emotional injury on children because of anger, cruelty, or bad judgment about discipline. Other problems might include sexual abuse, abandonment, or failure to provide adequate shelter, clothing, nutrition, supervision, health care, love, or attention. Children may be exposed to extreme sexual or aggressive behavior between adults in the household. One parent may not protect the children from seeing and experiencing the abusive behavior of the other parent or adult in the home. Generally, more children are in foster care because of neglect than abuse, but many foster children have experienced both. (Lee & Whiting, 2008, pp. 3-4)*

At the End of 2011 there were about 470,000 foster children in the United States (US Department of Health and Human Services, Administration for Children, Youth, and Families, Children's Bureau, 2013). Of this number, 30 to 40% have been designated as having special medical needs and 30 to 85% have "moderate" to "severe" mental health problems Child Welfare League of America, 2013a). Infants and toddlers comprise only 6% of the foster care population; the remaining 94% range from 2 years old to 25, with an average age of 10 (Child Welfare League of America, 2013b). Twenty-six percent have developmental delays. The

definition of “special needs” foster children varies slightly from state to state. However, Florida’s (Florida Statutes, 409.166) is typical: A child who is one of the following: 8 years of age or older, developmentally disabled, physically or emotional handicapped, of black or racially mixed parentage, or a member of a sibling group provided that at least two of the siblings remain together for the purposes of adoption. Special needs foster children present complex situations involving themselves, their foster parents, potential adoptive parents, and families where the adoptions have been finalized by judiciary agents.

When parental rights have been judicially terminated, infants and toddlers are often adopted by the foster parents with whom they have been placed. Other children -- (the other 94%) those of increasing age, in sibships, and possessed of special medical and mental health needs -- linger in foster care, often for years and, as a result often demonstrate pervasive bio-psycho-social challenges. This unhappy circumstance has been termed “foster care drift” (see review in Lee, 2008) and the federal government has developed innovative plans to combat it.

The Safe and Stable Families Act of 1997 emphasized ongoing permanency planning for children although they were in foster care, reduced the number of times judges could give birth parents another chance to regain custody, and dramatically shortened the amount of time given to birth parents so as to complete case plans and regain custody of their children (Sullivan & Freundlich, 1999). Concurrently, financial incentives were offered to foster families to encourage them to adopt the children to whom they had been providing care. The end result was an increasing number of special needs adoptions (e.g., 55,000 foster children in 2009; US Department of Health and Human Services, Adoption and Foster Care Analysis and Reporting System, 2013) and, with that, a greater amount of attention paid to the needs of those adoptive families (see the federal family support programs described on the Child Welfare Gateway,

<https://www.childwelfare.gov/adoption>). Because these children involve special challenges in caretaking, their adoptive homes were expected to experience at least as much marital and family stress as that of other adoptions. This in fact occurred: Special needs adoptions often were terminated by the new parents. Therefore, the Federal Government has explored how to support adoptive families. One innovation has been to support the marital relationship so the marital relationship can in turn support parenting functions.

### **Post Adoption: Maintaining Permanent Placements**

The stress inherent in special needs adoptions is demonstrated by disruption and dissolution rates ranging from 15 to 33 percent depending on a wide range of factors, for example ages of children, mental health diagnoses, pre-existing family stability, and so on (Berry & Barth, 1990; Coakely & Berrick, 2008; Erich & Leung, 1998; O'Brien & Zamostny, 2003; Rosenthal, 1993). Because there may be severe short-term and long-term negative impacts on the adoptees and subsequent short- and long-term outcomes (Jones & LaLiberte, 2010) the social services system, mental health providers, and policy makers have looked for ways to prevent adoption disruptions when possible (see Coakely & Berrick, 2008).

There is little literature available on post-adoption services that are effective in helping prevent disrupted placements. However, from the available literature, it is apparent that families need and want post-adoption services to help manage children's behaviors and increase the family's adjustment to adoption (Brooks, Allen & Barth, 2002; Reilly & Platz, 2003; Smith, Howard & Monroe, 1998; Whiting & Huber, 2007). They did not ask for help with their marriages (see Lee, 2009a).

## **Marital Stress in Adoptive Families**

Ward (1998) notes that all parents, whether their children are biological or adopted, must make certain adjustments to becoming parents and numerous studies indicate that bringing children into the family system is associated with lowered marital satisfaction (Belsky & Pensky, 1988; Cowan & Cowan, 1988; Levy-Shiff, 2001). Some of the complaints associated with the demands of raising children were decreases in couple time, communication, and sexual intimacy. Most of the existing literature that focuses specifically on the impact of providing families for special needs children is dated. However, there is general agreement that such adoptions are associated with: Stress on the individual adults in the home (Forbes & Dziegielewski, 2001; McGlone, Santos, Kazama, Fong, and Mueller, 2002; and marital stress (Barth & Berry, 1988; Conn-Blowers & Spronk, 1993; Reilly & Platz, 2003; Simon & Alstein, 1981).

McKay, Ross and Goldberg (2010) observed that there is little research regarding relationships of parents in the post adoption period. In their review of the literature regarding the adjustment of post-adoptive parents, they only located one study (Leve, Scaramella & Fagot, 2001) which asked adoptive parents to assess their marital satisfaction on a 5-point Likert scale. Both mothers and fathers scored high, but there was no comparison group of biological parents, and the study only looked at the first year post adoption. Much of the literature concerning adopted special needs children examined the behaviors of the children without paying attention to the microsystem of the parent-child relationship (Schweiger & O'Brian, 2005). That is, the literature looks at the effects of specific kinds of adoptive children, or those with specific emotional and/or behavior dysfunctions, on "parents" or "marriages." McGlone, et al., surveyed 25 sets of parents who had adopted special needs children from a social services program in Hawaii. The children ranged in age from 12 months to 11 years, with a median age of 5 years, 5

months. Sixteen were girls and 19 were boys. Thirty-two of the adopted children were mixed/race ethnicity. The children had an average of three placements in foster care prior to the adoptive family, and 17 children were placed with siblings. The researchers evaluated the children's records and conducted surveys and face-to-face interviews with the parents about three months after the initial placement into the adoptive home. The second interview was done about one year later. Parents were questioned regarding parental stress, perceived support, family cohesion and adjustment to the adoption, satisfaction with being an adoptive parent, child attachment, issues with the child's birth family, behavioral issues at home and school, and potential disruptions of the adoption.

The families in the study were administered the Parent Stress Inventory (PSI), which is a self-report scale designed to identify the specific domains and levels of parent-child stress (Abidin, 1990, 1995). The researchers used the PSI-short form, which includes a parenting stress score, which measures only parenting stress, and not stress from other sources, such as work or money. The scores are then compared to normative samples, which have demonstrated high levels of validity and reliability (Abidin, 1995). McGlone, et al., found that the adoptive parents were twice as likely to have clinically significant levels of parenting stress relative to the normative sample. In addition, the authors conducted qualitative interviews with the parents to determine sources of stress. Marital stress was not explicitly addressed, but was mentioned under the broad category of "adjustment issues," and then only was described as couples reporting that it was difficult to find time together as a couple. The authors did not explore themes related to family cohesion and adaptation, but limited these to the impact of the adoption on the children already in the home, whether biological or also adopted. Although this study did confirm that families with adopted special needs children do tend to have higher levels of parental stress, it

did not explore how the adoption impacted the parent's marriage, and in summary, the authors only concluded that there was a need for post adoption services aimed at alleviating parental stress, such as stress management training. The authors also had suggestions for interventions with siblings, but did not suggest systemic approaches working on the family as a unit, or addressing the marital subsystem.

Forbes and Dziegielewski (2005) found that adopting a child with special needs can cause multiple issues within a family, and acknowledge that the adoptions can lead to marital stress. However, the authors chose to focus primarily on mothers in the adoptive families, as they felt that the mother did most hands-on parenting in these families. In their qualitative interviews with 14 adoptive mothers, the authors noted that two of them had divorced, which they attributed to stress caused by the adoption, and one was in intensive therapy, which she stated was due to a loss of intimacy with her husband since the adoption. It is important to note, however, that in this study, the sample was drawn only from those special needs adoptive mothers who had already sought clinical intervention for their children and may not be representative of all mothers of adopted children with special needs.

Reilly and Platz (2003) did take a more systemic approach in their study of 249 adoptive families. The authors mailed surveys to families who had adopted children through the Nevada foster care system to determine the parent's satisfaction with adoption. The authors attempted to determine how the interaction of child characteristics, parental characteristics and agency practices influenced adoption outcomes. The surveys contained questions asking participants about the impact of the adoption on the parent's marriage, offering them three possible response: mostly positive, neutral, and mostly negative. Although the authors did establish a statistically significant link between higher levels of parental expectations of the child and greater levels of

negative impact on the parent's marriages, higher levels of parental expectations was also linked to more negative impacts overall on the family and on the satisfaction of the parent with the parent-child relationship. The study did not also further explore marriage as a strength or buffer, nor did the researchers assess marital quality.

Another recent study examined did make an attempt to study marital satisfaction in adoptive parents through studying the predictors of relationships satisfaction in couples who had adopted a child within the past two years (South, Foli & Lim, 2012). In their study of 251 adoptive mothers, the authors noted that relationship satisfaction in these mothers was related to higher socioeconomic status, perceptions of partner support, feeling well rested and positive attitudes towards being a parent on the part of their husbands or partners. However, the study participants included those parents who had adopted privately, as well as those who had adopted special needs children. Furthermore, the authors did not examine child behavior as a factor in relationships satisfaction. In addition, only the mothers were interviewed, which does not provide a systemic view of marital satisfaction for both partners.

None of these studies took a truly systemic approach, namely, the nature of the family relationships based on the mutual influences of child, parent, and contextual characteristics. A move in this direction may be reflected by a somewhat recent study (Leve, Scaramella, & Fagot, 2001), in which the adopted children were infants, and they did not have special needs. Nonetheless, the study made interesting observations about the associations between infant temperament, pleasure in parenting, and marital happiness. Both mothers and fathers reported less pleasure in parenting children with difficult, fussy temperaments. However, for fathers, happiness in their marriages moderated deficits in parenting pleasure.



The above study sheds some light on the potential buffering effects of a happy marriage when parents are faced with parenting a child who has a less than ideal temperament. However, no similar studies could be located for adopted older children or special needs children. Therefore, the transactional hypothesis, namely, that adoptive child-parent relationships are moderated by aspects of the parental marriage, remains largely untested.

### **Marital Conflict and Child Outcomes**

There is convincing evidence that marital education is effective for strengthening marital relationships of families in general (Adler-Baeder, Higginbotham & Lamke, 2004; Butler & Wampler, 1999; Giblin, Sprenkle & Sheehan, 1985; Halford, Sanders & Behrens, 2001; Halford, Markham, Kline, & Stanley, 2003; Hawkins, Blanchard, Baldwin & Fawcett, 2008). In addition, researchers have begun to take a more systemic approach to marital education and its benefits by examining the impact of marital education on child outcomes as well (Faircloth & Cummings, 2008). However, before examining the research on marital education and the potential of this approach for child outcomes, it is necessary to explore the literature regarding the impact of marital conflict on children, as well as the efficacy of marital education for increasing marital satisfaction and decreasing conflict.

### **The Impact of Marital Conflict on Children**

Conflict is normal in marriage, and a certain amount of conflict is necessary according to Gottman (1994). Negative conflict is associated with fear, sadness, angry outbursts, contempt, demands, and criticism (Gottman & Levenson, 2000). It is destructive conflict with physical and verbal aggression, defensiveness, fear, and sadness that is linked with children's emotional problems in children, whether those children are biological or adopted. Conflict that involves

rational discussion, problem solving, emotional support, and ultimately, resolution, is not harmful (Faircloth & Cummings, 2008).

In examining marital conflict for all types of families, Buehler, Cox and Cuddeback (2003) noted that negative types of marital conflict explained over 20 percent of variance in adolescent behavioral problems. Furthermore, the intensity of the conflict, and not the frequency, was the most harmful aspect of marital conflict for the children. Children in intensely conflicted homes are more at risk for behavioral and emotional problems (Emery, 1999), and interestingly, do not become more desensitized over time, but rather they become more reactionary to conflict as time goes on (Cummings & Cummings, 1988; Davies, et al., 2006).

Researchers have concluded that parental conflict can cause problems for children's emotional well-being in three different ways. First, parents may become so distracted by marital conflict that they ignore child discipline, or become emotionally unavailable and lack empathy for their children's emotional needs (Davies & Cummings, 1994; Katz & Gottman, 1996). In a similar fashion, "spillover" from the negativity in the marital relationship can affect the parent-child relationship through anger that is displaced from the spouse to the child (Erel & Burman, 1995). A third idea of how marital conflict could affect a child negatively is the emotional security hypothesis, in which the child perceives intense conflict as a threat to their family system and hence their emotional security (Cummings, 1998, Cummings & Davies, 1994). This perceived threat leads children to try to interfere in marital conflict, or distract parents from it through other behaviors (Cummings & Davies, 1994).

### **The Impact of Marital Conflict on Adopted Children**

Brodzinsky (1990) theorized that adopted children, due to their past losses and grief issues, would have more difficult emotional adjustment in families that were dysfunctional than

would a biological child. However, even though this statement makes intuitive sense, empirical support is mixed at best. One recent study (Amato & Cheadle, 2008) compared biological and adopted children once they became young adults. The authors used a sample from Waves 1 and 2 of the National Survey of Families and Households. No differences in long-term outcomes were found between those who grew up in conflicted households or in households where the parents divorced. However, the sample of adopted children was small, because the National Survey of Families and Households used a random sample and did not oversample in order to include more adopted children. The study only included 50 adopted children, as compared to 1,394 biological children. Furthermore, the study did not differentiate between domestic, international, and special needs adoptions, which could also have impacted these findings. Levy-Shiff (2001) did have findings that indicated that adult adoptees, as compared to non-adoptees, tended to have a greater frequency of emotional problems when they also assessed the environment in their family of origin as negative. Levy-Shiff surveyed a convenience sample of 91 adopted and 91 non-adopted young adults. The researcher used a measure of family functioning that did not go into specific details about the problems in parent's marriages as a variable. However, the researchers did measure overall family conflict, cohesiveness, and expressiveness. It is interesting to note that the older the young adult was when he or she was adopted, the more likely that a negative rating of family functioning would be associated with increased emotional problems. These findings cannot be used to prove cause and effect, but they do lend more support to the hypothesis that adopted children may be more affected by family problems than biological children, and older special needs children are likely to be especially affected by family problems.

A few recent studies have looked more specifically at the relationship between marital problems and behavioral issues in adopted children. One recent study Mannering, et al (2011),

investigated of the effects of marital instability on sleep difficulties in adopted infants and toddlers. The researchers used adopted children as study participants not to study adopted children per se, but chose adopted children in order to eliminate genetic predisposition as a factor in child behavioral outcomes. The author and her colleagues surveyed 357 adoptive families when the adopted children were nine months old, and again when the children were 18 months old. The authors used the Marital Instability Index (Booth, Johnson, & Edwards, 1983) to assess marital instability. The scale consists of five items, each of which utilizes a four-point scale, ranging from 1 (not in the last year) to 4 (within the last 3 months). The questions include, 'Have you or your partner seriously suggested the idea of divorce?'' The authors also used the Sleep Habits Questionnaire (SHQ; Seifer, Dickstein, Spirito, & Owens-Stively, 1996), to assess sleep issues with the children. The authors elected to use the subscale of the SHQ, called the Bedtime Resistance sub scale from this questionnaire, which assesses the child's problems with either going to bed, or staying asleep. The six questions contained such questions as "Child needs parent in room to fall asleep." Parents were asked to assess the frequency of these behaviors over the prior week, and rate the behaviors on a three- point scale, which ranged from 0-1 (rarely), 2-4 (sometimes), or 5 or more (usually). Higher scores on the SHQ were indicative of more difficulty with sleep habits. The authors controlled for associations of birth order, parental anxiety and child temperament, all of which had been shown in prior research to be associated with sleep issues in children. The author's findings indicated, at both time points, a positive association between higher levels of marital instability and more sleep issues in the adopted children. The authors did look at some additional systemic factors related to the effects of not just the parents on the child, but also explored the impact of the children's issues on the marital dyad. Stover et al did not find that the reverse was true: child sleep issues did not predict marital

instability. The authors did note that they did not control for parenting styles in this study, which could have mediated the outcomes, regardless of feelings of marital instability. In addition, this study did not measure marital conflict specifically, but instead, used the measure of stability. It cannot be assumed that instability is directly related to marital conflict. However, this study provides further support for the negative effects of marital issues, whether defined as instability or conflict, on children's behaviors, and is of special significance in that the study lends support the impact of a negative marital environment on very young children.

In a similar study, Stover, et al (2012) explored the impact of marital hostility on aggressive behaviors in adopted toddlers. This study, similar to the work of Mannering et al (2011), used adopted children as study participants in order to eliminate the genetic factors involved in aggressive behaviors in toddlers. The researchers did find a statistically significant relationship between marital hostility and increased aggression in toddlers. The author's explanation for this relationship is that increased levels marital hostility result in harsh parenting styles, and in turn, the parents who exhibited the harsh parenting styles had toddlers who were more likely to exhibit aggressive behaviors. The authors concluded that since the aggressive behaviors in the toddlers could not be accounted for by genetic predisposition towards aggression, then environmental causes accounted for most of the toddler's behavioral problems. Although the marital hostility and subsequent harsh parenting accounted for most of the variance in children's behaviors, the researchers did look at other systemic issues in the family as possible factors related to harsh parenting. The researchers noted that financial stress was linked to increased levels of harsh parenting and child behavior problems, regardless of levels of marital hostility, although marital hostility accounted for most of the relationship between harsh parenting and aggression in the adopted toddlers. However, even this finding regarding financial

strain, although not directly related to the influence of marital hostility on parenting practices, also lends support that family stressors increase the possibility of parents engaging in a more harsh parenting style. It is possible that interventions aimed at helping family cope with stress in general may also have an impact on parenting and subsequent outcomes related to children's behavior.

Indeed, the ability to cope with stress was found in another study to impact couple's ability to successfully co-parent adopted children. This study explored the impact of the quality of a couple's relationship on their relationship as coparents of adopted children (Hook and Mooridian, 2010). The authors cite the work of Bonds and Gondoli (2007) who suggested that the quality of a couple's relationship affects child outcomes through the mediating effects of the couple's coparenting relationship. However, the authors did not explore child outcomes as related to marital or coparenting relationships, but instead chose to focus on the relationship between positive marital relationships characteristics and the ability of parents to work together in raising adopted children in particular. The authors used the dimensions of the coparenting relationship described by Vanegeren and Hawkins (2004), who described four aspects of coparenting: 1) undermining, which is explained as direct or indirect ways of thwarting the other parent's decisions or actions; 2) solidarity, or presenting as a united front to the children; 3) support, which is the perception by each parent that the other is helping them to achieve their parenting goals; and 4) shared parenting, which reflects the perceptions that each parent shares in the tasks and demands associated with child rearing. The authors surveyed 94 adoptive mothers, who had been adoptive mothers for an average of 4.5 years. Of these adoptions, 41% were adopted through the child welfare system, and the remainder were private or international adoptions. The authors assessed co-parenting using an 18 item questionnaire, utilizing a 7 point Likert scale,

with responses ranging from “disagree strongly” to “agree strongly.” The authors also measured marital quality, using the Dyadic Adjustment Scale (Spanier, 1976), and dyadic coping, using the Dyadic Coping Questionnaire (Bondenman, 2000). Conflict resolution was measured through the negotiation subscale of the Kansas Marital Conflict Scale (Eggemen, et al., 1985). Child demands were also measured, using a scale created by the authors, which used a scale of one to three to assess the severity of issues with the children's physical and/or behavioral issues. The findings indicated that child demands had little impact on the quality of the parent's co-parenting relationship; the quality of the couple's relationship was significantly related to the quality of the co-parenting relationship. Although the dimensions of marital quality were shown to have some impact on the quality of the co-parenting relationship, dyadic coping had the most significant impact on the relationship, followed by conflict resolution. The author's assumption is that the abilities to cope with stress and manage conflict are relationship characteristics that are more important for co-parenting than is marital quality. This study has limitations in that only mothers were interviewed, which may have led to inaccurate conclusions, and, as mentioned earlier, the authors did not explore for the relationship of marital conflict and child outcomes, as child outcomes were not measured or linked to the dimensions of marital quality and/or the quality of the co-parenting relationship. However, the study does support the potential positive impact of a healthy marriage on parenting behaviors. Furthermore, the study did look specifically at adoptive parents and included a substantial number of special needs adoptions.

No studies were found that examined the potential benefits of a healthy marriage on children's outcomes when the children were adopted children with special needs. However, the study cited earlier (Leve, et al., 2001) did conclude that marital happiness could possibly help fathers cope better with parenting an adopted child. However, this investigation only involved

infants and not older, special needs children. Although it cannot be determined with absolute certainty from previous research that children with special needs have more negative outcomes when exposed to marital conflict than do children who were not adopted, there is some indication that this may be the case (Amato & Cheadle, 2008; Levy-Shiff, 2001). Furthermore, it is well established that the management of negative and hostile marital conflict, and the increase in positive conflict management, is beneficial for children, regardless of whether they are adopted or biological (See Buehler, et al., 2003; Brown & Calder, 2002; Faircloth & Cummings, 2008). Therefore, it appears that the lessening of marital conflict and improved communication could be a factor in more positive outcomes for these children's behaviors, and the ultimate success of their adoptive placements. *However, these findings aside, no study to date has indicated that the adoptive parents themselves have seen marital interventions as a means to an end, that is, as a way of helping them manage their children.* Instead, asked what their needs were, they have consistently requested respite care and psycho-behavioral interventions with problematic children (Barth & Miller, 2000; Brooks, Allen & Barth, 2002; Dhimi, Mandel & Sothmann, 2007; Festinger, 2001; Groze, 1996; McDonald, et al., 2001; McGlone, et al, 2002; Reilly & Platz, 2003; Rosenthal, Groze & Morgan, 1995; Whiting & Huber, 2007).

### **The Case for Marital Education in Special Needs Adoption**

It is ironic that the family service professionals that oversee foster care and adoptive placements largely do not take a systems approach to their stewardship. Studies of foster families often disregard the unique ecosystemic environments in which those families are embedded. The benefits of such an orientation are clear (see Lee, 2008). In fact, with the possible exception of the ambiguous loss model extended to fostering systems (Lee & Whiting, 2008), there is little concern with formal models at all. One notable exception is the Family Stress and Adaptation



Model (Megahead & Lee, 2012), a within- and cross-cultural rubric seeing foster family adaptation as a function of family stressors interacting with family coping resources.

Nevertheless, perhaps because of the Healthy Marriage Initiative under the last Bush Administration, the concerned bureaus of the US Department of Health and Human Services saw at least one transaction clearly: Ailing children had the potential to stress marriages and stressed marriages had the potential to fail the children entrusted to them. Therefore, in 2003, its Children's Bureau, Administration for Children, Youth, and Families sent out Requests for Proposals to those involved in national marriage education curricula. These programs apparently decreased the divorce rate in several US states. Goal: Perhaps these same programs could strengthen the marriages of those who fostered and adopted special needs children.

### **Marital Satisfaction**

The desired outcome of marriage education in general is increased stability and satisfaction in the marital relationship (Adler-Baeder, Higginbotham & Lamke, 2004; Butler & Wampler, 1999; Giblin, Sprenkle & Sheehan, 1985; Halford, Markham, Kline, & Stanley, 2003; Halford, Sanders, & Behrens, 2001; Hawkins, Blanchard, Baldwin & Fawcett, 2008). For the purposes of this dissertation, the assessment of marital satisfaction as a process is important. Because the goal of the marriage-strengthening program is to increase marital stability, it is important to understand the influence of marital satisfaction on stability. Participants in the studies cited above have expressed the need for a "strong" marriage or a "happy" marriage. However, researchers use multiple terms, such as satisfaction, happiness, quality, stability, and success to describe marital satisfaction (Bradbury, Fincham, & Beach, 2000).

For the purposes of this dissertation, I will use the term marital *satisfaction*. It is important to understand what is meant by this construct, because the measurement of marital satisfaction is

essential to understanding the efficacy of marriage education, which will be addressed in the following section. There are two major groups of influences on marital satisfaction. The first is the interpersonal processes as cognition, affect, physiology, patterns, social support, and violence. The second is contextual influence, which moderates the associations between interpersonal processes and marital satisfaction. These contextual factors can include microcontexts, such as parenthood, spouse's characteristics, and life stressors. Macro-contexts are such contextual factors as neighborhoods, religious institutions, and various social customs and mores (Bradbury, Fincham, & Beach, 2000). In the simplest terms, marital satisfaction describes whether partners view a marriage as good (Schumm, Nichols, Sheckman, & Grigsby, 1983).

It is important to note, that marital satisfaction can be used to describe both a process and an outcome. As noted by Gottman and Levenson (1992), when viewed as a process, marital satisfaction tends to result in increased marital stability. This is a logical conclusion, is that people who view a situation as good, tend to stay in that situation. People who view a situation as negative are also less likely to stay in it. However, stability does not function as process to increase satisfaction. The stability of marriage, meaning an intact marriage that does not end in divorce, is sometimes used as an indicator of marital satisfaction. However, an intact marriage is not the same thing as a happy marriage in which the partners necessarily find satisfaction. Marital stability is a term that can be used to reflect the status of a marriage that is intact, and a marriage in which the partners do not consider divorcing, but does not reflect whether a partner views the marriage as satisfying. Stability does not increase satisfaction (Amato, Booth, Johnson & Rogers, 2007).

In addition, marital satisfaction is also a measurable outcome and an indicator of the quality of a marital relationship. As noted by Schumm, et al., (1983), satisfaction indicates that partners view the marriage as, quite simply, good. A wide array of instruments exists to measure marital satisfaction. However, the simplest, global measures of satisfaction tend to be as effective, if not more effective, than multi-dimensional instruments in measuring marital satisfaction. The individual's perception of the satisfaction with a marriage is the key to assessing marital satisfaction and perhaps the best way to measure it (Bradbury, Fincham & Beach, 2000; Fincham & Bradbury, 1987).

