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Contribution of Family Leisure to Family Functioning Among Families with Adolescents in Mental Health Treatment

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CONTRIBUTIONS OF FAMILY LEISURE TO FAMILY FUNCTIONING AMONG FAMILIES WITH AN ADOLESCENT IN MENTAL HEALTH TREATMENT

by

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GRADUATE COMMITTEE APPROVAL

of a thesis submitted by

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This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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As chair of the candidate's graduate committee, I have read the thesis of Jasmine A. Nutter in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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ABSTRACT

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Master of Science

The purpose of this study was to examine the relationship between family leisure involvement and family functioning among families with an adolescent in mental health treatment. The sample (N=181) was obtained by sampling parents and adolescents enrolled in mental health treatment at Heritage Schools. Of the 181 participants, 52 cases consisted of matched parent and youth responses, 24 cases consisted of just parent responses, and 53 cases consisted of just adolescent responses. It was hypothesized that there would be a relationship between family leisure involvement and family functioning among families with youth in mental health treatment, and that when comparing this sample to a sample of normative families there would be differences between their family functioning and family leisure involvement. Findings indicated significant differences

across all family functioning variables and some differences in family leisure involvement variables between the two samples. Findings also indicated significant positive relationships between family leisure and family functioning variables from the parent and youth perspectives in the sample of families with youth in mental health treatment. Recommendations for further research and implications for practitioners are discussed.

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Abstract

The purpose of this study was to examine the relationship between family leisure involvement and family functioning among families with an adolescent in mental health treatment. The sample (N=181) was obtained by sampling parents and adolescents enrolled in mental health treatment at Heritage Schools. Of the 181 participants, 52 cases consisted of matched parent and youth responses, 24 cases consisted of just parent responses, and 53 cases consisted of just adolescent responses. It was hypothesized that there would be a relationship between family leisure involvement and family functioning among families with youth in mental health treatment, and that when comparing this sample to a sample of normative families there would be differences between their family functioning and family leisure involvement. Findings indicated significant differences across all family functioning variables and some differences in family leisure involvement variables between the two samples. Findings also indicated significant positive relationships between family leisure and family functioning variables from the parent and youth perspectives in the sample of families with youth in mental health treatment. Recommendations for further research and implications for practitioners are discussed.

Key words: balance family leisure, core family leisure, family leisure, family adaptability, family cohesion, family functioning, mental health treatment, adolescents, youth.

Introduction

There has been a significant increase in families with adolescents in mental health treatment in recent years. Data averaged over five years (2002 to 2006) indicated that 2.6% of youth aged 12 to 17 (approximately 657,000) received out-of-home services (hospital, residential treatment, or foster care) for emotional or behavioral problems in the last year (Office of Applied Studies, 2007a). The same data averaged over the most recent two years (2005 to 2006) indicated that 13.3% of all youth aged 12 to 17 (approximately 3.3 million) received specialty mental health services for emotional or behavioral problems in the last year (Office of Applied Studies, 2007b). Residential treatment accounts for approximately 15%-30% of out-of-home placements for adolescents in need of mental health services (Walter & Petr, 2007). Studies examining youth residential treatment typically focus on the effectiveness and outcomes of services for youth and their families, rather than trying to understand the unique characteristics of these types of families as a whole (Foltz, 2004; Frankfort-Howard & Romm, 2002; Gorske, Srebalus, & Walls, 2003; Hair, 2005; Landsman, Groza, Tyler, & Malone, 2001; Lyons & McCulloch, 2006; Peterson & Scanlan, 2002). The examination of family functioning in families with youth in mental health treatment is in its infancy, with only a few studies contributing to date (Mathijssen, Koot, Verhulst, De Bruyn, & Oud, 1997; Sunseri, 2004; Wells, Widmer, McCoy, 2004). Vickers (1994) suggests that since children live in families, and families function differently, it would be beneficial to develop a clear understanding of the intricacies of family functioning among at-risk families.

Family functioning has been described by Olson (1993) as a delicate balance between family cohesion, which refers to the emotional bonding between family members; and family adaptability, which refers to the family's ability to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Family leisure involvement is one behavioral dimension that has been related to healthy family functioning.

The trend in the last two decades of research has indicated a consistent positive relationship between quality time spent together in leisure pursuits as a family and beneficial family outcomes (Freeman & Zabriskie, 2003; Hawks, 1991; Orthner & Mancini, 1991; Zabriskie, 2000, 2001; Zabriskie & McCormick, 2001, 2003). Utilizing a family systems framework, Zabriskie and McCormick (2001) correlated different types of family leisure involvement (core and balance) with family cohesion and adaptability, which according to the Olson (1993) Circumplex Model of family systems, are the primary components of family functioning. This prompted the development of a theoretical model used to study the relationship between family leisure and family functioning. The Core and Balance Model of Family Leisure Functioning (Zabriskie, 2000) suggests that there is a direct relationship between family leisure patterns and family functioning (Zabriskie & Freeman, 2004).

Several studies using the Core and Balance model as a framework have reported significant relationships between family leisure involvement and family functioning among traditional families, whether examined from a parent, child, or family perspective (Freeman & Zabriskie, 2003; Zabriskie, 2000; Zabriskie & Freeman, 2004; Zabriskie &

McCormick, 2001). Researchers have used the same framework and reported similar results among samples with different family structures such as families with adoptive children (Zabriskie & Freeman), Hispanic families (Christenson, Zabriskie, Eggett, & Freeman, 2006), families with a child with a disability (Dodd, Zabriskie, Widmer, & Eggett, 2007), and single-parent families (Hornberger, Zabriskie, & Freeman, 2007). There is very little research, however, regarding the contribution of family leisure involvement to family functioning among families with youth in mental health treatment. These types of families are likely to feel constraints and stress similar to other non traditional families. The use of the Core and Balance framework in examining the functioning of families with youth in mental health treatment may provide much needed insight into a population of growing interest. Therefore, the primary purpose of this study was to examine the contribution of family leisure involvement to family functioning among families with youth in mental health treatment. The secondary purpose was to compare family functioning and family leisure involvement between families with youth in mental health treatment and a sample of families who do not have youth in mental health treatment (normative families).

Review of Literature

Family Functioning

Family Systems Theory holds that each family is composed of interacting members, with each member having an effect on and being affected by every other member of the system. Families are goal directed, self-correcting, dynamic, interconnected systems (Klein & White, 1996). This framework suggests that viewing the

family as greater than the sum of its parts is most representative of the family when seeking to understand family behavior. The Circumplex Model of Marital and Family Systems (Olson, 1993) was created to help describe the family systems framework. This model integrates three dimensions that are highly relevant in a variety of family theory models and family therapy approaches: cohesion, adaptability, and communication (Olson, 1993).

Olson (1993) defined family cohesion "as the emotional bonding that couples and family members have toward one another" (p. 516). Levels of cohesion vary between four levels ranging from disengaged (the lowest), to separated, connected, and enmeshed (the highest). Family adaptability is defined as "the amount of change in its leadership, role relationships, and relationship rules. [Adaptability] concerns how systems balance stability with change" (p. 519). There are four levels of adaptability ranging from rigid (the lowest), to structured, flexible, and chaotic (the highest). Communication is a facilitating or supporting feature for cohesion and flexibility, with balanced families having better communication skills than unbalanced families (Olson & Defrain, 1994). The ability to adapt to changes when the need arises while maintaining close relationships as a unit is a defining characteristic of high functioning families. "Being balanced on the two dimensions [of cohesion and adaptability] means that a couple or a family can experience the extremes of the dimensions when appropriate, but they do not typically function at any of the extremes for a long period" (Olson & Defrain, 1994, p. 70). Families with adolescents in mental health treatment have a unique set of behavioral dynamics that may affect their family functioning.

Family Functioning and Families with Adolescents in Mental Health Treatment

One of the few studies that has examined family functioning among families with adolescents in mental health treatment (Mathijssen et al., 1997) found that among a sample of Dutch families, "high cohesion and low adaptability were associated with less problem behavior" (p. 253). Furthermore, a negative relationship was found between cohesion and psychopathology. Low cohesion was associated with higher levels of youth externalizing behavior (aggressive and delinquent behavior). While it was not the primary focus of the study, these findings provide some empirical evidence to support the concept that families with youth in treatment tend to exhibit low levels of family functioning. One limitation, however, was that this sample was compared to the Dutch norms for cohesion and adaptability, rather than making a direct comparison to a nontreatment sample collected with similar methods. Comparing findings to a normative sample of families collected at the same time, is preferred to comparing to normative scores, which were likely collected years or even decades earlier. Trends within the culture change over time and therefore, using established norms is not likely to give an accurate comparison of family functioning between families in mental health treatment and nontreatment families. Furthermore these results represent trends in Dutch families. It is imperative that family functioning among U.S. families is clearly understood in order to expand the body of knowledge and provide the most effective services.

Sunseri (2004) examined the influence of level of family functioning on treatment outcomes of youth. The author classified the treatment families in this study as low, intermediate, or high functioning in comparison to each other. High functioning families

within this sample were seven times more likely to successfully complete treatment than the low functioning families. The classifications of low, intermediate, and high functioning were only determined in relation to the families in this study. As with the Dutch study, there was no comparison of these families to a normative sample of families, so the classifications are of minimal value beyond this study. The scale used to measure and therefore classify family functioning did so by examining six behavioral dimensions of family functioning: problem solving, dealing with stress/conflict, parental and family conflict, parental social supports, parenting and physical discipline, and involvement in case planning. These behaviors may indeed have an influence on family functioning; however, they were not all inclusive. It is likely that there are other behaviors that influence family functioning. While the author made a sound theoretical argument to use these behavioral dimensions as a representation of family functioning, it seems that the use of a direct measure of family functioning with established psychometric properties would also be useful in future research.

Wells et al., (2004) offered suggestions for improving family functioning among families participating in a therapeutic wilderness program. They recommended that improving collective efficacy may be a more effective way to improving family functioning, rather than just focusing on changing behavior. Measuring family functioning, however, was not a focus in their study at all. Their study, while insightful and one of the few to examine this specific population did not help to provide a clear understanding of the intricacies of family functioning in families with youth in mental health treatment.

Behavioral Contributions of Families with Adolescents in Mental Health Treatment

Numerous examinations of at-risk families and youth have contributed to a vast knowledge base concerning potential influences of maladaptive behavior. It has been suggested that families play a vital role in the development and maintenance of youth mental health dysfunctions such as substance abuse, delinquency and eating disorders (Cox & Ray, 1994; Foster, 1998; Grills & Ollendick, 2003; LaCombe, Kline, Lachar, Butkus, & Hillman, 1991). Many researchers believe that it is within the family environment that dysfunctions develop, often as a response to deficiencies of the family unit. Familial issues that have been found influential include parental substance abuse (Park, Bauer, & Oescher, 2001), mental and physical abuse (Crespi & Rigazio-DiGilio, 1996), familial conflict (Grills & Ollendick), parental psychopathology, (Kazdin, 1995), and family disruptions, such as divorce or remarriage (Keller, Catalano, Haggerty, & Fleming, 2002). These types of family dysfunctions have been linked to such problems as substance abuse (Chassin, Barrera, Bech, & Kossak-Fuller, 1992), violence and aggression (Crespi & Rigazio-DiGilio), obesity (Zakus, 1982), eating disorders (O'Brien, Repp, Williams, & Christophersen, 1991), and other psychopathological conditions (Kazdin).

Research addressing family participation and residential treatment has provided promising support for the belief that family involvement is essential and should be a key aspect of adolescent treatment. Significant findings in early research suggest that parental involvement was associated with more successful outcomes (Jansen, Schuller, Oud, Arends, & Arends, 1996). Family involvement and support have been found to be vital

components affecting long-term success of treatment programs (Lemmon & Josephson, 2001; Weidman, 1985; Zakus, 1982). Additionally, family support and aftercare services have been found to be critical to successful reintegration into the home and community (Burns & Friedman, 1990; Hoagwood & Cunningham, 1992; Taylor & Alpert, 1973; Wells, Wyatt, & Hobfoll, 1991). Zitzow (1990) found that for Native-American adolescents, those with "greater volume of family contact tended to have less involvement with both court adjudication and delinquency behaviors" (p. 53).

A more recent study by Landsman et al., (2001) examined the effectiveness of a family-centered residential treatment model. Results suggested that the family-centered model was more successful at achieving postdischarge stability over time than the standard services offered by the program. The impact of these results was significant, as they demonstrated that "residential treatment can provide services in a family-centered fashion, maintaining a dual focus on the child and family, with a goal of facilitating stable family placements following residential treatment" (p. 374).

