DEVELOPMENT OF A SYSTEMIC CODING SCHEME FOR PRESENTING PROBLEMS IN MARRIAGE AND FAMILY THERAPY

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SYSTEMIC CODING SYSTEM OF PRESENTING

PROBLEMS

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CHAPTER I

INTRODUCTION

People come into therapy because they are experiencing some type of problem in their lives. Therapists and researchers label this initial problem that has caused the client to come in to therapy for help as the presenting problem. From here researchers diverge on how to explore the presenting problem with some following the progression of how the problem changes throughout therapy (Pinsof, 1994), others use the clinician's diagnosis of the client as the definition of the problem and perform outcome research on specific populations divided by diagnoses (Estrada & Pinsof, 1995), others use what clients report as their goals for therapy as the presenting problem (Garwick & Lapman, 1972), and others create abstract content categories for problems attempting to incorporate every problem clients bring into therapy into a handful of problem areas. Whatever impressions the clinician has of the client's cognitive shifts throughout therapy or clinical diagnosis, not withstanding this shift in perception, the initial presenting problem the client reported held enough power for the client(s) to pull them out of everyday life and into a therapeutic setting.

The presenting problem the client has is the focus for this paper. These problems have a wide range from diagnosable problems, relational problems, help with coping with life events, or developmental issues, or just a wish for a better relationship (Wynne, 1988). Understanding the presenting problem allows researchers to update ways to code

the problems which further research. Presenting problems are like the guiding light of the lighthouse telling the therapist where the client's rocky shore is in stormy weather. The better the understanding the brighter that light seems to the therapist, so they can use the understanding to help the clients in therapy.

Background of Problem

Presenting problems have been used in research to identify why people come into therapy and have been correlated with outcome studies to determine how well treatment works with different problems. However, the method of coding these presenting problems is limited in scope and is simplified to try to compensate for the complexity of the presenting problems. These presenting problems have a vast array of content (different problems) which bring people into therapy and to deal with this multitude of problems, past and current research has made a few broad abstract categories to incorporate all presenting problems that clients could have. The general data these created were a good starting point to deal with the complexity of the presenting problems but research should move from the general to the more specific to gain new information and push understanding to another level (Pinsof, 1989).

Another kink in the complexity chain is the level or system in which the problem is encapsulated. For example, is the problem an individual problem or a family problem or is it an external source like school or work. Some researchers recognize these levels and discuss them when referring to who comes into therapy or who is missing from therapy but there has been no incorporating of this initial data when coding presenting problems. Recognition of the importance of the system is the first step but must be

followed by using this information in the coding of presenting problems to further research.

The last complexity of presenting problems in family therapy is the multiple persons who are attending the session as each may have a unique view of the presenting problem. Each person may see the problem they are attending therapy for as the same but since men and women frequently see things differently, there is evidence they may also view the presenting problem differently (Miller, Yorgason, Sandberg, & White, 2003). With the therapist in the room there is an additional viewpoint of the presenting problem which may not correlate with each client's view. Recognizing this, data research should find a way to code the presenting problem not just from the observer's viewpoint of the problem but also from each individual's viewpoint.

Problem Statement

Even with all the complications of presenting problems, therapist and researchers recognize the value of the presenting problem as being what brings people into therapy and the hope of change for the presenting problems keeps them in therapy. Yet, the majority of research does not discuss a coding system to capture the diversity in content and complexity including the system the problem is associated with and capturing each individual's viewpoint to deal with the multiple perspectives during session for presenting problems. The sources for coding presenting problems are either narrow in scope and/or not systemically based.

Purpose of the Study

The goal of this study was to create a coding system for presenting problems that would 1) encompass the majority of problems that clients come into counseling for and 2)

be multileveled by including a systemic viewpoint by looking at what systems are involved in the presenting problem.

Research Questions

What benefits will future research have from a more specific and complex coding system that incorporates systems theory into the coding design? This coding system is not going to be the best or perfect way to code and understand presenting problems, but this is a crucial step in taking research on a more specified path instead of staying in generalness and abstraction. How does the system in which the problem is located correlate with who comes into therapy? How is that related to outcomes of therapy? Where research can go is only limited to where researchers themselves draw boundaries. Complexity of an issue is one reason or boundary that research faces, there can be other boundaries that can inhibit research, but no matter what obstacle researcher should take chances to push our understanding to new levels.

Two major factors of a new coding system that have to be examined are the reliability and validity. The reliability that should be tested for this new coding system is the inter-rater reliability between separate coders. A rater's code will be compared with another rater's code across three levels producing three reliability estimates for each pair of coders. The new coding system will have a three digit code for a specific set of presenting problems at three levels. Each digit of this three leveled systemic coding system will be examined with other coders for an inter-rater reliability. Coders are expected to be precise in their coding, which is hypothesized to result in higher degrees of agreement at the meta system level of the problem with slightly lower agreement as the topics become more specific. Also, validity will be considered throughout the

process of creating the new coding system to make sure this new coding system has high validity on several levels.

Conceptual Assumptions

Recognizing the system that the presenting problem is a part of will be discussed in more detail later but there is an underlying assumption about the hierarchical structure of the levels between these systems. Auerswald explains that in a general systems paradigm there is a hierarchy of systems which means that the higher systems contain lower systems i.e. an individual is a lower system inside a higher system of the family which is a lower system inside a sociocultural higher system (1987). Engel also discusses the hierarchy starting with subatomic particles as the lowest all the way up to the biosphere as the highest system (1980). This hierarchy means that the higher systems have more of a direct impact on the lower systems but the lower systems still have an impact on the higher system but the effect is less since they are lower in the hierarchy.

Theoretical Framework

The creation of a coding system needs the backbone of a theory which in this case is Family Systems Theory. Presenting problems are complex in nature and in order to quantify this complexity, General Systems Theory will be used to create a coding system that hopefully does not ignore or simplify the complexity but embraces the complexity in a unique way to further our understanding. "Systems Theory, asserts that nature operates as a set of inclusively organized interacting systems." "The boundary that differentiates any system, particularly any interpersonal system, is always ambiguous (Pinsof, 1994, p. 110)." This study will concentrate on the client system who comes into therapy seeking

help with a problem. This client system can be comprised of anything from an individual to a partial family to a whole family or more.

As discussed in the conceptual assumptions there are multiple levels of systems and each system is made up of smaller systems or subsystems. The larger systems or suprasystems become the context that provides meaning for subsystems and provides emphasis for the interpretation of processes and patterns. These subsystems work together in a way that can be understood by examining the larger system. For this study, using the levels of systems as categories in the coding scheme is intended to assist in understanding presenting problems by linking them to the underlying assumptions in family systems theory.

Importance of Study

Once a more complex and specific coding system is developed to code presenting problems this should open more avenues for outcome research and exploring a more in depth descriptive analysis to explore the question, "Why do people come into therapy?" Since our understanding of presenting problems has increased and with upgrades to the way research will code these data it is expected to result in an increase of our understanding. Perhaps subsequent research will have a greater understanding and another update will be needed. Understanding and researching specific populations will not change with this coding system but for clinicians who perform research on the numerous clients they see in their clinics this coding system will provide a great tool to deepen the understanding of the complexity of the problems people are bringing into therapy. With this information researchers will have a method to create more specific

outcome research thereby informing clinicians who will be better able to offer improved services to their clients.

Conceptualizations

Before discussing this study in greater depth, some concepts which are specific to this study need to be defined. First, the presenting problem is the initial problem or complaint that a person brings into therapy and is often the reason for seeking services. If more than one person is in the therapy session which is the case with couples counseling or family counseling, each person in the session has a unique perspective on what they view as the presenting problem. As a larger suprasystem, i.e. couple or family, they may present an agreed upon problem for therapy. Each of these levels, individuals and larger systems, will be discussed in more detail later in this paper.

As already discussed, General Systems Theory will be used as the theory for the creation of this coding system and with this theory specific concepts will have to be defined. First, systems for the purposes of this study are the unit or units that are involved in the presenting problem. This can range from individuals to couples to families to external factors from the family. Also, the word systemic is an adjective in reference to being made from the knowledge of systems or taking account for systems. Therefore, if this coding system did not acknowledge the systems involved in the context of the presenting problem this could not be referred to as a systemic coding system.

Scope and Limitations

The scope of this project is incorporating the complexity that research recognizes with presenting problems and forming a systemic coding system. Even though this will hopefully further outcome research, the only outcomes that will be examined in this study

is the reliability and validity of the coding system. The complexity issues that will be incorporated in the making of the coding system include the vast content areas of problems, the system within which the problem is located, and the problem of multiple perspectives of the problem in the session. For further discussion of the limitations of variables included in or excluded from coding in the presenting problem code should refer to the limitations section of chapter two.

CHAPTER II

REVIEW OF LITERATURE

The reason that sparks people to seek therapy in the first place is that they think that they have a problem that a therapist may be able to help them with. This initial problem the client presents is referred to as the presenting problem. Research on the effectiveness of therapy doesn't overlook presenting problems, but instead stresses the importance of the presenting problem. One study in particular recognizes the importance for clinicians to create case formulations which includes foremost what are the presenting problems of the clients (Ells, Kendjelic, & Lucas, 1998). In this study, the importance of the presenting problem will be initially discussed followed by how past research has coded presenting problems into broad abstract content categories. Next, the presenting problem will be examined on intrapersonal and interpersonal levels as will as external levels and on how multiple perspectives play a role in presenting problems. Finally, research on the importance of coding and systemic research will be examined.

Importance of the Presenting Problem

The presenting problems clients bring into therapy should be important information for the family therapist to collect and consider throughout therapy. Wynne states that family therapists have an ethical responsibility to concentrate on the problem the family identifies as their presenting problem (1988). He argues that since the presenting problem is what clients would like to be different, ignoring that presenting

problem ignores the reason for seeking therapy. If this is or if this is not a question of ethics, research has shown that a focus on the presenting problem has a positive effect on outcome of therapy (Henry & Miller, 2004). The presenting problem is an important factor and is the reason why clients are seeking the assistance from a therapist. The family may have other issues that may be important to address in therapy but if the problem that the family wishes to receive help for is ignored the clients may not stay engaged in the therapeutic process for long.

Researchers such as Henry and Miller have looked at what problems are most common and found that the most common problems for couples are financial matters, sexual issues, and ways of dealing with children (2004). This type of information is important because once a therapist knows a presenting problem they can use efficacy research to help understand on average what type of therapy or interventions work best with that particular presenting problem. The reverse of this is true also; therapists know what therapy or intervention does not work for certain presenting problems. Later on, therapy deviates from this idea of the norm and becomes more individualized for that specific client system (Pinsof & Wynne, 2000). This is when the therapist knows more pieces of the puzzle and how this specific client system is unique. Therapy cannot stay on a generalized level because not every therapy or intervention will work for every client with the same problem. Further more, research supports that specific presenting problems are significant predictors of outcomes such as divorce for couples (Henry & Miller, 2004). Other researchers argue that people may present problems in their relationship already once they have given up on their marriage so couples that present problems will be more likely to seek divorce since they have already given up on their

relationship (Amato & Rogers, 1997). This would mean that the reporting of problems could predict divorces. Even though the correlation between the presenting problem and the differing outcomes is known to exist, this relationship needs to be further explored. This paper will explore the realm of the presenting problems more in depth in order to create a better understanding by including a more specific and comprehensive way to view and code the presenting problems. This will hopefully assist in providing family therapy research a more meaningful method for efficacy and effectiveness research which will better inform the clinicians.