### **Evidence Based Marital Education**

Although there are no studies which have explored the linkages between marital satisfaction and the parenting of special needs adopted children, there is a substantial evidence that marital education, with an emphasis on skill building, is effective for improving marital satisfaction (Adler-Baeder, Higginbotham & Lamke, 2004; Butler & Wampler, 1999; Giblin, Sprenkle & Sheehan, 1985; Halford, Sanders & Behrens, 2001; Halford, Markham, Kline, & Stanley, 2003; Hawkins, Blanchard, Baldwin & Fawcett, 2008). The intended outcome of marriage education is to improve marital satisfaction, which can be affected by three general components: interactions, contextual factors, and personal characteristics (Bradbury, Fincham & Beach, 2000; Halford, et al., 2003; Larson & Holman, 1994). Halford, Karney and Bradbury (1995), note that marriage education tends to focus mostly on interactions between the couple, as these are the components of marital satisfaction that are the most likely to change. Contextual factors such as chronic stressors, and individual personality, are entrenched and very difficult to change, are not appropriate targets of change in the setting of marriage education. These contextual factors are inherently more suited to the format of in-depth, long-term therapy, rather

than marriage education. Overall, Adler-Baeder, Higginbotham and Lamke (2004) conclude that successful marriage education programs should emphasize positive interactions, such as expressions of affection and support, encourage self-disclosure, and promote couples need to spend time together. In addition, marriage education programs should emphasize the destructiveness of negative behaviors, such as criticism, being demanding, withdrawal, and anger. Furthermore, education programs should increase partner's knowledge and understanding of one another, and of the dynamics of marriage, with an emphasis on developing realistic expectations of one another, and increase perceptions of fairness in the marital relationship. The authors recommended didactic approaches to raise awareness, practice exercises to allow couples to work on these positive interactions skills, and exercises to increase knowledge of one's spouse and their expectations of the relationship. In determining which components of quality marital education programs were most important, it was also found that longer programs, lasting for at least 9 hours and as many as 20 hours, were the most effective (Hawkins, et al, 2008).

It has been noted that marriage education focused primarily on developing better communication, with a focus on positive interactions, such as listening and problem solving, rather than criticism and other negative behaviors (Gottman & Silver, 1999). Marital education differed from marital therapy, as education was intended to function primarily as a preventive effort, and in more generalized, rather than being focused on the specific problems of a couple (Larson, 2004). The studies conducted to date on marriage education did show consistent beneficial outcomes for participants, including two meta-analyses of numerous studies (Giblin, Sprenkle & Sheehan, 1985; Hawkins, et al., 2008).

Faircloth and Cummings (2008) conducted a promising study which indicated that marriage education aimed at reducing marital conflict could also have a positive impact on

parenting. They provided a program that incorporated a didactic module, and gave the parents information regarding the destructiveness of negative marital conflict on children's well-being, as well as the usual components of marriage education. Follow-ups at six months and one year showed some increases in positive parenting behaviors, as well as a reduction in negative marital conflict with the couples. The fathers in the study significantly decreased their negative parenting behaviors and criticisms. Furthermore, the mother's criticisms of the children decreased. However, although the program did not have a comparison group, the couples did retain the knowledge over time regarding the negative impact of destructive conflict on their children, and showed some decreases in negative parenting, as well as negative marital conflict behaviors. Although this study was not performed with adoptive families, it does establish another association between the impact of negative marital conflict on parenting behaviors, and the effectiveness of marriage education in alleviating negative marital conflict and negative parenting behaviors.

### **Two Prominent Approaches: PREP; Sound Marital House**

First PREP is described. This will be brief because it was not the vehicle chosen by the program studied in this dissertation. PREP (Prevention and Relationship Education Program) is said to be "the most widely used, scientifically validated couple's relationship program" in the United States. It was developed under the leadership of Howard Markman, PhD, Professor of Psychology of the University of Denver, and Co-director of its Center for Marital and Family Studies. PREP is presented as a divorce prevention and marital enhancement curriculum. It trains relationship professionals to use "techniques of cognitive-behavioral marital therapy and communication-oriented marital enhancement programs" to "help couples maintain high levels of functioning and prevent marital problems" (<https://www.prepinc.com/Content/ABOUT->

US/What-Is-Prep.htm). It is offered to couples in workshop format, with each session considering, respectively, the following topics: communication, conflict management, commitment, friendship, sensuality, problem-solving, and emotional supportiveness. These workshops range from 8 to 14 hours and may take place over a weekend (most common), or over several weeks. The curriculum has been modified for the use of specific groups, e.g., college students in personal relationships. Its manualized materials and processes have been strenuously evaluated, it maintains treatment fidelity, and it is an open system (that is, it pursues feedback and new information and changes as a result).

Another leading model for marriage education has been developed by John Gottman, Professor Emeritus, University of Washington. With his wife Julie Schwartz, Gottman heads a non-profit research institute (The Relationship Research Institute) and a for-profit therapist training entity (The Gottman Institute). His marital education model (Gottman, 1999) is called The Sound Marital House. Like PREP, The Sound Marital House has been extraordinarily influential and well-accepted throughout the United States. His lifetime as a laboratory researcher of marital conflict and divorce determined his curriculum's core: "The two "necessary staples of marriages that work are 1) an overall level of positive affect, and 2) an ability to reduce negative affect during conflict resolution...to create lasting change...interventions need to enhance the overall level of positive affect in both no conflict and conflict by accepting one another's influence" (p. 105). Gottman writes that The Sound Marital House includes creating a foundation of friendship, overriding positive sentiment, regulating conflict, and creating a system of shared meaning. The foundation of friendship creates positive affect. Positive sentiment override indicates that there are enough positive feelings between partners to help buffer the negative impacts resulting from conflict. Regulating conflict is the couple's ability to be

successful at repair attempts. The fondness and other positive sentiments between the couple enable them to discuss toxic situations without damaging the relationship, even if the conflict remains unresolved. The last component, creating shared meaning, involves creating a similar culture in a marriage, with shared values and includes the ability of couples to mesh their lives and support each other's goals and dreams.

Gottman also discussed the detrimental characteristics to be avoided. A 'harsh start-up' is a discussion that begins with negative overtones, such as criticism, contempt or sarcasm and is more than likely to end badly. Furthermore, Gottman notes the Four Horseman of the Apocalypse: criticism, contempt, defensiveness, and stonewalling. Criticism is complaining, not about a specific issue or behavior, but about a partner's personality or character. Contempt is ongoing criticism that results in actual disgust with one's spouse, and is often characterized by name calling, sarcasm and eye-rolling. Defensiveness is characterized by the inability to accept responsibility for one's behavior when faced with a complaint, but instead turning the complaint around and using it to blame the other partner for making the complaint. Stonewalling involves turning away and shutting down in the face of overwhelming conflict that is full of criticism, contempt and defensiveness. The person who shuts down is reacting to "flooding" which is a barrage of negativity so great that the recipient cannot engage emotionally anymore and disengages totally. This feeling of being flooded can lead to physical sensations of sweating and a racing heartbeat.

Gottman developed his theory from years of research with couples. Gottman outlined what he called "the core triad of balance," which consisted of three domains in marriages: 1) behavior, 2) perception, and 3) physiology. In his early research, he found that happy marriages, the ratio of positive to negative behaviors was at least 5 to 1. However, in unhappy marriages,

Gottman found that the ratio of positive to negative was only .81 to 1 (Gottman, 1999, p 33).

During his research, Gottman used observational measures to code behaviors in what he termed the “Specific Affect Coding System.” In this coding system, observers were trained to code the content of conversation, as well as couple’s voices and their gestures to measure their interactive behaviors. Gottman found that a person was much more likely to be negative after their partner was negative, which he termed “negative affect reciprocity.” Gottman concluded that negative affect reciprocity was a strong indicator of the differences in what could be termed a happy marriage or an unhappy marriage.

The second element of Gottman’s Core Triad of Balance was labeled as perception. In an unhappy marriage, negative behaviors are seen as part of the partner’s character, and is viewed as typical and expected. Any positive behavior is seen as an anomaly, and is usually discounted by the spouse. In a happy marriage, the opposite is true. Negative behaviors are seen as unusual and are often explained away by external circumstances. Partners in an unhappy marriage engage in what Gottman terms the “fundamental attribution error” in which each spouse is seen by the other as being at fault for the marital problems, and in need of being fixed.

Gottman’s research in physiology is the third part of the core triad of balance. Gottman (1991) conducted research on the physiological aspects of marital interaction. He collected data using videotape and the measurement of physiological responses, such as heart rate, blood flow, body movements and perspiration rates, in couples discussing major disagreements and attempting to resolve issues. The result showed that physiological arousal predicted a decrease in marital satisfaction over time with an accuracy rate of 95%. Gottman found that greater physiological arousal was especially indicative of a decline in satisfaction for men.



In addition, Gottman also coded the facial expressions of couples during these discussions. Gottman coded facial expressions as happy, surprised, anger and what he called a sad-miserable smile, meaning a smile that involved only the mouth and not the eyes. Gottman found that the wife's disgust, husband's fear and sad-miserable smiles for both husbands and wives were more often found in couples who separated.

From this research, Gottman outlined seven principles which he named the Sound Marital House Theory, (1999, p. 105). He used a house as the analogy for a strong marriage, describing the first three levels of the house as the emotional bank account of the marriage. The house's foundation was described by Gottman as the love map, which describes how well each partner knows the other. The second floor is the fondness and admiration system, which described levels of affection and respect, which are both felt and expressed to one's partner. The third floor was described as the turning toward versus turning away, which was indicative of emotional closeness and shared time together, versus an atmosphere of emotional and physical distance. The fourth floor was labeled sentiment override, in which positive sentiment override led couples to attribute their partner's negative behaviors to a passing outside circumstance, rather than a pattern of negativity in their relationship. Similarly, a negative sentiment override leads partner to see something positive is situational as well. Negative sentiment override leads to personal attacks, blaming of one another and criticism in that actions or words were seen as a sign of partner's flaws. The fifth level of the Sound Marital House is described as the ability to regulate conflict. Gottman (1999) states that such skills as 1) a softened start-up 2) repair and de-escalation, 3) accepting influence, 4) compromise, and 5) physiological self-soothing, were needed to work on problems. The sixth level described meanings in the relationship, which is seen as the ability to honor one another's dreams and aspirations. The seventh level is likened to

an attic, and is the level at which couples create shared meanings in the marriage, such as myths, rituals, dreams and narratives.

Gottman, Coan, Carrere and Swanson (1998), published a longitudinal study of 130 couples in which the couples were followed for several years in cohorts of approximately 40 couples each. Gottman et al. concluded that traditional forms of marital intervention did not work. Gottman's most controversial conclusion from the research was that the model of active listening, in which couples would reflect back to one another a summary of what the other had said, seldom worked to increase marital happiness. Furthermore, Gottman did not find that anger was a destructive emotion in and of itself.

Gottman presents a well-researched typology for identifying negative marital interactions and an in-depth model for describing a healthy marriage. However, Gottman's Sound Marital House theory has not been the subject of a significant amount of research by researchers upholding the findings of his original research. Stanley, Bradbury, and Markham (2000) have criticized what they consider to be issues with the validity of Gottman's research. They noted issues with Gottman's sampling procedures, stating he eliminated several couples from his study without a full explanation as to why these couples were not included in the results. The authors also dispute the accuracy of baseline measures for physiological measures, noting that Gottman measured heart rate, respiration, etc. although spouses sat in the same room with each other, rather than although the spouses were separated, which could have led to a different baseline measure. The authors also felt that Gottman's research contained errors in conceptual issues in marital interactions, in which they state Gottman downplayed the role of anger in the deterioration of marital satisfaction. The authors argue that anger is detrimental, and that such behaviors as belligerence and contempt are inherently angry behaviors and should be described

as such. In addition, the authors argue with Gottman's choice of statistical methods, which they felt inflated the accuracy of his results. In some studies (Kim, Capaldi & Crosby, 2007) the use of Gottman's research model to predict relationship outcomes was not replicated. However, although noting that the Kim, et al., study also had methodological flaws, Heyman and Hunt (2007) did note that the use of somewhat different group of couples than Gottman used in his research may have led to the failure to replicate Gottman's findings. However, Heyman and Hunt note that although they also have some issues with Gottman's methodology and findings, the failure to replicate is not necessarily an indication that the Gottman research isn't valid, but rather that the intervention may only be useful with certain populations.

This use of Gottman for couples who do not fit with Gottman's original research, such as couples who are unique in having adopted children with special needs, is also a potentially important outcome of this research. To date, there have been no published studies located which have studied the application of the Gottman-Based model specific to this population.

### **Purpose of the Study**

Studies of post-adoption services that have assessed program effectiveness for a specific program or intervention modality are rare. In most of the studies of post-adoption services, families are asked if they are satisfied with post adoption services in general, or if they found services to be helpful (Barth & Miller, 2000; Brooks, Allen & Barth, 2002; Zosky, et al., 2005). There are really no studies of any form that explore the helpfulness of post-adoption services that specifically target marriage strengthening, primarily because there are so few programs that offer this as a specific service to post-adoptive families. It has been noted in a substantial body of research, that the appropriate management of marital conflict results in happier, more well-adjusted children in all types of families, whether adopted or biological, and that increased

marital conflict is likely to result in greater emotional instability in children (Faircloth & Cummings, 2008; Kaslow, Deering & Racusia, 1994; Erel & Burman, 1995; Schermerhorn & Cummings, & Davies, 2005). Therefore, participation in a Gottman-Based Marriage-Strengthening program promoting stability and conflict management in the marital relationship may help increase the overall family satisfaction and strengths, increase the emotional and behavioral adjustment of the adoptee, and ultimately help prevent disrupted adoptions.

This research project assesses the influence of a Gottman-based marriage-strengthening program for families who have adopted children with special needs through analyzing qualitative data from semi-structured interviews with these couples three to eight years after they completed the program.

As noted by Ward (1997), supporting the marriage in the adoptive family could “well be synonymous with supporting the adoption.” However, the urgent need for this type of research has largely remained unexplored since Ward first made this statement over a decade ago. In summary, the gaps in the existing research regarding the impact of the marital relationship in the family system of the adopted child with special needs, and the benefits of marriage education for these families, need to be researched further.

### **Strong Couples, Healthy Children**

As part of the response of policy makers to the high numbers of disrupted adoptive placements, the Children’s Bureau of the Administration of Children, Youth and Families, a subsidiary of the Federal Department of Health and Human Services, funded demonstration projects in 2004 on post-adoption services. The Federal government funded the Strong Couples,

Healthy Children program of Children's Home Society of Florida to provide a Gottman-based marriage strengthening program -- named *Strong Couples, Healthy Children* -- to adoptive parents of children with special needs. It was the belief of the Federal government that couples could benefit from the marriage- strengthening program to help them cope more successfully with the challenges of adopting a child with special needs.

### **Program Goals**

The marital intervention program is detailed in Chapter 3 and further discussed by Lee (2009a) In brief, Gottman's *Sound Marital House Theory* was expected to strengthen families by helping married parents develop relationship skills, increase their emotional intimacy, manage conflict, communicate better, and problem solve. The resulting increased good will toward each other and the couple's relationship, maintained by interpersonal skills, was expected to reduce negative conflict in the families and thereby increase positive outcomes for their adopted special needs children. In collaboration with Florida State University's doctoral program in Marriage and Family Therapy, Children's Home Society of Florida applied for and received these grant funds from October 2004, through September 30, 2009, and provided the marital strengthening program to families in Florida's Leon and Gadsden Counties who had adopted children with special needs.

## **Expectations for Consumers**

The Administration for Children, Youth, and Families (ACYF) funded the post-adoption services program because federal administrators predicted that by offering such a celebrated marital enrichment program, the target group of parents would not only be interested but excited. It would have an immediate positive impact on their marriages that would trickle down to benefit their adopted children.

## **Concerns about Dosage**

Almost all of the programs funded under this mandate were group workshops, taking place on a weekend. The funders wanted an in-depth program for comparison purposes. They were impressed that this program was not directed to a group of couples, for only one or two days. Instead it was developed to strengthen one couple at a time by including the needs of its individual couples, taking place in their homes, and spanning a minimum of 6 months. Booster sessions could lengthen that period. One party characterized it as the difference between dipping a tea bag and moving on, and distilling and aging a good liquor.

## **Initial Data and its Limitations**

Results from the original investigation were limited. Only 12 couples completed the full intervention. Before, during, and after psychometric indicators were employed and these, plus field notes, suggested that the intervention had merit (see Lee, 2009b) but the number of participants was so few that inferential statistics were not used. Moreover, from the present investigator's standpoint, the researchers provided the dependent variables of interest, and these primarily were based solely on the Gottman model and looked into immediate post-program changes (e.g., marital satisfaction scales, indices of child behavior). In the absence of any control groups, any positive changes observed could be attributed to experimenter bias, selection,

initiation and other participation biases, and intervention biases (e.g., the Hawthorne effect). See Shuttleworth (2009) for a concise overview of possible confounding factors.

### **Present Investigation**

The present investigator believes that her new exploration of the Strong Couples Healthy Children program is a necessary next step in the evaluation of this program. Unlike her predecessors, she privileges the voices of the consumers over that of the program developers. She asks the consumers, long after they completed the program, to identify what they have come to see valuable about their participation in it. This was accomplished by tracking down as many former participants as possible and using semi-structured, mostly non-directive interviewing to obtain their opinions. These interviews were transcribed, coded, and analyzed using a Grounded Theory orientation.

### **Time Span**

The time period between program completion and these interviews were at least two years and as long as seven years. It was not based on methodological strategy. The time period was that which naturally occurred when the present investigator undertook her study.

### **Consulting the Consumer**

There may be a difference between what family science experts consider to be important variables and outcomes, and that which strikes consumers of their programs as valuable (Lee, Emerson, & Kochka, 1997; Bischoff, McKeel, Moon, & Sprenkle, 1996; Quinn, 1996; Sells, Smith, & Moon, 1996). The discussion below of Common Therapeutic Factors illustrates this observation. Experts often see things through the limited lenses of their preconceived notions (including theories and models) and operational definitions. Asking the consumers of the

experts' products what *they* experienced, *without directing and shaping their recollections and perceptions*, can be illuminating.

The research for this study used a qualitative inquiry from a grounded theory perspective. The methodological options considered for this research were determined by the study's overall purpose. This approach is ideally suited to studies in which a theory does not yet exist due to limited research in a particular area (Strauss & Glazer, 1967). Although there is a good deal of research on the characteristics of marital education and the impact of negative marital conflict on child outcomes, only a few studies have looked at the connection between marital education aimed at improving parenting and child outcomes (Cummings & Faircloth, 2008). There were no studies located which looked specifically at the use of marital education in the same way as Cummings and Faircloth did for adopted children specifically. The examination of literature for this specific population reinforced that the area of inquiry is largely unknown and is therefore appropriate for a qualitative inquiry using the grounded theory methodology. As noted by Stebbins (2001) to try to validate a theory prematurely is unwise in these situations where there is little research proposing theoretical explanations. As noted by Stebbins (2001) to try to validate a theory prematurely is unwise in these situations where there is little research proposing theoretical explanations. Haig (1995), quotes, "Glaser and Strauss explicitly note that "the researcher does not approach reality as a tabula rasa -- [that he or she] must have a perspective [in order to] see relevant data and abstract significant categories from [it]." Haig then notes, "Hence, it is in the interest of obtaining emergent, diverse categories at different levels of abstraction that Glaser and Strauss would have the researcher hold all potentially relevant facts and theories in the background for some time. As noted by Glaser, grounded theory aims to discover the theory implicit in the data. Therefore, in those cases where little theory is available,



such as in this study, the analysis of the data will give an idea as to the appropriate theory. In those cases where little theory is available, such as in this study, the analysis of the data will give an idea as to the appropriate theory.”

In this case, the funders and the agency knew what they intended to provide and what outcomes they expected. This is a matter of internal validity, namely, “did they provide what they think they provided, and did it make the difference they expected?” In the absence of comparison groups and samples of sufficient size for statistical inference (Cohen, 1982), a qualitative approach is actually the only valid means of assessment. According to Strauss and Corbin (1998), “if someone wanted to know whether one drug is more effective than another, than a double blind clinical trial would be more appropriate than grounded theory study. However, if someone wanted to know what it was like to be a participant in a drug study, then he or she might sensibly engage in a grounded theory project,” p. 40. In relation to this study, the participants were asked if the intervention was useful, and, if so, how, and what made it so. The participant’s responses to relatively open-ended questions were systematically analyzed to ascertain their individual collective versions-not the interveners-of what occurred. Quantitative data, not sufficient for inferential analyses, served to support inferences from the qualitative analysis in a process called “triangulation.” This will also be detailed below.

Grounded theory is the best method for this study as there is no theory in the literature that explains the interactions of this particular population of families with special needs adopted children. Haig (1995) notes, that the general goal of grounded theory research is to construct theories in order to understand phenomena, stating, “Generally speaking, statistical methods are of direct help in the detection of phenomena, but not in the construction of explanatory theories, “(p. 4). As noted by Strauss and Corbin (1998), grounded theory is useful to form conceptual

understanding, or to try to create a theoretical basis from the data, rather than assuming that an established theory will fit the experiences of those persons who are part of the study. The studies to date of special needs adoptive families have not examined marital conflict or satisfaction in special needs adoptive families as a specific category, and therefore, there is no literature to present any theory of how the quality of the marital relationship specifically affects adopted children with special needs. There is no theory of how interventions aimed specially at strengthening the couple's relationship are helpful and if such interventions can be related to positive outcomes for the adopted children. A qualitative inquiry is needed as the use of a quantitative approach as the primary method of inquiry is premature for this population given the dearth of studies that have specifically looked at this population. The development of theory from the grounded theory approach is needed in order to help develop categories from qualitative data analysis which will give direction to quantitative studies at a later date.

### **Common Therapeutic Factors**

There is a large theoretical literature that suggests that, when therapeutic interventions "work", it may not be because of the specific theories that drive them. Instead, certain therapeutic factors are common to all of them -- most importantly, client factors, therapist effects, the therapeutic relationship, client expectations and nonspecific treatment variables (Imel & Wampold, 2008; Sprenkle, Davis, & Lebow, 2009). Therefore, the more generic therapeutic factors present in the program were also explored in the analysis of the interviews.

In the examination of the effects of any specific intervention, it is important to note that certain "common factors" may be responsible for change, regardless of the specific intervention techniques used by a therapist. Common sense suggests that a couple's self-esteem and hope are lifted by the mere acts of looking for resources, committing to a course of action, making the

time for it, talking without outside interruption while commuting to an action site, and spending a few hours focused solely on themselves in a positive manner. A cynic might suggest that the facilitator/counselor/therapist need not say one thing. *The situation of itself can be uplifting.*

In this regard, it is interesting that, although psychotherapies are effective, meta-analytic studies of specific interventions have failed to find that one model is superior to the other (Sprenkle et al., 2009). The authors note that outcome research in marriage and family therapy has also failed to establish one therapeutic modality as superior to another. The authors noted, “among effective psychotherapies there are relatively small difference in treatment outcome, particularly when key confounding variables are controlled,” (p. 115). The reasons why the models work is based in how the models “activate or potentiate commons mechanisms of change” (p. 115). The authors note that there are several components that influence outcomes with all the effective models: clients, therapist, relationship, expectancy and treatment variables not specific to a model.

For clients, individual levels of motivation, insight, commitment to change, religious faith are cited as variables that can affect outcomes of any type of intervention. Clients who are insight-oriented, for example, are more likely to benefit from insight-oriented therapy. In terms of therapist factors, the personal qualities and overall skill levels of a therapist may impact outcomes more than the specific techniques or a particular model. The therapeutic relationship also strongly influences client outcomes. The authors define the “therapeutic alliance, which, by definition, is the joint product of the therapist and client working together focusing on the work of therapy” (p. 122). Another common factor is expectancy. The authors acknowledge that marriage and family therapy has paid little attention to hope as a factor in client outcomes, but

note that other researchers in psychotherapy found that being hopeful for a positive outcome by coming to therapy had a strong influence on the client's outcomes.

Sprenkle and his associates go on to note that nonspecific factors are also common to all models and play a strong role in outcomes: 1) behavioral regulation (changing the doing), which occurs when therapists help clients to change their current patterns of behavior; 2) Cognitive mastery (changing the doing), which occurs when therapists help client gain new meanings about themselves or their families, offering “reframes, interpretations, explanations, or rationales,” (p. 123); 3) emotional experiencing (affective experiencing/regulation), which helps clients to regulate their emotions and create new emotional connections with others. In addition, the authors also note that marriage and family therapy has also added three common factors that are not found in traditional forms of psychotherapy. The first is relational conceptualization, in which people's issues are seen in terms of the context of the relationship the patient has with others. The authors cite the example of a depressed person having work related problems; the therapist would also examine family of origin expectations and how these expectations may be influencing the current problems at work. The second common factor is what they term, the “expanded direct treatment system.” Marriage and family therapists seek to involve other persons in the family to share in the treatment of the client and not focus on the problems being only those of the client. The third common factor is the “expanded therapeutic alliance,” in which the therapist attempts to form alliances with all the involved family members, and not just with the client. Ultimately, the authors believe that successful models “offer strategies that are often highly effective in activating these common factors,” (p. 126). As noted by Sprenkle and Blow (2004), therapeutic models are not islands, but rather “are the vehicles through which the common as well as specific factors operate,” (p. 151). Therefore, although this dissertation

involves an analysis of the qualitative data for themes specific to the Gottman-based marital education curriculum, the qualitative analysis of the data also attempted to determine if the Gottman-based program was one of those vehicles in which the common factors operated.

In summary, the data analysis assumed the influence both of Gottman-based model specific factors, and intervention-generic common factors as what the participants found helpful was explored.

## **CHAPTER THREE**

### **METHODOLOGY**

This study was driven by the following theoretical and research assumptions, described and documented in Chapter 2.

#### **Theoretical Assumptions**

1. Marital quality, marital satisfaction, marital coping, and “healthy marriage” are separate and distinct phenomena.
2. Gottman’s “Sound Marital House” addresses all four.
3. The “Common Factors” contained in almost all therapeutic approaches address all four.
4. Common therapeutic sense/lore (e.g., bringing up the topic, agreeing to go, making time for the intervention, time spent focusing on each other and the relationship) addresses all four.
5. Married couples who adopt special needs children will perceive benefit from the total intervention experience (2, 3, and 4).

#### **Research Assumptions**

6. Although asking social scientists what clients need (above) may be an important source of information, valuable information can come from asking the consumers they perceived to be beneficial from those of their services.
7. Although individuals may be very enthusiastic about their experience and the content of the curriculum immediately after the conclusion of the intervention, inquiring into it many months later may give a more practical picture of what has been and is helpful about the intervention.
8. A qualitative inquiry is an appropriate exploratory step to uncovering what consumers

perceive to have been valuable in the intervention.

9. What consumers perceive to have been valuable will include, not just the Gottman-Based interventions and concepts, but also the other factors incorporated in a non-mandated couples intervention.