One of the distinctive aspects of an adolescent residential treatment center is its ability to remove a client from the physical and emotional environments (e.g., dysfunctional families and negative influences of friends) that contribute to at-risk behaviors, such as drug and alcohol addiction, truancy, academic delinquency, and mental health issues. A residential treatment center is one facet of the variety of services available to families experiencing difficulties in successfully managing their children's behavior in the home (Landsman, et al., 2001). Recent research-based outcomes of residential treatment include lower rates of substance abuse and re-arrest (Orlando, Chan,

& Morral, 2003), increased self-esteem and self-mastery (Lipschitz-Elhawi & Itzhaky, 2005), and improvement in academic skills (McMackin, Tansi, & Hartwell, 2005).

Family Leisure

Most findings from the last few decades of family leisure research have consistently reported positive relationships between family leisure involvement and family outcomes, such as family closeness, family functioning, communication, and family and marital satisfaction (Freeman & Zabriskie, 2003; Holman & Jacquart, 1988; Johnson, 2005; Mactavish & Schleien, 1997; Shaw & Dawson, 2001). Smith (1997) stated, "Family recreation seems to be one meaningful way to create stronger families, no matter what form they are in" (p. 19). Some researchers have looked at the benefits of family recreation specifically for adolescents and their families (Groves, 1989; Loesch, 1981). Wells et al., (2004) suggested that for families with at-risk youth, challenging recreation can improve collective efficacy. Huff, Widmer, McCoy, & Hill (2003) found that challenging outdoor recreation can improve parent-adolescent communication.

While leisure can be a strengthening tool for families, it is not an end-all solution to family problems. Without some measure of structure or purpose, family leisure can even be detrimental. In their research on family activities, Shaw and Dawson (2001) noticed an emerging theme that parents attached to family participation in leisure activities. They suggested that a "strong sense of purpose" existed in the parents desire to provide leisure. They went on to recommend that "family leisure should be seen as a form of purposive leisure, which is planned, facilitated, and executed by parents in order to achieve particular short- and long-term goals" (p. 228). Some of these goals may

include teaching values, moral lessons, the importance of sportsmanship, and passing on parental expectations.

It is clear that family leisure provides numerous benefits to families. In the last decade, there have been several new lines of family leisure research that have continued to add insight to those consistent findings (Freeman & Zabriskie, 2003; Mactavish & Schleien, 1997; Mactavish & Schleien, 2004; Scholl, McAvoy, Rynders, & Smith, 2003; Shaw & Dawson, 2001). One line of research attempts to address early criticisms (Holman & Epperson, 1984; Orthner & Mancini, 1991) regarding limited use of sound theoretical frameworks from which to consistently examine family leisure. This prompted the development of the Core and Balance Model of Family Leisure Functioning (Zabriskie, 2000). It proposes that "there is a direct relationship between patterns of family leisure involvement" and aspects of family functioning (Zabriskie & Freeman, 2004, p. 54).

Core and Balance Model of Family Leisure Functioning

According to Zabriskie and McCormick (2001), family leisure takes two forms – core and balance. Core family activities are those which occur frequently; they are typically inexpensive and home-based and they address a family's need for familiarity and stability. Balance family activities are generally novel, less frequent, and require more planning. They provide new experiences that offer the "input necessary for family systems to be challenged, to develop, and to progress as a working unit" (p. 283). Researchers have found that both types of recreation can improve overall functioning and

promote bonding within families (Orthner & Mancini, 1991; Zabriskie & McCormick, 2001).

Zabriskie and McCormick (2001) hypothesized that high levels of core and balance family leisure result in high levels of family functioning. Principles of systems theory suggest that a relatively equal amount of these two constructs is a key element for healthy functioning families (Olsen & Defrain, 1994). Similarly, the Core and Balance framework suggests that families should participate in both types of activities. Research has indicated, however, that different types of families may need different amounts of each activity. In a study comparing single-parent and dual-parent families, Hornberger et al., (2007) found that high functioning single-parent families typically participate in less balance and more core activities. This may be due in part to the circumstances which surround a single-parent family, which may lead to the development of family adaptability. Regardless of the type of family structure, it appears that effective family leisure involvement is an essential behavioral characteristic to higher family functioning (Freeman & Zabriskie, 2003).

Research has supported the assumption that families with high levels of family leisure participation also have high levels of family functioning. Furthermore, families with low levels of family leisure participation have low levels of family functioning (Freeman & Zabriskie, 2003; Zabriskie & McCormick, 2001). Vickers (1994) hypothesized that at-risk types of families functioned differently than more traditional families. The most significant finding in that study "the number of families found in the extreme lower left cells of the Circumplex Model (low cohesion and low adaptability)"

(p. 268). Characteristics of a family classified in this area of the model may include extreme independence, little family closeness or loyalty, strict discipline, little change in family roles or rules, emotional distance, anxiety, anger, or guilt (Gaughan, 1982; Olson, 2000; Vickers, 1994). This lends support to the concept that families in mental health treatment are likely to have low levels of family functioning. The Core and Balance framework would therefore suggest that if treatment families are lower functioning, they are also likely to have low family leisure involvement.

Low family functioning suggests that a family may not participate in very much family leisure, or does so in such a way that the effect on the overall family functioning is inconsequential or even negative. Frequent family participation in balance family activities such as vacations, outdoor adventure activities, or going to museums and theatres can be immediately effective for a family in the short term, but can have diminishing effects on the family as a whole, long term if there is no participation in core family activities. Freeman and Zabriskie (2003) state that, "core family leisure involvement is essential to higher family functioning, and may make a more valuable contribution to family life" (p. 90). In fact, families in their sample indicated that involvement in core family leisure activities (common, low-cost, relatively accessible, home-based) with family members "was the best predictor of aspects of family functioning such as emotional closeness, feelings of connectedness, mutual respect and a family system's ability to be flexible in roles, rules, and relationships" (p. 89).

Freeman and Zabriskie (2003) recommend that professionals working with families make a strong effort to provide opportunities for them to develop and practice

core family leisure skills. Clients in need of mental health services may "struggle with the basic skills needed to spend time together playing a game in the home, shooting baskets, throwing a Frisbee, reading together, planting flowers, attending each other's events, or cooking as a family" (p. 90). These are the basic activities of everyday family life that develop family cohesion.

Past research has clearly explained the benefits that family leisure involvement brings to the family. However, little research has examined the relationship of family leisure on families with youth in mental health treatment. The Core and Balance Model of Family Leisure Functioning can be effectively used as a framework to examine the family leisure involvement within this specific population. It was anticipated that results from this study could be used to explain the intricacies of family functioning within families with adolescents in treatment. Therefore the purpose of this study was to examine the contribution of family leisure involvement to the family functioning of families with adolescents in treatment. A secondary purpose was to compare the family functioning and family leisure involvement between families with adolescents in mental health treatment and a previously collected sample of normative families. It was hypothesized that there would be a relationship between family leisure involvement and family functioning among families with adolescents in mental health treatment. Additionally, there would be a difference in family leisure involvement and family functioning between families with adolescents in mental health treatment and a sample of normative families.

Methods

Sample

In an attempt to address calls from researchers to obtain more than a parent perspective (Zabriskie & Freeman, 2004), data were collected from at least one parent and their child. A sample of 181 participants was obtained by sampling families with an adolescent currently enrolled in mental health treatment at a residential treatment center. Families were asked to answer the questionnaires in terms of the their family leisure for the year before their child entered treatment. Of the 181 participants, 52 cases consisted of matched parent and youth responses, 24 cases consisted of just parent responses, and 53 cases consisted of just youth responses.

This sample consisted of 76 parents and 105 adolescents. The parents were predominantly white (86.8%) and female (72.4%), with the remaining 13.2% distributed between Asian (5.3%), Black (1.3%), Hispanic (3.9%), and Native American (2.6%). The youth were predominantly white (67.6%) and female (58.8%), with the remaining 32.4% distributed between Asian (2%), Black (3.9%), Hispanic (12.7%), Native American (4.9%), and other (8.9%). The parent ages ranged from 33 to 71 (M = 50.05, SD = 7.16). The youth ages ranged from 13 to 17 (M = 15.73, SD = .96). The majority of parents were married (78%), with 35% having a history of divorce. The family sizes ranged from 1 to 8, with an average size of 3.35 members (SD = 1.35). Nine states were represented in this sample with 80.3% of the participants from California, 5.3% from Utah, 3.9% from both Alaska and Illinois each, and 1.3% each from Arizona, Delaware, Oregon, Pennsylvania, and Texas. The annual household incomes ranged from less than $10,000

to over $150,000, with a median category of $100,000 to $124,000. The modal annual income category was over $150,000. Furthermore, 55% of the sample had annual incomes over $100,000. History of placement in treatment for the youth ranged from one to 60 months, with a mean of 11.07 months (*SD* = 9.21). All of the youth had multiple diagnoses, with the most common occurrences as follows: Bipolar Disorder (28), Oppositional Defiant Disorder (22), Major Depressive Disorder (19), Mood Disorder (18), Attention Deficit/Hyperactive Disorder (16), Conduct Disorder (14), and Anxiety Disorder (13). Other diagnoses included Reactive Attachment Disorder, Substance Abuse or Dependence, Eating Disorder, Dysthymia, Learning Disability, Obsessive Compulsive Disorder, Disruptive Behavior Disorder, Pervasive Development Disorder, Post-Traumatic Stress Disorder, Aspergers Syndrome, Personality Disorder, Schizophrenia Disorder, Schizotypal Disorder, Schizoaffective Disorder, and Schizophreniform Disorder.

Instrumentation

The research questionnaire included the following instruments: (a) the 30-item Family Adaptability and Cohesion Scales (FACES II), which measured perceptions of family cohesion and adaptability and calculated total family functioning based on The Olson Circumplex Model (Olson, 1993) (Zabriskie, 2000); and (b) the 16-item Family Leisure Activity Profile (FLAP) which measured family leisure involvement based on the Core and Balance Model of Family Leisure Functioning. Relevant sociodemographic data were included. Two data sets were collected to create parent and youth level perspectives (Zabriskie, 2000).

FACES II. Although FACES IV is the most recent version of the FACES instrument, Olson et al. (1992) recommend the use of FACES II based on validity and reliability comparisons. Therefore, the FACES II instrument was utilized in this study to provide a measure of family functioning.

The scale was designed to measure family dynamics, therefore, the questions focus on characteristics of all the family members currently living in the home. The instrument asks the respondent to indicate how frequently, on a scale from 1 (*almost never*) to 5 (*almost always*), the described behavior occurs in the family. Scores for family cohesion and family adaptability are calculated based on a scoring formula that accounts for reverse coded questions. After obtaining total cohesion and total adaptability scores, corresponding 1- 8 values were assigned based on the linear scoring interpretation of Olson et al. (1992). These two values were averaged in order to obtain the family type score which was used as an indicator of overall family functioning. Olson et al. (1992) report acceptable psychometric properties in terms of internal consistency with a Cronbach alpha of .90 for the total scale with Cronbach alpha's of .87 for cohesion and .78 for adaptability. Test-retest reliability scores were .86 and .88 for cohesion and .78 and .79 for adaptability. Pearson correlations of .84 for the total scale, .83 for cohesion, and .80 for adaptability were reported (Olson et al., 1992).

Family Leisure Activity Profile. The FLAP measured involvement in family leisure activities based on the Core and Balance Model of Family Leisure Functioning. Respondents identified leisure activities done with family members across 16 activity categories. Eight categories of activities were representative of core family leisure

patterns (e.g., family dinners, home-based TV/videos, games, and yard activities) and eight categories were representative of balance family leisure patterns (e.g., community-based events, outdoor activities, water-based activities, adventure activities, and tourism). Each question asked if the respondent participated in the activity category with family members. Specific activity examples were included to help clarify and delineate between categories.

Scores for the FLAP were calculated by first multiplying the ordinal indicators of frequency and duration of participation in each category, and then summing the core categories to provide a core family leisure index and summing the balance categories to provide a balance family leisure index. The total family leisure involvement index was calculated by summing the core and balance indices (Zabriskie & Freeman, 2004). The FLAP has demonstrated acceptable psychometric properties including evidence of construct validity, content validity, inter-rater reliability, and test-retest reliability for core (.74), balance (.78), and total family leisure involvement (.78) (Freeman & Zabriskie, 2003).

Socio-demographic questions were included to identify underlying characteristics of the sample and to provide possible controlling factors. Items include the following: both parent and youth ages, genders, ethnicities, marital status, history of divorce, family composition, annual income, place of residence, population of residence, and history of placement in treatment (for youth).