Some researchers organize a whole specialized type of therapy around how to deal with presenting problems and therapy. One example of this is Integrated Problem Centered Therapy, which concentrates on the presenting problems clients bring into therapy and constantly reevaluates them throughout the therapy process (Pinsof, 1994). Here each punctuation throughout therapy of the presenting problem is like a still picture which creates a series of snap shots that form a motion picture of the family's problems (Wynne, 1988). Pinsof (1994) views the presenting problem as "evolving over the course of therapy" (p. 114) and in Integrative Problem Centered Therapy the therapist constantly re-evaluates the presenting problem and makes sure they are on track with the evolving presenting problem. Even though the way they view the presenting problem is intrinsically tied to their approach to therapy having a way to code those changes that the presenting problem takes throughout therapy could be useful in understanding this evolutionary change or even discover whether this change is significant or not.

Coding Into Abstract Content Categories

What kind of coding has been used when researching presenting problems? Research often describes presenting problems in general abstract content categories and even though a side-note explains that each couple is still recognized as a unique case, they are grouped in these abstract content categories (Miller, Yorgason, Sandberg, & White, 2003). An example of this are the following nine categories derived from the Pennsylvania Department of Mental Health: (1)feelings; (2)problematic behavior; (3)sexual problems; (4)behavioral adjustments; (5)inadequate interpersonal relations, (6)substance abuse/dependence; (7)disturbance of physical function; (8)impaired mental development; and (9)other (Bernal, Deegan, & Konjevich,1983). Overall these nine abstract levels cover a variety of problems and on a basic level they capture what presenting problems could represent. The broad expanse of trying to incorporate all problems that people could bring into therapy was handled by having these abstract content levels.

There are numerous examples of abstract content categories to lump presenting problems into ranging from as little as seven areas all the way up to more detailed coding systems with twenty-nine or more. Seven areas used in past research for presenting problems are: (1) chemical; (2) interpersonal; (3) mood; (4) physical; (5) suicide; (6) thought; and (7) global (Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998). These codes are very abstract, except for the very specific behavior code for suicide. A different example is the following clusters of presenting problems: (1) family and marital related; (2) work related; (3) education related; (4) treatment related; (5) sexuality related; (6) physical complaint; (7) anxiety and depression; (8) relationship; (9) self definition; and (10) miscellaneous (Kunkei & Newson, 1996). These two presenting problem

categorization lists are good examples of how problem areas are narrowed down into a few abstract content areas for presenting problems. How do they code problems that lie in several categories? Is there a coding manual which defines each of these abstract categories? How many cases end up getting a miscellaneous score by default? These narrow studies leave a researcher with many questions on how to code and unanswered questions concerning the validity of the coding system itself.

Some more recent studies have expanded their lists of presenting problems. One study replicated from Geiss and O'Leary uses the following content areas for coding: (1) lack of loving feelings; (2) power struggles; (3) communication; (4) extramarital affairs; (5) unrealistic expectations of marriage or spouse; (6) alcoholism; (7) serious individual problems; (8) physical abuse; (9) demonstration of affection; (10) decision making-problems solving; (11) value conflicts; (12) money management-finances; (13) sex; (14) addictive behavior other than alcohol; (15) jealousy, role conflict; (17) incest; (18) children; (19) employment-job; (20) in-laws-relatives; (21) problems related to previous marriage; (22) household management; (23) health problems-physical handicap; (24) conventionality; (25) recreation-leisure time; (26) friends; (27) psychosomatic problems; (28) personal habits-appearance; and (29) religious differences (Whisman, Dixon, & Johnson, 1997). This more comprehensive list leads to research that is more specific rather than general. Although some categories such as power struggles or communication seem to be broad abstract categories others such as personal habits-appearance seem to be more specific. In this way, some of these categories are weighted with being more abstract thus allowing many specific problems to fall underneath the category while other categories are limited by starting out as specific categories. Also,

with presenting problems psychosomatic problems may not be what a person describes as their problem but instead is more of a therapist's interpretation of the client's problem. Capturing the client's information in a coding system means that the coding system should be descriptive and not evaluative as this would include a therapist's judgment on the information (Pinsof, 1989).

Some studies used a specific population to research the presenting problems of a special population. One example of this, is the study of midlife couples which worked from fourteen abstract content areas which were: (1) financial matters; (2) ways of dealing with children; (3) leisure activities; (4) emotional intimacy; (5) sexual issues; (6) parents/in-laws; (7) spiritual matters; (8) communications; (9) decision-making; (10) commitment; (11) values; (12) housecleaning; (13) gender issues/roles; and (14) violence (Henry & Miller, 2004). Even though the authors used this list of problem areas the way they come to the conclusion of which problem areas to use is not mentioned. The study goes from mentioning midlife difficulties in a literature review that includes responsibility for parents, still providing care for children, launching children, empty nest, parent's death, menopause, & midlife crises (2004) and then the study moves into the methodology of problem areas that do no take into account this specific population's difficulties.

Another way that abstract content areas are used is checklists where the clients or clinicians check off which presenting problems are present. An unpublished creative component has compiled a comprehensive checklist created from presenting problem research which is attached in Table 1 (Brandon, 1995). This checklist is broken down into broad content areas and under each of these specific content areas. This specific

checklist reviewed past research to make the list comprehensive and explored data directly from clients to incorporate more specific information into the presenting problem checklist. The problem with a checklist is that people can check as many presenting problems as they would like. Instead of telling the problem they get to list anything they see that might be related to them coming into therapy. This could make the relevant information as to what the client sees as the reason to seek therapy hard to decipher or identify for the therapist or researcher.

Table 1
Checklist for Presenting Problems

A	ADOLESCENT BEHAVIOR PROBLEM
B	ABUSIVE BEHAVIOR
1	Domestic Violence
2	Physical Abuse
3	Sexual Abuse
C	BEREAVEMENT
1	Death
2	Loss Issue
D	CHILD BEHAVIOR PROBLEM
1	Anger
2	Arguing
3	Behavior problem not specified
4	Fearfulness
5	Fighting
6	Irresponsibility
7	Lying
8	Overly Attached
9	School Problem
10	Sexual Acting Out
11	Tantrums
E	DIVORCE/DISSOLUTION
1	Adjustment
2	Custody
3	Contemplating divorce
4	Separation
F	EXTENDED FAMILY ISSUES
K	JOB/SCHOOL RELATED
1	Job Stress
2	School Stress
3	Unemployment
L	MALTREATMENT
1	Child Molestation
2	Neglect
3	Physical Abuse
4	Rape
M	MARITAL PROBLEM
1	Communication
2	Conflict
3	Infidelity
4	Jealousy
5	Problem Solving
6	Respect
7	Role Definition
8	Sex/Intimacy
9	Trust
10	Violence
N	PARENTING ISSUES
1	Adjustment
2	Court-ordered
3	Discipline
4	Parenting: Two parent family
5	Single parenting
O	PREMARITAL ISSUES
1	Break-up

1 "Brother"
2 "Father"
3 "Family"
4 "Grandchildren"
5 "Mother"
6 "Parents"
7 "Sister-in-law"

G FAMILY PROBLEM
1 Communication
2 Conflict resolution
3 Decision Making
4 Run Away
5 Role Definition
6 Relationship Improvement
7 Satanic Activity
8 Stress Management
9 Trust Issues

H FINANCES
1 Marital
2 Pre-Marital
3 Single-Parent

I INDIVIDUAL AFFECTIVE DISORDER
1 Anxiety
2 Depression
3 Mood
4 Panic
5 Suicide

J INDIVIDUAL PROBLEMS
1 Abandonment
2 Adjustment
3 Anger
4 Attitude
5 Decision Making
6 Finances
7 Jealousy
8 Personal Unhappiness
9 Physical Problems
10 Self-esteem
11 Stress Management

2 Commitment Issue
3 Communication
4 Infidelity
5 Finances
6 Trust Issue

P RECONSTRUCTED FAMILY
1 Blending Issues
2 Conflict Resolution
3 Role Definition

Q SEXUAL DYSFUNCTION
1 Conflict Regarding Sex
2 Dysfunction
3 Dissatisfaction
4 Intimacy
5 Promiscuity

R SOCIAL INTERVENTION
1 Department of Human Services (DHS)
2 Court Evaluation
3 Court Order

S SUBSTANCE ABUSE
1 Addiction
2 Alcohol Use

Interpersonal Levels

Pealing back the layers of content like an onion, presenting problems have more layers underneath such as the layer addressing the system within which the content falls in or is focused toward. Another way to view this is the location of the problem which is shown in research to be either intrapersonal or interpersonal (Sluzki, 1992; Wynne, 1988; Friedlander & Heatherington, 1998). Grunebaum created a way to break down problems by first seeing if they were families with a problem person or families with a relational problem (Wynne, 1988). This is a systemic way to look at the source of the presenting problem as either being directed towards an individual or being an interactional level. This is a great start in implementing systemic codes into family research although having only two codes for these levels severely limits the capacity of incorporating the variety of presenting problems clients bring into therapy.

Some presenting problems are focused on only interpersonal problems and leaves out any intrapersonal problems. Horowitz in 1979 focused on interpersonal concerns mainly behaviors on intimacy, aggression, compliance, independence, and sociability (As cited in Kunkei & Newson, 1996). A few of these before mentioned abstract content categories labeled presenting problems on both an intrapersonal and an interpersonal level. Since both of these levels bring clients into therapy both have to be recognized as potential problem areas.

Another way the interpersonal and intrapersonal levels are recognized in presenting problems is by the researcher describing several levels. Dividing these two areas (interpersonal and intrapersonal) into multiple levels of systems, researchers have used the labels such as intrapersonal, dyadic, triadic, intergroup, or undifferentiated group

(Friedlander & Heatherington, 1998). These are broad groups that are only defined by the amount of people in each system such as one, two, etc. Other researchers recognize larger systems than an individual, or intrapersonal, level as including couple, dyadic, family, extended, divorced, and blended families, community, and other social systems (Pinsof, 1994). This is interesting that a special dyadic relationship, the couple, is coded differently than two other people, dyadic. Are some systems more meaningful or more special than other systems?

External Levels

Now that the layer of intrapersonal and interpersonal levels has been examined, a new exposed layer must be examined, the external versus the internal aspects of the presenting problem. Many researchers have recognized the presenting problem's location as either one of internal or inside of the family/client system or external as in outside of the family/client system (Sluzki, 1992; Heatherington, Friedlands, Johonson, Buchanan, Burke, & Shaw, 1998; Kunkei & Newson, 1996). As discussed earlier the interpersonal aspects could be broken down into several levels such as couple, dyadic, and triadic, which could consequently be called internal levels of the family. The external levels that Pinsof recognizes as larger systems include community and other social systems (1994). The extended family, divorced, and blended families that were also mentioned could be construed as either part of the family as internal or external as outside the family depending on where the punctuation is made. The label of external or internal is not as important as recognizing the level the family identifies as the presenting problem which can range from individuals, to couples, to dyadic or triadic as being parts

of a family, to a family including blended, to people outside like extended family or community and other larger systems.

What other larger supra systems do clients mention when coming into therapy? Two external factors to add to this list as larger systems are poverty or other economic issues and natural disasters or other environmental issues (Heatherington, Friedlands, Johonson, Buchanan, Burke, & Shaw, 1998). Finally, one last system that research recognizes is school. Research has found that "'Family' or 'school' as a presenting problem tended to have a better outcome than other sorts of presenting problems, e.g., a specific psychiatric symptom in a member (Bernal, Deegan, & Konjevich, 1983, p. 19). Without speculating on causal explanations, this paper is just pointing out how important this information concerning the presenting problem is for the therapist to know and understand. Hetherington et al. mentions that even though these external causes are mentioned, this does not account for attributes such as poor schools or bad neighborhoods (1998).

Multiple Perspectives

Another area concerning presenting problems is that every person in therapy has a unique viewpoint which quite possibly is not the same as the other people in the session. Wynne states that research should concentrate on the multiple versions of the presenting problem for each individual family member in the session and the problem identified by the family and the therapist in the session (1988). Not only does each client have their unique viewpoint but the family system presents its own version of the presenting problem as well. The therapist could agree with an individual or the family viewpoint on the presenting problem or with their training, they could view something else entirely as

the problem. "It must be conceded that the public (as consumer) and nonfamily therapist professionals are more interested in the initial presenting problems, that is, in changing those problems for which the family came, rather than in change in the redefined family problem, which is of special interest only to the family therapist and family research (Wynne, 1988, p. 254)." The right or wrong, good or bad evaluations are going to be excluded from this study, so there are only descriptions of each person's point of view of the presenting problem.