The primary research questions were:

- 1) Did these couples experience, long after the program was completed, it having been helpful and, if so, in what ways did they find it beneficial?
- 2) What specific aspects of their participation did they retrospectively experience as being helpful?
- 3) Which of these are based on the model specifying the content of the Gottman-Based Curriculum, and which of these are more generic?

Sprenkle and Blow, (2004), observed that therapeutic models are not islands; they "are the vehicles through which the common as well as specific factors operate." Therefore, although a primary research question involves an analysis of the qualitative data for themes specific to the Gottman-Based marital education curriculum, a second primary question informing the analysis was the extent to which participants cited alleged common therapeutic factors – both those variables cited in the literature, and those factors that common sense tells social scientists and clinical practitioners come from the process of participation in any such program. Below, for simplicity the phrase “common factors” will apply to both of these generic sources. Then, in the Discussion, we will consider Sprenkle’s and Blow’s hypothesis that efficacious therapeutic programs are those in which the formal curriculum is a vehicle

through which common therapeutic factors are facilitated. Below, this chapter will explain the research design, the setting and population studied, and the instruments used to provide data, as well as the collection and analysis of the data.

### **Research Design**

For the reasons outlined in Chapter 1, this study involved a qualitative approach, specifically, data derived from qualitative analysis that seems to be faith worthy because their implications are supported by another source of data, so-called “triangulation” (Creswell, Plano Clark, Gutmann, & Hanson, 2003). In the present case, qualitative data was collected from semi-structured, open-ended interviews, coded by two raters (one of which was connected neither to the psychoeducational program nor the researcher). Their conclusions were then compared to both quantitative data gathered by the evaluation team during the provision of the Gottman-Based services, and field notes written by the therapists who provided the program to the families. This was not only to see if the current interpretation of the data was faith worthy, but also to uncover nuances. Moreover, even if desirable to some, an experimental research design was not possible. The small sample did not afford the power needed to attribute significance to apparent quantitative findings (Cohen, 1992) and there were no control groups.

Although the design involved triangulation, the specific theoretical approach to this qualitative evaluation was grounded theory methods. Grounded theory was chosen after careful consideration of the available models of qualitative inquiry. Based upon the work of Creswell, Hanson, Plano, Clark and Morales and associates (2007), this approach appeared to offer the best fit for the data that was available. The theory heretofore said to bring about marital satisfaction has been The Sound Marital House put into a psychoeducational curriculum (e.g., see Brand, 2012). The present investigator believes that this “theory” (actually a model) is reductionistic.



She expects the retrospective data to add sophistication to this matter, in that not only will the content of the intervention be influential, but also common factors, including the processes that make up participation.

### **Setting and Sample**

The Strong Couples Healthy Children program is was a service offered through the North Central Division of the Children's Home Society of Florida in Tallahassee, Florida. Children's Home Society (CHS) is a statewide agency with divisions throughout the state. The North Central Division offers a variety of services to children and their families, including outpatient counseling, case management, foster care, and special needs adoptions. These services are offered in the counties of Leon, Gadsden, Wakulla, Jefferson, Madison, Liberty, Franklin, Madison, Taylor and Liberty. Children become available for adoption after the termination of parental rights, which usually occurs within a year or so after being involved with the foster care system. Once an adoption is completed, families receive services from the Special Needs Adoption Unit, which arranges for counseling, psychiatric services, and related evaluations as needed. Families with adopted children with special needs may be involved at different levels with Children's Home Society based on individualized needs, and the Strong Couples, Healthy Marriage program participants may also have received, or possibly could receive in the future a variety of services ranging from early intervention, counseling, case management, emergency out of home placements, family preservation services, or psychiatric services for their children.

Families who are interested in adopting a child must complete the Model Approach to Partnership in Parenting Program (MAPP, Child Welfare Institute, 1986). This is a widely used program consisting of 10 weekly sessions that is designed to prepare foster and adoptive parents to provide the best environment for a child.

The agency, in collaboration with the College of Human Sciences at Florida State University, applied for a five-year grant through the funding for the Programs to Strengthen Healthy Marriage through the Children's Bureau of the Administration for Children and Families division of the U.S. Department of Health and Human Services. The program was begun September 2004.

### **Intervention Summary (2004-2009)**

The intervention has been described elsewhere, along with the initial "before and after" findings (Lee, 2009). In brief, the therapists who provided the Gottman-Based Relationship Strengthening Program had training in adoption issues and the Gottman's Sound Marital House Model. A Certified Gottman Trainer trained and supervised therapists throughout the service provision periods of this program in order to ensure fidelity of the program to the Gottman model. In general, the 12 private, in-home sessions proceeded as follows:

#### Stage 1: Forming a Therapeutic Alliance and Assessment

Sessions 1-4: establishing rapport, assessment through oral history interview, battery of assessment instruments, review of assessment, outline of treatment goals (building friendship, reducing destructive conflict) and an overview of the Sound Marital House theory.

#### Stage 2: Implementation of the Relationship Education Program

5th session: creating love maps, nurturing fondness, admiration and turning toward versus turning away

6th session: positive and negative sentiment override, flooding, exercises for developing a break ritual, four destructive behaviors (Four Horseman of the Apocalypse)

7th session: acceptable emotions, lectures on differentiating between anger and abuse, regulation of conflict and effective problem solving

8th session: repair attempts, exercises on softened startup

9th session: accepting influence and the art of compromise and practicing skills

10th session: dreams within conflict, shared meanings and rituals of connection

### Stage 3: Fading/Assisting in Transition

11th session: relapse prevention, promotion of treatment gains

12th session: post assessment data gathering and referrals for further services if needed. Termination of relationship.

Although the Special Needs Adoption Unit finalizes approximately 70 adoptions each year, recruitment and referral of families for this program was been far below the expectations of 20-25 families per quarter. Throughout the four-year implementation of the program, a total of 30 families actually participated in the program. The issues with the implementation of this program have been the subject of a previous evaluation (Lee, 2008) and will be explored in this dissertation in the discussion section.

### **Recruiting the Sample**

Contact information for each of 12 families who completed the program was available and the couples were contacted by mail asking them to respond either by phone or email to schedule interviews at their convenience. Three participants responded within a week of the letters going out, two by phone and one by email. After waiting a week after the letters were sent out, the interviewer called and was able to reach five more couples who acknowledged receiving

the letters and agreed to participate. One letter was returned with an invalid address, and the couple was located and agreed to participate after an internet search related to the wife's Christian ministry resulted in a phone number for the couple.

There was one couple who could not be located. The husband had been a doctoral student at Florida State during the time of the program and had left student housing at the time of the follow up interviews. No forwarding address was available through the school. The interviewer contacted the student's department at the University, but it was only known by the Department secretary that he had moved "up North" and the faculty who had worked with him had left the University as well. An internet search did not turn up any contact information for the husband or wife. Another couple had moved out of state and left a forwarding address, but did not respond to a letter, nor did they respond to Facebook messages left for them. Two other couples were still at the addresses of record according to a search of county property records, which showed them living at the same address. However, the phone numbers on file were not valid and they did not respond to two mailings over the period of 4 weeks. Internet searches did not reveal any other contact information for these couples.

Of these nine couples who were successfully contacted, eight ultimately participated in the interviews. One woman initially agreed to participate, and about one hour prior to the interview, the husband called to cancel, stating they were too busy to participate. The interviewer rescheduled the interview for the following day. However, later that evening, the wife called to cancel again, citing family commitments. Subsequently she called to say that they were leaving on vacation for two weeks and would call back upon their return. However, they did not call back and further attempts to contact them went unanswered. One couple had divorced since the

program ended, but the wife agreed to meet with the interviewer. The interviewer attempted to reach the woman's ex-husband by phone, but he did not return the phone calls.

The sample of couples who completed the program was primarily Caucasian, non-Hispanic, middle class, and the average age at the time of participation was 46.5 years. The average household income was approximately \$75,000. The time post program completion ranged from three to seven years.

Table 1. Demographics

Couple	Age	Race	Ethnicity	Household Income [\$ signs]	Employment Status	Months from end of program to interview
#26 M	55	Caucasian	Non-	36,000	Full-time	35
F	56	Caucasian	Non-		Full-time	
#23 M	52	Caucasian	Non-	60,000	Full-time	54
F	48	Caucasian	Hispanic		Full-time	
#21 M	46	Caucasian	Non-	120,000	Full-time	n/a
F	45	Caucasian	Non-		Full-time	
#14 M	29	Caucasian	Non-	73,000	Full-time	60
F	34	Caucasian	Non-		Full-time	
#18 M	38	Caucasian	Non-	75,000	Full-time	n/a
F	40	Caucasian	Hispanic		Full-time	
#13 M	40	Caucasian	Non-	120,000	Full-time	61
F	39	Caucasian	Non-		Full-time	
#10 M	70	Black	Non-	unknown	Retired	46
F	69	Black	Non-		Part-time	
#9 M	32	Caucasian	Non-	70,000	Full-time	n/a
F	35	Caucasian	Non-		Full-time	
#6 M	46	Caucasian	Non-	110,000	Full-time	n/a
F	45	Caucasian	Non-		Full-time	
#8 M	39	Black	Non-	50,000	Full-time	76
F	38	Black	Non-		Full-time	
#2 M	48	Caucasian	Non-	90,000	Full-time	72
F	48	Caucasian	Non-		Full-time	
#7 M	62	White	Non-	60,000	Full-time	42
F	69	White	Non-		Retired	

To reiterate, one theoretical assumption of the this study is that Gottman's Sound Marital House model, which has at its core, resolution of marital conflict through enhancing the relationship climate, results in marriages that are characterized by greater marital satisfaction. The other assumption is that there are important process influences that have been overlooked in the program evaluation literature. In order to address her research questions the present investigator asked the participants to talk about their experiences since the completion of their in-home program. She used open-ended, largely non directive questions in order to uncover germane information and also to gain as many details about the experience as possible (Matthews, 2005).

### **Data Collection**

More specifically, the couples were interviewed using open ended questions, such as “So looking back now, what do you think about participating in the program?” Active listening was used to ask follow up questions driven by the participant’s comments. As indicated by the responses, more specific questions (prompts) were used as needed, such as “Does anything stand out as special, or as especially helpful?” The interviewer was very careful not to ask leading questions. It was important that she not lead the participants into giving the answers that she expected. These interviews lasted an average of 90 minutes, with the shortest being 60 minutes and the longest being two and a half hours. Interviews were held in the home. Reviews in Kerig and Lindahl (2000) indicate that there are significant differences in family transactions when viewed in the home as opposed to the office or laboratory. The interviews were conducted in person, and they were audio taped. The tapes were then transcribed by the interviewer. The original plan was to have the interviews transcribed double-blind by a contracted service. However, the interviewer ultimately decided to transcribe the data herself in order to gain more familiarity with the material.

## Data Analysis

The transcriptions were analyzed three times by the present investigator (HyperRESEARCH software (2013; [www.researchware.com](http://www.researchware.com)), and -- to enhance trustworthiness -- once more by a professional coder familiar with Gottman's work but otherwise unconnected to this study. The overall consideration of the data was informed by grounded theory methods (GTM), originally developed by Strauss and Glaser (1967). The methods of GTM have undergone numerous revisions in the decades since, and in this dissertation, the GTM procedures identified by LaRossa (2005) are explained in this section. In this process of GTM, the coding of the data was triadic and involved open, axial and selective coding. LaRossa describes open coding as utilizing the concept-indicator model. An indicator is defined as a word, phrase or sentence, and concept is label that is linked to an indicator. He further defines constant comparison as identifying similarities between these indicators throughout the text. Thus, the process of constant comparison is described as, "while coding an indicator for a concept, one compares that indicator with previous indicators that have been coded the same way," (p. 841). Therefore, in grouping indicators, if two indicators do apply to the same concept, then they would be put under that one concept. However, in comparing indicators, if the two indicators appear to be different, then another concept would be developed. In doing this constant comparison throughout the text, the researcher reaches a point where the text is "theoretically saturated." This is a point at which there is no further insight gained by generating any additional concepts. The further analysis of data then involves grouping related concepts under categories. LaRossa's interpretation of GTM considers categories to be variables, and notes that each variable must have at least two concepts. LaRossa uses "love" to illustrate this process. Love is described using "Types of Love" as an example of a variable. He goes on to describe the three concepts of the variable ("Types of

Love”) as romantic love, platonic love and courtly love. Each concepts is identified through various indicators which are specific to the three concepts, yet the indicators of each concept are also all indicators of the overall variable of “Types of Love. “

LaRossa explains that open coding is analogous to a typology in which the researcher develops the variables, but the phase which follows, axial coding, is the relating of variables and is analogous to the development of theory. As also noted by Matthews (2005) it is insufficient for this process to state the relation of concepts as has been completed in previous research, and then merely fill in these concepts with the current data. There must be a thorough examination of the newly collected data for what is actually present, not merely what the researcher expected to find in the data. Therefore, a researcher may be guided by a literature review which leads the researcher to expect to find certain indicators related to certain variables, and then to find expected relationships among variables. The researcher may actually find little relevance in the coded data to the initial expectations from the literature review and therefore must be willing to abandon preconceived notions to thoroughly explore the data to discover new relationships.

This third phase, selective coding, typically comes about once a theoretically saturated variable, labeled the core variable, is identified. This core variable gives the researcher the main idea around which the presentation of the data is organized. LaRossa describes the core variable as the variable that has the most linkages to the other variables. In referring again to Matthews (2005) it is likely that this core variable may be very unexpected prior to coding the data, but the researcher is obliged to depart from the initial expectations of the research and be guided by the actual data results.

The professional coder who participated in the data analysis brought a somewhat different perspective to the coding process. She holds a doctorate in communications, and was



familiar with the work of Gottman as an example of types of communication behaviors that construct relationship dynamics and the relationship of these dynamics to relationship satisfaction. The second qualitative coder generally agreed with the coding frames of the researcher. However, on those occasions in which there was disagreement, these differences were discussed, and a consensus was reached on the best code for the situation.

### **Trustworthiness**

Credibility of the coding was enhanced by employing a researcher unconnected with this program of scholarship but trained in qualitative methods. The primary investigator and this individual had to reach consensus. Furthermore, psychometric support for the qualitative analysis was provided through the surveys administered to the families and is described elsewhere. However, there were two additional and independent sources of data which were explored for compatibility with the coding (triangulation):

1. Clinical notes completed by the respective providers after each of the 12 psychoeducational sessions with a couple. These contained clinical impressions, impressions of progress, areas of concern, and additional data considered relevant to each case.
2. Quantitative data that had been gathered by the grant evaluation team from 2004 to 2009, under the IRB approval of both Florida State University and the Florida Department of Health. At the beginning and the conclusion of the 12-session Gottman-based program husband and wives within each couple were compared with regard to the dependent variables. This was presented graphically by Lee (2009). These dependent variables and their operational definitions are given in Table 2. For details about these psychometric instruments, the reader is referred to the appendices of Lee, (2009). Although these data

could not be used for inferential statistical purposes, the results of each couples could be an important source of comparison with the contents of the final coding frame.

Table 2. Principle dependent variables assessed at the beginning and at the conclusion of initial marital strengthening program and how they were assessed.

<b>Dependent Variable</b>	<b>Instruments</b>
<b>Operational Definition</b>	
Marital Stress Resulting from Adoption	
Child Outcomes	
Perception about the behavior of the adopted child	Child Behavioral Checklist (Achenbach, 1994), completed by foster mothers
Parenting Attitudes and Behaviors	
Parental attitude towards the adoption	Family Attitudes about the Influence of the Adoption (Groze, 1996; Rosenthal & Groze, 1994)
Parental attitude about child-rearing practices	Adult-Adolescent Parenting Inventory-2 (AAPI-2). (Bavolek & Keene, 1999)
Stress in the family	Family Stress Index (FSI)
Family “wellness”	Family Climate Inventory (Lee, 2009)
Marital Satisfaction	
Marital satisfaction by category	Marital Satisfaction Inventory-Revised (Snyder, 2004)
Overall marital satisfaction as a single entity	Kansas Marital Satisfaction Scale (Schumm, et al. (1986)
Stress in the marital relationship	Revised Dyadic Adjustment Scale (Busby, Christensen, Crane, & Larson, 2005)

### **Protection of Participant Rights**

The secondary data reviewed in this study were collected within the confines of a federally funded grant, and were collected as part of the marriage education program. The data from the quantitative measurements and qualitative interviews were all collected on a voluntary basis. The files and transcripts are kept in locked file drawers and are only viewed by SCHC counselors and the program director, principal investigators, evaluation team members, and the project secretary. No individuals were cited by name. Pseudonyms were used in the results chapters of this study as needed.

## CHAPTER 4

### FINDINGS

In the interviews with program participants, they were asked to share their memories of the program and what they found especially helpful. The participants were able to recall numerous elements. The findings that emerged with regard to the research questions are summarized in Table 3, the final coding frame, and are subsequently elaborated.

Table 3. The final coding scheme, summarizing the interview data with regard to the research questions.

<b>Class</b>	<b>Code</b>	<b>Theme</b>
Program Involvement	Motivation	Felt we had to
		Looking for help
		Took the Offer
	Barriers to Participation	Time demands
		Desire for privacy
	Enhancing Participation	In-home services
		Flexibility with scheduling
Gottman's Sound Marital House	Nurturing Fondness and Admiration	
		Four Horsemen of the Apocalypse
		Criticism
		Stonewalling
		Contempt
		Defensiveness
	Regulating Conflict	Flooding and withdrawal
		Harsh start-up
		Differentiating between solvable and unsolvable problems
		Repair attempts
	Sharing Influence	
	Turning Towards vs. Turning away	
Generic and Common Factors	Taking Time to Focus on the Relationship	
	Someone to Listen	
	Looking at the Other Point of View	
	Teamwork	
	Improved Listening	

Table 3: Continued

<b>Class</b>	<b>Code</b>	<b>Theme</b>
Not Using What Was Learned	Resistance	No need to use
		Too difficult
		Need for reminders
Perceived Benefits	Still Together	
	Decreased Conflict	
	Increased Happiness	
	Benefits for Children	
	Gaining Skills	
	General Feelings of Helpfulness	
Suggestions for the Future	Ongoing Services	
	Additional Groups	

**Class: Program Involvement**

The couples were asked about their experiences in participating in the Gottman-based in-home marital strengthening program. The couples were asked why they agreed to participate in the program, as well as how difficult or easy it was to participate in the sessions. The codes that emerged from the data indicated the motivation to participate, barriers to participation and enhancements to participation.

**Code: Motivation to Participate**

In the interviews, participants were asked how they came to learn about the in-home marital strengthening program -- originally known as PAMS (Post Adoption Marriage Strengthening) and later as Strong Couples, Healthy Children -- and agreed to participate. The motivation could be sorted into three categories: feeling that they had to do the program to maintain caseworker approval, but secretly feeling that they did not need the services; feeling that they were on the verge of divorce or at least having severe marital distress; happy to participate. (Even if some of them weren't exactly sure why they needed the program, they saw it as an attractive “perk”. They “took the offer.”)

*Theme: "Felt we had to."* Melissa and Jason said that their involvement with the program came about after their caseworker told them about the program. According to Melissa, "We were told we had to. It wasn't an option." Jason demurred somewhat, in that he did not feel it was mandatory. Melissa then softened her position to "Well, it was strongly encouraged. I mean we were like, it was so many weeks, we don't really want to do this. But, we knew we wanted to adopt again. So, we didn't want it to like affect our chances of being able to adopt a second child, so we did it." The couple stated that they did not feel as if they needed the services because they felt their marriage was already strong and they seldom ever argued. Melissa remembered, "I guess going into the class, we were kind of on that same page together, too. Why do we have to do this class? Why do we have to strengthen? What really is there to strengthen?"

*Theme: Looking for help.* Several couples said that they needed the program. Miriam stated that she and her husband had many differences about parenting. Her daughter had been receiving counseling at Children's Home Society, when a counselor suggested the service. She agreed and noted, "Well, number one we did it to help with Meredith. That was our number one goal. Because we know, if Mom and Dad aren't on the same page, which we never have been with Meredith... he just totally parents different that I do. Of course, I'm always right (laughs). We thought that would help us get a better grip on having with Meredith if we could reach some middle ground about the parenting." However, Miriam also stated that she and Jeff had intense marital issues that included an extramarital affair and an episode of domestic violence in which Jeff shoved her and was arrested. Miriam admitted she was ready to end the relationship when the program began and felt desperately in need of help for both parenting and her marriage.

Like Miriam and Jeff, Joan and Michael actively sought help to cope with their parenting differences. Unlike, Miriam and Jeff, Joan and Michael felt that their marriage was fairly strong

prior to the adoption of their son, Joel, who had serious emotional and behavioral problems. They admitted that his behaviors caused stress, mainly due to their differences in parenting, with Joan acknowledging that she was more lenient than Michael. Michael stated that he felt Joan was an “enabler” and noted that their ensuing conflicts over discipline lead to problems in the marriage, “Yeah Joel was great at that, pushing buttons and playing one against the other. He knew how to create a rift between the two of us. That was one thing that we went looking to address with the PAM'S program.” Joan admitted that their conflict was serious enough that she had considered taking Joel and leaving to parent him alone due to their disagreements. This recognition this led her to seek out help. She could not remember exactly who told her about the in-home marital strengthening program, but she called and made contact with a counselor to get the services.

David and Monica also were seeking help for their marriage when one of the children's therapists told them about the in-home marital strengthening program. The couple noted that their conflict was not about discipline, but Monica recalls her reasons for wanting the services: “At that time, me and David, we were really having a hard time, because so much of my time was spent with the kids and we had very little time for each other and ourselves. And that was frustrating to him...while we had the family, we still neglected us. You know, with us not having time to spend together as a couple. With me not having time to give him, you know it created other issues that became burdens.”

*Theme: Took the offer.* Some participants did not see a strong need for the program in their lives. They also did not perceive themselves as required to do so. They were contacted, the program was described, and they accepted. Some couples expressed appreciation that someone had taken time to come to them and offer any service, whether they felt that it was truly needed

by them or not. This surprising outreach by the in-home marital strengthening program counselors stood in contrast to their frustrations in finding other services on their own. Craig and Carrie noted that the in-home marital strengthening program was the one service that was offered to them and not something they had to find on their own. Carrie recalled, “They just called us. That made it unusual. Yeah, they found us. We didn’t have to go looking for it. I’m not sure I would have been looking for marital strengthening exactly. But it was offered, so we did it.”

Chloe and Michael observed that the program was the only one offered to them as adoptive parents. Michael stated “The service we did get with the marriage strengthening program came from Children's Home Society and they weren't even part of our adoption... no one ever told us about other services before we adopted him. Kristi (counselor) is the only one that reached out to us.” Chloe also remembers that she was willing to take the services, although she did was not entirely sure what the program was exactly about, “I thought at first it was just post adoption services, just about how we were doing as a family. I didn't really hear the part about marriage strengthening so much. But, it wasn't a hard thing to say yes to, I figured anything that could help us out.”

### **Code: Barriers to Participation**

The couples had various reasons, some stronger than others, to participate in the program. However, with these couples who agreed to participate, and who ultimately completed the program, another code emerged in the interviews and data analysis, namely, *barriers to participation*. Barriers took the form of uncertainty about either initially participating in the program, or in their ability to complete the program. For some couples, the time commitment and length of the program concerned them due to a myriad of other commitments for appointments and outside activities. For other families, the demands of care giving for elderly parents made



another demand on their time difficult. Therefore, one theme that emerged under barriers to participation was the time required by the couples' current obligations, including care giving to elders. However, *time issues* were not the only themes that emerged as barriers. Three more themes were found: *desire for privacy*, *overload of services*; *fear of the child welfare system*. The latter two (overload and fear) have been double-coded and have been elaborated earlier in this appendix.

*Theme: Time issues.* Some couples noted that they were initially reluctant to participate with the program because they were feeling the stress of having so many other demands on their time. They didn't want one more. Melissa and Jason thought that the program involved a huge commitment of time. Melissa declared, "Having it every week for 12 weeks was a lot! It was a big commitment."

Catherine also noted that at times, she did not want to participate. She recalled her feelings at the beginning of the program: "See when we first started, before we got used to (the counselor), it was the hardest. Right after we got home from work, it was like, oh God, it's (the counselor). I don't have time for this. I'm tired!" But Catherine said that she began to see the benefits and thought it worth staying with the program.

Other couples also mentioned that, since it was a long program, and with each session lasting two to three hours at a time, it was not always easy to make the time with numerous other medical and therapy appointments, as well as family activities, church, scouting and sports. Furthermore, with the sole exception of Miriam, all the adoptive parents worked outside the home, and of these parents who worked, only Alfred and Catherine worked less than full time. David and Monica, for example, were raising seven children, had full-time jobs, attended a variety of appointments, were heavily involved with their church, and also had a family singing

group that performed frequently. Craig and Cassie, as well as Melissa and Jason, were also caring for other foster children in addition to their adopted children. With these additional foster children came more demands on the couple's time, namely, more caseworkers to meet with and more appointments. Chloe laid out the same general picture; for adoptive families, the requirements were demanding, with all the appointments, court appearances and various requirements. She felt that her initial reluctance to participate was not unique to her, but is something that she believed kept other families from wanting to participate in the in-home marriage strengthening. Putting it succinctly, Chloe said “You are so tired. You are overwhelmed by all the appointments. “

Other couples described another conflicting obligation: Provision of care to family elders. Many adoptive parents who participated in PAMS and subsequently in these follow-up interviews were middle-aged people and members of the so-called “Sandwich Generation”. They were attempting to raise their own children at the same time as they were caring for aging parents. They cited the large amount of stress and time demands attendant upon this situation. So in addition to the responsibilities and demands for time already experienced by the families, some of these families had an additional concern for being able to have the time and ability to participate in the in-home marital strengthening program. Carrie noted that she completed the program while making weekly trips out of town to care for her dying parents, and admitted, “The timing was bad for me. I really had no business taking it on at that time. “She remarked that her parents both passed away about half way through the participation with the program and noted, “I probably would’ve gotten more out of it if it hadn’t been for the circumstances of what was going on.”

Miriam and Jeff also faced tremendous responsibility in caring for both of their mothers, who lived to be in their 90's and stayed with the couple. Both mothers were alive during the time when the couple participated in the program. Jeff shared in the interview what his typical day was like, in addition to working, in caring for his elderly mother. "She fell and broke her hip...and from that point on, she couldn't really ever walk again. She walked with a walker...then she started passing out on me. It got to where we could only do things with a lift. Of course, I had to help dress her and change her diaper. No lady wants to be in that situation, but she accepted it the best she could. And my mom had Alzheimer's to a certain degree. She could remember stuff from 50 years ago, but not what she ate for breakfast. She also had the shingles back in '98 and had nerve damage and constant pain in her ribcage...and it's like it consumed her." The couple tried assisted living, but Jeff noted they did not give his mother her medications properly and she was hospitalized with dehydration. The couple also hired nursing assistants, but found that the workers could not perform basic tasks, like turning his mother. So the couple ultimately took care of their mothers alone. The couple said it was hard to find time to participate with the in-home marital strengthening program, and they often had to reschedule. Consequently, it took them longer to complete the program than the other couples.