Analysis

The data were analyzed using the statistical packages SPSS. Outliers were examined to be sure they fit within the sample parameters. Nine youth and two parents were eliminated due to impossible scores. Descriptive statistics were performed on the socio-demographic questions, which computed average age, income, family size, marital status, history of divorce, place of residence, history of treatment, and ethnicity. All variables from both the parent and youth respondents were reported for analysis at the bivariate and multivariate levels. For each of the two data sets, scores were calculated for core and balance family leisure involvement, family cohesion, family adaptability, and family functioning. In order to make a comparison between the sample of families with youth in mental health treatment and a sample of normative families, data from a companion study that used the same instrumentation was utilized (Hornberger et al., 2007). This national sample of families (n = 343), which also included one parent and a dependent child from each family, had similar descriptive characteristics in terms of parent age (M = 41.51, SD = 6.72) and gender (majority female 89%), and youth age (M = 13.12, SD = 1.51) and gender (male = 51%, female 49%). Multiple independent sample t-tests were run to examine differences between samples. Due to multiple t-tests the Bonferroni adjustment was used.

Pearson Product Moment zero-order correlations were calculated to check for multicollinearity and significant relationships among the variables. Although one significant zero-order correlation resulted, multicollinearity was not indicated (Tabachnick & Fidell, 1996). One significant correlation between dependent and socio-

demographic variables was found in the youth data set, and no significant correlations were found in the parent data set. This significant variable, as well as other socio-demographic variables believed to be theoretically correlated to the dependent variables were included in multiple regression models as controlling factors. This was done in order to examine the unique contributions of family leisure involvement to family functioning.

Multiple regression analyses were performed on each of the three dependent variables (family cohesion, family adaptability, and family functioning) for each of the two data sets (parent and youth). Using the block entry method, the socio-demographic variables were entered in the first block and the family leisure variables (core and balance) were entered in the second block. The models were then examined at an alpha level of .05. In the significant models, the standardized regression coefficient (Beta) was examined to identify the contribution of each variable.

Results

The parent cohesion scores ranged from 26 to 71 with a mean of 48.91 (*SD* = 9.68); parent adaptability scores ranged from 23 to 65 with a mean of 42.91 (*SD* = 6.23), and parent family functioning scores ranged from 2 to 8 with a mean of 3.32 (*SD* = 1.26). The youth cohesion scores ranged from 19 to 75 with a mean of 45.21 (*SD* = 11.87); youth adaptability scores ranged from 15 to 66 with a mean of 40.09 (*SD* = 10.51), and youth family functioning scores ranged from 1 to 7 with a mean of 2.95 (*SD* = 1.55). These scores fell within the established norms for FACES as determined by Olson et al. (1992).

The scores of core family leisure involvement from the parent perspective ranged from 0 to 84 with a mean of 34.44 (*SD* = 16.23); parent balance family leisure involvement scores ranged from 0 to 123 with a mean of 52.78 (*SD* = 23.26); and parent total family leisure involvement scores ranged from 0 to 194 with a mean of 88.52 (*SD* = 40.22). The scores from the youth perspective for core family leisure involvement ranged from 0 to 118 with a mean of 29.18 (*SD* = 19.66); youth balance family leisure involvement scores ranged from 0 to 233 with a mean of 58.66 (*SD* = 40.66), and youth total family leisure involvement scores ranged from 0 to 351 with a mean of 87.91 (*SD* = 55.38).

Sample Comparisons

The comparison of family cohesion, family adaptability, and family functioning between the sample of families with youth in mental health treatment and the sample of normative families indicated that there were significant differences ($p < .001$) between the mean scores in the two data sets from both the parent and youth perspectives (see Table 1). In comparing the leisure involvement scores (core and balance) between the two samples, significant differences were found between the mean scores in both the parent and youth datasets for core family leisure involvement ($p < .001$); however, there were no significant differences between the mean scores in either the parent or youth datasets for balance family leisure involvement (see Table 2). A total of 12 *t*-tests were completed and used in comparing the sample of families with youth in mental health treatment to the normative sample. If a $p < .05$ level of confidence were used for each test it would be expected that on average, one out of 12 tests would be significant by chance

alone (Ramsey & Schafer, 2002). Because one test (total family leisure from the youth perspective) was significant at that level, it could have been by chance alone. Use of the Bonferroni adjustment typically prevents this possible error. The total family leisure involvement, from the youth perspective, which was the only significant difference between the two samples (see Table 2) at the .05 level, would no longer be significant using the conservative nature of the Bonferroni adjustment ($p < .01$). Therefore, in using the Bonferroni adjustment, there were no significant differences between the sample of families with youth in mental health treatment and the normative sample in their total family leisure involvement.

Bivariate Analyses

Zero-order correlations were used to examine bivariate relationships between family leisure involvement and family functioning variables among the sample of families with youth in mental health treatment. Significant correlations ($p < .001$) were identified between both family leisure involvement variables (core and balance) and both family functioning variables (cohesion and adaptability) from the parent and youth perspectives. One sociodemographic variable (ethnic majority) had a significant positive correlation with cohesion from the youth perspective ($r = .263$, $p < .001$). No other sociodemographic variables were correlated with any of the research variables from the youth or family perspective.

Multivariate Analyses

Multivariate analyses were computed with block entry method multiple regressions to examine the relationship between family leisure involvement and family

functioning among families with youth in mental health treatment beyond the bivariate level. For each dataset (parent and youth), a multiple regression model was created for each of the dependent variables (family cohesion, family adaptability, and total family functioning), resulting in a total of six multiple regression models. Independent variables were included in the regression models if they had significant zero-order correlations to the dependent variables or if they were theoretically justified to be included based on past literature.

In the first model for the parent data (n = 63) (see Table 3), the first block containing only socio-demographic variables did not explain a significant portion of the variance in family cohesion (r^2 = .014, p = .657). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model (ΔR^2 = .356, p < .001). Only balance family leisure involvement (β = .460, p = .001) was a significant predictor of family cohesion from the parent perspective.

In the second model for the parent data (n = 63), the first block containing only socio-demographic variables again did not explain a significant portion of the variance in family adaptability (r^2 = .021, p = .524). After adding core and balance involvement into the second block there was a significant change in the model (ΔR^2 = .192, p = .002). Core family leisure involvement (β = .356, p = .017) was the only significant predictor of family adaptability from the parent perspective.

In the final model for the parent data (n = 63), the first block again did not explain a significant portion of the variance in family functioning (r^2 = .042, p = .273). After

adding core and balance family leisure involvement into the second block there was a significant change in the variance explained by the model ($\Delta R^2 = .261$, $p < .001$). Both core ($\beta = .277$, $p = .046$) and balance family leisure involvement ($\beta = .316$, $p = .024$) were significant predictors of family functioning from the parent perspective.

In the first model for the youth data (n = 91) (see Table 4), the first block containing only socio-demographic variables did not explain a significant portion of the variance in family cohesion ($r^2 = .052$, $p = .029$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .282$, $p < .001$). Core leisure involvement ($\beta = .462$, $p < .001$) was the only significant predictor of family cohesion from the youth perspective.

In the second model for the youth data (n = 91), the first block again did not explain a significant portion of the variance in family adaptability ($r^2 = .001$, $p = .727$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .183$, $p < .001$). Both core ($\beta = .229$, $p = .043$) and balance family leisure involvement ($\beta = .272$, $p = .019$) were significant predictors of family adaptability from the youth perspective.

In the final model for the youth data (n = 91), the first block again did not explain a significant portion of the variance in family functioning ($r^2 = .008$, $p = .385$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .201$, $p <$

.001), and core family leisure involvement was the only significant predictor of family functioning (β = .317, p = .005).

Discussion

The purpose of this study was to examine the contribution of family leisure involvement to family functioning among families with youth in mental health treatment. It was hypothesized that there would be a relationship between family leisure involvement and family functioning among families with youth in mental health treatment, and that when comparing this sample to a sample of normative families there would be differences between their family functioning and family leisure involvement. Findings indicated significant differences across all family functioning variables and some differences in family leisure involvement variables between the two samples. Findings also indicated significant positive relationships between family leisure and family functioning variables from the parent and youth perspectives in the sample of families with youth in mental health treatment.

A variety of known-group studies have utilized the Core and Balance framework to examine family leisure among different types of families with known characteristics. Some of these include families with special needs adoptive children (Zabriskie & Freeman, 2004), Hispanic families (Christenson et. al., 2006), families with a child with a disability (Dodd, 2007), and single-parent families (Hornberger, 2007). These studies have provided further empirical support for the use of the Core and Balance Model as a framework to examine family leisure. Findings from the current study clarify previous studies and extend beyond the existing knowledge by providing much needed insight into

the contribution of family leisure to family functioning among families with youth in mental health treatment.

Comparison of Families with an Adolescent in Mental Health Treatment and Normative Families

Most of the literature addressing adolescent mental health treatment has focused on treatment outcomes and possible predictors of maladaptive behavior (Burns & Friedman, 1990; Chassin, et al., 1992; Crespi & Rigazio-DiGilio, 1996; Hoagwood & Cunningham, 1992; Jansen, et al., 1996; Taylor & Alpert, 1973; Wells et al., 1991). A few select studies have begun to examine family functioning among non-traditional families, such as families with children with disabilities, adopted families, single parent families, and at-risk families (Dodd et al., 2007; Freeman & Zabriskie, 2003; Hornberger et al., 2007; Vickers, 1994). However, little to no research has looked at the influence of family leisure on family functioning among families with adolescents in mental health treatment.

Findings from this study indicated that there are significant differences in family functioning between families with youth in treatment and normative families, as would be expected. From both the parent and youth perspectives, all three family functioning variables (cohesion, adaptability, and overall family functioning) were significantly lower in the mental health treatment sample. This clarified the Mathijssen et al. (1997) study of Dutch families in treatment, in which family functioning scores were low, especially from the youth perspective of cohesion, but were not compared to a normative sample. The present results also supported findings from Vickers (1994) which indicated that at-

risk families functioned in the lower left hand cells of the Circumplex Model (low cohesion, low adaptability).

One impactful finding from the current study was found in the differences in family leisure involvement. From both the parent and youth perspectives, mental health treatment families participated in significantly less amounts of core family leisure than normative families. The Core and Balance framework suggests that families who participate in relatively equal amounts of both core and balance types of family leisure tend to be higher functioning in comparison to families who participate in extreme high or low amounts in either category. Furthermore, involvement in primarily one category without the other may lead to disorder within the family (Zabriskie & Freeman, 2004). Therefore, the model suggests that low levels of core family leisure participation would be related to low levels of family cohesion.

The findings from the present study clearly support this tenet by indicating significantly lower levels of core family leisure involvement from both parent and youth perspectives. They added further justification to the belief that core activities are essential to higher levels of family functioning and "may make a more valuable contribution to family life" (Freeman & Zabriskie, 2003, p. 90). In fact, they supported a consistent trend in earlier studies with findings from just a youth perspective (Freeman & Zabriskie, 2003; Zabriskie, 2000) and young adults raised in single-parent families (Smith, Taylor, Hill, & Zabriskie, 2004) that identified the "essential nature of core family leisure involvement" (p. 53). In more recent studies, this trend has been found in both parent and youth perspectives in single-parent families (Hornberger et al., 2007) and families with a child

with a disability (Dodd et al., 2007). In both of these studies, core family leisure involvement was the only significant predictor of family functioning variables from both perspectives. Hornberger et al., (2007) concluded that "Perhaps the essential nature of core family leisure involvement is more apparent among families that face greater stress, constraint, and difficulty by nature of their family structure such as those who have a child with a disability or are in a single-parent home" (p. 28). Families with youth in mental health treatment are likely to face similar family stresses, constraints, and difficulties due to having a child with maladaptive behavior patterns. Therefore, it seems just as likely that core family leisure activities would be as important to these families as it is to single-parent families and families with a child with a disability.

Findings from this study supported another aspect of the Core and Balance framework, that drastically unbalanced patterns of family leisure participation may have negative affects on family functioning. From both parent and youth perspectives, mental health treatment families participated in more balance family leisure activities than core family leisure activities. This difference was not significant in comparison to normative families. When examined in comparison to their extremely low core family leisure patterns, however, a distinct difference in the amounts of participation is noticed. It is likely that this dichotomy in family leisure participation contributed to their low family functioning.