Multiple perspectives pose a problem for researchers to research individualized information without decreasing the meaning of the individual for relational information (Wynne, 1988). This paper is not going to concentrate on what to do with the information once collected, but instead is highlighting the importance of this information for researchers to collect and code. Research should not be limited by one individual's viewpoint of the presenting problem and especially marriage and family therapists/researchers should commit to research that is more systemic in nature and takes into account these multiple perspectives.

Attempts to be More Systemic

Marriage and family therapists and researchers that do research should follow their theory of therapy, that being General Systems Theory, which should be no different when studying presenting problems. Pinsof encourages family therapy researchers to include a focus on systems and subsystems in the research of families and therapy (1989). The use of systems will help define more distinctly all the sources that clients can see as the source of the presenting problems, which can be independent from who is actually coming into session. For example, a client may be coming into therapy as an individual,

but defining their problem as either a relational problem or maybe an external problem. Recognize that men and women present different presenting problems and see the relationship differently from each other, one may see a relational problem while the other one may see an individual problem (Miller, Yorgason, Sandberg, & White, 2003). Exploring these differences will help the therapist better understand therapy and why people seek out therapy. "Because nearly one third of the couples who seek therapy may not improve, identifying the couple and the kinds of problems that do not improve with treatment may have important implications for developing new strategies to enhance treatment efficacy (Whisman, Dixon, & Johnson, 1997, p. 1)."

Pinsof urges the need for researchers to develop new ways to measure variables using a systemic focus (Pinsof, 1989). The coding of presenting problems into broad abstract groups does not seem to represent all the information contained in a presenting problem and therefore not the best way to code this information for the use of research. "No science progresses by remaining at a global and ambiguous level of description and analysis (Pinsof, 1989, p. 57)." This applies directly to presenting problems in that research needs to explore the problems at a more specific and more precise level. Researchers Pinof and Wynne state that more coding systems need to be a core foundation for all research and thus allow outcome research to be performed off of the coding system for clinics (1995).

Other Forms of Coding the Presenting Problem

Some researchers have used creative ways to try to code the complexity of presenting problems which will not be explored in more details in this study. The McMaster Model, created by Epstein et al.(1979), codes six dimensions of presenting

problems such as (1) problem-solving, (2) communication, (3) roles, (4) affective responsiveness, (5) affective involvement, and (6) behavior control and then subdivides each of these categories into instrumental types (everyday mechanical problems) or affective types (dealing with feelings);(Epstein & Bishop, 1981). With this type of coding system researchers are trying to capture greater complexity of the presenting problem into a quantitative coding scheme to use in research. However, one must ask if affective and instrumental codes are the best way to create a more specific and complete coding system, once the abstract content level of the presenting problem has been coded. Another creative way to code presenting problems is into evaluative groups. Grotevant and Carlson describe several ways evaluative coding groups are used for presenting problems, such as aversive and prosocial or positive, negative, and neutral behaviors (Grotevant & Carlson, 1987). As discussed earlier, an evaluative coding system always has the therapist's judgments and does not capture the client's pure perspective.

CHAPTER III

RESEARCH METHODOLOGY

The methods for this study consist of examining documents that are case records of a university marriage and family therapy clinic. Data were collected by the therapists in training who work for the university clinic. Data concerning presenting problems were collected three different ways. First, presenting problem information was obtained through an intake in which a graduate therapist in training or an undergraduate office intern solicits the client's perception of the problem and records this on the intake form (see Appendix A). Secondly, data were collected by giving a questionnaire to the clients at the start of therapy that each individual client filled out on his/her own. Data were obtained through an open ended question of "Please describe in your own words the major reason for seeking our services at this time." (see attached Appendix B). Lastly, the therapist's point of view of the problem was obtained through paperwork the therapist filled out on the third session, twelfth session, twenty fourth, etc. The only information in this initial study that was used was the information from the intake form, which included one person's perspective (the initial caller) for each case examined.

The actual coding of data were independently accomplished by three coders. All coders were therapist interns at the university marriage and therapy clinic in which all are working on a degree with a specialization in Marriage and Family Therapy. One of the coders was a first year student in the program, another coder was a second year in the

program, and the final coder was a third year student in the same program. This allowed variability in the coders in their knowledge of therapy and Family Systems Theory. This was to see if the coding system is reliable across different years of students. The cases were randomly assigned to one of the three coders by a professor who did not code the data. Each coder has coded 50 cases apiece, all of which were coded by one other coder. Each pair of coders had 25 cases and since there were three pairs of coders 75 cases were used in this study. Each case was only coded twice in all. Refer to Table 2 for a representation of a theoretical design table of the three coders and the cases they coded. The coders coded information from the individual that had called for the intake and if more than one presenting problem was listed, up to three presenting problems for each individual was coded. With 75 cases coded in this study and up to three presenting problems for each case possible the total number possible for presenting problems coded would be 225.

Table 2
Design for Coders

Coders	Cases 1-25	Cases 26-50	**Cases 51-75**
1	X	X	
2		X	X
3	X		X

Each coder went go through a brief training session on how to use the coding manual. This training included giving each coder his/her own final manual for presenting problems (see Appendix F). Some specific cases which had previously been coded during the pilot study were used as examples of how to code. After a few examples have

been given a few practice examples will be completed and discussed (see Appendix H). These examples would cover both the Unit of Focus and the content levels of the coding system. This training session was given by the third year student that created the coding system and who would join the other coders in the actual coding of the cases. After the training, session cases were not discussed between the coders until each coder had completed coding all of cases assigned to coder.

Research Design

Next, the research design of this study will be examined. This will include the type of design, purpose of the study, unit of analysis and observation, and the time dimension. This study is a correlation study for the new systemic coding system of presenting problems. The three raters' scores were correlated to see how congruent the three coders code presenting problems. This is a descriptive study that will describe certain aspects of the new coding system. This study examined the individual level and all analysis will be dealing with the individual's data. This study, although including clients ranging over the last three years at the clinic, is still a cross sectional time dimension in that this study does not follow the same clients over time.

Aim of this Study

The aim of this study was to link systemic coding of the Unit of Focus for the presenting problem with Abstract Content level, and also specify a code for a Specific Content level code. Each Abstract Content code will have to stay true to the systemic code for the Unit of Focus for the presenting problem and therefore, never lose the theoretical perspective. Creating this coding system to be consistent with the theoretical

position of marital and family therapists should increase the validity and specificity of outcome research in the field of marriage and family therapy.

Sampling

The overall population for this study was the clients at the university marriage and family therapy clinic and in this section the sample will be discussed in further detail including the elements of the study, the sampling frame, and the sampling units. The elements are the individuals who complete the intake form, while the sampling frame is the list of clients at university clinic who are the 75 cases after new paperwork was initiated at the clinic and 45 most recently closed cases which were used for the pilot study. The 75 new cases were chosen starting from 50 cases after the new paperwork was initiated, so change was more set in place. This set of cases was also chosen instead of recently closed cases so that clients who have continued therapy for many sessions and clients who did not continue very long were both included in the set. These 75 cases are being coded by the three different experience levels of coders. The specific sampling unit was each individual client that comes into counseling at the university clinic. This study was both a convenience and purposive sample in that the university clinic contains case records with the data needed for this study.

Instrumentation and Measurement

The main variables for this study include rater one's systemic presenting problem codes, rater two's systemic presenting problem codes, and rater three's systemic presenting problem codes. The systemic coding system used information obtained from the client's intake form (to see entire intake form see Appendix A) and is a nominal level of measurement, in that the numbers do not represent any order with the presenting

problems. The coding system is a three digit code with each digit representing specific information. The first digit represents the source of the presenting problem followed by the second digit to be an Abstract Content level measurement. The last digit is a Specific Content level measurement, but for more specific instructions on how to code refer to the coding manual given to each coder (See Appendix F for the complete coding manual). Also, each coder provided another variable which measured their confidence when coding each presenting problem.

The main measure this study is using is the systemic coding system for presenting problems, which is a newly created coding system. Being a new coding system there is no data on the reliability of this measure. Although, once this study is complete the inter-rater reliability between three coders will be known. Also, being a new coding system the validity of the measure is also unknown, except for two areas. First, there is some content validity in that the coding system incorporates past research of what brings clients into therapy. Secondly, the coding system will have to be passed by the clinical faculty of the Marriage and Family Therapy department at the Midwestern university adding to the face and content validity of the measure. This study will also explore the range of the presenting problem codes that were used by the coders and other descriptive analysis of the codes used in this study.

Data Collection and Recording

The data for the first hypothesis deals with each individual coder's codes of the presenting problems for each case. These will be recorded by the coder on a coding sheet (to see coding sheet refer to Appendix C) and entered into an SPSS file for statistical analysis. The new systemic coding system for presenting problems will be used for

presenting problem 1, 2, and 3. When multiple presenting problems are coded the order the coders will use will be following a hierarchical form from most important (most mentioned) presenting problem to the least important presenting problem. If the same sentence refers to two problems the coders will decide which presenting problem they code first by which presenting problem was mentioned first. Each coder will also rate his/her confidence level when coding the presenting problem. This confidence level will range from one (low confidence) through three (high confidence) for the coder.

Data Processing and Analysis

The data from the new systemic coding system were examined using SPSS frequencies. This was to show the range of the codes that were actually being coded by the coders. This would also show if the responses by the coders are spread out or clumped into particular codes. The frequencies were examined for each digit of the coding system and specifically on the main presenting problem labeled as presenting problem 1. The data were also examined for each individual coder to see if there was consistency of ranges and number of presenting problems coded.

The inter-rater reliability was examined with the data from presenting problem 1. If a coder agreed with the same code another coder used the pair of coders received a score of one and if they disagreed they received a score of zero. The total points then were divided by 25 which were how many cases each pair of coders coded the same. This score was the percent agreement between those two coders. This same process was repeated for all three pairs of coders on all three levels of data for the coding system.

Evolution of a Coding Manual

This new systemic coding manual for coding presenting problems was not created in one giant step but instead was an iterative process to make sure the codes really encapsulated the complexity of presenting problems. The starting point for this project was the existing checklist of presenting problems (Brandon, 1995);(see Table 1). The codes for this system were already unbalanced with some codes only referring to the systemic levels within which the problem is located and some only referring to the content of the problem.

A decision was made to create a new code to separate content information from the system level in which the problem is located. The first code recognized the system level where the problem was located and was referred to as the Unit of Focus. The Unit of Focus started out as individual thoughts/behaviors, individual physical, couple, family, partial family, extended family, community, government, economic, and environmental. Subsequently the two individual levels were combined to create one code for the individual level which created more of a progression of the codes from smaller systems to larger systems.

The content levels were compared to past research and also went through changes. First, each Unit of Focus had their own content levels but as more content areas were added to each, many were common to other areas. This led to the creation of an Abstract Content code that would be the same for every Unit of Focus available. After these modifications for the Abstract Content and Unit of Focus codes, a pilot study was used to work out any confusion or problems in using this new coding system.

Pilot Study

A pilot study was conducted using two coders: a professor who is a marriage and family therapy supervisor; and, a graduate student therapist in training. Each coded ten intakes from ten different cases and then traded forms and repeated the coding on others coders ten intakes (to see initial coding manual see Appendix D). The codes were compared and discussed to make either clarifications or changes in the coding system. Some of these changes included the modification of many specific codes because they were too specific, such as "Suicide" was changed to "Self Harm", so that this code could include suicidal behavior, cutting, etc. Other changes included adding more specific categories, such as "Past Abuse" under the abstract code of "Abuse" which allows differentiation between the current abuse issues and abuse from someone's past or family of origin that they have not dealt with but wish to now. These changes and others allowed for more agreeability between the coders (to see the manual after pilot study see appendix E). These modified content-level categories that described generalized problem areas were given the label of Specific Content codes for the new coding scheme.