*Theme: Desire for privacy.* Many parents described a sense of having too many people already in their lives and wanting more privacy. Some of the parents said that this desire for more privacy made them hesitant about participating in the in-home marital strengthening program. Parents pointed out that agreeing to be part of the in-home marriage strengthening program meant yet another, ongoing relationship with someone related to the child welfare and adoption system. Jason stated, "When you're a foster parent, you have people in your house every single day. It was adding another person in the house. We already had four caseworkers for

four children.” Chloe also noted this feeling of dread at having another person involved with her family as it conflicted with her desire for more privacy. She remembers thinking, “When (the counselor) came in, that is one more person in our lives, who had not been in our lives... You don’t want to talk to one more person about your story... My life had been examined under a microscope. Would it ever end? I just wanted it to end. Just leave me and my little family alone.”

**Code: Enhancing Participation**

Despite the misgivings of some of the couples involved with the program and the difficulties in finding the time and energy to complete the program, some features were said to made it both possible and desirable for them to participate, namely, the fact that this program would administered in their own homes and that the timing of the sessions would be made to fit each family’s unique schedule. Granted, the couples named several things that they “liked” in general about the program. But these two themes were kept distinct in the analysis of the data because they were *extrinsic qualities of the program*. That is, they were related to the program structure and delivery. As such they were kept separate from those positive qualities that were related to the counselors themselves or what outcomes the program had in their lives.

*Theme: In-home services.* The delivery of program services in-home was one of the reasons that many of the families found it possible to participate in the program. Catherine noted that in-home services was one of the things that she liked best about the program, and having the counselors come to the home made it easy for she and her husband to participate. Monica voiced a similar opinion, noting that “having the services in home was very helpful, because I just come home and cook and you know I could finish things up while the counselor came in. With all the kids, work and all the appointments, having it here was really helpful.”

Other parents explained that the in-home program wasn't just convenient, but it was necessary in order for them to participate. Craig noted, "I don't know that we would've been able to do it with the girls here, they were very young at that time. Child care and all that, it would've been impossible to have done it." Melissa and Jason also described having the services come to them was a necessity as working parents. She explained, "It helped that we had it in the home. We both worked outside the home in Tallahassee. It was way after 6 (PM) by the time we got home. Trying to get ready for the next day, dinner." Her husband agreed: "We wouldn't have been able to do it otherwise." Miriam also stated that it was necessary to have the services come to them during the time that they were full time caregivers for their elderly mothers as someone always had to be with their mothers at all times. Miriam stated that "the coming here part really helped. It would still help. Even without our moms here now, it's still very hard for us to both get away at one time to go to an office somewhere for counseling. It's hard, because we don't want to leave Meredith, and even when she's in school, I'm keeping the baby and you know, there is always something we end up doing for somebody. So, I wish I could have somebody to come out here."

*Theme: Flexible scheduling.* Overall, the families described the counselors as very flexible with their schedules and that this made it possible for the families to participate. They thereby could work around their other, less flexible appointments with office based providers.

### **Class: Gottman's Sound Marital House Model**

In the analysis of the data obtained in the interviews, much of what the participants recalled could be coded in terms of the specific curricular elements they were taught using Gottman's Sound Marital House Model. The primary codes that emerged under this class were: *Nurturing Fondness and Admiration; The Four Horsemen of the Apocalypse; Regulating Conflict; Turning Toward vs. Turning Away; Sharing Influence.*

### **Code: Nurturing Fondness and Admiration**

In their interviews many couples recalled being reminded to hold hands, provide compliments, and say positive things to each other. Those who recalled this stated that they tried to do it at least for a while. But most of them admitted that the behaviors had dropped off somewhat after the program was over. Some couples remembered the counselors working with them to have them pay compliments to one another several times per day. They typically called this “the compliments” or “saying nice things to each other” aspect of the program. For example, Melissa and Jason recalled trying to put this lesson into practice. Melissa: “Yeah, I remember we would jokingly say things like, ‘Thank you very much for changing the toilet paper roll’.” Jason repeated what they had been taught: “Just compliments for the little things. Focus more on the positive than the negative things.” He also believed that it had a lasting effect. He stated, “I remember the compliments. I think that it is stuff we still use from the program, but we don’t realize it, or think about it being from that. We just do it now.”

Miriam also recalled the counselors encouraging the use of positive sentiments, recalling that they emphasized saying positive things whenever possible and staying away from negative comments. “I remember one thing. Always try during the day to think of two or three nice things to say to each other. We hadn’t ever thought about that. It wasn’t hard to think of two or three nice things to say.” Jeff, her spouse, also recalled this part of the marital strengthening program. In Jeff’s opinion, the suggestions for creating positive affect were “all that crap that you do when you are first together, when you go out of your way to do stuff for them and be real nice to them and all that. Once you get passed the honeymoon period, it was like, the only time we said something to each other it was ‘f-you’ and you just pass each other in the hallway...we remember learning that, but I don’t always remember to do it, to say the nice things,” he admitted. He also

confessed that at times, when working with the counselors, he struggled with some of the exercises where he had to find the positive about Miriam: “Yeah, I mean, I felt a lot of positives about her when we met, but things happen, they build up. Life just happens and you forget, but everybody does that. It changes, it goes up and down. You get into real life...” However, both agreed that they did try to engage in creating positive affect pretty consistently for about a year after completing the program. Miriam admitted, “Sometimes you forget... but we do try to be more positive and less negative about each other, just like the counselors suggested to us.”

### **Code: The Four Horsemen of the Apocalypse**

The Four Horsemen of the Apocalypse came up often in the interview transcripts. For example, Craig said “That (The Four Horsemen) is one of the things she remembers most about it, the same for me. I think that is something that sticks with you. So then we are at least conscious that we should not use those things.” Overall, criticism and stonewalling were the most frequently mentioned of these behaviors, but contempt and defensiveness also emerged. Many of the participants who mentioned the Four Horsemen remembered learning that these behaviors were damaging to a marriage. They often mentioned efforts to stop engaging in these behaviors, whether during the program, after the program, or both.

*Theme: Criticism.* Carrie recalled that about two weeks prior to the interview, even before the interviewer had contacted her, she said something that she felt was particularly critical and remembered it as one of the Four Horsemen. She described the criticism, “Oh it was pretty scathing. It was pretty nasty and afterwards, I thought, oh...that was not the best thing to say. Oh, I think that was one of those Horsemen, and we aren’t supposed to do that unless we want to ruin the marriage!” Carrie noted that she still thinks a lot about criticism as being one of the Four

Horsemen and that this is something she remembered and continued to try to put into practice after the program ended.

Several instances of criticism were described by participants as one of the interactions that the counselor addressed during the couple's participation in the program. Monica's comment was a typical description of criticism, noting that prior to working with the counselor, she would “do things like attacking him and being hateful. Saying things I know would make him mad. Just being critical of things that I thought he did wrong....it was on that level of, I am pissed off, and I want you to know I am pissed off.” She noted that through the marital strengthening program, she understood how destructive this was and both she and her husband remarked that things changed dramatically in her behavior towards her husband. She reported that she was careful what she said, and she admitted with a smile, “I've learned to mellow out,” as her husband nodded vigorously in agreement.

Monica's husband, David, admitted that he was critical as well and learned to modify his behaviors towards his wife: “I think that what the counselor was trying to show us, or tell us, was that we have to show understanding towards one another, because a lot of times it was like I'm going to say what I'm going to say regardless of how it makes you feel. Even if it hurts you. Learning to be tactful and what you say, because words do hurt. She taught us that.”

Miriam said that, before participating in the program, she felt she always told her husband “what he did wrong. Or he said what I did wrong.” However, the counselors helped them learn to be careful what they said to one another. She noted that it helped, especially for about one year after they finished the marriage strengthening program.

*Theme: Stonewalling.* Stonewalling was remembered as an important one of the Four Horsemen. Participants usually described it as their tendency to shut down during arguments and



refuse to talk. The participants recognized stonewalling as a barrier to effective communication and noted that they worked with the counselors on this behavior. Michael remembered feeling overwhelmed by his wife's emotions during arguments, and refusing to engage with her as a result. Melissa noted that the *only* Horseman that she saw in her marriage was stonewalling, and that she was the one who tended to do it. She said that she just shut down if she was upset and kept things in; then get angry later. Melissa stated that her counselor worked with her to not engage in this behavior and Melissa found herself doing it less as the program went on. However, learning not to stonewall is something that she says she still practices, years after she completed the program.

David remembered that the counselor helped him to understand that he would stonewall when he felt overwhelmed by the intensity of his wife's anger. He stated that the counselor helped him to understand that he had to keep working towards a solution, because if he did not do so, the problems would never go away. He remembered the counselor telling him that refusing to talk would not help him and his wife get to the root of their problems. David reported that he learned to stop this behavior and feels that he is consistent in how he continues to avoid stonewalling and instead, stays engaged in discussions.

Joan also recalled that she and her husband learned to avoid stonewalling, at least during the time that they were involved with the marriage strengthening program. She noted that while working with the counselor, she and her husband Michael had negotiated a particularly difficult family decision. She recalled how the counselor helped them used the skills to successfully solve the issues at hand. She noted that before participating in the marital strengthening program, the discussion would have ended in an argument, "with lots of stonewalling." Instead, in this case, the couple reached a compromise. Michael noted that he tended to still engage in this behavior,

but was more aware of it now. In this particular case, although he and Joan both felt he had improved a good bit since participating in the program, Joan felt that he tended to stonewall more often than he felt that he did.

*Theme: Contempt.* Learning about and addressing contempt came up in the interviews. Couples spoke of contempt as resenting their partner, having no respect, or not being able to “stand” one another. Monica recalled that her counselor pointed out how these feelings of contempt can be expressed nonverbally as well as verbally. After watching her interact with her spouse, Monica recalled that her counselor helped her become aware, in addition to what she said to her husband, of the nonverbal cues that she was sending to him. Monica admitted, “I tend to roll my eyes and she told me to try to stay away from that negative body language.” Miriam also reported some instances in which her husband treated her with contempt, and how these were addressed by the counselors, with a good deal of success in lessening the occurrence and severity of the behavior, especially for a period of time after they completed the program.

*Theme: Defensiveness.* Defensiveness was not remembered and described as often as the other three Horsemen. Monica described her defensive behaviors as blaming her husband and not seeing things as partly her fault. She admitted that, before participating in the program, “apologizing was one of the hardest things for us before. I was like, why should I apologize? I haven't done anything wrong. After the program, we didn't do that. We resolved it. If it took one of us saying I'm sorry, then we did it.”

Miriam also remembered that she engaged in a good deal of defensive behavior, but the counselors helped her to stop doing it so much: “I know they really helped me. They helped me realize...there are some things that you cannot take personally and look for blame. Well, if I hadn't have done this, he wouldn't have done that.” Miriam noted that she often tried to talk with

her husband Jeff about certain behaviors or attitudes, but found that she was not able to. She noted that when she approached him, “he’d get defensive. ‘Oh, so I don’t do anything right?’” I would say, ‘no, it’s not that you are not doing it right.’” However, he was not open to her suggestions because of his defensiveness. Miriam said that the counselors helped Jeff with this issue and that for a while it was much improved. She commented, “He is better than he was. But he was a lot better in that year or so after we finished the program.”

### **Code: Regulating Conflict**

The goal of the 5<sup>th</sup> floor of the Sound Marital House model is the regulation of conflict. When the couples referred to this section of the program, they typically identified being overwhelmed by toxic feelings, harshness, tone of voice, and changing their approach as important lessons. Much of this code captures what the couples said they learned about controlling their emotions so that they could, at best, problem-solve and at least not alienate one another. One theme was “flooding”, that is, being overwhelmed by bad feelings, often when one or more of the Four Horsemen entered into an argument. Another was learning to recognize and inhibit the way that they reacted and when conflicts arose (“harsh start-up”). The last was learning to differentiate between solvable and unsolvable problems.

*Theme: Flooding and withdrawal.* Miriam and Jeff described feeling overwhelmed with negative emotion and then avoiding each other. Jeff recalled, “We’d have disagreements or whatever. We’d go head-to-head. Charge at each other.” Jeff reported that he would then walk out of the house and just leave for a while. “It was a vicious cycle.”

The couples that reported flooding, also spoke of how helpful it was to learn to avoid it. For example, Jeff recalled that, because he and Miriam often felt flooded with negative emotion and then would avoid each other, the counselors helped him to develop a break ritual. Jeff

remembered that the counselors taught him to use a signal when he felt he needed to leave an argument with Miriam. “I had one (waves hand) it meant 'see ya.' ” Miriam remembers this as well, stating: “Yes, I remember it was one that you said helped you.” Jeff and Miriam remembered that this helped because it gave Jeff time to self soothe, and Miriam did not get so upset because the signal communicated to her what he was doing. He wasn’t just storming out of the house as before.

Monica described the way in which she engaged in a vicious cycle of conflict and worked with her counselor on it: “I found out I intentionally spent too much of my time with the kids just to stay away from him. And that was the way I got away from what I was feeling and what I was thinking.” Her husband David acknowledged that they seemed to be growing further apart due to the intense conflict and avoidance. He remembers that he felt his wife withdrew from him: “She wouldn't include things as ‘we’. Either it yours, or its mine, or I this or that. I would tell her, that makes me feel like an outsider or you are in this by yourself.” The couple reported withdrawing and not speaking as common pattern in their marriage, noting that before working with the program counselor, their way of interacting had become where “it was explosions or just not talking. No middle ground.” Both reported that avoiding discussions and shutting down became a pattern. David said that he would disengage because he felt overwhelmed by Monica's emotional reactions and the feeling that she was “attacking” him. However, the counselor encouraged him to stop shutting down and to engage in the relationship. David recalled: “She talked about bringing down defenses, bring down those walls, because there's no reason that I shouldn't be able to talk with her. Because she's my wife. I remember she told us that if there's something bothering us, we need to bring it out talk about it.” Monica recalled how the counselor encouraged them to stop the flooding and avoidant cycle: “She said always keep open

communication. Always talk. Because when communication breaks down, that is when other problems always come in. She told me to stop holding things in and letting them build up.”

Monica smiled as she noted the improvement in the relationship when the couple learned to avoid this pattern and she began to honestly communicate her needs to David: “When he realized what was bothering me, he took the initiative to try to address it.” The couple also remembered that the counselor worked with them on how to self-soothe: “She taught me that if you go to the hotspots, it is only going to make this situation escalate. If it takes taking a breather, and saying okay we are going to stop talking about this, for a minute or two until we calmed down, and then come back together and try to talk about it. That is something I always remember.” They both agreed that they seldom ever find themselves in the cycle of flooding and avoidance since completing the program, and they report that they continue to use self-soothing as needed.

*Theme: Harsh start-up.* Miriam recalled that the counselors taught her that part of how she should approach her husband Jeff had to do with her tone of voice. “They talked about some stuff about the tone of voice you use with a man is real important. He wasn’t really listening to what I was saying. He always thought I was accusing him. Maybe that is how...well, they (counselors) would tell me that. It was the tone you are using. Well, it’s hard to have a certain tone when you’re upset about something! But, I listened to them and really tried to watch my tone.”

Catherine recalled that her counselors helped her to understand that the way she approached her husband, which she felt was coming from a place of concern, was actually perceived as nagging by her husband. After working with the program counselors, she learned “you don’t have to say something behind everything. That was pretty tough for me to do. I figured I had to say something about everything, 'Hey, hey, you.' I always had to get my word

in. But you learn it is not necessarily a good thing or a necessary thing to do. She noted this is something she still uses today, and that it helped her to avoid many arguments with her husband.

David said, and Monica admitted to it, that she was aggressive at times. David said: “You see, it felt like to me, at that time, I was just being beat down, a lot of times, with how she was talking to me.” Monica noted that her counselor taught her a different way to approach her husband, especially “watching my language.” In making a real effort to change her behaviors, the relationship improved. David stated, “Yeah she doesn't get so aggressive and she doesn't talk at me. It's so much better. The program really helped. “

Joan also remembered that the counselors worked with her in how she would say things to her husband and approach him. She felt that she “tried hard” and noted that that she learned to ask for things “in a pleasant way or not so demanding way. Or what was it, harsh?” “I learned the right way to say things.” She noted that in putting these ideas into practice that, “we got better.” She admitted that at times, she didn't always try as hard several years later as she did while she was active in the program.

Even in those couples who had low levels of conflict, the participants remembered discussing the concept of the harsh start-up. Carrie recalled that she remembered the concept of “timing your approach with your husband” as one of the key things that she took away from the program. She stated that things she learned like the timing of the approach were something that made her “stop and think” before she said things sometimes to this day.

*Theme: Differentiating between solvable and unsolvable problems.* Other couples recalled that they learned the differences between solvable and unsolvable problems. Catherine recalls one example of this theme, in which she and her husband had become gridlocked over several things that each of them did that upset the other. She noted that they were “always

butting heads.” She stated that the conflict went on and on with no resolution. Catherine remember learning that she needed to let go of wanting to try to force her husband to change and stop engaging in conflict around these issues. She remembers one counselor telling her, “You don't have to dance on every song.” Catherine stated that there were certain issues that the couple was able to work on and she learned to concentrate on these issues and let the unsolvable issues go. She stated that she continues to practice this with her husband, who was diagnosed with Alzheimer's after they completed the marriage strengthening program: “You know, I thought about this the other day, even before you called, that because even with the situation that I'm going through now, the stuff we are dealing with, with the things that they taught me, it kind of helps in this situation with his Alzheimer's. Because even though we have a different situation... if I'd never learned all those things... I would still be saying things to him and butting heads all the time. So, it makes it better.”

*Theme: Repair attempts.* Another aspect of regulation of conflict is “repair attempts”. Couples reported that they gained understanding of how to deal with conflict and avoid gridlock. For example, couples recalled apologizing and accepting blame as ways in which they tried repair attempts. Monica vividly describes how she and her husband frequently became gridlocked, but the counselor helped them learn the importance of repair attempts to end the conflict. “Sometimes arguments would last for days. It would just go and go. Then, after the program, we didn't do that. We didn't let it go past a day. We resolved it. If it took one of us saying I'm sorry, then we did it.”

### **Code: Sharing Influence**

Several of the husbands in the interviews recalled learning of the need to share influence in the relationship with their wives. David said that, before their marriage improved, he really did

not want to listen to his wife Monica, especially if she was trying to get him to make changes or do anything he didn't want to do. Monica agreed that David would not listen to her. "He used to tell me all the time, 'I've been raised, I already had a momma.'" David admitted that he learned that he needed to make changes when he was working with the counselor: "Yeah, and I had to learn sometimes she was right, and I did need to listen. Yeah, I was talking there a few times at her, too. I think it helped once we sat down and talked about it with the counselor."

Michael also recalled a situation in which the counselor helped him and his wife, Joan, to work through a situation in which he had no desire to share influence. Joan and their son, Joel, had been wanting a dog for some time, but Michael refused to discuss the matter, feeling that he would end up taking care of the dog. In working with the counselor, the couple discussed the issue and negotiated a successful outcome in which the couple did adopt a dog. Joan noted that with the help of the counselor encouraging them, they avoided the type of arguments that would normally have come out of trying to get Michael to do something about which he had already made up his mind. Michael agreed, noting that he had ultimately agreed to the dog after initially believing before the counselor worked with them that he would not listen to Joan's opinion and take it under consideration.

### **Code: Turning Towards vs. Turning Away**

The couples frequently remembered "turning towards" as part of the in-home marital strengthening program. Most couples referred to this third floor of Gottman's Sound Marital House Model as "date night" or "couple time." Some of the couples made a real effort to implement this element into their relationship. Monica, for example, noted, "I think that the biggest thing that we took away from the program was understanding that we do need time for ourselves. We got that after working with the program and we made a conscious effort to do



that.” The couple reported that despite having seven children in the home, they would find ways to spend time together. Monica observed: “You made it where you could.” As examples she gave going for drives alone and talking, or telling the children to give them alone time so they could sit in the bedroom together “and watch TV and cuddle.” Monica stated that in recent years couple time was easier with only two children at home: “They are older, so sometimes we can just give the money to them to go to the movies, so that we can just have a night to ourselves at home.”

The couples remembered the concept of time together being explained to them as important, but many also admitted that it did not occur because of busy schedules, the expense of hiring sitters, or not being able to find childcare for children with severe behavioral problems.

### **Class: Generic and Common Factors**

Participants recalled many beneficial aspects of the program that did not involve the specific teachings (curricular *content*) of the Gottman-based program. Instead these benefits came from the *process of participation*. For example, just taking the time, having someone to listen to their concerns, considering a different point of view, engaging in teamwork, and listening to their partners.

### **Code: Taking Time to Focus on the Relationship**

This particular code emerged in the analysis of the data as an important helpful aspect of working with the marriage strengthening program. Carrie, when asked what she found helpful about the program, noted, “Usually you just live day to day and you don’t talk about your issues. Go back to your daily life, you don’t talk about issues, unless something bubbles up. At least I don’t, I don’t sit there and talk about what he does and vice versa. Dedicating that time, once a week for two hours just to your marriage. That in itself would have, should have some value. I

think it's always helpful to get counseling. To talk about the things that are never talked about. You generally don't sit and talk about those things unless you go into counseling. So, yeah, it was of benefit to get us talking about our issues." Monica also said that taking the time to focus on the relationship had value regardless of the model that was used: "What the PAMS program was able to give us was the time to have the sessions so that we can focus on us. We have the time to talk about what was really bothering us. And it was really helpful; the program gave me the opportunity to express what I was feeling and thinking." Craig said that: "spending time talking" had inherent value. He said that, although he could not always remember many specifics about the program, "I think it was valuable; it made us think about things and talk about things." Joan described this as one of the best thing about the program in that, "it just got us talking," as opposed to a real lack of communication between her and her husband before they participated in the program.

### **Code: Someone to Listen**

Another popular theme that came through the data analysis was the benefit that the couples found in just having a person to listen to them and help them with their problems. Steven, for example, said that there was value in just talking with the therapist -- about issues as they arose and having the opportunity work on those issues. Catherine also noted the importance of "just having someone to listen." Carrie stated that one of the helpful things for her, "was just being able to vent to a neutral third party. You know, the 'he said, she said' kind of thing." Miriam also appreciated the value of just having someone there: "It gave us someone who listened to us. We could get things out."

**Code: Looking at the Other Point of View**

Looking at the other person's point of view also was described as a benefit of participating in the marriage strengthening program. Jeff noted that, while this was helpful, it wasn't a unique benefit of the Gottman model. He stated: "A lot of it was just common sense stuff that you just don't think of on your own when you are in the middle of a relationship. They helped us step back and look at the other person's point of view. To try to be more understanding." Craig said that the counselors got him and his wife "to consider the other's viewpoint more." Other simply said that they gained increased understanding of their spouse's needs in the relationship because of this factor.

**Code: Teamwork**

Couples said that "teamwork" was a benefit of working with the program counselors. Typically it was in the context of successful work as parents. For example, Steven and Chloe recalled that they finished the program feeling confident that their combination of her strictness and his leniency was acceptable as long as they worked together and understood their differences.

**Code: Improved Listening**

Couples stated that they had "improved listening" to each other. However they did not attribute it to anything specific in the Gottman Sound Marital House model. It was something that came along with participation in the program. For example, Michael said that one benefit that he remembered from the program was "listening to each other." Miriam also recalled that "listening more to each other," was a valuable benefit she and her husband took from the program. They both agreed he did listen somewhat better than before they completed the program.

### **Code: General Feelings of Helpfulness**

Every couple had positive things to say regarding the program. There were many comments in the interviews that did not fit into any of the codes listed above. Examples of these kinds of statement were saying that the program generally was good, or was helpful, worthwhile, or of value. Craig's comment is a typical example of this code: "I think it was of value. It was good. I can't remember all the specifics. But anything that helps the parents, helps the kids." Other comments under this code included, "They helped us a lot" and "It is a needed program."

### **Class: Suggestions for the Future**

In the interviewing process, parents made suggestions for improvements for the program. In analyzing the data, there were two codes that appeared to best represent these suggestions: Ongoing Services and Additional Groups.

### **Code: Ongoing Services**

Most of the parents involved expressed a desire to have continued services. Carrie, for example, stated, "I would take it again if it was offered." Catherine expressed her wish that the program had never stopped: "I enjoyed the sessions. I wish they'd never stopped. I wish they had them again, especially the groups." Jeff expressed the same feeling: "I wish they could come out right now and keep helping us out." Other participants stated that they wish it would be offered again as they thought more families should go through the program.

While some of the participants wanted ongoing in-home sessions and periodic groups, some expressed a desire to at least have ongoing support from time to time. Michael stated that he wished, even if just once a year, someone could meet with him and his wife and remind them of the material and go over it again.

### **Class: Not Using What Was Learned**

Several couples admitted they were not using certain components that they remembered from the Sound Marital House model. Ultimately, one code for this failure to follow through emerged in the analysis of the data and was labeled “resistance”.

#### **Code: Resistance**

The participants whose responses were considered to be of this code were able to name a specific part of the Sound Marital House education, such as couple time, the Four Horsemen, the harsh start up, or creating positive affect. However, they said that they did not follow through and use what the counselors had taught them. Three themes were found in the analysis of the code of resistance: No need to use; too difficult; no reminders.

*Theme: No need to use.* Several couples admitted to knowing and remembering skills and activities, but not using those things. The couples felt that using them wasn't necessary. Some participants had not sought out the in-home marital strengthening program services, and felt that they did not have marital problems before participating in it. Carrie reported using some skills at times, but justified the things she did not implement by stating, “We’d been together 14 years at that point. The patterns were set. They are set.” She also said about her marriage, “It does work. It works for us obviously to still be together after all these years.” Tammy, who went through a divorce five years after completing the program, observed that a sense of complacency may have occurred in her case, and she did not really believe that her marriage needed the interventions. She noted, “Obviously we weren't exercising this stuff by the time he said he was ready to leave. I wish we had. I think at the time, we were thinking 'oh we're fine'.” We had this evaluation and saw we were pretty solid.”