Shaw and Dawson (2001) found that parents attach a "sense of urgency" to the time they spend with their children (p. 224). Mental health treatment families may have also done this, possibly as an attempt to deal with behavioral issues before they got too

bad, or upon realizing situations were out of control. Based on the high levels of balance family leisure participation in our sample, it seems evident that these parents may have felt this sense of urgency and used balance activities as a form of conflict avoidance and as a way to bond or strengthen their families in stressful times. In other words, as parents notice their children falling into patterns of disruptive behavior, they may feel an urgent need to do something to strengthen the family. Rather than spend time together at home, where most behavioral problems are at the forefront, they spend their time on a cruise, shopping, or at the theatre, where the setting and interactions with people outside the family system may act as a buffer between the issues and the family. It is a misguided notion to believe that balance family leisure activities are the primary ways to develop the strength and bonding that is necessary to keep families together in difficult times. In fact, past research using the Core and Balance framework has made it clear that core family leisure participation is more essential to family functioning (Freeman & Zabriskie, 2003; Hornberger et al., 2007). It may be that the lack of core family leisure has led treatment families to have a diminished skill base and ability to implement these activities in the home, which may make balance family leisure more appealing.

Another interesting variable to discuss is that of income, which did not have a statistically significant impact on any of the family functioning variables. It may, however, be theoretically significant as 55% of the sample had annual incomes over $100,000 and the modal income range was over $150,000. This was not typical of the normative sample, whose median annual incomes ranged from $50,000–$59,999. Due to the expensive nature of mental health treatment, it is reasonable that the income ranges of

this sample were so high. This may help to explain the high balance family leisure patterns of mental health treatment families. These families have the resources in terms of finances to participate in out-of-the-ordinary activities such as outdoor adventure activities (e.g. camping, rafting, mountain biking), frequent family vacations, tourism, or going to the theatre, museum, or restaurants.

Families with youth in mental health treatment may feel that balance family leisure is a good way to strengthen and bond their families during difficult times. From the parent perspective, balance family leisure had a more significant contribution to family cohesion than core family leisure, which is not typical of the model. In general, core leisure tends to contribute more to family cohesion, as was the case in the youth perspective from this sample. For the parents, core family leisure involvement contributed more to family adaptability than balance family leisure. This, again, is not consistent with the model, but may be explained by the dynamics of mental health treatment families. Due to the infrequency of their core family leisure involvement, participation in these types of activities (e.g. family dinner, gardening, in-home movie nights) may be more novel and challenging to the family dynamics than a more typical balance leisure activity, like a family vacation to Europe. On the other hand, the frequency and amount of balance family leisure involvement in these families may provide the stability and consistency that core leisure involvement typically addresses for families who do not have the resources to do so much balance family leisure activities.

Relationship of Family Leisure Involvement to Family Functioning

Among traditional families, a positive relationship between family leisure and successful family functioning has consistently been found (Hawks, 1991; Holman & Epperson, 1984; Orthner & Mancini, 1991; Zabriskie & McCormick, 2001). Such findings have also been consistent among families with different family structures, including families with a child who has a disability (Dodd et al., 2007; Mactavish & Schleien, 1997; Mactavish & Schleien, 2004; Scholl et al., 2003), special-needs adoptive families (Freeman & Zabriskie, 2003), and single-parent families (Hornberger et al., 2007). A recent study found that for families with at-risk youth in a therapeutic wilderness program, participation in challenging family leisure improved the collective efficacy of the family, which the researchers felt was a better way to improve family functioning than changing just behavior (Wells et al., 2004).

Findings from the current study extend beyond previous research using the Core and Balance framework (Dodd et al., 2007; Hornberger et al., 2007; Freeman & Zabriskie, 2003) by reporting positive multivariate relationships between family leisure variables and family functioning among families in mental health treatment from both a parent or youth perspective. In other words, when other family characteristics were considered as possible predictors of family functioning, such as age, gender, ethnicity, history of divorce, family size, annual income, and history of treatment, family leisure involvement was the only significant predictor of family cohesion, adaptability, and overall family functioning. Relationships, however, were somewhat different than those reported in previous samples.

It should be noted that while findings among traditional families (Zabriskie & McCormick, 2001) support the theoretical argument that core family leisure involvement tends to be a better predictor of cohesion, and balance family leisure involvement tends to be a better predictor of adaptability particularly from a parent perspective, that is not the case in the parent perspective of families with youth in mental health treatment. Current findings do indicate that both core and balance family leisure involvement contributed to the explanation of variance in overall family functioning. However, core family leisure involvement explained more variance in adaptability, while balance family leisure involvement explained more variance in cohesion. Perhaps the frequency of participation in balance family leisure activities for these families has led them to be a more consistent and stable aspect of family leisure; where as in normative families, core family leisure provides the consistency and stability. Moreover, the infrequent participation in core family leisure activities for treatment families may be less routine and more disruptive to the family, and therefore more of a novel and challenging experience, which is more typical of balance leisure activities.

From the youth perspective, findings were different from current trends as well. Core family leisure involvement explained more of the variance in cohesion, which is typical from a youth perspective; however, both core and balance family leisure involvement contributed to the variance in adaptability, while core family leisure involvement explained more of the variance in overall family functioning. These findings continue to support the essential role that core family leisure involvement plays in family functioning. Youth in treatment indicated that home-based, routine, everyday activities

developed more family cohesion. This is quite different from the parent perspective that indicated balance family leisure developed more family cohesion. In other words, it seems that while youth in treatment may enjoy frequent vacations or out-of-the-ordinary activities, they may prefer to spend time at home with their family.

Recommendations for Future Research

There are a number of implications for continued study among families with youth in mental health treatment based on the current findings. First, it must be recognized that family leisure involvement is an essential component of family life for families with youth in mental health treatment. It is a behavioral characteristic that has been empirically correlated to higher family functioning among these families. Furthermore, lack of involvement in regular, everyday, home-based, core family leisure activities clearly influences family functioning among mental health treatment families. Therefore, future research among families with youth in mental health treatment should not only continue to examine aspects of family leisure but should also focus specifically on the meaning and essential role of core family leisure involvement. Understanding the role of core family leisure involvement can help practitioners develop family-centered interventions and services that recent literature has called for (Mathijssen et al., 1997; Zabriskie & Freeman, 2004).

Second, this is perhaps the first study to clearly identify a significant relationship between the lack of core family leisure involvement and family dysfunction. A qualitative approach to examining the meaning and quality of family leisure among families with youth in mental health treatment is also recommended and will likely add

further insight into the role and quality of core leisure involvement for these families. Identifying family behaviors related to characteristics of family functioning is a necessary step in order to provide empirically based recommendations for other families with youth in mental health treatment, as well as to the professionals who work with them. In order to create effective, theoretically-based programming, it is imperative that practitioners have a clear understanding of the intricacies of family functioning among families with a youth in treatment.

Considering the consistent findings related to the essential nature of core family leisure involvement as it relates to aspects of family functioning for families such as those with a child with a disability, single-parent families, and families with an adolescent in mental health treatment, future research may explore possible modifications to the Core and Balance Model for family structures with high levels of stress and constraint. The purpose of this study was to use this framework to examine a specific family structure, which was expected to be different from normative families. This study was not meant to test the model; therefore, while the findings were indeed different from normative families and demonstrate deviation in the model for this sample as hypothesized, they add further justification for the continued use of this framework to explain family functioning among these types of families.

While these findings add considerable insight to the body of knowledge and provide direction for future research, some limitations of the current study must also be acknowledged. Data were collected from parents with youth enrolled in services at a residential treatment center. Due to the expensive nature of residential treatment in

general, this may have biased the research by gathering data from families of a higher socioeconomic status. Additionally, the majority of the families in this sample (80.3%) were from California, which has the third highest cost of living in the United States (MERIC, 2008). It is highly likely that there are many families with youth in treatment whose socioeconomic status is significantly lower than that of this sample. This may have added further insight to current findings. It is recommended that future research among families with youth in mental health treatment make an effort to access families from a lower socioeconomic status and a more diverse region of residence.

An additional limitation may be in the comparison of youth ages between the normative sample and the sample of treatment families. The mean age for the youth in the normative sample was 13 years old, as opposed to a mean age of 15 years old for the treatment youth. It was suggested that this difference in age could possibly explain the differences in family leisure involvement and family functioning between the two samples, as it seems likely that as the youth approach their later teen years they would naturally want to spend less time with their families. When the means for family leisure and family functioning were compared between the younger (14 and under) and older youth (15 and above), however, no meaningful differences were found between the amount of family leisure involvement and overall family functioning.

It should also be acknowledged that this study utilized correlational techniques to identify relationships and, therefore, interpretation related to the directionality of relationships cannot be made without further research. Longitudinal studies approaching

experimental designs must be conducted in order to assess causality in the family leisure and family functioning relationship.

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Table 1

Differences between Families with an Adolescent in Mental Health Treatment and Normative Families on Cohesion, Adaptability and Family Functioning

Variable	*M*	*SD*	*t*	*p*
Parent Perspective				
Cohesion				
Treatment (n = 75)	48.91	6.68	-11.05	.000*
Normative (n = 343)	62.83	9.92		
Adaptability				
Treatment (n = 75)	42.91	6.23	-4.51	.000*
Normative (n = 343)	46.94	7.17		
Family Functioning				
Treatment (n = 75)	3.32	1.26	-8.60	.000*
Normative (n = 343)	4.96	1.54		
Youth Perspective				
Cohesion				
Treatment (n = 104)	45.22	11.93	-11.07	.000*
Normative (n = 343)	58.85	10.69		
Adaptability				
Treatment (n = 104)	40.18	10.51	-3.84	.000*
Normative (n = 343)	43.92	8.05		
Family Functioning				
Treatment (n = 104)	2.96	1.56	-6.92	.000*
Normative (n = 343)	4.22	1.65		

Note. * $p < .001$. A Bonferroni adjustment was used for multiple tests. A family-wise .05 significance level was used overall, but the Bonferroni adjustment of .01 (or less) significance level was used for individual tests.

Table 2

Differences between Families with an Adolescent in Mental Health Treatment and Normative Families on Family Leisure Involvement

Variable	*M*	*SD*	*t*	*p*
Parent Perspective				
Core Activities				
Treatment (n = 70)	34.44	16.23	-5.04	.000*
Normative (n = 343)	45.62	17.02		
Balance Activities				
Treatment (n = 69)	52.78	28.26	.641	.522
Normative (n = 343)	50.47	27.13		
Total Family Leisure				
Treatment (n = 66)	88.52	40.22	-1.46	.143
Normative (n = 343)	96.09	38.07		
Youth Perspective				
Core Activities				
Treatment (n = 101)	28.30	17.62	-7.37	.000*
Normative (n = 343)	42.58	16.94		
Balance Activities				
Treatment (n = 96)	56.84	36.71	1.19	.235
Normative (n = 343)	52.76	27.43		
Total Family Leisure				
Treatment (n = 95)	85.14	48.53	-2.03	.043
Normative (n = 343)	94.73	38.35		

Note. * $p < .001$. A Bonferroni adjustment was used for multiple tests. A family-wise .05 significance level was used overall, but the Bonferroni adjustment of .01 (or less) significance level was used for individual tests.

Table 3

Summary of Blocked Regression Equations: Parent Data

Variables	B	SE B	β	*p*
Family Cohesion (n = 63)				
Block 1 R^2 = .014 (*p* = .657)				
History of divorce	-.030	2.470	-.002	.990
Family size	.825	.897	.117	.362
Block 2 ΔR^2 = .356 (*p* < .001)				
History of divorce	.137	2.015	.007	.946
Family size	-.292	.755	-.041	.700
Core Family Leisure	.132	.076	.222	.090
Balance Family Leisure	.161	.045	.460	.001*
Family Adaptability (n = 63)				
Block 1 R^2 = .021 (*p* = .524)				
History of divorce	1.620	1.570	.131	.306
Family size	.274	.571	.061	.633
Block 2 ΔR^2 = .192 (*p* = .002)				
History of divorce	1.882	1.437	.152	.195
Family size	-.227	.538	-.050	.675
Core Family Leisure	.134	.054	.356	.017**
Balance Family Leisure	.031	.032	.140	.338
Family Functioning (n = 63)				
Block 1 R^2 = .042 (*p* = .273)				
History of divorce	.345	.317	.136	.281
Family size	.138	.115	.151	.234
Block 2 ΔR^2 = .261 (*p* < .001)				
History of divorce	.380	.276	.150	.174
Family size	.013	.103	.015	.898
Core Family Leisure	.021	.010	.277	.046**
Balance Family Leisure	.014	.006	.316	.024**

Note. *p < .001; ** p < .05

Table 4

Summary of Blocked Regression Equations: Adolescent Data

Variables	B	SE B	β	*p*
Family Cohesion (n = 91)				
Block 1 R^2 = .052 (*p* = .029)				
Ethnic majority	5.636	2.536	.228	.029**
Block 2 ΔR^2 = .282 (*p* < .001)				
Ethnic majority	3.835	2.209	.155	.086
Core Family Leisure	.302	.066	.462	.001*
Balance Family Leisure	.040	.033	.124	.233
Family Adaptability (n = 91)				
Block 1 R^2 = .001 (*p* = .727)				
Ethnic majority	.814	2.322	.037	.727
Block 2 ΔR^2 = .183 (*p* < .001)				
Ethnic majority	-1.046	2.181	-.047	.633
Core Family Leisure	.134	.065	.229	.043**
Balance Family Leisure	.078	.033	.272	.019**
Family Functioning (n = 91)				
Block 1 R^2 = .008 (*p* = .385)				
Ethnic majority	.306	.350	.092	.385
Block 2 ΔR^2 = .201 (*p* < .001)				
Ethnic majority	.049	.325	.015	.879
Core Family Leisure	.028	.010	.317	.005**
Balance Family Leisure	.009	.005	.202	.076

Note. * $p < .001$; ** $p < .05$

Appendix A

Prospectus

Chapter 1

Introduction

Fundamental changes in behavior, attitude, coping skills and relationships hopefully take place while youth are in behavioral treatment programs. Oftentimes, youth will leave treatment with a renewed outlook on life and an opportunity to rebuild bridges burnt through past behaviors. Some youth move from one form of residential treatment program to another, perhaps from a wilderness treatment program to a more standard residential treatment or boarding center, as a transition or step-down prior to returning home. Others may go directly home, returning to families both excited and hesitant to have their child back in the home.