Faculty Approval

Before using this coding system at the university clinic, the coding system had to have approval by the marriage and family therapy staff supervisors. They approved the coding manual for presenting problems but also offered a couple of suggestions for slight changes. One example of the changes suggested by the staff was to move the more specific code of "Financial" from the abstract code of "Conflict" to the code of "Physical/Stress/Obligations." They also suggested that since there is no value to the number code of the coding system to make the content level codes in alphabetical order.

These changes finalized the changes for the coding system before this study of the validity of the coding system occurs (to see the finalized version of the coding system see appendix F).

Evaluation of the Design

The strengths of this study are the content validity and face validity. This new coding system incorporates past research of what brings people into therapy. Also, the coding system had to be passed by a panel of experts in the field, which were the Marriage and Family Therapy clinical faculty before coding could begin.

On the other hand, the weaknesses of this study are that the study only has three coders and the possibility of multiple presenting problems. First, having only three coders may not be an accurate representation of the inter-rater reliability of this measure, especially since one of the coders created the coding system. Another weakness of this study, is the multiple problems some clients present. We are coding up to three presenting problems that the clients report on the intake form, although some clients may report more than three problems.

Ethical Considerations

To address the ethical considerations of this project, one will have to start with how the data were obtained. The data being used were collected as the routine paperwork the university marriage and family therapy clinic uses for clients. The presenting problems were taken from the intake form, which is administered by telephone or in person by a graduate therapist in training or undergraduate office intern, and the sessions attended was taken from the termination report filled out solely by the therapist. The

therapist for each case did get the client's permission to use their information for research (see counseling agreement in Appendix G).

An ethical consideration with this study is the continuation of confidentiality of the clients at the university clinic. The intake form has identifying information of the clients and therefore has to be kept confidential. The files will remain in a locked filing cabinet and inside a locked office. When the files are being coded, the coders, who signed agreements to keep the material confidential, will use the computers in the locked office. For the extent of this study, only the three coders, who are already staff of the university clinic, will be allowed to view and code the files.

Limitations of the Study

Grotevant and Carlson recognize the need to examine other variables that correlate with the outcome research with presenting problems, such as frequency, severity, and difficulty of problems in couple therapy (1987). Severity is an important aspect dealing with the problems clients face but this information is not obtained by the description of the problem. Even if adjectives such as "very" or "horrible" are used during the problem statement by the client this is not codable because there is no point of reference to tell if one person's horrible relates to another person's terrible or even "very" or "good." This information can be coded through scaling questions to rate the severity and also other variables, such as hope of change, so that the variable can be coded and have meaningful quantitative information. However, this study will deal with coding of the information the client gives when describing the problem to a therapist or intake person.

CHAPTER IV

FINDINGS

The findings for this study are broken down into three sections; problem codes, the individual coders, and contrast between pairs of coders. The first section will review what kinds of problem codes were identified after summing observations from all coders. The next section will explore the problem codes selected by each individual coder. The last section will explore the consensus between the pairs of coders randomly assigned to each case reviewed.

Problem Codes

Since this study included three coders who each coded fifty cases apiece, which could have up to three presenting problems per case, there was a possible range of 150 presenting problem codes through 450 presenting problem codes. The total number of presenting problems coded was 294. This came to an average of 1.96 presenting problems per case.

The problem codes for the systemic coding system for presenting problems consist of three digits, in which each digit has specific meaning. The first code was the Unit of Focus code, the second code was the Abstract Content area code, and the last code was the Specific Content code. Table 3 shows a frequency table for the first digit code which was the Unit of Focus code. The mode for the Unit of Focus was the couple level code. The second most common Unit of Focus code was an individual code.

Moving to the third and fourth most common there was a big drop in the number of responses for partial family and family codes. The only code that was not coded at all in these 75 cases was the economic code.

Table 3
All Data Combined for Unit of Focus Codes

Code	Count	Pct of Responses
Individual	92	31.3
Couple	133	45.2
Partial Family	26	8.8
Family	23	7.8
Extended Family	7	2.4
Community	3	1.0
Government	9	3.1
Environmental Other	1	.3

Looking closer at the codes for the Abstract Content area of the presenting problem code, all possible codes were used by the coders. Table 4 shows a frequency table for the Abstract Content codes. The responses to this code are more spread out over all the possible codes than the Unit of Focus code. The mode for the Abstract Content code was the change/adjustment code, which was coded 48 times. This was followed closely by conflict, connection/commitment, and emotional concerns codes. The least coded Abstract Content code was the dealing with loss code, followed by the trust code.

Table 4
All Data Combined for Abstract Content Codes

Code	Count	Pct of Responses
Trust	9	3.1
Abuse	17	5.8
Behavior Concerns	34	11.6
Change/Adjustment	48	16.3
Communication	29	9.9
Conflict	42	14.3
Connection/Commitment	43	14.6
Dealing with Loss	5	1.7

Emotional Concerns	41	13.9
Physical/Stress/Obligations	26	8.8

The Specific Content code used in the systemic coding system of presenting problems can not be individually analyzed, as the third digit is a subset of the second digit used to make the content more specific. In this case, both the second and third digits were used in the analysis to explore the results of the Specific Content code. Table 5 shows the frequency table for the combined digits 2 and 3 (refer to Appendix F for the label for each Specific Content code). There were 55 codes in all for the combination of digits 2 and 3 out of a possible of 88 codes which comes out to 62.5% of the codes being used in this study. Both code 63, connection/commitment - enrichment/premarital, and code 52, conflict – fighting with partner, were the most frequent, each being coded 18 times.

Table 5
All Data Combined for Specific Content Codes

Code	Count	Pct of Responses	Code	Count	Pct of Responses
00	2	.7	54	3	1.0
01	7	2.4	55	2	.7
10	3	1.0	57	1	.3
13	1	.3	60	4	1.4
15	3	1.0	61	3	1.0
16	7	2.4	62	2	.7
17	3	10	63	18	6.1
20	14	4.8	65	2	.7
23	5	1.7	66	4	1.4
24	1	.3	68	3	1.0
25	5	1.7	69	7	2.4
28	9	3.1	74	3	1.0
30	8	2.7	78	2	.7
31	1	.3	80	7	2.4
32	11	3.7	81	9	3.1
33	14	4.8	83	7	2.4
34	2	.7	84	12	4.1

36	1	.3	87	4	1.4
37	2	.7	88	2	.7
38	7	2.4	90	8	2.7
39	2	.7	91	3	1.0
40	6	2.0	92	1	.3
41	8	2.7	94	3	1.0
42	10	3.4	96	3	1.0
46	2	.7	97	8	2.7
47	3	1.0			
50	9	3.1			
51	4	1.4			
52	18	6.1			
53	5	1.7			

Presenting Problem 1

This study also concentrated on the codes for the most important presenting problem for the client which was labeled as presenting problem 1. Up to three presenting problems were recognized but special attention is given to the main reason the client identifies as the reason for seeking services. Just as data were explored with all presenting problems combined, the data were also explored with only the first presenting problem.

First, the Unit of Focus codes for presenting problem 1 was explored. Table 6 shows a frequency table of the Unit of Focus for presenting problem 1. The couple code was still the mode and was followed by the individual code as the second most used code. This range for digit 1 has decreased by one in which the environmental code, was not coded in the presenting problem 1.

Table 6
Unit of Focus Codes for Presenting Problem 1

Code	Frequency	Percent
Individual	38	25.3
Couple	76	50.7
Partial Family	14	9.3
Family	12	8.0

Extended Family	1	.7
Community	1	.7
Government	8	5.3
Total	150	100.0

Next, the Abstract Content codes for presenting problems were examined. Table 7 shows the frequency table for the Abstract Content codes. Similar to the data on all presenting problems, all of the codes for the Abstract Content codes were used by the coders for presenting problem 1. However, in presenting problem 1 the mode was the connection/commitment code. The least used code was still dealing with loss.

Table 7
Abstract Content Codes for Presenting Problem 1

Code	Frequency	Percent
Trust	5	3.3
Abuse	10	6.7
Behavior Concerns	15	10.0
Change/Adjustment	23	15.3
Communication	16	10.7
Conflict	22	14.7
Connection/Commitment	28	18.7
Dealing with Loss	2	1.3
Emotional Concerns	24	16.0
Physical/Stress/Obligations	5	3.3
Total	150	100.0

Also, for the Specific Content codes for presenting problem 1 the analysis did combine digits 2 and 3 as discussed earlier. Table 8 shows the frequency table for the Specific Content codes (refer to Appendix F for the label for each Specific Content code). This area's most frequently used code was 63, connection/commitment – enrichment/premarital. Code 52 moves down to the second most used code. Here 38 codes were used in all out of a possible 88 codes, but since only 75 cases were coded the highest number of codes if coders were in agreement on every case would be 75.

Table 8
Specific Content Codes for Presenting Problem 1

Codes	Frequency	Percent
00	1	.7
01	4	2.7
10	2	1.3
15	2	1.3
16	4	2.7
17	2	1.3
20	9	6.0
23	4	2.7
25	2	1.3
30	2	1.3
31	1	.7
32	7	4.7
33	7	4.7
37	1	.7
38	3	2.0
39	2	1.3
40	2	1.3
41	8	5.3
42	6	4.0
50	3	2.0
51	2	1.3
52	15	10.0
53	1	.7
54	1	.7
61	2	1.3
63	18	12.0
66	2	1.3
68	2	1.3
69	4	2.7
78	2	1.3
80	2	1.3
81	2	1.3
83	7	4.7
84	10	6.7
87	2	1.3
88	1	.7
90	4	2.7
97	1	.7
Total	150	100.0

Coders

Next, each individual coder's data were examined. Coders 1 and 2 each coded a total of 97 presenting problems which results in 1.94 presenting problems per case for each coder. Coder 3 coded 100 presenting problems which results in 2 presenting problems per case. The confidence of coder 1 on average was 2.05, coder 2 was 1.96, and coder 3 was 2.06. Since each coder reviewed fifty cases each these data were examined in the crosstabulations shown in Tables 9, 10, and 11. As in the earlier analysis, each coder's individual scores were broken down into the Unit of Focus codes, Abstract Content codes, and Specific codes.

As before, the overall range for the combined coders showed all but one code being used but the data for the Unit of Focus for presenting problem 1 showed slight variations when looking at each coder independently. Table 9 shows the crosstabulation of the coders and the first digit for presenting problem 1. Coder 1 coded a range of five codes out of a possible eight. Coder 2 had less of a range which was only four out of eight possible codes. Coder 3 had the highest range in which seven codes were used out of the eight possible. The most common code used for every coder was the same which was the couple code for the Unit of Focus.