Melissa and Jason said that they remembered the skills around conflict regulation, but did not use them and never did because they just did not apply to their marriage. Jason recalled that his counselor might have “thought we were hiding stuff from her. She was trying so hard to get any little thing. She spent 3 weeks trying to get a fight out of us and she never could do it.” Consequently, the couple did not see a need to learn to manage conflict.

*Theme: Too difficult.* This theme emerged as a reason to not use part of the program because of the difficulty in carrying out the suggestions. One of these suggestions was for couple time or date nights. Carrie laughed and commented, “Everyone of course says you should have date nights! Ridiculous. How do you have date nights? Everyone says, 'oh you should have date nights'. Get real. What’s babysitting cost? What does a date cost? Gosh, the dates already cost you \$200...drinks, dinner, movies...”

Other couples said that couple time was almost impossible for them to arrange on a regular basis because of childcare issues or demands related to caring for their elderly parents. Joan noted that it was very difficult to find anyone willing to watch her son Joel since he had intense behavior problems. She shook her head and commented, “(the counselors) also talked about spending time together, but when? We had fantastic vacations, the three of us.” She noted that they while they did enjoy this family time, and at other times, she was able to have time alone when Joel and her husband went on camping trips together, these arrangements did not solve the issue of finding couple time or having a date night.

Miriam and Jeff said that, when they were caring for their elderly mothers, couple time was mostly impossible, as was family time with just them and their daughter. One of them always had to stay home and Jeff added that only one of them at a time could even attend family events like birthdays for their children and grandchildren. Even now, after their mothers have

passed away, the couple said that couple time was still very hard to do because Miriam kept an infant during the day, and the responsibility of caring for their daughter, Jeff's work, and the needs of their large, extended family. Miriam stated that the couple would sometimes set up plans, but never followed through, often because they ended up helping out a family member. Jeff said, "Something always happens. When it's our turn, something always comes up." Miriam chimed in, "Because we can't say no."

Another difficulty in carrying through with the program education was the difficulty some participants felt in changing their long-standing behavior patterns. Michael and Joan discussed Michael's continued tendency to stonewall. Michael noted, "I remember recognizing myself in that one... that is something I think came from the military. Anything going on around, as an officer, you see it but no matter what, you never let 'em see you sweat! You see that on TV, but it's true. You can't let anything get to you. You can't be that involved. If you get excited, people around you get excited. You have to be the calming influence for everyone. That is drilled into you in your training. So I very much find myself, towards her, feeling like, ok well you are upset and not react."

*Theme: Need for reminders.* This theme was the failure use program features because over time they were forgotten and no one was around to remind them. These comments were unlike those of participants who felt that they did not need to use the information or who found the skills and activities too difficult or hard to do. Instead, as noted by Michael: "Over time a lot of that really goes away. It is embedded in your behavior for a while but over time it just goes away. That's just the way it is. No (counselor) is there." Miriam provided another example in her husband: "When the girls came out here, that was the main thing they talked to him about, was how he talked to us. And he got better when they were here. But when no one is around

reminding him... he's back where he was.” She also said that she did not always do her part, either, and had stopped telling him positive statements several times a day as she did when the counselors were working with her. She said that the interview process was helpful as a reminder, and commented, “it's good you came out, because it's reminding me to keep doing that. ‘Cause sometimes you forget.”

Michael said that he did have a recent reminder from attending a church class on marriage. The leader discussed much of the same information as the in-home counselors had presented. Michael said that attending the class did serve as a reminder to him, and he felt that he was using the skills more since he participated in the church class, so he believed that at least in his case, reminders were necessary for him.

### **Class: Perceived Benefits**

This class consists of more global feelings of value and benefits, as opposed to the specific benefits – largely tied to learned relationship skills – alluded to in the Sound Marital House section. These were coded as: Still Together; Decreased Conflict; Increased Happiness; Benefits for Children; Gaining Skills; Group-Specific Benefits; General Feelings of Helpfulness.

### **Code: Still Together**

Those couples who were considered the most troubled (by themselves and their counselors) when they started the marriage strengthening program, said that they believed that participating in the program kept them from divorcing. For example, Joan claimed that she was on the verge of separating from her husband when she sought help from the marriage strengthening program. She now said that the couple's improvement in communication kept them from separating: “We are still together. So I think it helped!” Miriam was emphatic that the program kept her from divorcing her husband: “That's why I'm still here; talking things over with



those (counselors).” Monica and David also expressed this. David recalled that prior to working with the counselors “It was close to, hey, look, I can't do this anymore.” The couple stated that through participating in the program, they came to the realization “this is where we really want to be.”

### **Code: Less Conflict**

Another benefit that emerged in the analysis of the interviews was the perception of less conflict in almost all of the marriages. Monica and David were one of couples with high levels of conflict. They reported that after the program “issues are there, yes but it's not like we have a heated arguments and conflict that we used to have.” Other couples reported less arguing overall. For example, Catherine said that she and her husband Alfred argued much less. She believed this was the result of following through with the skills she learned from her counselors. Miriam and Jeff, while admitting “we still have a long way to go,” did find that they found more ways to “diffuse” disagreements and “stay calm when listening.”

### **Code: Increased Happiness**

Another theme was the feeling of more happiness in the couple's marriages. For example, Monica said: (Because of doing the program) “we are happy. Happier than we have ever been.”

### **Code: Benefits for Children**

Monica pointed out that one benefit of learning to talk openly was that she and her husband communicated effectively when the children attempted to “play” one against the other. She stated, “Isabelle would try to play him against me. Like, 'Oh daddy, oh daddy,' and Julia would try to play me against him, and Brandon would try to play him against me. We wouldn't have known that if we hadn't built that open form of communication in PAMS. I could say, 'you know Isabelle is playing you.' And we could listen and share information that they were giving

us and get to the root of the problem. The couple also noted that after the program was over, the children seemed happier. Monica noted, “When we were happier and calmer, the kids were happier.”

Joan also noted that when her marriage was less stressed, her son did better overall. She observed that this was a circular process: Not only did her marriage affect her son, but the better her son became, the more her marriage improved. Steve, her husband, said that he recalled working with the counselor about parenting and how, as long as he and his wife stayed united, their son was unable to play them against each other. The couple report that they have consistently done this and feel that is one of the reasons why their son is thriving.

### **Code: Gaining Skills**

This code was a common theme that was not expected prior to the interviews. Couples reported that the skills and knowledge gained in the marriage strengthening program were skills that they used in other relationships, including the parenting of their children. Joan reported that she learned to use the softened approach not only with her husband, but also with her son, Joel. Joan reported that the change in her voice and her approach was effective.

Miriam also reported that she used the program skills to help her with her daughter, Meredith. “The things that I learned I do use sometimes with Meredith. The positive stuff, keeping away from the negative.” Miriam also noted that she had coached one of her grandchildren through a marital crisis by using a Gottman technique: “I told her, and I was actually quoting something the ladies told me, “think back to when you first starting dating David and how you talked to each other and how you listened to each other. Think back and remember and think of David that way and it will keep you from saying ugly things to him.”

Monica also reported that she used the things that she learned in the program to mentor

couples in her church. “They ask me sometimes about having a happy marriage or solving problems together. I tell them what I’ve learned.” She related an example that she had shared with others about taking a break from flooding and self-soothing before trying to discuss a problem.

## CHAPTER FIVE

### DISCUSSION

The following is a brief narrative summary of the class, codes and themes from the previous chapter. Readers can refresh their memories by revisiting Table 3 (Chapter 4, page 56.). Others may wish to move ahead to the actual discussion of these findings, beginning on page 98.

#### **Class: Program Involvement**

##### **Code: Motivation to Participate**

In summary, three type of motivation emerged from the data for these couples. The first group felt mandated to take part in the program. The second group was seeking help, and the third group took the offer for program services, although they did not feel a strong need to have help with their marriages. Overall, the couples who were seeking help and those who took the offer were evenly divided in number, with only one couple indicating that they felt somewhat coerced into participating. Those who were seeking help had a variety of marital issues, and in some cases, were seeking help with parenting issues as well.

##### **Code: Barriers to Participation**

In this code of the interview data, couples noted that they felt that they would not be able to participate in the marriage strengthening program due to certain conflicts in their lives. The themes that emerged were time issues and the desire for privacy.

*Theme: Time Demands.* The couples who had issues with participating cited reasons such as being overwhelmed with appointments, or with their demands on their time related to child care or caring for elderly family members.

*Theme: Desire for privacy.* This theme was based on the frustrations that some couples felt in having yet another person coming into the home, as well as the feeling that one parent expressed of wanting to be left alone after the adoption was over, having experienced such intense scrutiny with so many caseworkers performing home studies and follow up visits.

**Code: Enhancing Participation**

For this code, there were extrinsic factors related to the program delivery, namely in-home services and flexibility of scheduling that made the program more attractive to the participants. For these couples, the demands of their daily lives were indeed such that if the program had not been in-home, it is doubtful that they could have participated. The need for flexibility stemmed from needing late appointments due to work and other appointments.

Class: Gottman Sound Marital House Model. In the post program interviews, the participants shared memories of the program that stood out to them and what they found helpful about the interventions. Several of the interventions were specific to the Gottman Sound Marital House Model, while others are more general, and are part of the common factors.

**Class: Gottman's Sound Marital House Model**

**Code: Nurturing Fondness and Admiration**

Many couples indicated that they recalled participating in this section of the program, primarily in exercises and homework where they were to pay compliments, show appreciation or make positive statements about one another on a daily basis.

### **Code: The Four Horsemen of the Apocalypse**

There was ample support in the progress notes for the couples who discussed understanding the impact of the Four Horsemen in the post program interviews. The themes that emerged were criticism, contempt, stonewalling and defensiveness.

### **Code: Regulating Conflict**

Under this code, the couples shared their memories of the techniques that they remembered regarding the ability to control their behavior during conflict .the themes of flooding and withdrawal, the harsh start-up, differentiating between solvable and unsolvable problems, and repair attempts.

*Theme: Flooding and withdrawal.* Flooding is the intense emotional overload that occurs when someone is faced with too many emotions from their partner. Withdrawal is a common coping mechanism. The couples learned ways to self-soothe to avoid withdrawal.

*Theme: Harsh start-up.* This is the toxic behavior and aggressive tone of voice used in interactions that is perceived as coercive and demanding.

*Theme: Differentiating between solvable and unsolvable problems.* This is the understanding of which issues can be dealt with effectively and which issues couples need to let go of.

*Theme: Repair attempts.* These are the attempts made by couples to stop the escalation of conflict and come back together again.

### **Code: Sharing Influence**

For this code, participants discussed their experiences with understanding the importance of listening to their partner and taking her opinion into account when making decisions. The participants described putting this behavior into action and finding it helpful.

### **Code: Turning Towards vs. Turning Away**

The couples who recalled this component of Gottman's Sound Marital House model indicated that they remembered the need for couple time that was stressed to them by the program counselors, as important for the couples to reconnect weekly.

### **Class: Generic and Common Factors**

This class is related to those things that the couples remembered as helpful, but were more generally part of the overall experience of the program, and were not tied to any specific components of the Sound Marital House. This class had three codes that emerged. The factors noted here appear to be more of the common factors that are inherent in any therapeutic setting. The participants noted value in these general concepts, which were mentioned with some frequency, though not as often the Gottman-specific components of the program:

- 1) taking time to focus on the relationship
- 2) someone to listen
- 3) looking at the others point of view.

### **Code: Taking Time to Focus on the Relationship**

This code indicates the general feeling of helpfulness that couples experienced in taking time to focus on their issues and talk about their relationship. The couples noted that this is something that they did not do on a regular basis.

### **Code: Someone to Listen**

For this code, the couples noted that they found value in just having a neutral person to vent to, or just having someone who could hear their issues and help them find solutions in general.

**Code: Looking at the Other Point of View**

The couples indicated that one value of the program was the increased understanding that resulted from taking the time to think about their partner's perspective and point of view of various issues.

**Code: Teamwork**

Couples said that “teamwork” was a benefit of working with the program counselors. Typically it was in the context of successful work as parents.

**Code: Improved Listening**

Couples stated that they learned to listen more effectively to each other. It was something that came along with participation in the program and was not connected to anything specific in the Gottman curriculum.

**Counselors**

The comments about counselors are taken into account in this section of common factors, primarily as the feelings about the counselors attest to nuances of the therapeutic alliance. These comments were not coded as part of the findings of the study as the comments did not directly relate to the research questions. The counselors were said to be important facilitators of the program. The families cited their relationship with their counselors as something which they valued, and they described specific traits as being very facilitative of their progress within and between program sessions.

It is difficult to differentiate between the feelings that the families had for the counselors as being distinct from the therapeutic rapport that the families felt with the counselors. However, there were specific comments made about the counselors that emerged as distinct sub-themes. It is logical that therapeutic rapport would flow logically with a counselor that a family saw as nice



or that they liked. However, positive feelings such as liking were coded differently than therapeutic rapport, mainly based on comments by the participants in which the two themes of positive feelings and therapeutic rapport were actually distinct and not always found together. Catherine, for example, noted that she liked both of the counselors that worked with her, but felt that one of them had a rapport with her that the other counselor did not. Furthermore, the therapeutic abilities were also separated from other positive feelings in the coding, because, at times, the couple noted that they liked a counselor, but may not have felt that they were as helpful or knowledgeable as another counselor.

*Sub-Theme: positive feelings.* Almost all of the families had positive comments about the counselor's personal qualities. Typical comments were like the ones made by Jason: "She was very friendly. She had a great personality." Chloe said that her counselor had a "bubbly personality... and a great smile." Other comments about counselors cited a good sense of humor, e.g., "a cut up"; "a hoot." Many families made comments about the counselors being nice, sweet, or, as Miriam said about her counselor, "She was wonderful. She was just one of those people you don't forget."

In addition to saying complimentary things about the counselors, many of the couples reported that they genuinely liked or had fondness for the counselors. Frequently the couples mentioned the word "like" when talking about their counselors, saying such phrases as "we really liked her," or "we liked her so much." Some of the participants described their feelings in stronger terms. Miriam describes her counselor as "the one we loved so much." Chloe also stated, "We loved her." She also noted that she was somewhat sad when the 12 session program ended.

*Sub-theme: Ability to relate.* The idea of being the counselor being able to relate to the participants was also noted as an important quality in the counselors. Jason spoke about his counselor, “We were older, but not much older than her at the time....she was very Southern and she and I went to the same school, so we had that going on, too. I think if it had been somebody else, I wouldn't have been into it.” Chloe said that she felt one reason that the counselor could relate to her was that the counselor was also a mother and had school-aged children. “If you aren't married you just can't understand!”

*Sub-theme: Solutions, not directives.* A primary theme that arose in the interviews was related to the ability of the therapist to not tell the couples what they should do, but to help them find their solutions. David remembers, “She tried to help us find a solution to the problem instead of telling us what to do. I remember she's asked us after we argued, 'so how are you all feeling right now?' I remember saying, ‘Sometimes, well, right now I don't really feel like talking.’ However it was okay. She let me do that. Then, a little later, I started talking anyway. She just trying to help us find a solution to the problem, rather than trying to push the issue.” Steven also remembered a similar ability in his counselor. “It wasn't like she tried to tell you what to do. It wasn't like she tried to tell you how to run your life. That she knew exactly what to do or how it should be done. It was more of a discussion or a, you know, kind of a session, where you get together and ideas were tossed around.” He noted that this collaborative stance stood in contrast to other therapy services he had received wherein the therapist's attitude was “this is the way it's supposed to be. If I need to present the arguments to get you to agree with me, I will.” “It was never like that.” Numerous families mentioned that the counselor's attitude was that of working with them, helping them, and in general being nondirective and solution-focused. All of them found to these to be positive qualities.

*Sub-theme: Neutrality.* Another subtheme emerged in the data analysis -- therapeutic neutrality. The participants described an understanding that both partners contributed to the issues in the relationship. As part of this, several couples mentioned the ability of the counselors to not take sides. For example, the counseling process was described by Carrie as “venting to a neutral third party.” Others described the process as “not one-sided.” Catherine offered a vivid memory of this. She recalled, “I was wishing that (the counselor) would agree with me more! I would think 'you are a lady. You are supposed to understand what I’m saying.' But, I think they were fair. I think that they said what needed to be said about situations, irregardless (sic) if it was coming from me or him. It was always, I think, done right; answered the way it really should have been, whether I liked it or not. It was not like you are a lady and you take my side. They did a good job with that, they really did. I think that he liked it, but I really don’t know how much he remembers about it. I know he liked it when they were fair and if I said something that was wrong, they would say so. They would say, 'Mr. G-what do you think about that?' He liked that. He felt they listened to his side. Not just me since I was a lady.”

*Sub-theme: Nonjudgmental.* A common description of a positive quality in the counselor was her ability to appear nonjudgmental. In David’s recollection: “I think another thing that was very helpful is that she was not at all judgmental. If we started arguing right during the session she did not try to stop us, she would let us say what we had to say. Then she would ask us, ‘Well what are you feeling right now?’” He appreciated that she didn't appear shocked or upset by some of their arguments. Jeff said “It doesn’t matter what it was, it didn’t shock them. There was no reaction of ‘Well, you should do this or that.’ It was more, how do you feel about that? “

Many couples observed that they did not feel that the counselor ever shamed them. For example, Catherine remembered that she did not feel that her counselor judged her marital

conflict or criticized her role in it. Instead, Catherine felt that the counselor helped to normalize the conflict, not as pathological behavior, but as a result of patterns that could be changed by making different choices.

### **Class: Not Using What Was Learned**

Several couples admitted they were not using certain components that they remembered from the program. This failure to use skills was labeled “resistance”.

#### **Code: Resistance**

The couples related that they remembered specific suggestions from the program but were not using them. Three themes were found in the analysis of the code of resistance: No need to use; too difficult; no reminders.

*Theme: No need to use.* The theme here was for those couples who felt that their marriage was not in need of certain suggestions given to them by the counselors. Either the couples felt that their marriage was healthy to begin with, or the patterns of interaction were set, and worked, so there was no need to change.

*Theme: Too difficult.* This theme indicated that the suggestions were too hard to carry out. The couples often mentioned data night and stated it was too hard to get sitters for various reasons, or that they were not able to afford the costs involved. Other participants noted that they struggled against their patterns of behavior and found it hard to change.

*Theme: Need for reminders.* This theme emerged as the issue that some participants felt was the reason for their failure to use the program suggestions. They felt a need to use the skills, and they found them relatively easy to implement, but just forget to do so. They felt reminders were necessary for them to keep using the suggestions.

### **Class: Perceived Benefits**

This class consists of more global feelings of value and benefits, as opposed to the specific benefits – largely tied to learned relationship skills – alluded to in the Sound Marital House section. These were coded as: Still Together; Decreased Conflict; Increased Happiness; Benefits for Children; Gaining Skills; Group-Specific Benefits; General Feelings of Helpfulness.

#### **Code: Still Together**

The couples who were on the verge of divorce at the outset of their program participation indicated that the program had saved their marriages. They indicated the program enabled them to stay in the marriages.

#### **Code: Less Conflict**

The couples reported dealing more effectively with conflict. They noted that the intensity and duration of their arguments decreased and while issues were still present, the heated arguments had ceased.

#### **Code: Increased Happiness**

Another code was the feeling of more happiness in the couple's marriages that resulted from participating in the program.

#### **Code: Benefits for Children**

The participants noted that their increased ability to communicate helped them to parent more effectively as they were able to communicate about the children's needs. Also, as one participant stated, “When we were happier and calmer, the kids were happier,” noting that their reduced levels of conflict led to more calmness in the home.

**Code: Gaining Skills**

This code emerged as the experience of participants in relating that they used the skills that they learned in the program to help them in other relationships. In some cases, the participants noted the use of the skills in parenting their children. For others, they used the skills in other relationships, or used the skills to coach people in their church.

**Code: General Feelings of Helpfulness**

All of the couples had positive things to say about the program. Some were able to name specific components of the program in terms of helpfulness. Others stated that program was generally valuable or good or needed.

**Class: Suggestions for the Future**

In the interviewing process, parents made suggestions for improvements for the program. In analyzing the data, there was one code that appeared to best represent these suggestions:

Ongoing Services

**Code: Ongoing Services**

Most of the parents involved expressed a desire to have continued services. Other participants stated that they wish it would be offered again as they thought more families should go through the program. Others expressed a desire to at least have ongoing support from time to time.

**Discussion of Findings**

The overall findings of the study indicate a mixture of motivations to participate in the program, to some extent corresponding to preexisting levels of marital distress. Not surprisingly, those couples who described the most distress were the ones who sought help for issues in their marriages. These issues were at least partially related to problems with child-rearing. The

couples who “took the offer” to participate were a mixture of highly satisfied couples and couples whose marriages indicated some issues with conflict and satisfaction. The couples who felt somewhat pressured to take part in the program and were not sure they needed the program, did indeed have a low level of conflict and fairly high levels of marital satisfaction.

The various barriers to participation that were discussed by the participants were a factor in some cases with their ability to complete the program. Concerns about family time demands and, especially, the needs of elderly parents were common in the interviews and also in the clients’ case notes. The latter indicated multiple interruptions to sessions because of their children’s needs and to accommodate other service providers. Those with care giving demands frequently rescheduled their appointments. Nonetheless, the couples participated and completed the program, in part perhaps because the two most commonly cited reasons that helped participation were having services delivered in-home and flexibility of scheduling. However, it is unknown how many other couples who either did not participate or dropped out of the program had these same barriers to participation, but were not able to overcome them in order to participate. There may be other barriers and ways to overcome these barriers that were not mentioned by the participants.

Overall, the memories that the participants shared were surprisingly detailed given the years that had passed since the completion of the program to the time that the interviews were held, ranging from three to seven years. The Gottman-specific components of the program were recalled in detail by participants who could relate specific examples of how and when these components were introduced in the program. The Gottman-specific components of the Four

Horsemen were the most commonly noted by the participants. It appeared that these ideas of stonewalling, defensiveness, contempt and criticism resonated with the participants who recognized themselves in these types of interactions.

While the Gottman-specific components of the program were important the participants, several other common factors also emerged. This again reinforces the comment by Sprenkle and Blow (2004) who noted that therapeutic models are “not islands.” Therapeutic models have inherent common factors that are recognized by the participants.

As with any type of therapeutic intervention, one expects a loss of some of what has been gained. However, many participants were frank about why they did not always use the suggestions. Some participants felt that the suggestions were unnecessary, and in some of those cases, those comments came from couples who in fact were low in conflict and high in satisfaction. Perhaps the suggestions were not necessary for them. Others admitted that the suggestions were difficult, because of intrinsic or extrinsic factors. However, many times when the participants cited difficulty as a reason for not implementing the suggestions, they said that they were still making a sincere effort to at least try to use them.

It can be said that the participants found the overall program to be of value. The most distressed couples believed that participating in the program had saved their marriage. Many couples expressed a desire for ongoing services and booster sessions to remind them of the skills they had gained.

## **Implications**

These findings have implications for thinking about assessment of psychoeducational programs that target marriage, and perhaps of any interventive program. There must be recognition of and, ideally, an assessment of not only program curricular content but also of the



participants' process of becoming involved and subsequently engaged. To be more precise, this is not just an imperative of program development and evaluation, but also of pedagogy.

### **Content Implications**

Those couples who appeared to need the program the most – based on levels of distress and conflict – perceived the Gottman Sound Marital House Model as credible. Couples especially underscored the value of nurturing fondness and admiration, being alert to and avoiding the Four Horsemen, and ways of regulating their conflict. Given that the interviews for this dissertation were completed in 2012, and the participants completed the program between 2005 and 2009, the retention of the Gottman-specific information and the helpfulness of the concepts of the Four Horsemen and the Regulation of Conflict is striking.

It also is interesting to observe that those couples who were the most conflicted seemed to retain more information regarding the Gottman-specific components of the program. This is not a surprising outcome when taking into consideration that learning is best when it is relevant and personalized, as well as rehearsed and practiced (Barkely, Cross, & Major, 2004; PREP, Inc., 2013). The couples who had the highest levels of conflict would find the information regarding the destructiveness of the Four Horsemen and the regulation on conflict to be more relevant and personalized than couples with low levels of conflict. Furthermore, for those couples who were the most conflicted, the counselors also had the most opportunity to work with them in practicing these Gottman-specific skills, such as self-soothing.

Another intriguing uncovering from these data was that the couples used the knowledge of the Gottman-specific interventions to help them in other relationships. Two of the women in the study noted that they used such interventions as a softened start-up and the use of positive statements with their children, and found the effect to be positive on the parent-child

relationship. One of these women also coached her granddaughter through a marital issue using information that the counselors had shared with her. Another participant said that she used the information to mentor distressed couples in her church. One other participant noted that she worked on her issues with stonewalling, not just in her marriage, but also in her relationships with members of her extended family. It is striking that three of the four participants who transferred the skills to other relationships were part of three most distressed and conflicted couples who participated in the program. Again, the retention and use of knowledge is more likely for those who find it relevant. It also is a testimony to participants' belief of the efficacy of the Gottman interventions. This is supported anecdotally and for specific client groups (see collection at [www.gottman.com](http://www.gottman.com), *Research*).

### **Process Implications: Common Therapeutic Factors; Process Factors**

Many factors may be common to all forms of marriage education and therapy. As noted by Sprenkle and Blow (2004), the similarity in outcomes of different models of family therapy across numerous studies suggests that certain common therapeutic factors exist across all models. These common factors are thought to account for most of the outcomes in different intervention models, which the authors presume indicates that the specific modality or curriculum of a program is not as important as the common factors that occur. Common factors include several client factors, therapist effects, the therapeutic relationship, client expectations, and nonspecific treatment variables (Imel & Wampold, 2008; Sprenkle, Davis, & Lebow, 2009).

There were certain processes involved in participating that the couples found helpful, and which are *not* specific to the Gottman approach. Some of these processes, such as agreeing together to participate and making it happen, likely sent important implicit messages to the self and the partner: "I care about us." "I want to be open and helpful." These alone may lead to

instillation of hope in situations that had appeared unpromising. There are other process factors that also made up the *doing* of the intervention, *any intervention*.

These may be as helpful as or more helpful than the intervention itself. For example, in the very activity of participating, the couples spent substantial time looking at themselves and their interaction with each other. They talked about matters of interest and listened to one another. Often they addressed problematic situations.

In the evaluation of marriage education in particular, it is important to note recent studies that indicated that the act of going through marriage education may in and of itself have an effect on a couple's relationship. Hawkins, Blanchard, Markham and Albright (2012) noted in their review of the work of Stanley (2010) that the willingness of a couple to go through marriage education can be seen as a symbolic gesture of commitment. Furthermore, they commented that based on the work of Stanley, Rhoades, and Whitton (2011), observable behaviors that also represent a person's future intentions, such as attending a program that is related to sustaining a marriage, should increase a partner's feelings of commitment and relationship security. It is possible that some of the positive outcomes described in the study are also the result of the participants simply being willing to participate.