During the period youth are enrolled in mental health treatment, parents generally have a minimal role in the therapeutic process due in part to logistics (distance between the treatment facility and the home) and disruptive relationships between the parents and youth. Wilderness programs have a built in logistical barrier to parent involvement in therapy; namely, the secluded wilderness setting. This makes letters the primary mode of communication between parents and youth, with the therapist acting as an intermediary between the two. While residential treatment centers typically allow for more parental participation through weekly family therapy phone calls, occasional home visits, and periodic parent weekend activities at the facility, diminished parental involvement is a problem that both forms of therapeutic programs face, are acutely aware of, and are struggling to address within the framework of programming.

Family Systems Theory holds that each family is composed of interacting members, with each member having an effect on and being affected by every other member of the system. Klein and White (1996) suggest that family systems are goal directed, self-correcting, dynamic, interconnected systems. Residential treatment programs remove one member from the family system, usually a child, and treatment focuses on changing the behavior of that individual. Parental behavior is usually not the primary focus of such treatment, as it is likely the negative actions of the youth that resulted in their placement in treatment. This lack of involvement on the part of other members of the family system can be a barrier to change, as the child will likely return to an unchanged family system. Research supports the conclusion that an unchanged home environment can be a barrier to generalizing the results of treatment back into the home and family (Skipper, 1974; Winterdyk, 1980).

Residential treatment programs may use a combination of group (e.g., drug and alcohol, adoption, AA, NA), individual, recreation, family, and equine therapy as tools to develop trust, communication and problem solving skills of the youth in treatment. A fundamental principle of residential treatment programs is that skills learned during group and/or individual therapy sessions, phone calls home, parent weekends, and home visits will be effectively recalled and applied to situations that will inevitably arise upon return to the home. While program administrators acknowledge the need for a theoretical framework involving family leisure activities in programming, and have attempted to work such into a family component, little progress has been made. This lack of progress is manifested in the lack of long-term impacts of residential treatment programs, as

activities have an immediate impact in the short term, but a diminishing impact over the long term (Freeman & Zabriskie, 2003).

Recent research has provided "valuable empirical support to help justify needed family focused therapeutic recreation services for parents, youth, and families receiving mental health treatment" (Freeman & Zabriskie, 2003, p.89). Results from the research of Zabriskie and McCormick's (2001) Core and Balance Model of Family Leisure Functioning suggest that families with increased family leisure participation are more likely to see higher levels of functioning.

The Core and Balance Model of Family Leisure Functioning suggests that families crave both stability/consistency and novelty/change in regards to recreation activities. Core activities include home-based activities like family game nights, gardening, and movie nights. Balance activities include family vacations, challenge courses, and outdoor activities. Both types of activities directly affect family cohesion and adaptability for at-risk and non-at-risk families. Some of the benefits of family participation in leisure activities include development of relationships, exploration of boundaries, clarification of family roles and rules, and progression as a working unit (Zabriskie & McCormick, 2001).

Statement of Problem

While individual treatment is the focus in many youth residential programs, the family system to which the individual will return would benefit greatly from participation by all members of the family. The logistical barriers to family participation and the potential disruption to treatment are real and can be difficult to overcome. Due to these

barriers and others, research in the area of family involvement in residential treatment programs has been limited. The problem of this study is to address the lack of a theoretically based family component within residential youth treatment programs by developing and testing a theoretically based Family Leisure Education seminar within a residential treatment program. This study will examine the effects of leisure education upon family functioning and satisfaction with family life.

Justification for the Study

The purpose of this study is to develop a theoretically based and empirically tested family component for inclusion in residential youth treatment programs. Little to no research has been conducted on a) family leisure programming in residential youth treatment programs, b) the transition from treatment programs to home with at-risk youth, and c) ways in which discharge planning affects the outcome of treatment in the area of family functioning. Leichtman & Leichtman (2004) suggest that discharge is not an end to treatment, but a transition into the next phase of treatment. It is in this next phase where the child is reintroduced into the family system. Because of the lack of direct participation in the therapy process, families may not be adequately prepared to support the changes the youth has made during treatment or to function without the memories of past behavior tainting the attempts at redeveloping relationships.

A residential treatment program typically results in change and progress for the individual youth. The family component being developed for this study is not intended to replace a treatment program; rather, it aims to compliment and support existing programs, and to ease transition from a residential program back to the family environment, not just

for the individual youth, but for the family system as a whole. Furthermore, it is hoped that through educating the family as a whole in core and balance activities, a fundamental change will occur to the family system resulting in improved family functioning and satisfaction with family life, which change can lend support to the progress attained by the individual youth in the residential treatment program.

Providing a theoretically based and empirically tested family component can strengthen youth residential treatment programs. It is widely believed among program administrators and researchers that family involvement is integral to the success of the treatment process. Many practitioners and facilities, however, do not have the time, money, or knowledge to develop appropriate family components and conduct the necessary research to support them.

There is a noticeable gap between research and practice, with a number of explanations for the gap. Oftentimes, relevant research findings do not make their way to the practitioner. Findings are published for scholars in scientific and academic journals, which practitioners may not subscribe to or have time to read. Those findings are often reported in a mathematical or statistical manner, which is not particularly reader friendly for the practitioner (Small, 2005).

Furthermore, the methodology of many studies is often impractical given the realities of practice, with results that are statistically significant, yet clinically insignificant. It becomes difficult to draw definitive conclusions from findings and generalize them into practice. Small (2005) has a number of suggestions for bridging the gap between research and practice in family studies. He recommends “adopting more

practice-friendly approaches to family research" (p. 327) and suggests a closer collaboration between researchers and practitioners. This would provide researchers with an understanding of the operational realities of practice and insight on "emerging issues that may not yet even be on the radar screen of traditional academic scholarship" (p. 328). Scholars can then produce research that is of practical use to practitioners. This study will be a direct response to the call from Small to increase collaboration between researchers and practitioners. It is hoped that this study will produce more useful findings, which can then lead to the development of services that are appropriate and practical for facilities and clients.

Delimitations

This study will be delimited by the following factors:

1. Data will be collected from approximately 40 families comprised of at least one parent and one child, between the ages of 12-17, currently undergoing mental health treatment at Heritage Schools.
2. An attempt will be made to obtain a relatively equal number of mothers and fathers, sons and daughters.
3. Pretest data will be collected at Parents' Weekend on March 29, 2008. Posttest data will be collected three to four weeks following the child's graduation from Heritage Schools.
4. Participants will be selected based upon enrollment in services and attendance at Parents' Weekend at Heritage Schools.

5. The use of (a) the Family Leisure Activity Profile (FLAP) to measure leisure patterns, (b) the Family Adaptability and Cohesion Evaluation Scales (FACES II) to measure family functioning, and (c) the Satisfaction with Family Life scale (SWFL) to measure satisfaction with family life.

Limitations

The study will be limited by the following factors:

1. The influence of the parent on the child completing posttest surveys cannot be measured or accounted for.
2. Nonrandomized assignment to treatment and control groups results in generalizability to this specific sample only.
3. Day-to-day activities and the regular therapeutic routine offered to the students at Heritage Schools, beyond participation in the Family Leisure Education seminar, will not be controlled.

Assumptions

The study will be based upon the following assumptions:

1. Participants will fill out the questionnaires to the best of their abilities and as honestly as possible.
2. The staff providing the Family Leisure Education seminar will be competent in recreation therapy and the principles of therapeutic change.
3. The FACES II instrument (Family Adaptability and Cohesion Evaluation Scales) will provide a valid and reliable measure of family functioning (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1992).

4. The FLAP instrument (Family Leisure Activity Profile) will provide a valid and reliable measure of family leisure involvement (Zabriskie & McCormick, 2001).
5. The SWFL instrument (Satisfaction with Family Life) will provide a valid and reliable measure of satisfaction with family life (Zabriskie & McCormick, 2003).

Hypotheses

The study is designed to test the following null hypotheses:

1. There is no significant increase in family functioning after participation in the Family Leisure Education seminar and completion of mental health treatment at Heritage Schools.
2. There is no significant increase in satisfaction with family life after participation in the Family Leisure Education seminar and completion of mental health treatment at Heritage Schools.
3. There is no difference between families that do participate in the Family Leisure Education seminar and families that do not, in terms of family functioning and satisfaction with family life.

The working hypotheses are as follows:

1. Participation in mental health treatment at Heritage Schools and the Family Leisure Education seminar will significantly increase family functioning.
2. Participation in mental health treatment at Heritage Schools and the Family Leisure Education seminar will significantly increase satisfaction with family life.

3. Participation in the Family Leisure Education seminar will produce differences in families who do and do not participate in the seminar, in terms of family functioning and satisfaction with family life.

Definitions

The following terms apply to terminology commonly used in the recreation and therapy disciplines and are defined to clarify their use in the study. Where possible, citations were provided for use of the definition.

Balance leisure patterns. Leisure activities that are less frequent, less common, and require more resources (e.g., time, effort, and money) than core activities. Because they require substantial planning, they are usually less spontaneous, more formal, and longer in duration (Zabriskie & McCormick, 2001).

Core leisure patterns. Leisure activities that are common, everyday, low-cost, and participated in frequently. These activities are usually home-based, require little planning and resources, and are spontaneous, and informal (Zabriskie & McCormick, 2001).

Family adaptability. The family's ability, in response to situational and developmental stress, to change its power structure, role relationships, and relationship rules (Olson, Portner, & Bell, 1982).

Family cohesion. The emotional bonding between family members (Olson et al., 1982).

Family functioning. Family functioning can be explained and measured by levels of family adaptability and family cohesion (Olson et al., 1982).

Family leisure involvement. "All recreation and leisure activities family members participate in with other family members, including both core and balance family leisure patterns" (Zabriskie, 2000, p. 7).

Family leisure satisfaction. Family leisure satisfaction is derived from the summed satisfaction scores from the FLAP and indicates individuals' self-report level of satisfaction with leisure participate in with family members (Zabriskie & McCormick, 2001).

Satisfaction with family life. Satisfaction with family life is derived from total scores on the SWFL and indicates individuals' self-report of level of satisfaction with family life.

Chapter 2

Review of Literature

The problem of this study is to address the lack of a theoretically based family component within residential youth treatment programs by developing and testing a Family Leisure Education seminar within a residential treatment program. This study will examine the effects of family leisure education on family functioning and satisfaction with family life. The literature related to family leisure and residential treatment will be presented in this chapter and will include information on residential treatment, family leisure, and Zabriskie and McCormick's (2001) Core and Balance Model of Family Leisure Functioning.