Table 9
Crosstabulation for the Unit of Focus Codes

			CODER first year	second year	third year	Total
PP1.1	Individual	Count	14	13	11	38
		% within PP1.1	36.8%	34.2%	28.9%	100.0%
		% within CODER	28.0%	26.0%	22.0%	25.3%
	Couple	Count	25	26	25	76
		% within PP1.1	32.9%	34.2%	32.9%	100.0%
		% within CODER	50.0%	52.0%	50.0%	50.7%

	Partial Family	Count	1	10	3	14
		% within PP1.1	7.1%	71.4%	21.4%	100.0%
		% within CODER	2.0%	20.0%	6.0%	9.3%
	Family	Count	6	1	5	12
		% within PP1.1	50.0%	8.3%	41.7%	100.0%
		% within CODER	12.0%	2.0%	10.0%	8.0%
	Extended Family	Count			1	1
		% within PP1.1			100.0%	100.0%
		% within CODER			2.0%	.7%
	Community	Count			1	1
		% within PP1.1			100.0%	100.0%
		% within CODER			2.0%	.7%
	Government	Count	4		4	8
		% within PP1.1	50.0%		50.0%	100.0%
		% within CODER	8.0%		8.0%	5.3%
Total		Count	50	50	50	150
		% within PP1.1	33.3%	33.3%	33.3%	100.0%
		% within CODER	100.0%	100.0%	100.0%	100.0%

In the data for each coder, the Abstract Content codes for presenting problem 1 showed a more consistent range but less agreement between coders on the mode for digit 2. Table 10 shows the crosstabulation of the three coders with the codes from presenting problem 1 digit 2. The range for coder 1 was a 10 out of a possible 10 codes. For coder 2 and 3 both had a range of nine codes out of a possible of 10. The mode for coder 1 was the change/adjustment code, coder 2's mode was the connection/commitment code, and coder 3's mode was the emotional concerns code.

Table 10
Crosstabulation for the Abstract Content Codes

			CODER			Total
			first year	second year	third year	
PP1.2	Trust	Count	2	2	1	5

		% within PP1.2	40.0%	40.0%	20.0%	100.0%
		% within CODER	4.0%	4.0%	2.0%	3.3%
	Abuse	Count	3	4	3	10
		% within PP1.2	30.0%	40.0%	30.0%	100.0%
		% within CODER	6.0%	8.0%	6.0%	6.7%
	Behavior Concerns	Count	6	4	5	15
		% within PP1.2	40.0%	26.7%	33.3%	100.0%
		% within CODER	12.0%	8.0%	10.0%	10.0%
	Change/Adjustment	Count	9	5	9	23
		% within PP1.2	39.1%	21.7%	39.1%	100.0%
		% within CODER	18.0%	10.0%	18.0%	15.3%
	Communication	Count	7	5	4	16
		% within PP1.2	43.8%	31.3%	25.0%	100.0%
		% within CODER	14.0%	10.0%	8.0%	10.7%
	Conflict	Count	8	8	6	22
		% within PP1.2	36.4%	36.4%	27.3%	100.0%
		% within CODER	16.0%	16.0%	12.0%	14.7%
	Connection/Commitment	Count	8	11	9	28
		% within PP1.2	28.6%	39.3%	32.1%	100.0%
		% within CODER	16.0%	22.0%	18.0%	18.7%
	Dealing with Loss	Count	1	1		2
		% within PP1.2	50.0%	50.0%		100.0%
		% within CODER	2.0%	2.0%		1.3%
	Emotional Concerns	Count	4	10	10	24
		% within PP1.2	16.7%	41.7%	41.7%	100.0%
		% within CODER	8.0%	20.0%	20.0%	16.0%
	Physical/Stress/Obligations	Count	2		3	5
		% within PP1.2	40.0%		60.0%	100.0%
		% within CODER	4.0%		6.0%	3.3%
Total		Count	50	50	50	150
		% within PP1.2	33.3%	33.3%	33.3%	100.0%
		% within CODER	100.0%	100.0%	100.0%	100.0%

Lastly, the coders' data for the Specific Content codes were examined for presenting problem 1. Table 11 shows the crosstabulation for each coder's data for the Specific Content codes (refer to Appendix F for the label for each Specific Content code). Coder 1 had a range of 26 codes, while coder 2 had a total of 24, and coder 3 coded 23. Each coder had a possible number of 88 codes, which is lessened since each coder could only code a possible of one code per case and only coded a total number of 50 cases apiece. The mode for coder 1 and coder 3 were the same which was code 63 while coder 2 was different in that their mode was code 52.

Table 11
Crosstabulation for the Specific Content Code

			CODER first year	second year	third year	Total
PP1.3	00	Count			1	1
		% within PP1.3			100.0%	100.0%
		% within CODER			2.0%	.7%
	01	Count	2	2		4
		% within PP1.3	50.0%	50.0%		100.0%
		% within CODER	4.0%	4.0%		2.7%
	10	Count	1	1		2
		% within PP1.3	50.0%	50.0%		100.0%
		% within CODER	2.0%	2.0%		1.3%
	15	Count	1		1	2
		% within PP1.3	50.0%		50.0%	100.0%
		% within CODER	2.0%		2.0%	1.3%
	16	Count		2	2	4
		% within PP1.3		50.0%	50.0%	100.0%
		% within CODER		4.0%	4.0%	2.7%
	17	Count	1	1		2
		% within PP1.3	50.0%	50.0%		100.0%
		% within CODER	2.0%	2.0%		1.3%
	20	Count	3	3	3	9

	% within PP1.3	33.3%	33.3%	33.3%	100.0%
	% within CODER	6.0%	6.0%	6.0%	6.0%
23	Count	1	1	2	4
	% within PP1.3	25.0%	25.0%	50.0%	100.0%
	% within CODER	2.0%	2.0%	4.0%	2.7%
25	Count	2			2
	% within PP1.3	100.0%			100.0%
	% within CODER	4.0%			1.3%
30	Count	1	1		2
	% within PP1.3	50.0%	50.0%		100.0%
	% within CODER	2.0%	2.0%		1.3%
31	Count			1	1
	% within PP1.3			100.0%	100.0%
	% within CODER			2.0%	.7%
32	Count	3		4	7
	% within PP1.3	42.9%		57.1%	100.0%
	% within CODER	6.0%		8.0%	4.7%
33	Count	1	4	2	7
	% within PP1.3	14.3%	57.1%	28.6%	100.0%
	% within CODER	2.0%	8.0%	4.0%	4.7%
37	Count	1			1
	% within PP1.3	100.0%			100.0%
	% within CODER	2.0%			.7%
38	Count	1		2	3
	% within PP1.3	33.3%		66.7%	100.0%
	% within CODER	2.0%		4.0%	2.0%
39	Count	2			2
	% within PP1.3	100.0%			100.0%
	% within CODER	4.0%			1.3%
40	Count	1	1		2
	% within PP1.3	50.0%	50.0%		100.0%
	% within CODER	2.0%	2.0%		1.3%
41	Count	3	3	2	8
	% within	37.5%	37.5%	25.0%	100.0%

	PP1.3				
	% within CODER	6.0%	6.0%	4.0%	5.3%
42	Count	3	1	2	6
	% within	50.0%	16.7%	33.3%	100.0%
	PP1.3				
	% within CODER	6.0%	2.0%	4.0%	4.0%
50	Count	1		2	3
	% within	33.3%		66.7%	100.0%
	PP1.3				
	% within CODER	2.0%		4.0%	2.0%
51	Count			2	2
	% within			100.0%	100.0%
	PP1.3				
	% within CODER			4.0%	1.3%
52	Count	6	7	2	15
	% within	40.0%	46.7%	13.3%	100.0%
	PP1.3				
	% within CODER	12.0%	14.0%	4.0%	10.0%
53	Count		1		1
	% within		100.0%		100.0%
	PP1.3				
	% within CODER		2.0%		.7%
54	Count	1			1
	% within	100.0%			100.0%
	PP1.3				
	% within CODER	2.0%			.7%
61	Count		2		2
	% within		100.0%		100.0%
	PP1.3				
	% within CODER		4.0%		1.3%
63	Count	7	5	6	18
	% within	38.9%	27.8%	33.3%	100.0%
	PP1.3				
	% within CODER	14.0%	10.0%	12.0%	12.0%
66	Count		1	1	2
	% within		50.0%	50.0%	100.0%
	PP1.3				
	% within CODER		2.0%	2.0%	1.3%
68	Count	1	1		2
	% within	50.0%	50.0%		100.0%
	PP1.3				
	% within CODER	2.0%	2.0%		1.3%
69	Count		2	2	4
	% within		50.0%	50.0%	100.0%
	PP1.3				

		% within CODER		4.0%	4.0%	2.7%
	78	Count	1	1		2
		% within PP1.3	50.0%	50.0%		100.0%
		% within CODER	2.0%	2.0%		1.3%
	80	Count	1	1		2
		% within PP1.3	50.0%	50.0%		100.0%
		% within CODER	2.0%	2.0%		1.3%
	81	Count		1	1	2
		% within PP1.3		50.0%	50.0%	100.0%
		% within CODER		2.0%	2.0%	1.3%
	83	Count		4	3	7
		% within PP1.3		57.1%	42.9%	100.0%
		% within CODER		8.0%	6.0%	4.7%
	84	Count	2	3	5	10
		% within PP1.3	20.0%	30.0%	50.0%	100.0%
		% within CODER	4.0%	6.0%	10.0%	6.7%
	87	Count		1	1	2
		% within PP1.3		50.0%	50.0%	100.0%
		% within CODER		2.0%	2.0%	1.3%
	88	Count	1			1
		% within PP1.3	100.0%			100.0%
		% within CODER	2.0%			.7%
	90	Count	2		2	4
		% within PP1.3	50.0%		50.0%	100.0%
		% within CODER	4.0%		4.0%	2.7%
	97	Count			1	1
		% within PP1.3			100.0%	100.0%
		% within CODER			2.0%	.7%
Total		Count	50	50	50	150
		% within PP1.3	33.3%	33.3%	33.3%	100.0%
		% within CODER	100.0%	100.0%	100.0%	100.0%

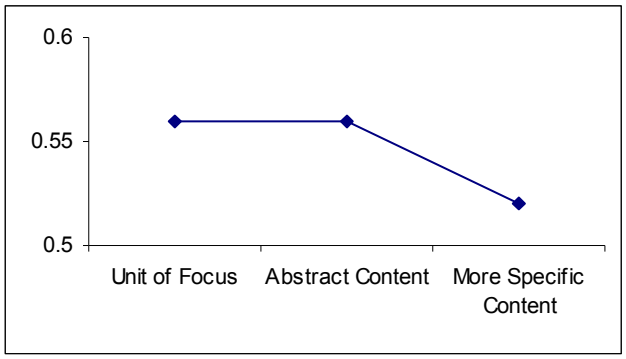
Reliability

Reliability for this study was the inter-rater reliability between coders coding the new systemic coding system for presenting problems. The inter-rater reliability was analyzed for each pair of raters who rated the same 25 cases. There were a total of three pairs of coders to test the inter-rater reliability. After each pair of coders was separately analyzed, data were combined to form an overall scoring of inter-rater reliability.

Coders 1 and 2

First, the inter-rater reliability for coder 1, the first year student, and coder 2, the second year student, was explored for presenting problem 1. Each time the coders agreed with the same code the coders receive a score of one and when they disagreed they received no score. A sum of the scores was calculated and divided by a total possible of 25 which leaves the percentage of agreement between the coders. Overall, the results for all the codes being the exactly same for coders 1 and 2 was 32%. Breaking this down into each digit of the coding systems the percent agreement for the Unit of Focus code is 56%, the Abstract Content code is 56%, and the Specific Content code is 52%. Figure 1 shows the agreement for coders 1 and 2 for each digit of presenting problem 1 represented in a line graph. The confidence scores were computed into an average score and then turned into a percentage of agreement with 100% being totally positive and 0% equally the lowest amount of confidence. The confidence percentage on the presenting problems when coder 1 and 2 agreed was 69% and when they disagreed the confidence level was 44%.