Sprenkle's and Blow's (2004) hypothesis attempted to integrate program curriculum with process factors. They hypothesized that efficacious therapeutic programs would be those in which the formal curriculum was a vehicle through which common therapeutic factors were facilitated. Despite the popularity of this new model, it has received little scientific research (see review in Lee and Nelson, 2013). In this regard it may be instructive to look at how one process variable (talking and listening) has led to exploratory research.

Hawkins, Stanley, Blanchard and Albright (2012) noted in a meta-analysis of couple's relationship education programs that the intensity of the intervention was the single most important variable in gains in couple's relationship satisfaction, rather than the content of the education program. The optimal intensity was between 9 and 20 hours.

The participants said that the concepts of the Four Horsemen and the Regulation of Conflict were very helpful. However, while saying this, the participants also cited the processes that occurred: Having the opportunity to focus on their relationship; someone who spoke their mind; someone who listened. Moreover, rapport with the counselor was cited as an important factor in the couple's feelings about the program participation. The couples cited many positive characteristics of the counselors, some of which, such as taking a neutral stance and being nonjudgmental, are essential characteristics of any effective counselor, regardless of their theoretical orientation. It should also be noted that these couples often mentioned liking the therapist and made positive statements about their personality or demeanor. The importance of the therapeutic alliance was clearly indicated by participants.

### **Implications for Pedagogy**

The findings in the study also have implications for the pedagogy of marriage education. Psychoeducational programs typically involve the presentation of a training manual that describes presentation of the program curriculum. Family interventions need to be considered as intra-couple processes that begin at recruitment; as ways of doing as well as topics to be addressed. The probability of desirable outcomes (from recruitment to change) may be a multivariate combination of these factors. Some aspects of this have been raised by those who have critiqued the manualized treatments required by funders (Lee & Nelson review, 2013).

Lesson plans tend to ignore the human components, for example meta- and micro-skills, the unique situation of the current combination of people, setting, and time.

In the case of the present study the couples said that their lives privileged in-home services that were also flexible. “Flexibility” meant shifts in the curriculum to deal with emergent situations, and it also meant flexibility of scheduling. Appointments were often interrupted by family emergencies, the needs of children, or visits by caseworkers.

It was also noted by couples in the study that although the program offered a number of booster sessions, they wished that more booster sessions could be provided, even if on a yearly basis. The importance of reminders for what the couples learned was felt to be critical for them to retain and use the skills that were learned in the program.

Although groups were not an manualized segment of the in-home program, couples mentioned that attending groups that were facilitated by the program counselors for adoptive families in the community were of tremendous help to them in developing a sense of camaraderie with other adoptive parents and gaining advice from them on parenting and relationships. Another participant mentioned that he and his wife had attended a Gottman-based workshop at their church, which was in a group format, and they found it to be helpful as they connected with other couples going through similar struggles in their relationship. It is possible that the group format is helpful to couples as an adjunct to the in-home format. Indeed, whenever foster and adoptive parents have been surveyed for the literature, support groups have been cited as one of their most important resources.

## **Implications for Program Evaluations**

By now it should be clear: In undertaking any evaluation of a program, the evaluation process must take into account the program content, but also the participant's involvement in a situation that is inherently beneficial to the program's outcomes. In order to be credible, all such studies must do one of two things: Employ untreated and wait-listed (or alternately treated) control groups; recognize and operationalize process variables. Unhappily, too much of the literature does not employ control groups, does not specify who has and has not self-selected into their programs, and neither acknowledges mortality (those who drop out of the program) nor the factors involved in that.

## **Limitations and Delimitations**

This sample was confined to participants in the Strong Couples, Health Children program provided to special needs adoptive families in Leon, Gadsden, and Wakulla Counties in Florida. The small sample size and lack of a control group limits the generalizability of the findings to other settings.

The researcher performing this analysis was the program director for the program funded through this grant, and may bring certain biases to this process, although every was made to counter these biases. In addition, staff members other than the researcher gathered various forms of data collected for the grant.

As the study only analyzed data from 8 couples who completed the 12-session program. As noted earlier, due to the one-group research design, it is difficult to generalize findings to a larger population, and it is not possible to determine cause and effect between independent and dependent variables. In regards to the findings of the qualitative portion of this study, other researchers could well interpret the findings very differently. Nor are the findings necessarily a

comprehensive reflection of all of the couples who participated in the program. The overall feelings and perceived benefits are presented from the couples who were pleased enough, or saw enough value in the program to complete the program in the first place, and then agree to take the time to complete an interview. It is not surprising then, that the overall comments were positive.

The couples who declined, or did not respond to requests to participate in the interviews, of which there were four, might have declined the interviews due to having different perceived benefits about the program. In addition, the study only looked at those couples who completed the program. The experiences of those who dropped out might yield a very different set of codes concerning the feelings that they had about the effectiveness of the program, or lack thereof.

There are also other factors that would have made the findings more persuasive. The inclusion of a control group at the outset of the study would have provided an opportunity to compare the outcomes of the Gottman-based program to another curriculum. It is not possible to know with only one group if the Gottman-based program is any more or less effective than other similar types of programs.

The study was also limited by the relative lack of diversity of the participants. Two African-American couples participated, but there were no Hispanic or Asian participants, nor were there same-sex couples, further limiting the generalizability of the findings to other populations of adoptive parents of special needs children.

## **Implications for Future Research**

This study provides research related to two areas that have not been examined thoroughly in the literature. One is the study of marriage education using an in-home model. The other is using marriage education with adoptive parents, particularly adoptive parents of children with special needs. Future research could address each of these areas, or a combination of both.

However, if a similar study to this one were to be done in the future, it would be of value for researchers to undertake a program aimed at marriage strengthening for adoptive parents, but to incorporate a control group for further study of the greater efficacy of one model over another. The struggles to recruit families for this program have been documented by Lee (2009). However, for more generalizable findings, further research should also attempt to recruit a larger number of program participants whom the researchers can follow and evaluate, and a group with greater diversity of demographic characteristics.

In addition, based on the implications for pedagogy that were noted earlier, the possible incorporation of groups might also be of benefit, to determine if the in-home couple based approach is a more advantageous delivery model in certain cases, or if the group based approach is just as effective. The use of groups combined with an in-home approach, whether for adoptive parents or couples in general could also have implications for discovering the most effective treatment modalities for psycho educational programs designed for marriage strengthening.



## **APPENDIX A**

### **TRIANGULATION**

As noted in Chapter 3, the research design was to include a comparison of the coded interview data to other available data sources. The research design called for the use of the method of triangulation of other data sources in order to help increase the validity of the implications of the interview data. The data sources that were available for the psychoeducational program were the quantitative data collected for pre couples in the pre and post assessment process, as well as progress and field notes collected by the program counselors.

The use of triangulation is not without criticisms, as noted by Bryman (2011). Triangulation has been criticized from the constructionist point of view. These critics noted that triangulation can be seen as the outcome of naïve realism, in that any set of research findings can be assumed to be an accurate account of social phenomena, rather than, as in the constructivist point of view, just one more possible explanation of an event. The second major criticism of triangulation is also the assumption that different methods of data collection are measuring the same thing in the first place. The author cites the example of comparing a focus group to a structured interview, noting that the former may measure public views, and the latter may measure more personal views, therefore resulting in different findings that are not in agreement.

The researcher has taken these criticisms into account in undertaking this process of triangulation. This study was not intended to support a narrow view of social phenomena in that the researcher touts the ingenuous assumption that any measurement or depiction of events in a person's life are completely to be taken at face value as definitive accounts of a lived experience, instead acknowledging that many factors influence what a study participant may say or do at any point in time, resulting in a disparity between what is felt and what is either reported by the

participant, or observed by others. Furthermore, the different forms of available data are triangulated, with two principles firmly in mind. One is that the researcher cannot ever assume that personal experiences and feelings will be felt or described the same way at two different points in time and the second is that different forms of data collection will not necessarily measure the same factors due to many variables, including differences in raters, instrument design, and the passage of time itself.

Rather, as noted by Bryman (2011), triangulation's utility in this study is “in terms of adding a sense of richness and complexity to an inquiry. As such, triangulation becomes a device for enhancing the credibility and persuasiveness of a research account,” p. 1143).

The process of triangulation was also determined to have an individual section in this dissertation, in order to make the process clearer to understand, as well as to not interrupt the flow of the data from the interviews in the earlier part of this chapter. Instead, the information provided in the coded interview data is summarized briefly in the same order in which it appeared earlier, but with the supporting information provided through the field notes and the quantitative data included in each section. It should also be noted that the clinical records do not contain identical information. Some therapists were apt to give much more detail than other therapists. For those cases in which the therapists did not provide rich descriptions of the sessions, the notes are more difficult to use for the purpose of triangulation. Furthermore, the ability to triangulate using the progress notes is somewhat limited for some of these codes, particularly those codes which may represent something that was obvious to the participant, but was not observed by the therapist, especially in those cases where the participants did not share their feelings with the therapist who remained unaware.

In addition, not every record contained the Gottman Sound Marital House Relationship Questionnaire. This instrument was of value for triangulation as it contains specific questions for

each element of the Sound Marital House model. In terms of triangulating with the quantitative data, it was not possible to directly associate certain codes with quantitative outcomes. For example, there is no quantitative measurement tool that relates to “a desire for privacy” which is one of barriers to program participation. For other codes, certain subscales were utilized as an approximate measure related to the code. For example, the statement by a couple in the post program interview which stated that they had learned about repair attempts and found them to be helpful, could be triangulated with their score on the Problem Solving Communication subscale of the Marital Satisfaction Inventory-Revised. The subscale is designed to measure levels of general ineffectiveness in resolving differences and therefore, would be a logical measure for a couple who reported that they moved from gridlock to using repair attempts and solving problems.

### **Class: Program Involvement**

#### **Code: Motivation to Participate**

In summary, three type of motivation emerged from the data for these couples. The first group felt mandated to take part in the program. The second group was seeking help and the third group took the offer for program services, although they did not feel a strong need to have help with their marriages. In reviewing the existing data for the purposes of triangulation, the quantitative data contained several measures that assessed marital functioning, including the Dyadic Adjustment Scale (DAS), measuring marital satisfaction; the Global Marital Scale (GMS), a measurement of relationship satisfaction; the Family Climate Survey A (FCS-A), which includes measurements of marital satisfaction, parental satisfaction, family life satisfaction, cohesion and flexibility; the Family Climate Survey B (FCS-B), which measures

shared activity, openness and affection expression and behavior control; and the Martial Satisfaction Inventory, Revised (MSI-R), which measures marital satisfaction across numerous dimensions.

Session notes and assessments were reviewed for indications of the couple's resistance or willingness to take part in the program based on their belief that they did not need the program and felt somewhat coerced into participating.

In reviewing the quantitative data associated with the code, the couple's scores on the scales related to marital satisfaction and happiness did rate as fairly high. For example, Melissa and Jason, a couple who felt that they had to participate in the psychoeducational program or jeopardize their future ability to adopt more children, scored low on the Global Distress subscale of the MSI-R, which is described as the best single indicator of this scale for the global relationship affect. The couple also scored moderately high on the Dyadic Adjustment Scale and the Global Marital Scale, which measure relationship satisfaction.

The initial session notes for this couple indicate that they were able to list a number of strengths, including being able to rely on one another, trust, and being comfortable with one another. They did not have areas that came up in regards to severe conflict or other needs that they expressed for wanting to participate in the program. The couple's post program interview indicated that most of the arguments they had were small and last only a couple of minutes, and these same comments were found in the counselor's progress notes. However, it does not appear that the couple overtly conveyed their initial reluctance to participate in the program to the counselor, at least judging from the progress notes. The progress notes from the first session indicate that the "couple seemed excited about the program." It is likely that this resistance to

participating was not relayed to the counselor as the couple had indicated that they did not want to jeopardize their relationship with DCF and being able to adopt in the future.

Other couples indicated that they were looking for help when they sought out services with the marriage strengthening program. Joan and Michael, for example, had noted in the interview that their motivation for seeking help was to increase their communication, especially around the parenting of their child, Joel, who had severe behavioral issues and had added a great deal of stress to their marriage since the adoption. In a review of the quantitative data collected on the couple, the stress that their son was creating was evident in that they both scored in moderately low range on the Family Attitudes about the Influence of Adoption Scale, which indicated more negative feelings about the adoption, as well as in the High range on the Dissatisfaction with Children subscale of the MSI-R. They also scored moderately high on the subscale regarding problem-solving communication, which is indicative of issues with communication. The progress notes indicated that they felt that his behavior was severe and they were not in agreement over discipline and needed to improve their communication. The notes from the oral history of the relationship also indicated that both partners noticed a decline in their communication, as well as an increase in marital stress after the adoption. Thus, the information in the progress notes and quantitative assessments indicates that the interview data was valid, in that the couple was seeking help for improving their communication, parenting and the stress that resulted from their child's behavioral issues.

Another couple, Miriam and Jeff had indicated in the post-program interviews that they wanted to participate as they were having strong disagreements about parenting their child, as well as marital distress related to an extramarital affair. A review of the progress notes for the couple indicated support for this motivation of marital distress and parenting issues as the

motivation to participate in the marriage strengthening program. The couples, in the counselor's first progress note, "describe their marriage relationship negatively. They both agree that they disagree largely on parenting for the 6 year old, and that they don't talk on a personal level often." The tension in their marriage was also evident to the counselor who noted that they rarely looked at each other when completing the History of the Relationship Exercise. The counselor also noted that the couple often spoke of each other in a negative manner and they also argued a good deal according to the progress notes. In a review of the quantitative data in the record, the MSI-R indicated serious marital issues, in that the couple scored in the problem level for most of the subscales, including the Global Distress subscale, which is the best overall indicator of marital distress. Both Miriam and Jeff also scored in the High range for the scale Conflict over Child Rearing, and Problem-Solving Communication, all indicative of serious issues in these areas and further confirmation of the issues that motivated them to ask for help.

The support for the motivation of seeking help as a reason for program participation was also evident in the other data sources in the case of David and Monica. However, it appears in this case the couple's quantitative data, as well as the first session note do not reflect the depth of their marital conflict at the time of the first session. The couple appeared to be minimizing their issues with the counselor at first. The progress notes indicated that the couple "was excited to participate" and that Monica had indicated that "if anything will help" she would do it, but the help they indicated they were seeking was more related to their children's issues. The couple shared some information in the first session with the counselor about their marital issues, they were more focused on the stress coming from their adoptive children. In addition, the quantitative data shows a mixed picture. On the Dyadic Adjustment Scale-Revised (DAS-R), for example, Monica scored at the cutoff point, with an overall score of 47, which is the score at

which or below the scale indicates a distressed marriage. However, in contrast to what she indicated in the post program interview, she indicated on the same scale that she and her husband argued “occasionally,” and she indicated that they “almost always agree” on many issues, such as sexual relations, and making major decisions. Her husband scored significantly lower on the DAS-R, with an overall score of 34, and indicated that the couple “argued more often than not.” Both, however, endorsed that they thought about marriage or separation, “more often than not.” In contrast to the item that they thought more often than not about ending the relationship on the DAS-R, on the Global Marital Scale, the couple scored quite differently, with both indicating that they strongly agreed with the item “I have very few thoughts of leaving this marriage.” And both indicated that they “strongly agreed” with the statement that they were satisfied with their marriage. Regardless of some of the inconsistencies in the quantitative data, by the second session, the facade cracked. Due to the intense conflict between the couple, with Monica crying, and not making eye contact, the counselor had to stop the assessment process and intervene in the couple's argument. Both partners admitted to the counselor, “that they were not in a good place in their marriage right now.” In subsequent sessions, the couple freely admitted that they might divorce and the counselor had to mediate intense arguments.

The motivation code “took the offer” was developed from the data for those participants who had not sought help, but thought that participating sounded like a good idea, even though they did not believe they had severe marital stress. For example, Carrie and Craig did not indicate that they really saw a need initially for the program, but were willing to do it when it was offered to them. It is interesting to note that the Dyadic Adjustment Scale-Revised in this case resulted in scores for her that indicated marital distress, while he scored just at the cutoff point of 47. The couple scored moderately, however, in all subscales of the MSI-R, including the

Global Distress subscale. They also received moderate scores on the marital satisfaction subscale of the Family Climate Survey. Their initial interview indicated that they did see room for improvement in the areas of communication and respect and they acknowledged that they did bicker about “little things.” Their history and early progress note verified that the couple had minor disagreements, and needed to improve in some areas, but were not severely distressed. The couple's quantitative scores and progress notes did support that the couple did appear to be the type of couple that would take help if it was offered, see room for improvement, but would not have probably sought help on their own.

Another couple that fit this type of motivation for the program involvement was Tammy and her husband Colin. The couple later divorced, but at the time they participated in the program, Tammy admitted that she did not feel they really needed the help, but took the program because it was offered. Indeed, the couple scored quite positively on the DAS-R, and the marital satisfaction subscale of the Family Climate Survey. Their initial progress and assessment notes revealed that the counselor assessed that “they had a substantial friendship that the relationship was built on. Both seemed physically affectionate and content as they reminisced about their relationship history.” Furthermore, the progress note from the first session indicated that Colin stated that “this program may not be all that helpful to them, as they are doing quite well.”

However, in contrast to Colin and Tammy, another couple who “took the offer” were not doing particularly well, but they did not seek the services out. Nonetheless, as soon as the first session occurred, they did indicate that they had considerable stress in their marriage, primarily due to the strain brought on by the adoption process. Steven scored in the distressed range of the DAS-R, with a score of 40, though Chloe scored higher at 49, which was above the cutoff point, indicating that she did not feel her marriage was distressed. The MSI-R also revealed that the



Steven scored in the problem range with his scores on the subscales of Time Together and Disagreement about Finances. Their initial assessment with the counselor revealed a long history of marital struggles, with neither able to identify any “up” times in the marriage, but able to identify many instances of negativity and “downs.” The couple reported that they had always struggled, first as a blended family, then with ongoing serious issues with the legal and substance abuse issues of one of their adult children, and then with the frustrations of the two year process of adopting their grandchild. It is possible that in their case, while they had issues, the negativity and struggles were the norm for them, and they did not see a need to reach out and seek help, but were willing to accept it when it was offered. Furthermore, in the early sessions with the counselor, it was noted that she had difficulty getting them to focus on their relationship instead of wanting to share their story of difficult adoption of their grandson. This was the same experience of the post program interviewer, who had to struggle to get the couple to talk about their program experiences apart from their anger at the child welfare and adoption system. This might be indicative of a tendency for the couple to focus on other issues, rather than their marriage, which would also make them the type of couple who would be less likely to seek outside help.

**Code: Barriers to Participation**

In this code of the interview data, couples noted that they felt that they would not be able to participate in the psychoeducational program due to certain conflicts in their lives. The themes that emerged were time issues and the desire for privacy. These two themes were not compared to the quantitative data as there was not a corresponding measure. However, in comparing the post program interview comments to the progress notes, the following supporting data emerged:

*Theme: Time Demands.* Melissa and Jason had expressed their concerns about being able to participate due to having so many other responsibilities with work, caring for child with physical handicaps and fostering several other children. The progress notes reflected some of these concerns at times. In the first session, the counselor noted that the couple had to stop halfway through the assessments “because of their children needing food and baths.” At another session, the counselor's notes indicated that the children were “restless” and it made it hard to get the couple to focus on the session. At another session, the counselor noted, “Our session was cut short because the children were getting fussy.” At another session, the counselor also noted she was unable to have the couple complete paperwork as their caseworker for one of the children had to come see the child at the same time as the session and the session was interrupted several times as a result.

Miriam and Jeff also noted time demands related to the care of their elderly mothers who lived with them full time. This concern was supported in the time line of the couple's appointments with the counselors, where the counselors noted that they had to reschedule 7 of their 12 sessions. The progress notes indicated that several of the sessions were rescheduled directly due to issues with caring for their mothers. Some of the progress notes also indicated Miriam's frustration at not being able to stay consistent with the program as the couple had to cancel so often due to conflicts with caring for their mothers.

Carrie had also mentioned that caring for her parents had distracted her from the program at times. This was also supported by the progress notes, in which Carrie admitted to being very worried about her parents and exhausted by going out of town frequently to care for them. In one session, she was so upset about the situation, that the counselors ended up focusing on her stress about her parents, rather than the planned session materials.

*Theme: Desire for privacy.* This theme was based on the frustrations that some couples felt in having yet another person coming into the home, as well as the feeling that one parent expressed of wanting to be left alone after the adoption was over, having experienced such intense scrutiny with so many caseworkers performing home studies and follow up visits. Support in the progress notes was limited for this theme. The progress notes were not directly supportive of these statements that were made in the post assessment interviews, as neither couple complained to the counselor about not wanting to have another person involved in their lives. However, one couple, Chloe and Steven, did continue to focus on the frustrations with the foster care and adoption system in the early sessions with their counselor and many of the comments were about how horrible the process was, which did support the couple's ongoing anger and frustration with the system. Another couple, Melissa and Jason, did not directly complain about this lack of privacy concern to the counselor, but it was evident in the counselor's progress notes that the couple was constantly having workers in and out of the home, including during the counselor's sessions with the couple.

**Code: Enhancing Participation**

For this code, interview data indicated that there were extrinsic factors related to the program delivery, namely in-home services and flexibility of scheduling that made the program more attractive to the participants. In reviewing the counselor's progress notes, it is apparent for some of these couples that the demands of their daily lives were indeed such that if the program had not been in-home, it is doubtful that they could have participated. For example, in the case of Miriam and Jeff, there were several references in the progress notes where the counselors discussed the couple's week, and the counselors noted that neither of them could seem to partake in outside activities together, due to caring for their mothers, which forced them to cancel date

nights, as well as attending a couple's workshop being offered by the counselors on a Saturday.

In the post program interviews, Miriam and Jeff had indicated that one of them had to be at home and that they missed many activities as a result, which was supported by the progress notes.

The progress notes for Melissa and Jason also indicated a significant number of caseworkers coming to the home, the couple getting in after 6 pm from work and other factors that they mentioned in the post program interview a reasons why having the services in home, and later in the evening was vital for them to be able to participate.

### **Class: Gottman**

The participants shared memories of the program and noted what they felt found helpful. The couples indicated a good number of memories related directly the Gottman Sound Marital House Model.

### **Code: Nurturing Fondness and Admiration**

Many couples indicated that they recalled participating in this section of the program, primarily in paying compliments or positive statements, or showing appreciation, and it helped their relationship when they practiced it. The quantitative data and the coded program progress notes for the couples who were the most vocal about this part of the program were used for the purposes of triangulation for this code. Melissa and Jason, who reported that they vividly remembered the importance of focusing on the positive, had progress notes that indicated that they actively participated in this session of the program. Jason felt in the post program interview, that the couple had continued to do well in this area. This assertion was supported, at least in the short term after the program ended, by the couple's information that was provided at one of their booster sessions. The booster session notes indicated that the couple reported that were more loving and affectionate with each other than before participating in the program. Their

quantitative scores were all quite positive before the program started, however for Melissa, she did experience a significant increase in the Family Climate Survey -B subscale which measures each partner's satisfaction with what is termed "Openness and Affection Expression." Her post-intervention score increased by 4 points over the pre-intervention score, indicating her perception of increased satisfaction in this domain. This increase in this score could be interpreted as supportive of her husband's belief that he was more open in expressing fondness and admiration for her.

Miriam and Jeff also indicated that they remembered Nurturing Fondness and Admiration as part of the program and that they did make an effort to express more appreciation and positive feelings towards one another during the program and for some time afterwards. Both partners did show gains in the Openness and Affection Expression Subscale of the Family Climate Survey-B, with Jeff showing a pre to post intervention gain of 4 points, moving from a 12 to a 16, and Miriam gaining 3 points, which brought her pre-intervention score of 13 to 16. The counselor progress notes do support the couple's statements in the post program interview as the progress notes do reflect the couple making a sincere effort to be more positive, with the counselor noting that, "considering the negativity from the last session, they did a very good job discussing positive attributes about the other." The progress notes also indicated that during the Fondness and Admiration exercise that both were surprised at the how many positive attributes that each had listed for the other, and Miriam noted that should have been expressing those feelings. The final notes and booster session notes indicated the counselor observing the couple trying to express their fondness and positive feelings more consistently, which was also reported by the couple to the counselor at that time. It appears overall that the other data sources do support the comments made to the post program interviewer about the importance and helpfulness of

learning about positive behaviors as part of the Nurturing Fondness and Admiration component of the Sound Marital House model.

**Code: The Four Horsemen of the Apocalypse**

There was ample support in the progress notes for the couples who discussed understanding the impact of the Four Horsemen in the post program interviews. For example, Craig and Carrie both remembered criticism as a major focus of the program, and Carrie noted that she still remembered years later that it was toxic to a marriage. The progress notes indicated that this was an area that the couple had identified that they needed help with. Their initial interview for the program indicated that set a goal of “communicating nicely.” Craig specifically noted that he wanted Carrie to be “less critical of what I do or don't do.” Craig had also indicated on relationship questionnaires that he agreed with the statement that “my partner is often very critical of me.” The progress notes also indicated that the couple “recognized themselves” in the Four Horsemen exercise, but the notes were not more specific in discussing which of these the couple recognized. Although the quantitative data did not have a specific measure related to criticism, the quantitative measures do tend to indicate the couple had improvement overall in the marriage after participating in the marriage strengthening program.

Melissa and Jason had stated in the post program interview that they only remembered stonewalling from the Four Horsemen and they recalled that they worked on this and did find it helpful. Melissa had admitted that she would shut down when faced with conflict, but had stopped doing that after the program and was making positive gains in this area. Stonewalling was very obvious in the progress notes. The counselor noted that the couple tended to stonewall when an argument began and they felt flooded. The counselor's notes also indicated the couple scored high in this area on the Four Horsemen assessment. However, in the booster session

questionnaire the couple scored very low on the Four Horsemen assessment, which is supportive of Melissa's comments that she had learned to stop stonewalling in her interactions with her husband.

Joan and Michael had also noted that stonewalling was something that they remembered and had worked on stopping in sessions with the program counselor. The progress notes indicated that "he tends to withdraw during arguments." Unfortunately, the progress notes were not as detailed as some other couple's notes and the specific issues of stonewalling were not mentioned directly. The couple's communication was discussed and it was noted to have improved. The specific example that the couple gave in the post-program interview of negotiating getting a dog was mentioned in the progress notes, but only the issue being brought up, and not the successful negotiation that was reported by the couple in the interview.