Residential Treatment

One of the distinctive aspects of a youth residential treatment center is its ability to remove a client from the physical and emotional environments (e.g., dysfunctional families and negative influences of friends) that contribute to at-risk behaviors, such as drug and alcohol addiction, truancy, and mental health issues. A residential treatment center is one facet of the variety of services available to families experiencing difficulties in successfully managing their children's behavior in the home (Landsman, Groza, Tyler, & Malone, 2001). A residential treatment center provides a novel experience in which clients can be revived spiritually, physically, emotionally, and mentally. This environment can be used to create situations in which skills can successfully be developed and later applied as solutions to *real life* problems. Recent research-based outcomes of residential treatment include lower rates of substance abuse and re-arrest

(Orlando, Chan, & Morral, 2003), increased self-esteem and self-mastery (Lipschitz-Elhawi & Itzhaky, 2005), and improvement in academic skills (McMackin, Tansi, & Hartwell, 2005).

A challenge lies with stating the effectiveness of residential treatment due to the lack of significant and reliable research. The insignificance among studies can be attributed to research design that is clinically impractical and statistically unsound. For example, researchers do not often consult with practitioners when it comes to their study question or design. The research question may be valid in academic circles but have no practical importance to practitioners (Small, 2005). Many researchers have relied on single-sample, case study, and clinical trial designs without control groups to determine the effectiveness of programs. While these studies may have produced important information in general, it is not useful for the practitioner dealing with the daily realities of a residential treatment center (Curry, 1991; Orlando et al., 2003; Williams & Chang, 2000).

Therapeutic recreation in residential treatment. According to the National Recreation and Parks Association web site, therapeutic recreation (TR) is defined as the use of "treatment, education and recreation services to help people with illnesses, disabilities, and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life" (NRPA, 2000, para. 1). Many residential treatment centers have a TR program as part of the treatment service available for their clients. Therapeutic recreation activities can include, but are not limited to high and low ropes challenge courses, equine-assisted programs, crafts, dancing,

aquatics, games, and off-campus experiential activities such as biking, canoeing, hiking, and camping. These activities provide opportunities for clients to improve functional abilities, learn new skills and attitudes related to leisure, and to participate in recreational activities that allow them to exercise their newly gained skills (Austin, 2001). Often a client's treatment plan will include a TR intervention several times per week. Parents do not generally participate in these groups. However, when Parents' Weekend opportunities arise, a treatment center may provide TR sessions in which both the parents and the child participate. In these instances, TR is an "excellent modality for promoting healthy communication within families" (Huff et al., 2003, p. 18), especially when the activities are in challenging outdoor settings.

Family involvement in residential treatment. There are a number of barriers to family participation in residential treatment, such as out of state travel expenses, time issues, and disruptions to treatment. These barriers usually result in families relying on the more traditional methods of involvement in their child's treatment process: letters, phone calls, occasional Parents' Weekends, and visits (both at home and at the facility) when appropriate. Research in the area of family participation and residential treatment has provided promising support for the belief that family involvement should be a key aspect of youth treatment. Significant findings in early research suggest that parental involvement was associated with more successful outcomes (Jansen, Schuller, Oud, Arends, & Arends, 1996). Additionally, family support and aftercare services have been found to be critical to successful reintegration into the home and community (Burns &

Friedman, 1990; Hoagwood & Cunningham, 1992; Taylor & Alpert, 1973; Wells, Wyatt, & Hobfoll, 1991).

A more recent study by Landsman et al. (2001) examined the effectiveness of a family-centered residential treatment model. Results suggested that the family-centered model was more successful at achieving post-discharge stability over time than the standard services offered by the program. The impact of these results was significant, as they demonstrated that "residential treatment can provide services in a family-centered fashion, maintaining a dual focus on the child and family, with a goal of facilitating stable family placements following residential treatment" (p. 374).

Family Leisure

Carlson (1999) discussed the role the family has played throughout history and suggested that there has been a recent rediscovery and restoration of "attention to the natural and proper place of the family as the fundamental unit of society" (p. 28). The structure of modern families differs widely from traditional two-parent families, to include single-parent families, blended families, foster families, adopted families, and families with children with developmental disabilities. A number of research studies have been conducted on the many benefits leisure participation brings to families (Freeman & Zabriskie, 2003; Holman & Jacquart, 1988; Johnson, 2005; Mactavish & Schleien, 1997; Shaw & Dawson, 2001). Some of these benefits include increased communication, family functioning, and family and marital satisfaction. Smith (1997) stated, "Family recreation seems to be one meaningful way to create stronger families, no matter what form they are in" (p. 19).

Families face more formidable challenges today than ever before. Commitments to careers, school, after-school jobs, sports, extra-curricular activities, and care-giving contribute to a constant feeling of overload. Daly (1996) suggested that families need to define for themselves, each other, and for society their meanings and expectations of time so they can coordinate schedules, find time to be alone and together, and find alignments in the pace of their lives. “Besides family crisis, shared leisure may be one of the few experiences that bring family members together for any significant amount of time” (Zabriskie & McCormick, 2001, p. 287). Modern society promotes a harried and frenetic way of living. The family system seems to take the brunt of this accelerated pace. Time together is usually spent accomplishing the tasks associated with daily living, school, work, and managing the home. Often these tasks are mundane and routine. Furthermore, when a crisis situation arises, these daily tasks are set aside so attention can be paid to the most pressing matter at hand. Meaningful leisure activities can supplement togetherness so that crisis situations and routine tasks are not the only arena for family togetherness.

While leisure can definitely be a strengthening tool for families, it is not an end-all solution to family problems. Without some measure of structure or purpose, family leisure can even be detrimental. In their research on family activities, Shaw and Dawson (2001) noticed an emerging theme that parents attached to family participation in leisure activities. They suggested that a “strong sense of purpose” existed in the parents desire to provide leisure. They went on to recommend that “family leisure should be seen as a form of purposive leisure, which is planned, facilitated, and executed by parents in order to achieve particular short- and long-term goals” (p. 228). Furthermore, Shaw and

Dawson suggested that family leisure also provides an opportunity for parents to teach values, moral lessons, the importance of sportsmanship, and to pass on parental expectations. In families with children who exhibit at-risk behaviors, this seems like an ideal opportunity to teach those moral lessons their children may lack.

Core and Balance Model of Family Leisure Functioning

The Core and Balance Model of Family Leisure Functioning (Zabriskie & McCormick, 2001) is a combination of Kelly's (1996, 1999) notion of the desire for continuity and change in leisure and Iso-Ahola's (1984) notion that the "duality in leisure patterns is a result of the interplay and balance between two opposing needs or forces that simultaneously influence individual behavior" (Freeman & Zabriskie, 2003, p. 76). The Core and Balance model suggests that family leisure involvement is one way in which families can attain a state of homeostasis. It holds that there are two basic categories of family leisure (core and balance), both of which play an integral role in family functioning in regards to cohesion and adaptability.

Core activities "address a family's need for familiarity and stability by regularly providing predictable family leisure experiences that foster personal relatedness and feelings of family closeness" (Zabriskie & McCormick, 2001, p. 283). These activities occur close to home, are low-cost, common, and relatively accessible. They are fun, spontaneous, nonthreatening activities in which family members can "safely explore boundaries, clarify family roles and rules, and practice ways to enforce them" (p. 283). Weekly family night, shooting hoops in the driveway, playing football on weekends, gardening together, and movie nights are a few examples of core activities. In theory,

core activities would make up the majority of family leisure participation, no matter the family structure, as they are the most easily accessible and cost efficient activities. Core activities generally develop feelings of family closeness and cohesion (Zabriskie & McCormick).

Balance activities "address a family's need for novelty and change by providing new experiences that provide the input necessary for family systems to be challenged, to develop, and to progress as a working unit" (Zabriskie & McCormick, p. 283). These activities require more investment of family resources (e.g., time, money, and effort) and are not home-centered. They are less spontaneous, require more planning, and can be quite formal. Family vacations, challenge courses, outdoor adventure activities (e.g., mountain biking and backpacking) and special events like concerts, going to theme parks or sporting events are just a few examples of balance activities.

Zabriskie and McCormick (2001) hypothesized that high levels of core and balance participation result in high levels of family functioning with regard to family cohesion (core) and family adaptability (balance). The balance of these two constructs is a key element for healthy functioning families (Zabriskie, 2001). While the model suggests that families should participate in both types of activities, research has suggested that different types of families may need different amounts of each activity. In a study comparing single-parent and dual-parent families, Hornberger (2007) found that high functioning single-parent families typically participate in less balance and more core activities. This may be due in part to the circumstances which surround a single-parent family, which may lead to the development of family adaptability. Regardless of the type

of family structure, it appears effective family leisure involvement can be an antecedent to higher family functioning (Freeman & Zabriskie, 2003).

Research has supported the assumption that families with high levels of family leisure participation also have high levels of family functioning. Furthermore, families with low levels of family leisure participation have low levels of family functioning (Freeman & Zabriskie, 2003; Zabriskie & McCormick, 2001). When applied to families participating in adolescent mental health treatment, an assumption exists of low levels of family functioning which would then lead to the assumption that they have low levels of family leisure participation. Vickers (1994) conducted a study entitled "Young Children at Risk: Differences in Family Functioning". Using Olson's Circumplex Model (1986), Vickers hypothesized that these families functioned differently than more traditional families. The most significant finding in this study "was the number of at-risk families found in the extreme lower left cells of the Circumplex model (low cohesion and low adaptability)" (Vickers, p. 268). Characteristics of a family classified in this area of the model may include extreme independence, little family closeness or loyalty, strict discipline, and little change in family roles or rules (Olson, 2000). This lends support to the assumption that families in mental health treatment have low levels of family functioning. Therefore, it may be safe to assume that families exhibiting low levels of family functioning also have low levels of family leisure participation. This can be especially useful information for therapists treating clients in residential treatment programs. In fact, many families in mental health treatment struggle with the basic skills

needed to spend time together doing simple things such as playing Frisbee, cooking, or gardening (Freeman & Zabriskie, 2003).

A low level of family functioning suggests a family does not have a core and balance leisure activity pattern. In this case, while youth participation in an intense balance activity (e.g., TR activities in residential treatment) can institute positive change individually in the short term, it can have diminishing effects on the family system as a whole, long term. Many TR activities within a residential treatment center are balance activities (e.g., challenge courses, group initiatives, and outdoor adventure activities) and are immediately effective. However, Freeman & Zabriskie (2003) suggest that "core family leisure involvement is essential to higher family functioning, and may make a more valuable contribution to family life" (p. 90). They recommend therapeutic recreation professionals make a strong effort to provide opportunities for families to develop and practice core family leisure skills. Furthermore, basic skills learned in core leisure activities are likely to enhance the skills developed in more challenging balance activities (Freeman & Zabriskie).

Research findings using the Core and Balance Model have consistently suggested that families need both core and balance activities in order to have healthy levels of family functioning (Freeman & Zabriskie, 2003; Smith, Freeman, & Zabriskie, 2007; Zabriskie & Freeman, 2004; Zabriskie & McCormick, 2001). The positive individual changes that occur while youth are in treatment may not be long lasting if the family system is affected negatively by lack of participation as a whole in both core and balance activities.

Leisure Education

Leisure education programs aim to help individuals develop skills that can be used throughout life (Dattilo, 1999). Leisure choices can address desires for both a broad leisure repertoire and a specific set of core activities. Many programs provide skills using Kelly's (1987, 1990) combined approach of balance and core activities. Balance leisure activities may help a) increase social skills, b) develop a sense of awareness and appreciation of self, c) express individuality, and d) develop philosophical positions. Core leisure activities may help individuals to a) interact informally with family members, b) converse in a variety of settings, c) develop relationships and intimacy, d) enhance living environments, and e) maintain fitness (Dattilo). This approach contributed to the development of the Core and Balance Model of Family Leisure Functioning. Educating families using the dual approach of this model may provide them with an awareness of and appreciation for family leisure, as well as the skills to participate in activities on their own.

There are a number of models, curricula, and manuals used in leisure education services, providing services to many different populations in a variety of settings (Dattilo, 1999). One model, in particular, addresses family leisure education. The Family Leisure Lab, developed by Malkin, Phillips, and Chumbler (1991), provides leisure education to families in a treatment setting as part of therapeutic recreation services. Parenting styles are included in the family education sessions. The program provides instruction in the areas of communication, trust, values clarification, role playing, enjoyment of leisure activities, conflict resolution, limit setting, and family meetings (Malkin et al.). The

authors strongly advocate the use of family leisure education, suggesting that "determining common leisure interests of family members would aid in treatment planning…, and in planning for activities on therapeutic leave assignments" (Malkin et al., 1987, p. 29). Results from this study suggest that family leisure education is emerging as a valid intervention modality (Malkin et al.)