Figure 1
Graph of Agreement between Coder 1 and Coder 2

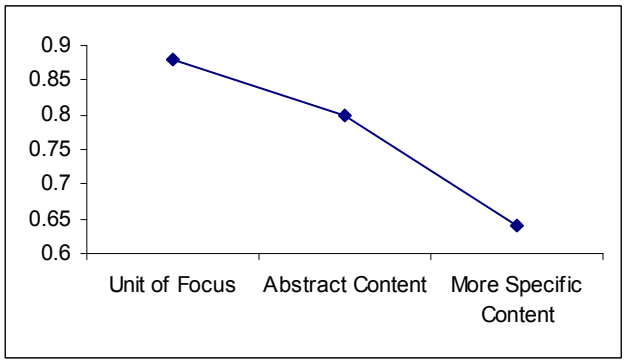


Expected random agreement score for Unit of Focus = .11
Expected random agreement score for Abstract Content = .10
Expected random agreement score for Specific Content = .01

Coders 1 and 3

Second, the inter-rater reliability for presenting problem 1 was explored between coders 1 and 2. The overall agreement for all three codes being exactly the same was 60%. The agreement percentage for the Unit of Focus code was 88%, the Abstract Content code was 80%, and the Specific code was 64%. Figure 2 shows the agreement for coders 1 and 3 for each code of the coding system for presenting problem 1 represented in a line graph. The confidence percentage for coders 1 and 3 when they agreed on the presenting problem code was 72% and when they disagreed was 48%.

Figure 2
Graph of Agreement between Coder 1 and Coder 3

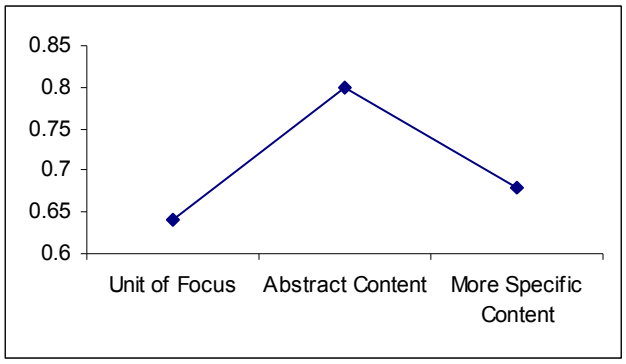


Expected random agreement score for Unit of Focus = .11
Expected random agreement score for Abstract Content = .10
Expected random agreement score for Specific Content= .01

Coders 2 and 3

Lastly, the inter-rater reliability for presenting problem 1 was explored between coders 2 and 3. The overall agreement for all three codes being exactly the same was 48%. The agreement percentage for the Unit of Focus code was 64%, the Abstract Content code was 80%, and the Specific code was 68%. Figure 3 shows the agreement for coders 1 and 3 for each digit of the coding system for presenting problem 1 represented in a line graph. The confidence percentage for coders 2 and 3 was 63% when the coders agreed on the presenting problem code and 54% when the coders disagreed on the presenting problem.

Figure 3
Graph of Agreement between Coder 2 and Coder 3



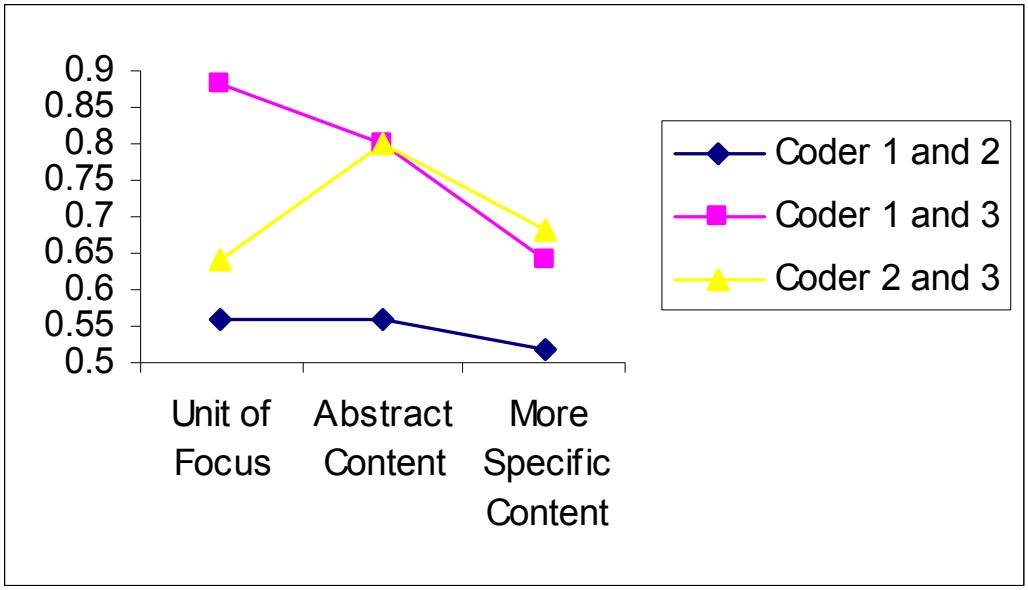
Expected random agreement score for Unit of Focus = .11
Expected random agreement score for Abstract Content = .10
Expected random agreement score for Specific Content= .01

All Coders

Reliability was measured as percentage of agreement in three separate pairs of coders which are all represented in Figure 4 in a line graph. The average for all three codes together was 47%. The average agreement percentage for the Unit of Focus code was 69%, the Abstract Content code was 72%, and the Specific code was 61%. The Unit of Focus and Abstract Content codes were higher than the Specific Content codes on

average. This fits with what was expected for this coding system. The only disagreement to this was the reliability between coders 2 and 3 who had a lower Unit of Focus agreement score than a Specific Content agreement score; however, their Abstract Content agreement score was higher than their agreement score on the Specific Content.

Figure 4
Graph of Agreement between All Coders



Expected random agreement score for Unit of Focus = .11
Expected random agreement score for Abstract Content = .10
Expected random agreement score for Specific = .01

Another factor that could hinder the agreement scores between coders was the recognition of the hierarchy of the presenting problems. Examining individual cases when coders disagreed on which problem should be the presenting problem 1. All coder agreements could be increased at least by 8% in which two codes for each pair of coders were identical in every level but the code was used under a different presenting problem rather than presenting problem 1.

The data were examined when the agreement between coders was only on the Unit of Focus and Abstract Content codes but not the third code of Specific Content.

This did not change the results for the pair of coders 1 and 2. The agreement score between coders 1 and 3 was raised by 12% which brings their agreement score to a 72%. Coders 2 and 3's agreement score was be increased by another 4% which brings the total to a score of 52%.

CHAPTER V

CONCLUSION

The purpose of this study was to create a coding system for presenting problems that encompasses the majority of problems for which clients bring to therapy and to have this coding system be multileveled by including a systemic viewpoint. The first part of the purpose, to create a coding system that encompasses a majority of problems, was accomplished through having an Abstract Content category followed by a Specific Content code which could code up to 88 Specific Content areas. The second part of the purpose, to create a coding system that incorporates a systemic theoretical viewpoint, was accomplished by including a beginning digit in the coding system which recognized the Unit of Focus or the system level in which the problem is perceived to be located.

Two major factors for any type of coding system are the validity of the coding system and the reliability of the coding system. First, the validity of the systemic presenting problem coding system will be examined in areas such as construct validity, content validity, and face validity. This will be followed by a discussion of the reliability results from this study. The reliability deals with the inter-rater reliability between independent coders. Finally, the overall conclusions of the coding system will be discussed along with future recommendations.

Validity

Before going into specific types of validity, the coding system will be discussed on the basis of measuring what the coding system is designed to measure, the presenting problem. As discussed in the Codes section of chapter four, the range for the Unit of Focus and Abstract Content codes were both high. The Unit of Focus codes showed that most presenting problems were discussed as being a couple problem or individual problem. The family researcher Wynne (1988) has stated that "many if not most, problems presented for family therapy are initially viewed by the family members as problems of a person or patient, not as relational problems" (p. 254) but the results of this study show that couple issues may be predominant in a family clinic followed by individual issues. This study also showed the occupational code was the only code not used. This does not necessarily mean that people do not come to counseling for occupational problems but they could be either voicing their problems as a problem with themselves or random variation provided none of these cases within the 75 cases used in this study. Since any external factor as a focus for the presenting problem was in the minority compared to problems inside the family either one of these options seem viable.

As mentioned earlier the range for the Abstract Content code was also very high. The range for the Abstract Content code actually included all levels of the Abstract Content areas. Since one of the arguments against past content coding systems was that some levels were very abstract while other codes were very specific this coding system shows promise in that all levels of the Abstract Content areas were coded. Out of the ten codes the distribution of codes was diverse in that the highest coded content area for all data only encompassed 16.3% of the responses. In an ideal world where everything was

equal all responses would have received 10% of the responses but people may come into counseling for some reasons more than others which would be interesting to explore more with this new way to code presenting problems.

The range for the combined digit 2 and 3 which made up the Specific Content code followed what was to be expected and that was to be less than the Abstract Content code alone. The added complexity to this code from going from abstract to more specific did increase the amount of codes possible but did decrease the percentage of codes used by the coders. Out of a possible 88 Specific Content areas the fact that 52 of those codes were being used out of only 75 cases seems good. If all 88 codes were used that would show that those 75 cases have a full range of possible presenting problems and maybe not so much that this coding system shows a range of all possible Specific Content areas.

One specific type of validity is content validity which is if the codes represent what they are supposed to code. The process of this study started with a content analysis of other coding systems and using these past coding systems this study created a unique coding system for presenting problems which adds to the content validity by using past research. Although not all past categories were used in the exact same way they were used in past studies, all researched content categories can fit into the content categories in this new systemic coding system. Also, this type of validity is often tested by having an expert or panel of experts review the material. In this study, the content validity and face validity is increased by having a panel, which consisted of the university marriage and family therapy clinical faculty. They gave the go ahead on the final version of the coding system which was created by this study to be used to code the data in their clinic.

After the coding of this study the construct validity can be discussed. This study had many consistent findings in the way items were coded by several of the independent coders. All coders coded around the same amount of presenting problems per case which means this coding system is consistent in the way coders can recognize problems and code them out of a client's narrative of their presenting problem. These narratives range from a whole paragraph just describing one problem in detail or can be three words in which three problems are identified.

Reliability

The reliability discussed in this study was the inter-rater reliability which was determined by the agreement between independent coders coding the same data. In this study the inter-rater reliability was taken for each part of this new coding system. The first digit is the Unit of Focus which had the highest of any agreement between two coders with 88% agreement. The average agreement scores being 69% is a good agreement when an expected random score would only yield 11% agreement between two coders. Also since this study is a needed beginning step in the creation of this more specific coding system this initial study is could be considered the baseline of results which with refinements can be increased. The highest agreement between the first year coder and the third year coder is interesting because the lowest agreement was between third year and the second year. This could be accounted for if the third year and second year had more preconceived notions of what should be included in each system level and there was not a high reliability in their definitions. The first year student who is just learning about family systems theory could have been more susceptible to the trainer,

who was the third year, ideas of systems and definitions of each level on the Unit of Focus which would account for a higher reliability score.

The Unit of Focus agreement score could be increased by more in depth training on determining between these systemic levels. Looking over the coding, coders disagreed if a person was describing a partial family or a whole family or an extended family member. It is recommended to include an operational definition of each of these levels to make this distinction more clear to the coder. It would be important to use specific examples in training to test those definitions for each level. However, this distinction between partial family and whole family could be due to poorly drawn genograms on the intake form which made coders unsure about who was still living together and who does not live with the family anymore. Making sure the genograms are in good condition and readable to the coders could increase the reliability in the units of focus besides couples or individual levels. If the genograms are not in good condition having the coders discuss the case and come to a consensus on which code should be used would be advisable.

Next, the Abstract Content categories were examined in their reliability. With the average score this area came out as the highest in reliability. This is not surprising since this is the general way in which presenting problems have been coded in the past. Two sets of coders independently came up with the exact same agreement score of 80% which shows consistency in the reliability of this digit for the new coding system. When this score was examined against the expected random agreement score that would be expected out of ten possible codes and two coders which was 10% agreement, this score is well above random agreement. Discussing these categories with the coders they found

difficulty between distinguishing between communication arguing and conflict fighting and a couple other small distinctions. The distinctions between these two or others are addressed by the coding system but could be understood better with more training. The coders were looking over the three page coding system for the first time when they were coding the examples. As discussed earlier if the training was increased to three days and the coders knew more of the coding system they could increase their agreement on these small distinctions.