Defensiveness also was reported by several of the couples. Miriam had noted in the post program interview that she and her husband Jeff were both guilty of using this a great deal before completing the psychoeducational program. The progress notes supported this, indicating that for one thing, the couple admitted to the counselor that they both used all 44 of the behaviors on the defensiveness handout. In addition, the progress notes indicated an argument in which Miriam became very defensive with Jeff and the counselors worked with her regarding these behaviors. Miriam had indicated in the post program interview that she found this information and working through it to be helpful during the program, as well as afterwards.

Monica also reported in the interviews that defensiveness was a serious problem that she learned about in her own marriage through the program and took steps to change. The progress notes indicate that the couple moved from intense arguing with threats of divorce, to calm discussions during the time they participated in the program. Defensiveness was not noted

directly in the progress notes, but the Four Horsemen were discussed with the couple who were noted to recognize themselves in the behavior.

This couple also mentioned intense cycles of flooding, followed by withdrawal and avoidant behaviors before completing the program. This behavior was verified in the counselor's notes, in which the couple had an argument just before she arrived, and when she came in both were not talking and completely disengaged from one another. It took the counselor some time to get the couple engaged and working on their issues and the counselor noted that this was reported to be a typical pattern by the couple. As the couple had reported in the post program interview, the counselor's progress notes support that the couple ceased engaging in this behavior. Furthermore, the Gottman Sound Marital House Relationship Questionnaire, also showed excellent scores in the dimensions of gridlock and compromise, which also indicate that the scores reflected a change in pre-program behaviors in these areas.

In terms of the harsh start up, several participants recalled this and reported that they worked on softening their start up. In the review of progress notes, the harsh start up was covered with all participants as part of the standard psychoeducational model. For those participants who had mentioned it as an area for improvement, the progress notes did reveal in some cases their struggle with this issue. Monica, for example, admitted to having an issue with this behavior, and the progress notes reflected that this would be a difficult behavior for her to change. In later progress notes the couple indicated that it was getting better for them and easier to soften their start up. The Gottman Sound Marital House Relationship Questionnaire also showed excellent scores on the Harsh Start Up scale for both David and Monica, therefore lending further support that she did recognize and change her behaviors. Catherine had also expressed in the post program interview that she had come to realize that her husband saw many of her behaviors as



nagging, and that this area had been a focus of the marriage strengthening program. She noted that through the program, she improved on these behaviors. The progress notes support her comments. The counselor noted that Catherine, “shared that she realized her style of communication impacts the way in which Alfred in turn responds to her.” In the next session, the progress note indicated that Alfred “shared that he did not feel nagged anymore and that he felt close to Catherine.” Miriam also worked on the harsh start up concept with the program counselors. There are numerous references to them working with her in the way that she spoke to her husband in their arguments. Jeff complained in an earlier session that she would “attack” him in conversation. The couple did appear to work on this issue as evidenced by another session note later on in the program, that indicated that “the therapists praised their effort in coming up with softened start-ups to the various situations that were presented to them.”

Sharing influence was also an area that emerged in the data analysis. Two of the men in the study had noted that this was an important step that they had taken in working on the dynamics of their marriages. David indicated an increased willingness to listen to his wife in general, and Michael was able to note a specific example of working through a family issue in which he agreed to something that he did not want to originally do, which was getting another dog for the family. The progress notes were not explicit in the details regarding these comments by the participants. However, in the case of David, the Gottman Sound House Relationship Questionnaire scale of Sharing Influence resulted in all “true” responses at a booster session, which indicated that he was open to sharing influence with his spouse. This questionnaire was not available for Michael.

Monica and David specifically mentioned learning about repair attempts, particularly apologizing, when they argued and the value of putting this into practice. The specifics of this

part of the program were not in the progress notes. There were only general references to the therapist explaining repair attempts to the couple. However, the booster session progress notes provide support for the couple's comments to the post program interviewer about repair attempts. The booster session notes indicated that the couple's arguments lasted only a few hours, as compared to days before they started the program, due to their ability to apologize. This example of repair attempts and the outcome is the same that the couple mentioned in the post program interview.

### **Code: Turning Toward vs. Turning Away**

Most of the couples who recalled this component of Gottman's Sound Marital House model indicated that they remembered the need for couple time that was stressed to them by the program counselors. Monica recalled this most vividly as an issue in her marriage, with her not having enough time for her husband due to her spending so much time with her children. Progress notes supported that the couple struggled with this issue. The progress notes also support Monica's comments in the post program interview, which indicated that she and David learned to find ways to spend time together and the importance of this in working with the counselor. The progress notes showed that the couple worked in sessions to determine ways to spend time together. The couple scored the best possible score on the post program Gottman Sound Marital House Relationship Questionnaire on the scale which measured Turning Towards vs. Turning Away. In addition, on the Time Together subscale of the Marital Stress Inventory-Revised, which measures the couple's companionship based on the amount of leisure time they spend together, the couple's pre-intervention scores, which were in the "problem" range, dropped to the "good" level upon completing the program. This score helps to support the couple's claim

that they learned from the counselor how important couple time was, and they implemented it, just as they reported in the post program interview.

**Code: Perceived Benefits**

The themes that emerged under this code were Still Together; Decreased Conflict; Increased Happiness; Benefits for Children; Gaining Skills; Group-Specific Benefits; General Feelings of Helpfulness. These codes were difficult to assess codes in terms of triangulating the existing data. The Still Together code is evident in the marital status of the interview participants. The couples who reported the belief that they were on the verge of divorce when they agreed to participate gave ample evidence of their marital discord during the time of program participation. There were examples of negativity, hostility, and discord in the records and scores for Miriam and Jeff, David and Monica, as well as Joan and Michael. The Benefits for Children are not supported specifically in the progress notes. However, there were couples whose scores on the assessment instruments, such as the AAPI, CBCL and Family Attitudes towards Adoption showed some improvement in those couples who completed these forms. The codes of Decreased Conflict; Increased Happiness; and General Feelings of Helpfulness are documented in relation to other codes, in which couples describe helpful aspects of the program, improvements in their relationship and decreased conflict under other codes mentioned earlier. All of these codes are also reflected in general ways in the assessment instruments used in other areas. However, some of these effects occurred after the program ended, and therefore other than self report during the interviews, there is no way to triangulate the findings. Other codes, such as teamwork and gaining skills, are not evident in the progress notes, nor is there any instrument that assesses these codes specifically.

## APPENDIX B

### BEYOND THE RESEARCH QUESTIONS: ANALYSIS OF DATA WHICH PLACES THE ADOPTIVE FAMILY IN THE GREATER CONTEXT OF THE CHILD WELFARE AND ADOPTION SYSTEM

Table 4. Codes related to the family in the context of the child welfare system.

Class	Code	Theme
Motivation to Adopt	Altruism	Planned
		Unplanned
	Infertility	
	Relative Placements	
Adopted Children's Biological Family	Worries about Biological Family Influences	
	Worries about Ongoing Interactions with the Biological Family	
Parent-Child Bond	Children's Challenges	
	Positive Attitudes Toward Their Children	
	Commitment to the Adoption	
Frustration with "The System"	Frustration with Reunification Efforts	
	Frustration with Delays in the Adoptive Process	
	Frustration with Agency Services	Lack of Services and Information
		Overwhelmed by Services
<i>Fear of "The System"</i>		

#### Class: Motivation to Adopt

The couples in this study became adoptive parents for reasons as varied as the couples themselves. The couples came from a variety of socioeconomic groups, ages and life histories. Some couples had never parented before they fostered and adopted. Other couples had weathered challenging scenarios with blended families prior to the adoption. Other couples were looking forward to spending time together as their children left home, only to find themselves parenting again. Others knew that they would always adopt one day. In the couple interviews,

three primary Codes emerged regarding the motivation to adopt: altruism, relative placements, and infertility.

**Code: Altruism**

The Code of “altruism” is compiled of those rationales for adoption that were expressions of the desire to give to others out of a sense of moral correctness. For example, some couples said that they adopted from the child welfare system because they wanted to help a child in need, often at the expense of their own freedom and prior calmness in their lives. It could happen in totally planned fashion; the adoptive parents knew that they wanted to adopt from the beginning. This is a strategy called “fostering with the intent to adopt”. Others said that they had never intended to adopt, only to provide long-term foster homes.

*Theme: Fostering to adopt.* David and Monica, an African American couple in their 40's had brought two families together from their previous relationships. They also had children of their own. The couple had a long history of taking in the children of relatives in need, including David's niece, and the niece's half-brother, who was not related to them by blood, but was his sister's stepchild. As David himself describes it, “I guess the thing was that we were destined to be that type of family, parents or people.”

Nevertheless, Monica and David never intended to provide formal foster care. However, the couple was touched by a story in the local newspaper about a pair of sisters in need of a permanent home. Despite already having five children to care for, the couple pursued the adoption. Monica felt comfortable with the idea of adoption, and noted that the altruistic attitude towards adoption runs in her family as well. Her parents adopted her younger brother when Monica was 16, and two of her brothers had adopted children. After the girls came to live them, the couple became aware that the girls had a half-brother that they had not seen in years. After

searching, the couple located the brother in foster care, and he was adopted as well. Despite the protests of caseworkers who felt the brother's adoption was too much for the couple, the couple persisted. David notes their motivation for adding more responsibility, was simple, as well as altruistic, "I think it was more than anything that we wanted to keep him out of the system."

*Theme: Unplanned adoption.* Carrie and Craig were perhaps the most dramatic example of sacrificing their lifestyle to foster children. Carrie and Craig were a childless by choice couple, together for over a decade, living the kind of upscale lifestyle in a major Southeastern city that most people would envy. As Carrie describes them before adoption, "we were dinks-dual income, no kids. We were living the life." Craig notes that he was a high level manager, making an excellent salary, but began to feel that there was more to life. The couple moved to the less complicated lifestyle of Tallahassee, and Carrie states that she always thought it was important to "give back to society." Initially, they had no intention of adopting. Fostering was described as a "way you contribute to society, help these poor little children," in Carrie's words. However, the couple had never parented before, and truly to this day cannot articulate why they chose fostering rather than another form of community service, except that Carrie remembers being touched by stories about "those poor kids in need." Ultimately, in fostering the little girls they adopted, both Carrie and Craig remember feeling that they just could not send the girls back to their mother. Both expressed sadness and frustration with the reunification attempts and they wanted stability for the girls. For Carrie and Craig, the altruistic motivation to give back to society became deeply personal, with the ultimate altruistic act of adopting the girls and giving them a permanent home.

Alfred and Catherine, an African American couple who are now in their 60's, had similar motivations to foster and adopt, although they had come to be foster parents after raising families

separately, and then marrying each other while in their 40's. Catherine explains that their original interest in fostering was pretty simple for them, "I thought fostering was a good thing to do. To help children out in the community, you know." Catherine knew many foster parents in the African American community and for her, fostering and opening her home to children in need seemed to be the natural thing to do. They had seen many children come and go, but their last group of foster children, a sibling group of four, two boys and two girls, was somewhat different for them. Catherine stated, "When I got those kids and I got some of the background and history on them. All they had been through. They'd been here, they'd been there. And I said to myself, that's it. They have been to their last place. The buck stops here! And so I just kept them. When they came up for adoption, I adopted them."

**Code: Infertility**

Several of the couples adopted children due to their inability to have biological children of their own. Their experiences were frustrating and painful. Joan and Michael, a professional couple married in their thirties and found they were unable to conceive. They attempted numerous fertility treatments before deciding to adopt. Joan described the heartbreak of years of fertility treatments and miscarriages before giving up the idea of having a biological child. "We had been trying for years...the last time we lost a baby, I said, that's it, let's adopt a baby." Melissa and Jacob, were married in their twenties and – like Joan and Michael – soon found out that they would be unable to have a biological child together. However, at first, Melissa felt that her grief also had a special poignancy from her perspective, "When we first found out we couldn't have kids, I wanted him to just leave me. So that things could be different. See, he was adopted as an infant, and I felt like I was denying him that opportunity to have his own child, someone that was biologically connected." Jason disagreed, observing that his own adoption

made him very comfortable with the idea of adoption, and he didn't actually feel a strong need for a biological relationship.

As stated earlier, no adoption from child welfare is really motivated without some degree of altruism. Both couples had a mixture of altruism and practicality in choosing to adopt through child welfare rather than a private adoption. Both couples noted that the cost of private adoption made it a barrier. So their ability to adopt children without cost was a motivation for going to the child welfare system. But there was also a level of altruism present in these adoptions. Both couples adopted children who were very challenging, each in their own way. Joan stated that after years of trying to conceive, she and Michael felt that they were too old for an infant and described them as thinking about child welfare as a resource, stating simply “He's an older child who needs a home.” Joan and Michael adopted a nine year old boy with severe behavioral issues, with full awareness of the severity of his issues. Jason and Melissa noted that their original route to adoption was the path of fostering to adopt, knowing that they would likely be adopting an older child, a siblings group, or a child with physical or mental challenges. As Melissa noted, “we didn't care if the child has problems. Honestly, I could have cared less if you handed me a Smurf! I just wanted to be a mother.” The couple adopted Max, who was eight weeks premature, and born addicted to cocaine and was diagnosed with cerebral palsy. Max uses a wheelchair and requires intensive daily care and a variety of weekly therapy appointments.

Although fertility motivated these couples to pursue adoption, and the lack of cost involved with these placements was an incentive, neither of these couples would have taken on the challenges of raising these children without a level of altruism being involved. However, the motivation here should still be distinguished from those who are more “purely” altruistic as the altruistic couples were either childless by choice, or already had children of their own.



### **Code: Relative Placements**

Some of the couples adopted children who were related to them. This is called “relative placement”. There was altruism involved in such a situation, but there also was a sense of duty or obligation. Two of the couples were older. One couple was in their 50's at the time of the adoptions, and the other in their 40's. Both couples had married each other in second or third marriages, and had the experience of blended families and step-parenting. Neither couple ever saw themselves raising a child at this age. However, adult members of their extended families had infants at the same time that they also had mental health, drug, and/or criminal charge issues. Subsequently, the two couples in our study stepped up to parent these babies so that they would not be fostered outside the family.

In one case, the adoptive mother, Miriam, who is biologically her child's maternal great aunt, saw herself as the only viable alternative for her adopted daughter, who is now 13. Miriam described the child's biological: “(The baby) was born in jail. Her mom was on methadone. She was in jail, she went to the hospital, she had a c-section, she had the baby, got to hold the baby. I've got one picture of her with the baby, and she went right back to jail. First few years of that child's life, that is where her mom was. I even took (the baby, now a toddler) to a jail when she was two years old (to visit her mother).” Miriam stated that her sister, the child's biological grandmother, was unable to care for her because the grandmother was divorced and worked full-time. Miriam and her husband Jeff expected that the baby was only to be with them for six months and then returned to her mother after the latter got back on her feet. It didn't work out that way. Quotes Miriam: “And well, after six months, there was NO way she was ever getting MY child away from me. And her mom even said ‘there is no way, no way that I would ever take her from you. She knows she couldn't be a parent, cause she's still using, heroin’.” Miriam's

husband admits that the decision to adopt was Miriam's, but he went along with it "because it was the right thing to do."

Steven and Chloe adopted their grandson because of her son and his partner were both chronically challenged by drug addiction, unemployment, and mental illness. They had left the baby with Steven and Chloe at age six months; they then tried to take him back. Steven and Chloe refused. Unlike the easy adoption experienced by Miriam and Jeff, in this case a custody battle and effort to adopt the little boy took years. Chloe described their motivation to adopt: "He is our grandson. But we chose to raise him as our son, because, otherwise, he was never going to be able to call anybody Mommy and Daddy. It was very simple for me. There was nothing complicated. Everyone should have someone to call Mommy and Daddy." This couple's altruism also shows. After all, having come through the challenges of parenting and becoming a blended family, they were looking forward to being alone. Instead, Steven and Chloe sacrificed a great deal to become parents again in their 40's to their now 11 year old adopted son. Again Chloe lays it out: If they had not kept their grandson, "he would have been dead. He was a failure to thrive baby.... he didn't even make it into the 5th percentile until he was 22, 23 months old. So, I mean, just to get on the growth chart. I mean the whole doctor's office was doing a dance. We were all thrilled that he made it into the 5th percentile on the growth chart."

### **Class: Adopted Children's Biological Family**

The biological family was an area of discussion in most of the interviews. The adoptive families expressed a variety of feelings towards the children's biological families, for instance their continuing influence on the adopted children through both genetics and past history. Moreover, the concerns were not just based on past factors over which the adoptive parents had no control. Although in many cases the adoptive parents chose to be shut away from the

biological parents, this was not always the case. Some of the adoptions were quite “open”. That is, the biological parents were still visiting the adopted children.

**Code: Worries about Biological Family Influences**

Even in those cases where there was no contact between the adoptive and biological families, the adoptive parents expressed concern that the children might turn out to be like their biological parents because of genetic factors. Sometimes adoptive parents concerns were a mixture of genetic and environmental. For example, one of the participants somewhat spontaneously wondered if the adoptive environment they provided the child would supersede any genetic influences towards drug addiction and mental illness. Steven noted that his son's biological parents were “drug addicts, stay on the wrong side of the law. They are really not good people. And (our son) is a thriving, three or four sport athlete, who up until this year had literally been an A and B student all the time. So I think we've proven that what we thought all along and that the child can be a product of the environment and not of genes or genetics.” Some parents were forthcoming about their concerns about genetic influence, but not as sure as Steven that the environment was enough to stop the genetic tendencies. Miriam observed that, “between being with me and me being the way I am with her, and the genes she got from her mother, she is just another mold of her mother. And her mom is an addict and that is why I put my daughter back into counseling.”

**Code: Worries about Biological Family Influences**

Some parents, such as Chloe and Steven, who had fought Chloe's son and his partner for custody of their son for years, did not allow contact between the biological parents and their child, because of their concerns for safety of the child. In their case, the biological parents had a long history of violent, criminal behavior as well as ongoing drug addiction. Other families were

also open in their admission that they did not follow through with some of the open adoption plans, including sending updates and pictures to the biological parents, due to their fears of continuing substance abuse and its effect on their children. However, in some cases, the adoptive parents were willing to allow open visitation with parents who were sober.

Carrie and Craig allowed their adopted daughters to visit with their mother frequently as she had been off drugs for several years. Carrie felt that the visits were educational. “We take the kids. So that when they are fifteen and they think about doing drugs, I can say, you want to be like your mother? Have five kids taken from you? Rent a room in somebody’s trailer? No car, no teeth. Cleaning hotel rooms? Do drugs, That is what happens to you.”

Other parents had allowed ongoing visits with the child's biological family as well, although the circumstances were quite different. Joan and Michael reported that their son's biological father had died when their son was 6 years old. His biological father's family had reached out over the years, and they had allowed their son to go to visit them frequently when he was a teenager, expressing that it was vital for him to know who his father was, and to know how much his father had loved him. Miriam and Jeff reported that they had attempted to maintain contact over the years with their adopted daughter's mother, however, she seldom followed through with the contact.

In two other families, the adoptive parents had allowed contact with the biological family, and noted that in both these cases, as the children turned 18, they went back to live with their biological families. In one case, adoptive parents Alfred and Catherine felt that this involvement interfered with the adoptive process with the older children of the sibling group, who were teenagers when the adoption took place.

### **Class: Parent-Child Bond**

The parents in the study all expressed high levels of commitment to their children. This commitment was despite the many and diverse challenges they faced by adopting foster children with special needs. Adoptive parents must cope with the diverse needs and barriers of any contemporary family. They also must deal with the unique needs of a blended family. Finally, while coping with all of these stressors, they also are challenged by the unique special needs of those they have adopted, namely, behavioral issues, physical challenges, intellectual limitations, and challenges to their parental positions and roles.

#### **Code: Children's Challenges**

The challenges described by the adoptive parents fell into three categories: Physical, cognitive/developmental, and behavioral.

*Theme: Physical challenges.* Max has cerebral palsy. He is now 6 years old and requires several appointments weekly for occupational and physical therapy. Max uses a wheelchair and is incontinent. Melissa, his adoptive mother, says that his physical needs are “demanding.” She had to quit her job because her own mother could not continue to provide daily physical care to Max as he has gotten older and heavier, and also because the small community in which they live did not have an appropriate after school program for him.

*Theme: Cognitive/developmental challenges.* Catherine and Alfred adopted Justin when he was 6. Justin was 21 at the time of the follow up interview. His challenges were more of a development nature than behavioral, as Justin has struggled with holding a job due to his cognitive limitations. Catherine explained Justin's struggles, “He doesn't read or write well. He tries. He still wants a GED. He's working at Walmart. I'm hoping and praying he can hold that job. He has a car and pays the payment and the insurance every month. But, he can't make it on

his own... he is working. There has been times he hasn't been working. If you can't process things and if you give him more than 2 things to do, it's not going to get done. Not because you don't want to do it, but he can't. His mind can't process and hold things and think 'I gotta do this, and do this.' Jobs are something that it's hard for him to keep.... We can give him a place to live, that is the one thing we can do."

*Theme: Behavioral challenges.* Many of these parents faced enormous challenges with their adopted children. One adopted child had had been diagnosed as bipolar disorder and severe attachment disorder. He often was physically abusive towards his adoptive mother. Extended family members refused to keep him. He was asked to leave church camp. His mother also told of meeting other adoptive parents in a group who provided them with emotional support. However, "(none) would help us babysit our child. He was a lot worse than their child. And most of *them* had some kind of behavioral issues. (Laughs) That is pretty bad isn't it?" He has been tried on numerous psychoactive medications and has received years of psychotherapy. Nevertheless, the adoptive mother stated that his problems never ceased, even after he left the home at 18.

David and Monica also recalled going through a difficult period with their oldest daughter, who had come to them directly from a juvenile detention center where she had been held after having issues with her previous foster mother. They knew that in bringing her to live with them, she would be a challenge, given her history of physical violence and multiple placements. Their other daughter also struggled with her adjustment to the adoption. David and Monica admit that their adopted daughters, who were 11 and 15 at the time they were adopted by the couple, were difficult. Monica remembers, "by the time the girls came in, Isabelle and Julia were teenagers. They had been in so many homes. Our foundation was Christianity and

we had rules and you followed those rules. And I was not used to children telling me you know, I'm not going to do that. I was like, what?" David noted, "they would always ask questions. Well, why? Things like doing homework, getting ready for tomorrow. I think they were pretty much used to fending for themselves. There was no structure, and to be put into structure with us, well." The couple related that the girls dealt with anger issues, and school problems as well. Ultimately, the adopted succeeded, but the family worked through many difficulties with the help of counselors.

Catherine spoke of the group of four siblings she and her husband had adopted: "The girls never really took to the adoption because they were older. The only thing they wanted was their biological family. Aunt, mother, grandmother. They were here, let's see, they were in middle school and high school. About 9 years they lived with us. Then they went with their aunt. That was what they wanted. But, the boys has been okay. It was tough experience, but it was a good experience. "

### **Code: Commitment to the Adoption**

Despite the challenges involved with parenting, none of the parents involved ever considered ending the adoptions. In fact, earlier data (Lee, 2009) indicates that not one of the foster families who completed the PAMS program had a disrupted adoption at the time of its final evaluation.

Illustrative are Miriam's feelings about her – behaviorally problematic – adopted daughter: "Well, I'm hanging in there with Meredith. I swear she is 13 and I'm 69 and she is about to take ....about to get the best of me...but, I'm gonna hang in there. I told her I'm gonna. She'll say 'Memaw' ...she calls me Memaw, 'cause all my grandchildren do. She goes, 'Memaw, you need to stop.' What word does she use? Probably bug, stop bugging me or aggravating me.

Whatever word she uses. And I said, 'you know what? As long as I live, that's what I'm gonna do. That's my job.'" Miriam opines that parenting a teenager at the age of 69 is not easy.

"Sometimes I just feel like throwing my hands up. I don't know if I can do this. But, well, it's like having a baby. This baby is heavy. It's a lot harder to have this baby here than it was 10 years ago, but when I go in there .... It's like many moms will say. I don't care how tired you are, you walk in and to that crib and when he wakes up...that smile. Well, you're not tired anymore. You just get over it and feel so much alive."

A similar type of commitment was revealed in the comments by Tammy, who recalled a time when her adopted daughter had to be psychiatrically committed. Her daughter was released from the hospital and told Tammy that she was afraid that Tammy would "give her back."

Tammy recalled the episode and stated, "I told her there was no way that would ever happen. No matter what she did, or what kind of problems she had." Tammy commented on the issue of disrupted adoptions in general and asked, "How could anyone do that? How could anyone tell a child who has already been through so much, that I am your mother now? And then turn around in a couple of years and say, 'No, now I've decided you are not my child anymore?'" That attitude is unbelievable. I went into this knowing that no matter what, these are my children now just as if I had physically given biological (birth) to them. If you don't feel that way, then you shouldn't adopt."

David stated, "They told us that, the girls said that in a family session, that they didn't think it would work out. We assured them. That was something we learned in the class, that this is your home and this is your family. We assured them. It worked...It's been a ride. Challenges, but overall a good ride."



Moreover, the commitment has not ended with the legal emancipation of the children. Indeed, some of the interviewees – Joan and Michael, and Catherine and Alfred – have continued caring for their adopted child into early adulthood. The children either live at home full time or live close by and come over daily.

### **Code: Positive Attitudes toward Their Adopted Children**

Many of the parents spoke in glowing terms about their children. Chloe described her 11 year old son: “I can tell you right now, that is the sweetest, kindest, most loving child and I’m not the only one to say that.” Chloe also spoke of her son’s qualities of loyalty and sensitivity towards others. The adoptive father also spoke in very positive terms about his son’s athletic and academic skills. Another mother observed, “Yeah, everyone says it must be so difficult having a special needs child. And I am like, oh you just don’t know. He’s our easy one! He is a pretty mild tempered boy. His physical needs are demanding, but otherwise, a pretty good kid. Her husband added that throughout the couple’s experience of fostering and adoption, “He is the easiest of the 13 kids we had come through this house.” Catherine talked about her son, Justin, who was developmentally delayed, and has many limitations, and expressed admiration for all he had been through and how hard he tries: “He is survivor. He does the best he can.” Monica expressed pride and admiration that her now grown adopted daughters, had not gotten pregnant out of wedlock. Joan, even when discussing her son Joel’s inability at 22 to keep a job due to his emotional and developmental issues, admired him for trying hard, despite his limitations. Joan elaborated. “He will be here at 5 am. He gets up and does everything he is supposed to do to get ready. He makes sure I am up. He is the same way when we go on mission trips.” Melissa and Jason discussed how many people had told them that they could never have taken care of Max, and while the couple stated they were aware of the statistics on how children with special needs

can strain marriages, both denied this was the case. Melissa declared, “If anything, the kids have brought us close together.”