Solutions for family involvement in residential treatment need to be as diverse and individualized as the families are themselves. Practitioners who can mold program goals around the needs of the family can create a better fit for clients (McCurdy & Daro, 2001). A theoretically based family-centered service within a residential treatment setting will result in more effective treatment of the client. The Core and Balance model provides a theoretical model that can guide therapeutic recreation interventions for families (Freeman & Zabriskie, 2003). A family leisure education program based on the Core and Balance Model can provide families with increased awareness of different kinds of family leisure categories, as well as the positive family outcomes they are related to. An improved activity skill base and knowledge of existing resources in their communities can provide families with a toolbox developed for planning and implementing family leisure activities. This can help the family system support the childs' changes when they return home by providing a leisure environment that is both flexible and conducive to change, yet stable and structured. Parents and children will learn new and appropriate leisure skills so that they will be better prepared to make healthier choices with their leisure time. Families do not inherently know how or what to do with their leisure time, especially if they have not engaged in many leisure activities in the past. A family leisure

education program can provide awareness, skills and resources to the family, which may ultimately lead to strengthened families and an increase in satisfaction with family life.

It is imperative as researchers that a clear and theoretical framework is used to not only provide support for studies but also to provide theoretically based and practically realistic programs for the practitioner. Typically, research in the field of residential treatment has lacked a theoretical framework. Furthermore, program development in many residential treatment programs has not been supported by research nor has research been conducted by the researcher with the practitioner in mind (Reppucci, Britner, & Woolard, 1997; Small, 2005). Both recreation and family therapy disciplines offer a number of solid theories and models that mesh well to fit within a residential treatment program.

The Core and Balance Model of Family Leisure Functioning is grounded in family systems theory. This model effectively provides a clear theoretical framework for the combination of recreation and family therapy theories in a residential treatment setting. Additionally, these concepts provide many new opportunities for therapeutic prevention and/or intervention. A framework can exist with which recreation therapists and family therapists can develop a program of education, assessment, and implementation for at-risk families in treatment. Researchers have acknowledged the unchanged home environment as a potential source of resistance to generalizing changes from treatment into the home (Skipper, 1974; Winterdyk, 1980). Without knowledge of the qualities and benefits that family leisure activities can provide, it is almost a disservice to provide such an intense therapeutic experience for at-risk families.

The purpose of this study is to develop and test a theoretically based family leisure education component for inclusion in youth residential treatment programs. Significant results from this study may be able to help practitioners provide better services for clients and their families. Many youth are sent to residential treatment programs because of maladaptive behavior patterns to learn new and appropriate coping skills. It would be beneficial for parents to acquire new skills as well, so they may better support the changes their child makes in treatment.

Chapter 3

Methods

The problem of this study is to address the lack of a theoretically based family component within residential youth treatment programs by developing and testing a Family Leisure Education seminar within a residential treatment program. This study will examine the effects of family leisure education on family functioning and satisfaction with family life. This chapter is organized as follows: (a) selection of subjects, (b) instrumentation, (c) design of the study, (d) data collection, and (e) data analysis.

Selection of Subjects

A convenience sample of 20 families (n=40) attending the Parents' Weekend on March 29, 2008, will be selected from all families present and enrolled in mental health/behavioral treatment at Heritage Schools. Each family participating in the study will consist of at least one parent and one child between the ages of 12 and 17. Another sample of 20 families (n=40) will be selected from all families enrolled in mental health/behavioral treatment at Heritage Schools not attending the Parents' Weekend for the control group. Those families that do not attend the Parents' Weekend will not receive the Family Leisure Education seminar until the initial study is completed. At that time, they will be offered the program as part of their treatment at Heritage. An attempt will be made to acquire relatively equal numbers of males and females.

Instrumentation

The research questionnaire will include the following instruments: (a) the 30-item Family Adaptability and Cohesion Scales (FACES II), which measures perceptions of

family cohesion and adaptability and calculates total family functioning based on Olson's Circumplex Model (Olson, 1993) (Zabriskie, 2000); (b) the 16-item Family Leisure Activity Profile (FLAP) which measures family leisure involvement based on the Core and Balance Model of Family Leisure Functioning, from both the parent and youth perspectives separately; and (c) the 5-item Satisfaction with Family Life scale (SWFL) which measures satisfaction with family life based on the respondents own criteria. Relevant sociodemographic data such as family income, family composition, and gender, history of divorce, marital status, and length of stay in treatment will be included (See Appendix A-1a). Three data sets will be collected to create parent, youth, and family level perspectives (Zabriskie, 2000).

Family Adaptability and Cohesion Evaluation Scales. Although FACES IV is the most recent version of the FACES instrument, Olson et al. (1992) recommend the use of FACES II based on validity and reliability comparisons. Therefore, the FACES II instrument will be utilized in this study to calculate family functioning based on Olson's Circumplex Model (Olson, 1986).

FACES II consists of 16 cohesion questions and 14 adaptability questions. The scale was designed to measure family dynamics, therefore, the questions focus on characteristics of all the family members currently living in the home. The instrument asks the respondent to indicate how frequently, on a scale from 1 (*almost never*) to 5 (*almost always*), the described behavior occurs in the family. Scores for family cohesion and family adaptability are calculated based on a scoring formula that accounts for reverse coded questions. After obtaining total cohesion and total adaptability scores,

corresponding 1- 8 values will be assigned based on the linear scoring interpretation of Olson et al. (1992). These two scores will be averaged in order to obtain the family type score which is used as an indicator overall family functioning.

An acceptable cut-off for a Cronbach Alpha score in the social sciences is .70 (Garson, 2007). Olson et al. (1992) report acceptable psychometric properties in terms of internal consistency with a score of .90, and test-retest reliability scores of .86 and .88 for cohesion and .78 and .79 for adaptability (Zabriskie & Freeman, 2004). Pearson correlations of .84 for the total scale, .83 for cohesion, and .80 for adaptability were reported (Olson et al., 1992).

Family Leisure Activity Profile. The FLAP measures involvement in family leisure activities based on the Core and Balance Model of Family Leisure Functioning. Respondents identify leisure activities done with family members across 16 activity categories. Eight categories of activities are representative of core family leisure patterns (e.g., family dinners, home-based TV/videos, games, and yard activities) and eight categories are representative of balance family leisure patterns (e.g., community-based events, outdoor activities, water-based activities, adventure activities, and tourism). Each question asks if the respondent participates in the activity category with family members. Specific activity examples are included to help clarify and delineate between categories. If the answer is yes, respondents are asked to complete ordinal scales of estimated frequency (four options: *daily, weekly, monthly, annually*) and duration (12 options for core activities: *from less than one hour to one day;* 33 options for balance activities: *from less than one hour to three or more weeks*) for each activity category.

Scores for the FLAP will be calculated by first multiplying the ordinal indicators of frequency and duration of participation in each category, and then summing the core categories to provide a core family leisure index and summing the balance categories to provide a balance family leisure index. The total family leisure involvement index will be calculated by summing the core and balance indices (Zabriskie & Freeman, 2004). The FLAP has demonstrated acceptable psychometric properties including evidence of construct validity, content validity, inter-rater reliability, and test-retest reliability for core (.74), balance (.78), and total family leisure involvement (.78) (Freeman & Zabriskie, 2003).

Satisfaction with Family Life Scale. The Satisfaction with Family Life scale (SWFL) is a modified version of the Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). The word *life* found in the original scale was replaced with the words *family life* (Zabriskie & McCormick, 2003). The SWFL asks participants to answer five questions using a seven-point Likert-type scale with scores ranging from one *(strongly disagree)* to seven *(strongly agree)* to indicate the level to which they agree or disagree with the statement. The SWFL is scored by summing all items, producing a score between five and 35. Family level measurement scores (mean of parent and youth) and family discrepancy scores (absolute difference between parent and youth) will be created for a family level measurement. The scale has demonstrated acceptable psychometric properties including evidence of construct validity, internal consistency (.93), and test-retest reliability (.89) (Zabriskie, 2000; Zabriskie & McCormick, 2003).

Socio-demographic questions will be included to identify underlying characteristics of the sample and to provide possible controlling factors. Items include the following: age, gender, ethnicity, marital status, history of divorce, single-parent family, family composition, annual family income, place of residence, and history of placement in treatment.

Design of the Study

Participants will be recruited from all families attending Parents' Weekend on March 28, 2008 at Heritage Schools. Those families that choose to participate in the research study, as well as the control group, will complete the pretest before the beginning of Parents' Weekend activities. A two-hour Family Leisure Education seminar will be provided for all families on the second day of Parents' Weekend, March 29. During this seminar, families will participate in a discussion on awareness of and the importance of family leisure, and will learn the principles of the Core and Balance Model in relation to family leisure. After the presentation of the model, short commercial clips will be used to quiz the families on the two types of activities. Following the commercial clips, families will complete a family leisure goals worksheet, which concerns their desired participation levels in core and balance activities. The seminar is meant to help parents develop an awareness of the importance of family leisure, understand the principles of the Core and Balance Model, distinguish between and recognize the two types of family leisure activities, and set goals to help implement them into their family's lives.

Following the seminar, parents have the opportunity to spend the rest of their time with their children. Some families may go off campus; others are required to stay on campus. During this time, the research team will be scoring the FLAP. The information gained from this assessment will be used in conjunction with the family-leisure-goals worksheet to determine which type of activities the family is strongest, weakest, and interested in incorporating into their lives. Resource packets will include contact information for facilities and services that offer activities the families should participate in (according to their strengths and weaknesses in the Core and Balance Model) or are interested in participating in. These activity resource packs will be sent home with parents at the conclusion of Parents' Weekend. It is hoped that parents will begin to implement the principles of the Core and Balance Model into their homes with their other children, if any, so when their child earns a home visit, they have a family leisure structure already in place.

Visits are one way residential treatment centers can assess the progress of their clients. Youth may earn home visits that last from a few days to a week or more. Frequency and length of home visits are determined by the primary therapists and parents. Often, therapeutic contracts are drawn between therapists, parents, and the client, to help establish structure for the visit. For participants in this study, the recreation therapists, who are trained in the family leisure education program, will review the principles of the seminar with the youth and the parents. They will develop therapeutic homework assignments based on the initial assessments and family goals discussed in the seminar. Researchers will conduct weekly follow-up calls with participants, to provide

support and resources, if needed. There may be families participating in the study who do not have a child eligible to earn a home visit. In instances such as this, parents and siblings may be allowed to come to Heritage to visit their child. For those families, leisure resources will be available through the research team to participate in family leisure activities at Heritage or in the surrounding areas. In some cases, the researchers may help facilitate these activities.

Three to four weeks following graduation from Heritage School, the family will be sent a web site link to take the posttest assessment online. The control group participants will be sent the same link three to four weeks following their graduation dates as well. Posttests will be linked to the corresponding family's pretest. Completed submissions will be collected automatically in a password protected e-mail account accessible by the researchers only.

Data Collection

The questionnaires will have a section for parents followed by a section for the youth. Each questionnaire will be assigned a subject number. Having the parent and youth sections together on the questionnaire will allow the researcher to keep the responses grouped by families. The instruments used in this study do not require any confidential personal identification information such as social security numbers. A subject number will be assigned to each parent and youth, so as to organize responses into families. These subject numbers will be assigned randomly, and any information that ties subject numbers to specific families will be accessible only by the researchers.

The principle researcher and relevant research assistants will be the only people with access to responses. Data will be kept in a secure file cabinet, in a locked office on the Brigham Young University campus. After all necessary information and responses are gathered, analyzed, and reported, all questionnaires will be shredded.

Data Analysis

The data will be analyzed using the statistical package SAS. During data entry in the computer program, the researcher will review the data for any missing entries. Outliers will be examined, if any, to be sure they fit within the sample parameters. Descriptive statistics will be performed on the demographic questions, which will compute average age, income, family size, etc. The null hypothesis, there is no change in family functioning and satisfaction with family life after family participation in a Family Leisure Education program, will be tested using repeated measures ANCOVA. Covariates include socio-demographic variables relevant to the study (e.g., age, gender, ethnicity, family size, history of divorce, history of placement in treatment, region of residency, income). Parent and youth statistics will be analyzed and used to calculate an overall family statistic. They will be tested at the $\alpha < .05$ level for significance.

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Appendix A-1a

Family Leisure Activity Profile

Family Leisure Activity Profile (FLAP)

The following questions ask about the activities you do with family members. Please refer to the last year or so. These questions ask about groups of activities, so try to answer in terms of the group as opposed to any one specific example. This may require you to "average" over a few different activities. Don't worry about getting it exactly "right." Just give your best estimate.

Take a moment to look at the example below. This will give you some instruction on how to fill in your answers.

QUESTION: Do you participate in home-based activities (for example watching TV/videos, listening to music, reading books, singing, etc.) with family members?