Recommendations

This study was the first use of this new coding system outside of pilot studies. This study shows a baseline for this coding system and with improvements this coded system should increase in the reliability between coders. Also using the this coding system more often instead of each research study using a new set of abstract content categories to use with their specific research would increase the validity of outcomes studies with having the measure for presenting problems. The following are recommendations discussed in this study to improve upon the reliability of this study:

- Extend the training session from one session to three sessions. This would include more examples testing the coders on all three levels of the coding system and allowing them more time to process how to code and distinctions made in the coding system.
- Add in specific operational definitions to distinguish between Unit of Focus codes, especially partial family and family codes.
- Increase quality of genograms on intake so coders can tell who is in the family and who is not and who is living in the home and who has left the home.

- Follow up this study with the same coders at a later time with the same codes to measure intra-rater reliability and retest the inter-rater reliability.
- Follow up this study with reliability tests when the coders are able to have more consensus discussions to measure if consensus discussions increase the confidence and reliability between coders.

Summary

The new systemic coding system for presenting problems demonstrates high content, face, and construct validity in the construction of the coding system and the analysis of the coding and an acceptable amount of inter-rater reliability between coders. With the suggestions made on improving the training to help clarify information for the coders and get them on the same page increasing their understanding of how exactly everything should be coded the inter-rater reliability should improve. Another suggestion which would take more time is having the coders discuss cases in which they are about 50% confidence or less. This would add more time in actually getting the data since the coders will have to discuss and come to a consensus on the cases in which they do not feel confident. Although after several consensus meetings the confidence that the coders have concerning coding could increase. Thus they would require fewer and fewer times to meet with the other coders.

This new coding system will hopefully allows researchers to perform more in depth analysis on presenting problems. The added variable of the Unit of Focus should provide researchers with important information from the client's perspective of where the problem is located. This would be interesting to research if the client's perspective on the Unit of Focus and who comes into therapy is correlated with the outcome of therapy.

Also, the Specific Content information will allow researchers to analyze presenting problems on a more specific and complex array of presenting problems instead of staying at the Abstract Content areas. One day a fourth code could be added to this coding system to create a very specific content area that clients are reporting. This also depends on how specific clients report their problems and there is a possibility that before therapy starts many clients do not go into the specifics of what their problem entails. Right now this coding system provides enough of a step towards specificity and new information that the coding system can be used to further our understanding of presenting problems.

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APPENDIX A

Intake Person: **Date:**

Time: _____

_____ **Telephone Number(s)**

Name

_____ _____

Street **City, State** **Zip** **Best time to be contacted within 24 hrs**

Can leave a message (Y for yes, N for no):

_____

Who made the call?

Presenting Problem?

Who is in the family? (2-3 generation genogram)

Who else is involved in the problem?

How long has it been a problem? _____

Is there any alcohol or drug use? _____ **If yes, who and how much?**

Who will be attending session?

Days available for sessions: ___Mon. ___Tues. ___Wed. ___Thurs. ___Fri. ___Any

Times available for sessions: __5p.m. __6p.m. __7p.m. __8p.m. ___Any ___Other,

Is anyone in the family on any kind of medication? If yes, who and what?

Is anyone in the family receiving mental health services anywhere else? If yes, who, where, and for what?

How did you hear about us? Who referred you?

____ Telephone Book

____ Referred by _____

____ Received services before

____ Other (explain below)

Any financial considerations?

____ NO
____ YES (If yes, explain below)

Additional Information

Yearly Income before taxes: _____

Fee: _____

Therapist assigned _____

Case # _____

APPENDIX B

FOR OFFICE USE ONLY	
ID #	
FAMILY MEMBER	
TODAY'S DATE	

Center For Family Services
104 Human Environmental Sciences West
Stillwater, Oklahoma 74078

BACKGROUND FORM

(This information is part of your *confidential* file and will be available to CFS staff for reference/research purposes)

NAME_____ AGE (YEARS) _____ GENDER MALE FEMALE (Circle One)

ADDRESS_____ ETHNICITY_____

HOME TELEPHONE_____ WORK TELEPHONE_____

SOCIAL SECURITY NUMBER_____ RELIGIOUS PREFERENCE_____

PRIMARY OCCUPATION_____ HIGHEST LEVEL OF EDUCATION COMPLETED_____

ARE YOU MARRIED: YES NO (Circle One) IF YES, HOW LONG_____ TIMES MARRIED BEFORE? 0 1 2 3 4 5 (Circle One)

ARE YOU A MILITARY VETERAN? YES NO (Circle One) YEARS OF SERVICE_____TO_____

FOR IMMEDIATE FAMILY MEMBERS (SPOUSE, CHILDREN, AND STEP-CHILDREN). PLEASE LIST NAME, GENDER, AGE, RELATIONSHIP TO YOU, AND CURRENT RESIDENCE (SAME AS YOU OR DIFFERENT).

NAME	GENDER	AGE	RELATIONSHIP TO YOU	RESIDENCE (Circle One)	(CITY/STATE IF DIFFERENT)
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____
_____	M F	_____	_____	SAME DIFFERENT	_____

Notes:

Office Use

01=Husband/Father 02=Wife/Mother 03=Son1 04=Daughter1 05=Step Father 06=Step Mother
08=Fiance-Female 09=Fiance-Male 13=Son2 23=Son3 33=Son4 14=Daughter2 24=Daughter3 34=Daughter4
98=Individual Female 99=Individual Male 71=Step-Son1 72=Step-Son2 73=Step-Son3 74=Step-Daugh1 75=Step-Daugh2

FOR RELATIVES FROM THE FAMILY IN WHICH YOU GREW UP, PLEASE LIST NAME, GENDER, AGE, RELATIONSHIP, CURRENT RESIDENCE, AND MARITAL STATUS OF ALL WHO ARE STILL LIVING (PARENTS, BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS).

NAME	GENDER	AGE	RELATIONSHIP TO YOU	RESIDENCE (CITY/STATE)	MARITAL STATUS

IF ANY MEMBER(S) OF YOUR FAMILY (SPOUSE, CHILDREN, PARENTS, BROTHERS, SISTERS, IS/ARE DECEASED, PLEASE LIST BELOW:

NAME	RELATIONSHIP	AGE AT DEATH	DATE AT DEATH	CAUSE OF DEATH

FAMILY PHYSICIAN: NAME _____

ADDRESS _____

_____

CIRCLE YOUR PRESENT STATE OF HEALTH:

EXCELLENT **GOOD** **FAIR** **POOR**

PLEASE CHECK IF YOU HAVE EXPERIENCED THE FOLLOWING DURING THE PAST SIX MONTHS:

___SEVERE HEADACHES
___SEVERE BACKACHES
___STOMACH PROBLEMS
___EATING PROBLEMS
___SEIZURES
___UNEXPLAINED WORRY OR FEARFULLNESS
___FREQUENT TIREDNESS
___FREQUENT TROUBLE SLEEPING
___DIZZINESS OR FAINTING
___LARGE WEIGHT LOSS OR GAIN
___ASTHMA OR OTHER RESPIRATORY PROBLEMS
___OTHER PROBLEMS (PLEASE SPECIFY)
_____

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EXPERIENCED ANY OF THE BEFORE MENTIONED SYSMPTOMS IN THE LAST SIX MONTHS?_____ IF YES, PLEASE EXPLAIN.

HAVE YOU EVER HAD A SERIOUS MEDICAL ILLNESS?_____IF YES, PLEASE EXPLAIN.

HAVE ANY OF YOUR CHILDREN OR SPOUSE EVER HAD A SERIOUS MEDICAL ILLNESS?_____
IF YES, PLEASE EXPLAIN.

LIST ALL MEDICATIONS AND/OR DRUGS TAKEN WITHIN THE LAST 6 MONTHS, BOTH PRESCRIPTION AND NON PRESCRIPTION:

NAME OF MEDICATION/DRUG	REASON TAKEN	CHECK IF TAKING NOW

DO YOU SMOKE?_____IF YES, HOW MUCH?

DO YOU THINK YOU SMOKE TOO MUCH?

DO YOU DRINK?_____IF YES, HOW MUCH?

DO YOU THINK YOU DRINK TOO MUCH?

DO YOU THINK ANOTHER FAMILY MEMBER SMOKES OR DRINKS TOO MUCH?_____IF YES, PLEASE EXPLAIN.

HAVE YOU EVER ATTEMPTED SUICIDE?_____ IF YES, GIVE DATE(S) AND DETAILS.

HAS ANYONE IN YOUR FAMILY EVER ATTEMPTED SUICIDE?_____ IF YES, GIVE NAME(S), RELATIONSHIP TO YOU, AND DETAILS.

ARE YOU CURRENTLY RECEIVING SERVICES FROM ANOTHER THERAPIST/COUNSELOR?_____
IF YES, WHO AND FOR WHAT?

HAVE YOU EVER BEEN TREATED BY ANOTHER THERAPIST/COUNSELOR?__IF YES, WHEN, WHERE, AND FOR WHAT?

FROM THE FOLLOWING LIST, PLEASE CHECK THE REASONS HAT YOU ARE SEEKING SERVICE AT THIS TIME.

___PERSONAL ENRICHMENT
___RELATIONSHIP ENRICHMENT
___MARITAL ENRICHMENT
___FAMILY ENRICHMENT
___MARITAL CONFLICT
___FAMILY CONFLICT
___SEXUAL PROBLEMS
___PHYSICAL ABUSE
___SEXUAL ABUSE
___DIVORCE ADJUSTMENT
___ADJUSTMENT TO LOSS
___SINGLE PARENTING
___PARENTING-TWO PARENT FAMILY
___STEP-PARENTING
___CHILD BEHAVIOR PROBLEMS
___ADOLESCENT BEHAVIOR PROBLEM
___ALCOHOL ABUSE-CHILD/ADOLESCENT
___DRUG ABUSE-CHILD/ADOLESCENT
___ALCOHOL ABUSE-ADULT
___DRUG ABUSE-ADULT
___FAMILY STRESS
___OTHER (Specify)_____

PLEASE DESCRIBE IN YOUR OWN WORDS THE MAJOR REASON FOR SEEKING OUR SERVICES AT THIS TIME.

HOW SERIOUS WOULD YOU SAY THIS PROBLEM IS RIGHT NOW? (CIRCLE ONE)

NOT AT ALL SERIOUS	SLIGHTLY SERIOUS	MODERATELY SERIOUS	VERY SERIOUS

HOW LIKELY DO YOU THINK THE PROBLEM IS TO CHANGE? (CIRCLE ONE)

NOT AT ALL LIKELY	SLIGHTLY LIKELY	MODERATELY LIKELY	VERY LIKELY

WHAT DO YOU HOPE TO GAIN FROM OUR SERVICES?

WHO REFERRED YOU TO OUR SERVICES? IF SELF-REFERRED, HOW DID YOU FIND OUT ABOUT OUR SERVICES?

APPENDIX C

Presenting Problem Coding Sheet

Coder Name _____

Please Note:

Write legibly so the numbers can be read

Mark with a star (*) the most important presenting problem

Mark Confidence with a scale from 1=low through 3=high confidence

Mark the corresponding intake to indicate what information was used to code PP1, PP2, and PP3

Case Number	Presenting Problem One	Presenting Problem Two	Presenting Problem Three	Confidence 1-3

APPENDIX D

Presenting Problem Coding Manual

First digit will be the UNIT OF FOCUS. The focus of the presenting problem will be toward one of the following levels with the first representing individual level, the second three representing relational levels, and the last five representing external levels of focus. Another way to view Unit of Focus is source of problem. An example of this is if the family sees an external source as their problems refer to codes 5, 6, 7, 8, or 9, but if they recognize an individual as the source the code would be 1.