### **Class: Frustration with “The System”**

Many of the parents involved with this study had to seek help with their children's challenges through the child welfare system. There was a great deal of frustration with the entire process for many of these families. As is the case in any grounded theory study, Class and Codes emerge in interviews that were not foreseen by the researcher when the study was being designed. However, for most of the families, the “(child welfare/foster care) system” was a source of anger, frustration and disappointment. In fact, the interviewer found that several of the families were so focused on this Class that it was difficult to get them to focus on the original purpose of the interview. In the analysis of the data, it became apparent that there were two main sources of frustration with the child welfare system: *frustration with reunification efforts*, *frustration with delays in the process*, and *frustration with agency services*.

### **Code: Frustration with Reunification Efforts**

The adoptive parents expressed a great deal of emotion in their discussions of attempts at reunification. Carrie and Craig noted that their daughters were under a reunification plan when they first came to live with the couple as toddlers. The girl's biological mother had severe substance abuse issues and was continuing to have more children. The couple felt that the supposed reunification was never going to happen, but the girls were still put through the plan. The couple noted that the reunification process went on for over a year, requiring that the girls be taken to see their mother two hours away and back the same day. “It was stressful at times with the girls. Really tough,” according to Craig. The couple was not opposed to reunification in general, but in fact were very supportive of another biological mother whose son they kept for

over a year. They still maintained contact with her and praised the changes she made in her life and success in getting her son back. However, they felt in the case of their adopted daughters, that the reunification process went on too long and that the mother had too many chances. Jason shook his head and remarked on how his adopted son's father was allowed to continue to delay the adoption by over a year, even while incarcerated, even after his son's mother had relinquished her rights. Chloe and Michael echoed this sentiment, but had even stronger opinions about the reunification plan for their grandson and his parents. Michael stated, "The day we took the baby from them, his biological mother beat his biological father with a baseball bat while his father was holding the baby. She was arrested. How can you look at the criminal records, and in her case it's almost all physical violence, and drag it out two years hoping she'll complete some little class that she never does anyway? A parenting class for a few weeks won't fix her problems. If he'd gone back with them, he'd never had survived 6 months." Chloe added, "Yeah. One of them tried to run over the other at the DCF office on Jackson Bluff road. The DCF people saw it, they got to see it first-hand. They were witnesses to every bit of it. They had to sneak us out the back door. She was making such a stink and he showed up and she tried to run him over in the parking lot. And they were worried about placing him back with his mother after that! After the DCF people saw it with their own eyes!"

Chloe also felt at time that the system lost sight of what was at stake. She tells of her insistence of reminding the court of how the decisions they made impacted her child, "I went to court 18 times in one year. I was there for everything. The special master said I didn't have to be there, we are really just going through paperwork. But, I said no, you're discussing a child's life... I went to court one time with him. They don't like kids in the courtroom, but I brought him,

because I wanted them to see him, that this is a real baby you're talking about. His mother never complied with anything, but they kept giving her chances.”

Prior to the adoption of their son Max, Jason and Melissa went through a painful experience with a foster-to-adopt placement of a pair of siblings, ages 2 and 3. They were assured there had been a termination of parental rights case. Then over a year later the adoption fell apart when the system decided to give the biological parent one more chance. Both expressed pain over this even though, in the end, it meant they were able to adopt the children that they have now. Melissa stated: “Now we feel it worked out as it was supposed to. These two (we adopted) are the kids God meant for us to have.” Nonetheless, the couple feels that permanency takes too long in general due to these types of situations.

In general, the parents understood the idea of giving another chance to parents, but they felt it that it was obvious that the parents weren't going to be able to complete the case plans, and that there were too many issues for the biological parents to overcome to ever be successful at parenting.

### **Code: Frustration with Delays in the Adoptive Process**

Several of the parents expressed frustration with the child welfare system regarding the slowness with which the adoption proceeded, even after reunification was no longer a possibility and parental rights had been terminated. Craig stated that the adoption process was delayed for his daughters for over a year because there were no DCF attorneys available to draw up the petition in their home county. Craig also expressed frustration with the lack of cohesiveness of the system and how this contributed to delays, oftentimes because no one told them what to do next, or how to do it: “What makes it so frustrating is that each part of the adoption system is parceled out. It’s hard to figure out who does what. Even with being a *guardian ad litem*... even

with that knowledge, it's frustrating. It's really confusing at times." Craig remarked that even after the biological mother relinquished her rights and was cooperative, the adoption process drug on.

These type of experiences were also part of the adoption of Max by Jason and Melissa, who noted that it was a year after his mother relinquished her rights before the adoption was finalized. Part of the frustration was the feeling of uncertainty, but also the pressures that came with having foster children, as opposed to adopted children. Carrie related her inability to leave the girls with a babysitter because of the rules at that time surrounding foster children and babysitters: "We were so freaked out about that and what if we got somebody who wasn't checked out by mistake and something happened and they took the kids away? We were in such limbo, we were pre adoption for three years by then, yeah, that's all we need. You know to get somebody whose background wasn't checked out right and one of the girls gets a broken leg or something and we lose our children. So that's part of the reason we never let them out of our sight, except to go to school." Families spoke of the frustration of having to wait to be able to make the most basic decisions for their children, not even being able to obtain haircuts, for example, without the permission of the caseworkers. According to Melissa, "Every time he needed a procedure done, and at that time, there were a lot, we had to wait for court orders. And I wonder, if we could've had services in place for him sooner, I mean, he has done well, he has done great. But, I wonder if we could've made decisions for him, would he be more advanced than where he is now? You'll never have answers to those questions."

Chloe remarked that even her fingerprints didn't go well, as she had to repeat them three times in order to complete the required background checks for adoption. She expressed a profound sense of weariness with the process: "I was tired. I was tired of the system. I just

wanted to be left alone. All I wanted at the end of that two years was, just leave me alone. Just let me have me and my little family. Everyone had seen my life under a microscope. Will it ever end?”

Parents remarked about confusion, unresponsive caseworkers, and a lack of information in general in several of the adoptions. Parents also reported phone calls to the Governor's office and to the head of DCF, all in attempts to help speed up the adoption process. Chloe noted that she always felt that adoptive parents needed their form of a *guardian ad litem*, someone to guide them through the system and advocate for the adoptive parents and not just the members of the birth family.

**Code: Frustration with Agency Services**

The frustration that the adoptive parents felt with the system extended past the adoption process into the services that were provided for emotional issues, educational problems and healthcare. For the most part, many parents felt there was not enough information available regarding services and they were left on their own to advocate for their children. However, as the interviews progressed, some parents also voiced concerns that the children were required to get too many services; therefore, under this Class, two sub-Codes emerged: *lack of services and information* and *overwhelmed by services*.

*Theme: Lack of services and information.* Many of the parents felt frustration at seeking out help and not getting the help that they believed their child needed. Catherine noted that she sought many sources of help for her son, Justin, related to his learning problems. She expressed that she was upset that he was never able to finish high school or get his GED. She laments that, “I couldn't get any help for him, no matter where I went or what I did... There is something wrong with his brain, but no one would ever touch it and really test him.” She stated that the

system did not provide for the educational needs after 18 for adopted children with special needs. She felt that there should be special programs, due to the difficulties the children went through before adoption. She also disagreed with the system ceasing financial services to adopted children with special needs when they turn 18, noting that children with her son's history need ongoing services. She expressed concern over her son's lack of health care coverage when his Medicaid expired, but stated that he could not hold a job that would provide health insurance, and she could not afford private coverage.

Carrie pointed out that, even though she worked in the medical field, she did not know how Medicaid worked, and she had looked for weeks to find a dentist who would accept Medicaid when her daughter was in the pre-adoption phase. She noted that basic services aren't explained to families, "There are services out there, but just knowing who does what. I mean there are age restrictions on some of them. Just, you know, a paragraph, this is how this organization can help you." Her husband agreed: When they first fostered their girls, no one could even explain to him how to do something as basic as enrolling them in daycare. Both did not find the caseworkers to be helpful: "They would just stop in and leave."

Joan felt that her son Joel did receive good services, but she notes that as parents, she and her husband needed both respite. Respite was particularly difficult for Joel, as his behavioral issues dissuaded foster parents from taking care of him. She also noted that there was a need for ongoing parenting information to help parents who had adopted older children in how to cope with their specific behavioral needs.

*Theme: Overwhelmed by services.* Ironically, parents also reported that they felt overwhelmed by the services that caseworkers expected their children to receive. They believed that some of the services were neither beneficial nor necessary. Carrie complained that she took

her daughters to play therapy for years because the caseworker told her to, even though Carrie stated, “We never saw anything from it.” Then when she was told that her foster son, Max, would have to attend play therapy. “They said Max, who was ADHD, pure ADHD. Oh well, he has to come four times a month for play therapy for the medication. And I was like, yeah, over my dead body. I said we will not be doing that. Once he got on his medication, he was in the zone. That was all he needed. I hear foster parents and adoptive parents say that they feel that they have to take them, and they don’t know why. They just do it because they are told to.” She expressed concerns that her current foster son would also be pushed to attend unnecessary services: “I’m afraid that they are going to suck him into the system and pass him around for the Medicaid money, especially that fee-for-service. I’ve seen that... There are some good services. But sometimes I feel like that they are foster and they are Medicaid, the pendulum goes the other way. ...services aren’t individualized. Like a package. They try to connect them to all these services, whether they need them or not. “

Even among those parents who felt the children needed various services, the number of appointments was hard to manage and often felt overwhelming. Many parents pointed out that “someone was always in the house”. Melissa gave her family as an example: They had four different caseworkers for four different children so that every day someone was coming to see a child. Her husband joked, “We just laid out an extra plate for dinner, because we knew somebody would be here.” Monica and David also stated that they had so many appointments between doctors, counselors and school that it would have been impossible to have been compliant with all of them if they had not shared in the responsibility.



### **Class: Fear of the System**

Many parents feared that no matter how good their intentions, if they failed to comply with the child welfare agency's many rules, demands, preoccupations, and oversights, they would fall out of favor. The agency would then take the expected-to-be-adopted child out of their home. They did not always get timely and well-considered advice, and their required schedules for themselves and the children presupposed that there was a parent at home during the day with a station wagon. If they displeased their case workers the adoption was at-risk. So they did not express their anger, confusion, or dismay. Many in fact were afraid to participate in the PAMS program even though they were urged by their caseworkers to do so (Lee, 2009). They feared that participation would be an admission that their marriage was weak and/or conflictual, and that they lacked parenting skills.

For example, Melissa and Jason had been through one foster-to-adopt situation that nearly cost them Max before his adoption was finalized. Melissa and Jason had been fostering siblings who were 5 and 7, and were told that the children were only in need of stability. However, when the children arrived, they were on multiple prescriptions for psychiatric and behavioral disorders. Melissa described an event wherein the 5-year-old had acute tantrums, and she was trying to calm her one evening when Jason was out of town. She called caseworkers for assistance. No one would come to help and told her to commit the child to a psychiatric unit. Melissa did not want to send a 5-year-old to a psychiatric hospital, so she tried to calm her using a therapeutic holding manipulation and the child eventually went to sleep. Melissa had multiple scratches and bruises from the child, but she noticed that the child had a thumbprint size bruise on her arm and mentioned this to the caseworker during a phone call the next day. Child protection investigators came to the home and interviewed the child and her brother and

threatened to remove all of the children, including Max, the child with cerebral palsy who was doing well. Ultimately, nothing came of it, but Melissa and Jason were left wary of the honesty of DCF after the experience. Melissa stated that DCF workers “tell you what you want to hear.” She and Jason also expressed concern over the pressure that DCF had placed them under to adopt these children. But as time went on, they realized that DCF had not told them the truth about the extent of abuse the children had suffered, and the couple asked to have the children removed from their home. The whole experience upset the couple, especially as Jason noted, “They knew we were good people. We’d been through every background check.” Both said the experience was “terrifying.”

Craig and Carrie also said how they wouldn't let their children out of their sight, lest something occur. Carrie appreciated that the fear wasn't logical, but *it was there*. For example (described above) she and her husband would not use babysitters out of fear that “if something happened with the children”, whoever they employed – whom they thought had had the proper background check – would be discovered to not have been as thoroughly screened as she and her husband thought they were. Consequently, the DCF would take the children because Craig and Carrie allowed the wrong person to watch them.

Chloe and Steven said these kinds of fears are always there: Something will go wrong. And the family will lose the prospective adoptees. Steven pointed out “You... hear the horror stories. Everything was signed. Everything was legal and ten years later someone shows up and says I want my child back. I think a lot of people have that concern.”

## APPENDIX C

### SAMPLE PHONE SCRIPT

*Florida State University*

*College of Human Sciences*

*Department of Family and Child Science*

Phone Contact Script (to be followed by a face-to-face interview and signing of a full consent form at the time of the interview)

### **Evaluating the Impact of a Gottman-Based Marriage Strengthening Program on Families of Adopted Children with Special Needs.**

Hello, my name is Leah Walker, and I am a doctoral student at Florida State University, in the College of Human Sciences, in the Child and Family Science department. I am conducting a study to evaluate the Gottman-based marriage strengthening program in which you participated, which was offered through Children's Home Society of Florida, and was either entitled PAMS (Post Adoption Marriage Strengthening) or Strong Couples, Healthy Children.

As you were one of the couples who completed all 12 sessions of the Gottman-based marriage strengthening program which was offered to families who had adopted special needs children, I would like to talk further with you to learn more about how you were impacted by this program. I would like to meet with you for a face-to-face interview in your home, for approximately two hours, to ask you some follow-up questions regarding the program. I will offer you a \$50 gift card as an incentive to participate in this interview with me.

I will need to audio-tape your interview so that I can transcribe it later and then look at what you discussed to try to find themes that are common to the experiences of the families who participated. I will not put your names on the tapes and no one will be able to identify you from them. I will keep them in a locked, secure cabinet, and I will also take the transcribed notes of the interviews, which are also kept in a locked cabinet, with no names on them. I will need to keep the data for one year after the study is completed, and then I will shred the notes and cut up the audio tapes. Your participation is voluntary, and you can stop the survey or interview at any time without any penalty to you. A benefit which you might receive from participating in this

study is that you will know that you have the opportunity to help further the study of programs like this one for other adoptive families.

Do you have approximately two hours to participate in this study? Is it possible for you to schedule a time with me to do this interview? If not, can you please contact me as soon as you know when you might be able to schedule this interview?

I will also mail to you a consent form for you to look over which explains more in detail the risks, benefits and procedures involved with the evaluation. I will go over this form with you when I meet with you in person.

In case you need to reach me, please feel free to call me at ..... Or, you may email me at.....

Thank you and I look forward to meeting with you at \_\_\_\_\_ for the interview, (or I look forward to hearing from you about your availability).

Leah K. Walker

## APPENDIX D

### SAMPLE CONTACT LETTER

July 19, 2012

Name  
Address

Dear:

My name is Leah Walker, and I am a doctoral student at Florida State University, in the College of Human Sciences, in the Child and Family Science department. I am conducting a study entitled, "Evaluating the Impact of a Gottman-Based Marriage Strengthening Program on Families of Adopted Children with Special Needs" in order to evaluate the Gottman-based marriage strengthening program in which you participated, which was offered through Children's Home Society of Florida, and was either entitled PAMS (Post Adoption Marriage Strengthening) or Strong Couples, Healthy Children.

As you were one of the couples who completed all 12 sessions of the program which was offered to families who had adopted special needs children, I would like to talk further with you to learn more about how you were impacted by this program. I would like to meet with you for a face-to-face interview in your home, for approximately two hours, to ask you some follow-up questions regarding the program. I will offer you a \$50 gift card as an incentive to participate in this interview with me.

I will need to audio-tape your interview so that I can transcribe it later and then look at what you discussed to try to find themes that are common to the experiences of the families who participated. I will not put your names on the tapes and no one will be able to identify you from them. I will keep them in a locked, secure cabinet, and I will also take the transcribed notes of the interviews, which are also kept in a locked cabinet, with no names on them. I will need to

keep the data for one year after the study is completed, and then I will shred the notes and cut up the audio tapes. Your participation is voluntary, and you can stop the survey or interview at any time without any penalty to you.

The interview will take approximately two hours. Please contact me as soon as you know when you might be able to schedule this interview in your home.

I have also enclosed a consent form for you to look over which explains more in detail the risks, benefits and procedures involved with the evaluation. I will go over this form with you when I meet with you in person and have you sign it then.

In case you need to reach me, please feel free to call me at (850) ---. Or, you may email me at l---. Thank you and I look forward to meeting with you at your earliest convenience.

Sincerely,

Leah K. Walker

## **APPENDIX E**

### **INFORMED CONSENT FORM**

#### **Post-Adoption Marriage Strengthening in Families Who Have Adopted Special Needs Children**

#### **Children's Home Society of Florida and Florida State University**

#### **Program Informed Consent Form**

**(2-sided)**

The Children's Home Society of Florida and Florida State University provided a marriage strengthening program for families who have adopted special needs children. For some of you who participated, it was entitled PAMS (Post Adoption Marriage Strengthening) and for later participants, the name was changed to "Strong Couples, Healthy Children."

You completed 12 in-home sessions designed to help the two of you maintain and even increase the friendship and affection in your marriage, manage conflict and anger if and when they arise, and dream and work together. After you completed this program, you were also offered booster sessions, until the end of 2008, which you may have participated in. Your services were provided by family relations professionals with master's degrees and specialized training for this program.

Since you completed this program, you are being asked to participate in a follow-up evaluation of the program.

Participation in this program was totally voluntary. Participation in the follow up interviews for evaluating this program is also totally voluntary. You don't have to participate and, if you do, you can leave at any time with no penalty for leaving. Each couple will be offered a \$50 gift card for completing the evaluation interview. The gift card will be given by the evaluator at the conclusion of the interview, even if you choose to end the interview before it is over.

This study is being conducted by Leah Walker, a doctoral student at Florida State University in the College of Human Sciences, Family Relations Program, under the supervision of Dr. Robert E. Lee, Professor Emeritus in the College of Human Sciences, and the former director of the Marriage and Family Therapy doctoral program at Florida State University.

*This is a service research project. We need to find out how well this program works.*

1. If you decide to participate in the follow up, you will complete a face-to-face interview lasting approximately 2 hours. Your name will not be on any materials -- only an identification number. Information you provide about yourselves will be stored in a locked cabinet away from the case workers' offices. Only the Florida State University researchers will see any of it. Your case workers or other agency personnel will not have access to it. When we use the information we collected to tell if the program works, no one will know who any of you are or how any one of you did. When all the data has been recorded, we will shred your interview audio tapes and transcribed notes from the interviews. However, you also are free not to complete any or all of these interviews. Rejecting any or all of them will not affect your participation in this program or any other services you are obtaining from the Children's Home Society of Florida. (Participant initials: )
2. The Florida State University researchers would like to be able to review your family's records kept by the Children's Home Society of Florida. This will tell us the times and length of adoptions, special needs of the adoptive children, and other services that have been provided. You are free to not allow us to review these files and this refusal will not affect your participation in this program or any other services you are obtaining from the Children's Home Society of Florida. (Participant initials: )

Benefits: If you do participate you will have the opportunity to help further the study of programs like this one for other adoptive families.

Risks: This type of program evaluation typically does not create problems. You will be asked questions about how the program worked for you. If concerns arise, however, and they require further attention, you will be given appropriate, affordable referrals.

*What we need from you.*

We ask that you read this form and ask any questions you may have before agreeing to be in the study.

If you would like to volunteer for this program evaluation, you need to sign this form, stating that we have talked together about the evaluation of the program and its benefits and risks, that you voluntarily are joining it, and understand that you may freely leave to do something different. Taking part is up to you. You can refuse to take part. Either way, it won't affect how we treat you.

We will audiotape your face-to-face interview using a micro-cassette recorder. We will do this so the evaluator can transcribe what you discussed and use the information to evaluate themes common to all families who participated in the program and evaluation process. However, we will not save these tapes. We will record new sessions with other families right over the top of the old ones, which erases what was



there before. These tapes also will not have your name or any other way of identifying you on them. These tapes will be locked up in between sessions at the office of the evaluator. The locked cabinet will be away from the offices of the case workers and no agency staff will have access to them. As the tapes become worn, they will be destroyed: We will pull out the tape, cut it into pieces, and burn the pieces. All transcribed notes from these audio tapes will be shredded as soon as the study is completed.

### Protections

Your privacy will be protected to the maximum extent allowable by law. This evaluation is being conducted by a marriage and family therapist. This means that anything you say in these sessions is confidential. This is the law (Florida Public Health Code). However, if we thought you were dangerous to yourselves or to someone else, including suspicion of child or elder abuse, we are required to act to protect whoever could be hurt. Otherwise, we cannot reveal any information about you unless both of you sign a release allowing us to do so, specifying just what it is that we are to reveal, and to whom, and specifying a time limit for your permission.

If at any point – before or after you have signed this consent form -- you have any complaints, problems, questions or concerns about your participation in this program, you may call Leah Walker at -----or email her at .....OR] the Florida State Coordinator, Dr. Robert E. Lee at, ..... Florida State University, Tallahassee, FL 32306-1419, or E-mail ..... If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk or injured, you can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Office of the Vice President for Research, at ..... If you cannot reach Leah Walker or Dr. Robert E. Lee, or you want to talk to someone else, call the Florida Department of Health IRB. The phone number is.....

## Statement

I have read and understand this consent form. All questions have been answered to my satisfaction. I freely and voluntarily and without element of force or coercion, consent to be a participant in the research project entitled “Evaluating the Impact of a Gottman-Based Marriage Strengthening Program on Families Adopting Children with Special Needs.” I understand that I may withdraw my consent and discontinue participation at any time without penalty or loss of benefits to which I may otherwise be entitled. In signing this consent form, I am not waiving any legal claims, rights or remedies. A copy of this consent form will be offered to me.

Parent 1:

Date:

Parent 2:

Date:

## APPENDIX F

### IRB APPROVAL LETTER

The Florida State University  
Office of the Vice President For Research  
Human Subjects Committee  
Tallahassee, Florida 32306-2742  
(850) 644-8673, FAX (850) 644-4392

#### RE-APPROVAL MEMORANDUM

Date: 11/27/2012

To: Leah Walker

Address: ---

Dept.: FAMILY & CHILD SCIENCE

From: Thomas L. Jacobson, Chair

Re: Re-approval of Use of Human subjects in Research

Evaluating the Impact of a Gottman-Based Marriage Strengthening Program on Families  
Adopting Children with Special Needs

Your request to continue the research project listed above involving human subjects has been approved by the Human Subjects Committee. If your project has not been completed by 11/26/2013, you are must request renewed approval by the Committee.

If you submitted a proposed consent form with your renewal request, the approved stamped consent form is attached to this re-approval notice. Only the stamped version of the consent form

may be used in recruiting of research subjects. You are reminded that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report in writing, any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor are reminded of their responsibility for being informed concerning research projects involving human subjects in their department. They are advised to review the protocols as often as necessary to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

Cc: []

HSC No. 2012.9549

## APPENDIX G

### ADDITIONAL FAMILY DEMOGRAPHICS

Table 5. Additional family demographics

COUPLE	CHILDREN PRIOR TO ADOPTION	NUMBER OF CHILDREN; AGE RANGE; AGES AT TIME OF ADOPTION
Jason and Melissa	No	N/A
Craig and Carrie	No	N/A
Chloe and Steven	Yes	5 children. Chloe-2 and Steven-3. All over 18 at time of adoption.
Alfred and Catherine	Yes	4 children. Alfred-2; Catherine-2. All over 18 at time of adoption.
David and Monica	Yes	5 children. David-2; Monica-2. One child together. Ages ranged from 7-18 at time of adoption.
Miriam and Jeff	Yes	5 children. Miriam-2; Jeff-3. Ages 17-35 at time of adoption.
Tammy and Colin	No	N/A
Joan and Michael	No	N/A

## REFERENCES

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# **BIOGRAPHICAL SKETCH**

**Curriculum Vitae  
Leah K. Walker**

## **EDUCATION**

### **Ph.D. Family Relations, -December 2013**

Florida State University, Department of Family and Child Sciences, College of Human Sciences, Tallahassee, Florida - Dissertation Topic: Evaluating the Impact of a Gottman-based Marriage Strengthening Program on Families Adopting Children with Special Needs.

### **Masters in Family Studies/Clinical Therapy Track -June 1994**

Mercer University, Macon, Georgia

### **Bachelor of Science, Psychology-June 1986**

Georgia Southern University, Statesboro, Georgia

### **Associate of Arts, Liberal Studies-July 1984**

East Georgia College, Swainsboro, Georgia

### **Professional Licenses:**

Licensed Marriage and Family Therapist, FL, Number MT2100, 3/05 to present.

Licensed Marriage and Family Therapist, GA, Number MFT000868, 5/98-2/08 (Lapsed/moved out of state).

### **Certifications and Advanced Training:**

**Child Parent Psychotherapy.** Louisiana State University, 2009

**Maternal Depression Clinical Training,** Healthy Start Coalition of Broward County, FL, 2009

**Trauma Focused Cognitive Behavioral Therapy,** Florida Department of Health, 2008

**Infant Mental Health Training for Licensed Therapists.** Harris Institute/ Florida State University, 2008

**Human Trafficking,** Florida Department of Health, 2008

**Victim Services Practitioner,** Attorney General's Office, State of Florida, 2006

**Presentations:**

**Fundamentals of Birth through Five Mental Health**, Children's Home Society of Florida, 2009. Co-author and co-presenter.

**Addressing Family Issues through In-Home Services**, Child Placement Conference, Georgia Association of Homes and Services for Children, 2000. Co-author and lead presenter.

**Using Play Therapy Techniques for Child Assessment**, Morningstar Family Resource Center Annual Conference, 2000. Sole author and presenter.

**The Fundamentals of Clinical Assessment for Children**, Phoenix Center, Clinical Training Seminar, 2000. Sole author and presenter.

**Managing Enuresis**, Methodist Home for Children and Youth, 1995. Sole author and presenter.

**Published Writings:**

**Eating Disorders in Children and Adolescents**, 2010, Elite Continuing Education

**Elderly Mental Health: Depression and Dementia**, 2009, Elite Continuing Education

**Clinical Mental Health Supervision**, 2009, Elite Continuing Education

**Summary of Work History:**

Twenty years of experience in behavioral health and child welfare as a direct services provider, clinical supervisor, legislative analyst, compliance and quality specialist, teacher, and manager in outpatient, inpatient, in-home and partial hospitalization programs.