First do you do these activities? → YES X NO ___

At least daily	
At least weekly	x
At least monthly	
At least annually	

Next, how often do you usually do these activities?

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	x
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

Then, about how long, on average, do you typically do this type of activity each time you do it?

Last, how satisfied are you with your participation with family members in these activities? Please answer this question EVEN IF YOU DO NOT do these activities with your family.

How satisfied are you with your participation with family members in these activities?

Very Dissatisfied				Very Satisfied
1	2	3	4	5
(please circle one)		◯		

Symbol Key
< = less than (e.g. < 1 hour reads "less than one hour") > = more than (e.g. > 10 hours reads " more than ten hours")

1. Do you have dinners, at home, with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	

How satisfied are you with your participation or lack of participation, with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

---

2. Do you participate in home-based activities (for example watching TV/videos, listening to music, reading books, singing, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

3. Do you participate in games (for example playing cards, board games, video games, darts, billiards, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

---

4. Do you participate in crafts, cooking, and/or hobbies (for example drawing, scrap books, baking cookies, sewing, painting, ceramics, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

5. Do you participate in home-based outdoor activities (for example star gazing, gardening, yard work, playing with pets, walks, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

---

6. Do you participate in home-based sport/games activities (for example playing catch, shooting baskets, Frisbee, bike rides, fitness activities, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

7. Do you attend other <u>family members'</u> activities (for example watching or leading their sporting events, musical performances, Scouts, etc.)?

YES _____ NO ___

If YES how often?		→	For about how long per time? (check only one)					
At least daily			< 1 hour		1-2 hrs		2-3 hours	
At least weekly			3-4 hours		4-5 hours		5-6hours	
At least monthly			6-7 hours		7-8 hours		8-9 hours	
At least annually			9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

8. Do you participate in religious/spiritual activities (for example going to church activities, worshipping, scripture reading, Sunday school, etc.) <u>with family members</u>?

YES _____ NO ___

If YES how often?		→	For about how long per time? (check only one)					
At least daily			< 1 hour		1-2 hrs		2-3 hours	
At least weekly			3-4 hours		4-5 hours		5-6hours	
At least monthly			6-7 hours		7-8 hours		8-9 hours	
At least annually			9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

Please rate the importance of your family's participation in the following activities (average between categories):

Family dinners and home-based activities

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

Attending family members' and religious/spiritual activities events

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

Home-based outdoor activities and home-based sports

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

Games and crafts

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

---

9. Do you participate in community-based social activities (for example going to restaurants, parties, shopping, visiting friends/ neighbors, picnics, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

10. Do you participate in spectator activities (for example going to movies, sporting events, concerts, plays or theatrical performances, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied — Very Satisfied

1 2 3 4 5

11. Do you participate in community-based sporting activities (for example bowling, golf, swimming, skating, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours		> 1 day	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied — Very Satisfied

1 2 3 4 5

12. Do you participate in community-based special events (for example visiting museums, zoos, theme parks, fairs, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours			
1 day		8 days		15 days	
2 days		9 days		16 days	
3 days		10 days		17 days	
4 days		11 days		18 days	
5 days		12 days		19 days	
6 days		13 days		20 days	
One week		Two weeks		3 or more weeks	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

13. Do you participate in outdoor activities (for example camping, hiking, hunting, fishing, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours			
1 day		8 days		15 days	
2 days		9 days		16 days	
3 days		10 days		17 days	
4 days		11 days		18 days	
5 days		12 days		19 days	
6 days		13 days		20 days	
One week		Two weeks		3 or more weeks	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

---

14. Do you participate in water-based activities (for example water skiing, jet skiing, boating, sailing, canoeing, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly (during season)	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours			
1 day		8 days		15 days	
2 days		9 days		16 days	
3 days		10 days		17 days	
4 days		11 days		18 days	
5 days		12 days		19 days	
6 days		13 days		20 days	
One week		Two weeks		3 or more weeks	

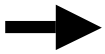
How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

15. Do you participate in outdoor adventure activities (for example rock climbing, river rafting, off-road vehicles, scuba diving, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	



For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours			
1 day		8 days		15 days	
2 days		9 days		16 days	
3 days		10 days		17 days	
4 days		11 days		18 days	
5 days		12 days		19 days	
6 days		13 days		20 days	
One week		Two weeks		3 or more weeks	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

16. Do you participate in tourism activities (for example family vacations, traveling, visiting historic sites, visiting state/national parks, etc.) with family members?

YES _____ NO ___

If YES how often?	
At least daily	
At least weekly	
At least monthly	
At least annually	

→

For about how long per time? (check only one)					
< 1 hour		1-2 hrs		2-3 hours	
3-4 hours		4-5 hours		5-6hours	
6-7 hours		7-8 hours		8-9 hours	
9-10 hours		>10 hours			
1 day		8 days		15 days	
2 days		9 days		16 days	
3 days		10 days		17 days	
4 days		11 days		18 days	
5 days		12 days		19 days	
6 days		13 days		20 days	
One week		Two weeks		3 or more weeks	

How satisfied are you with your participation or lack of participation with family members in these activities? (please circle one)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

Please rate the importance of your family's participation in the following activities (average between categories):

Community-based social events, community-based sporting events, and community-based special events,

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

Spectator activities and tourism activities

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

Outdoor activities, water-based activities, and outdoor adventure activities

Not Important At all		Moderately Important		Very Important
1	2	3	4	5

Appendix A-1b

Family Adaptability and Cohesion Scale II

Family Adaptability and Cohesion Evaluation Scales (FACES II)

Please answer the following questions in reference to your family currently. Please be as open and honest as possible. All responses are strictly confidential.

Use the following scale:

1	2	3	4	5
Almost never	Once in awhile	Sometimes	Frequently	Almost always

Describe your family:

___ 1. Family members are supportive of each other during difficult times.
___ 2. In our family, it is easy for everyone to express his/her opinion.
___ 3. It is easier to discuss problems with people outside the family than with other family members.
___ 4. Each family member has input regarding major family decisions.
___ 5. Our family gathers together in the same room.
___ 6. Children have a say in their discipline.
___ 7. Our family does things together.
___ 8. Family members discuss problems and feel good about the solutions.
___ 9. In our family, everyone goes his/her own way.
___ 10. We shift household responsibilities from person to person.
___ 11. Family members know each other's close friends.
___ 12. It is hard to know what the rules are in our family.
___ 13. Family members consult other family members on personal decisions.
___ 14. Family members say what they want.
___ 15. We have difficulty thinking of things to do as a family.
___ 16. In solving problems, the children's suggestions are followed.
___ 17. Family members feel very close to each other.
___ 18. Discipline is fair in our family.
___ 19. Family members feel closer to people outside the family than to other family members.
___ 20. Our family tries new ways of dealing with problems.
___ 21. Family members go along with what the family decides to do.
___ 22. In our family, everyone shares responsibilities.
___ 23. Family members like to spend their free time with each other.
___ 24. It is difficult to get a rule changed in our family.
___ 25. Family members avoid each other at home.
___ 26. When problems arise, we compromise.
___ 27. We approve of each other's friends.
___ 28. Family members are afraid to say what is on their minds.
___ 29. Family members pair up rather than do things as a total family.
___ 30. Family members share interests and hobbies with each other.

Appendix A-1c

Satisfaction with Family Life Scale

Satisfaction with Family Life Scale (SWFL)

Below are seven statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by circling the appropriate number on the line following that item. Please be open and honest in responding.

1	2	3	4	5	6	7
strongly disagree	disagree	slightly disagree	neither agree nor disagree	slightly agree	agree	strongly agree

1. In most ways my family life is close to ideal	1	2	3	4	5	6	7
2. The conditions of my family life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my family life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in my family life	1	2	3	4	5	6	7
5. If I could live my family life over, I would change almost nothing	1	2	3	4	5	6	7
6. Family leisure activities are an important part of our family life.	1	2	3	4	5	6	7
7. Family leisure adds to the quality of my family life.	1	2	3	4	5	6	7

Appendix A-1d

Demographic Questions

Parent Demographics

What is your age? ____

Gender

- Male
- Female

What is your ethnicity?

- Asian
- Black, non-Hispanic
- Hispanic
- Native American
- Pacific Islander
- White, non-Hispanic

Please indicate the estimated annual income for your family.

- Less than $10,000
- 10,000 – 19,999
- 20,000 – 29,999
- 30,000 – 39,999
- 40,000 – 49,999
- 50,000 – 59,999
- 60,000 – 69,999
- 70,000 – 79,999
- 80,000 – 99,999
- 100,000 – 124,999
- 125,000 – 150,000
- Over $150,000

Please indicate the total number of immediate family members (parent[s] and child[ren]) ____

Family Composition — Please enter the following information about your family*:

	Age	Gender	What is your relationship to child? (skip spouse)
Spouse or Partner (if any) Child 1 (first born) Child 2 Child 3 Child 4 Child 5 Child 6 Child 7			Birth parent Adoptive parent Step parent Foster parent

Have you ever been divorced?

- Yes
- No

Marital status — Answer yes to those that apply to you currently*:

	Answer yes or no	Please indicate how long for each yes answer
Single — never married Separated Divorced Widowed Unmarried — living with partner Married		

*Not all answers are required.

Youth Demographics

What is your age? ____

Gender

- Male
- Female

What is your ethnicity?

- Asian
- Black, non-Hispanic
- Hispanic
- Native American
- Pacific Islander
- White, non-Hispanic

How long have you been in treatment (residential, wilderness, etc…)? Please answer in years and/or months._____

Appendix A-1e

Consent Form

Consent to be a Research Participant

Family Leisure Education Program - 2008

This research project is part of the on going studies in family and youth leisure research in the Department of Recreational Management and Youth Leadership (RMYL) in the College of Health and Human Performance at Brigham Young University (BYU). Jasmine A. Nutter, a graduate student in the Youth and Family Recreation graduate program, is conducting the research study.

The purpose of this research is to measure family functioning and satisfaction with family life in families who, while enrolled in a residential treatment center, participate in a Core and Balance Family Leisure Education Program and corresponding activities.

As a youth research participant, you will be asked to attend a seminar at Parents' Weekend. As a parent research participant, you will be asked to attend a seminar at Parents' Weekend. As a family, you will be asked to participate in a number of activities when your child comes home on a scheduled home visit.

Your participation as a subject of this study must be of your own volition, and understand you are under no obligation to participate. You understand that you will not be penalized in any way for choosing not to participate in this study. You understand that you may withdraw from this study at anytime during the activities with your family members without any penalties. You may request to have your input be completely or partially removed from the collected data of this study.

As a research study participant, you will be expected to participate in discussion groups with the researchers to vocalize your personal feelings and perceptions of the Parents' Weekend seminar. You will be expected to be honest and forthright with your contributions.

Your identity as a subject of this study will be kept anonymous to all outside of this study. You will not be personally identified in any publications, text, presentations, or conversations dealing with this study.

There will be no compensation for participation in this study.

Confidentiality will be maintained by the researcher concerning personal information provided by you in this study. There is a risk that the confidentiality of what you share amongst others in this study may be violated by others. To minimize this risk, all participants of this study will be asked, by the researchers, to respect this confidentiality.

If you have any questions about this research study, you may contact Jasmine Nutter, Youth and Family Recreation, Brigham Young University, 273 Richards Building, Provo, Utah, 84602, telephone number: (801) 422-3215.

If you wish to speak to someone regarding your rights as a research subject, you may contact

Dr. Christopher Dromey, Chair of the Institutional Review Board for Human Subjects at Brigham Young University (133 TLRB, BYU, Provo, UT, 84602; phone 801- 422-6461; e-mail: christopher_dromey@byu.edu.

"I herby affirm that I will not disclose information discussed during the Program or this research study to anyone other than other members of the Program and the researcher of this study. My signature below indicates that I have read, understand, and willingly comply with this consent form and have also received my personal copy of it. I desire of my own free will to participate in this research study."

Youth name (Please print full name):_____

Signature:_____

Parent Name (Please print full name):_____

Signature:_____

Appendix A-1f

Family Leisure Goals Worksheet

Family Leisure Goals

List activities you currently do together as a family. Decide if they are a core or balance family activity.

Core	**Balance**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Next, what are some activities that you would like to do with your family, but haven't? Please list at least five in each category.

Core	**Balance**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

From the above, choose two core activities and two balance activities that you think your family will enjoy doing. Now, make a goal statement for the chosen core and chosen balance activities. Include what you will do and how often you will do it. On the back, list what steps you will take to make it happen.

My family will _____
_____

My family will _____
_____

My family will _____
_____

My family will _____
_____

Now go home and make it happen!! ☺