UNIT OF FOCUS CODES

1= Individual.....
2= Couple.....
3= Partial Family .....
4= Family.....
5= Extended Family.....
6= Community (Friends, Peers, School, Religion).....
7= Government (DHS, Courts).....
8= Economic (Occupation, Bankruptcy) .....
9= Environmental Other (Weather, Disasters) .....

The next two levels will consist of an abstract level and a more specific level. Both levels will consist of one digit apiece which will complete the three digit, three level code for presenting problems.

1 = Behavior Concerns
    1 = Dealing with anger
    2 = Physical fighting (not abuse, more fighting with friends or parents)
    3 = Irresponsibility
    4 = Suicide
    5 = Sexual acting out
    6 = Tantrums
    7 = Overly attached
    8 = Attitude
    9 = Ran away
    0 = Other/Not Specified
2 = Emotional Concerns
    1 = Fear
    2 = Self esteem
    3 = Anger

4 = Unhappiness
5 = Worry
6 = Depression
7 = Panic
0 = Other/Not Specified

3 = Physical/Stress/ Obligations
1 = Fulfillment of responsibilities
2 = Taking care of parent
3 = Taking care of children (Parenting issues)
4 = Taking care of spouse
5 = Discipline
6 = Physical limitation/disability (mental or physical)
0 = Other/Not Specified

4 = Change/Adjustment
1 = Newly married
2 = Just moved in with someone
3 = New occupation
4 = Illness of a family member
5 = Dealing with divorce
6 = New parent
7 = Custody issues
8 = Two parent family
9 = Separation
0 = Other/Not Specified

5 = Dealing with loss
1 = Loss of child
2 = Loss of job
3 = Loss of spouse
4 = Loss of parent
5 = Loss of relative (Grandparent, uncle, aunt)
6 = Loss of close friend
0 = Loss of other/Not Specified

6 = Connection/Commitment
1 = At least one partner has trouble with commitment
2 = Partner doesn't care about me anymore
3 = Not sure if we should be together
4 = Just separated
5 = Distancing from each other
6 = Feel like we have lost a connection
7 = Not enough intimacy
8 = Physical intimacy

9 = Enrichment
0 = Other/Not Specified

7 = Trust
1 = Infidelity issue
2 = Jealously
3 =Someone not on my side
4 = Lies
0 = Other/Not Specified

8 = Communication
1 = Trouble communicating with partner
2 = Trouble opening up
3 = Yelling
4 = Arguing
5 = Lying
6 = Enrichment
0 = Other/Not Specified

9 = Conflict
1 = Fighting with partner
2 = Not able to solve conflicts with partner
3 = Role definition
4 = Respect
5 = Decision making
6 = Stress
0 = Other/Not Specific

0 = Abuse
1 = Physical Abuse
2 = Emotional Abuse
3 = Sexual abuse
4 = Neglect
5 = Multiple accounts of abuse
6 = Abandonment
7 = Substance Abuse
0 = Other/Not Specified

APPENDIX E

Presenting Problem Coding Manual

First digit will be the UNIT OF FOCUS. The focus of the presenting problem will be toward one of the following levels with the first representing individual level, the second three representing relational levels, and the last five representing external levels of focus. Another way to view Unit of Focus is source of problem. An example of this is if the family sees an external source as their problems refer to codes 5, 6, 7, 8, or 9, but if they recognize an individual as the source the code would be 1. If a concern is about an individual (e.g. smoking) but that individual does not see it as a problem the unit is couple.

UNIT OF FOCUS CODES

1= Individual.....
2= Couple.....
3= Partial Family .....
4= Family.....
5= Extended Family.....
6= Community (Friends, Peers, School, Religion).....
7= Government (DHS, Courts).....
8= Economic (Occupation, Bankruptcy) .....
9= Environmental Other (Weather, Disasters) .....

The next two levels will consist of an abstract level and a more specific level. Both levels will consist of one digit apiece which will complete the three digit, three level code for presenting problems.

* When multiple presenting problems are identified, the order of coding should follow a hierarchical form from most important (most mentioned) to the least important. If more than three presenting problems can be coded, use this hierarchy to decide what order to code. The first three problem codes on the hierarchy should always be included.

1 = Behavior Concerns
- 1 = Reactivity (Defensive, anger management)
- 2 = Physical fighting (not abuse, more fighting with friends or parents)
- 3 = Irresponsibility (Maturity)
- 4 = Self harm (Suicide, cutting)
- 5 = Sexual acting out
- 6 = Tantrums
- 7 = Over active/Attention problem

8 = Attitude/Resentment (Overly demanding, overly attached)
9 = Ran away
0 = Other/Not specified (Eating problems)

2 = Emotional Concerns
1 = Fear
2 = Self esteem
3 = Anger
4 = Unhappiness
5 = Worry
6 = Depression
7 = Anxiety (Panic)
0 = Other/Not specified

3 = Physical/Stress/Obligations
1 = Fulfillment of responsibilities
2 = Taking care of parent
3 = Taking care of children (Parenting issues)
4 = Taking care of spouse
5 = Discipline
6 = Physical limitation/disability (Mental or physical)
7 = Chronic illness (Psychological or health wise, if diagnosed put here instead of coding the behavior itself)
8 = Personal beliefs (Religion)
0 = Other/Not specified

4 = Change/Adjustment
1 = Newly married
2 = Just moved in with someone
3 = New occupation
4 = Illness of a family member
5 = Dealing with divorce
6 = New parent
7 = Custody issues (DHS removal, co-parenting)
8 = Blended family issues
9 = Separation (recent-individual issue)
0 = Other/Not specified

5 = Dealing with loss
1 = Loss of child
2 = Loss of job
3 = Loss of spouse
4 = Loss of parent
5 = Loss of relative (Grandparent, uncle, aunt)
6 = Loss of close friend

0 = Loss of other/Not specified

6 = Connection/Commitment

1 = At least one partner has trouble with commitment (Does not want to be in the relationship)
2 = Partner doesn't care about me anymore (Feel not important to partner)
3 = Not sure if we should be together
4 = Separated/Broken up (Couple issue)
5 = Distancing from each other
6 = Feel like we have lost a connection
7 = Not enough intimacy
8 = Physical intimacy (Difficult for one partner to show to the other)
9 = Enrichment/Premarital (Presenting for relationship development)
0 = Other/Not specified

7 = Trust

1 = Infidelity issue (Usually couple issue unless presented as individual concern)
2 = Jealously
3 = Someone not on my side
4 = Lies (Past patterns – trust affected)
5 = Someone does not fulfill their part of the responsibilities
0 = Other/Not specified

8 = Communication

1 = Partner/Family member does not listen
2 = Trouble opening up
3 = Yelling
4 = Arguing
5 = Lying (Trouble believing what partner says)
6 = Enrichment/Education (Premarital, marital, parenting - presenting for improved communication)
7 = Partner/Family member does not understand
0 = Other/Not specified

9 = Conflict

1 = Fighting with partner
2 = Not able to solve conflicts with partner
3 = Role definition (Conflicting expectations, unmet expectations)
4 = Respect
5 = Decision making (Parenting/Discipline)
6 = Perceived partner control
7 = Involvement of other person (In-laws, coworkers, relatives, friends)
8 = Financial issue
0 = Other/Not specific

0 = Abuse (mutual abuse does not have a separate code just code the category the abuse falls into)

1 = Physical abuse
2 = Emotional abuse
3 = Sexual abuse
4 = Neglect
5 = Multiple accounts of abuse
6 = Abandonment
7 = Substance abuse
8 = Past abuse (any type from own past or family of origin)
0 = Other/Not specified

APPENDIX F

Presenting Problem Coding Manual

First digit will be the UNIT OF FOCUS. The focus of the presenting problem will be toward one of the following levels with the first representing individual level, the second three representing relational levels, and the last five representing external levels of focus. Another way to view Unit of Focus is source of problem. An example of this is if the family sees an external source as their problems refer to codes 5, 6, 7, 8, or 9, but if they recognize an individual as the source the code would be 1. If a concern is about an individual (e.g. smoking) but that individual does not see it as a problem the unit is couple.

UNIT OF FOCUS CODES

1= Individual.....
2= Couple.....
3= Partial Family .....
4= Family.....
5= Extended Family.....
6= Community (Friends, Peers, School, Religion).....
7= Government (DHS, Courts).....
8= Economic (Occupation, Bankruptcy) .....
9= Environmental Other (Weather, Disasters) .....

The next two levels will consist of an abstract level and a more specific level. Both levels will consist of one digit apiece which will complete the three digit, three level code for presenting problems.

* When multiple presenting problems are identified, the order of coding should follow a hierarchical form from most important (most mentioned) to the least important. If more than three presenting problems can be coded, use this hierarchy to decide what order to code. The first three problem codes on the hierarchy should always be included.

1 = Abuse (mutual abuse does not have a separate code just code the category the abuse falls into)
- 1 = Abandonment
- 2 = Emotional abuse
- 3 = Multiple types of abuse
- 4 = Neglect
- 5 = Past abuse (any type from own past or family of origin)
- 6 = Physical abuse
- 7 = Sexual abuse
- 0 = Other/Not specified

2 = Behavior Concerns
- 1 = Attitude/Resentment (Overly demanding or attached, ran away)
- 2 = Irresponsibility (Maturity)

3 = Over active/Attention problem
4 = Physical fighting (not abuse, more fighting with friends or parents)
5 = Reactivity (Defensive, anger management)
6 = Self harm (Suicide, cutting)
7 = Sexual acting out
8 = Substance abuse
9 = Tantrums
0 = Other/Not specified (Eating problems)

3 = Change/Adjustment
1 = Blended family issues
2 = Custody issues (DHS removal, co-parenting)
3 = Dealing with divorce
4 = Illness of a family member
5 = Just moved in with someone
6 = Newly married
7 = New occupation
8 = New parent
9 = Separation (recent-individual issue)
0 = Other/Not specified

4 = Communication
1 = Arguing
2 = Enrichment/Education (Premarital, marital, parenting - presenting for improved communication)
3 = Lying (Trouble believing what partner says)
4 = Partner/Family member does not listen
5 = Partner/Family member does not understand
6 = Trouble opening up
7 = Yelling
0 = Other/Not specified

5 = Conflict
1 = Decision making (Parenting/Discipline)
2 = Fighting with partner
3 = Involvement of other person (In-laws, coworkers, relatives, friends)
4 = Not able to solve conflicts with partner
5 = Perceived partner control
6 = Respect
7 = Role definition (Conflicting expectations, unmet expectations)
0 = Other/Not specific

6 = Connection/Commitment
1 = At least one partner has trouble with commitment (Does not want to be in the relationship)
2 = Distancing from each other
3 = Enrichment/Premarital (Presenting for relationship development)
4 = Feel like we have lost a connection
5 = Not enough intimacy
6 = Not sure if we should be together

7 = Partner doesn't care about me anymore (Feel not important to partner)
8 = Physical intimacy (Difficult for one partner to show to the other)
9 = Separated/Broken up (Couple issue)
0 = Other/Not specified

7 = Dealing with loss
1 = Child
2 = Friend
3 = Job
4 = Parent
5 = Possessions (Personal property)
6 = Relative (Grandparent, uncle, aunt)
7 = Siblings
8 = Spouse
0 = Other/Not specified

8 = Emotional Concerns
1 = Anger
2 = Attachment of child
3 = Anxiety (Panic)
4 = Depression
5 = Fear
6 = Self esteem
7 = Unhappiness
8 = Worry
0 = Other/Not specified

9 = Physical/Stress/Obligations
1 = Chronic illness (Psychological or health wise, if diagnosed put here instead of coding the behavior itself)
2 = Discipline
3 = Financial issue
4 = Fulfillment of responsibilities
5 = Personal beliefs (religion)
6 = Physical limitation/disability (Mental or physical)
7 = Taking care of children (Parenting issues)
8 = Taking care of parent
9 = Taking care of spouse
0 = Other/Not specified

0 = Trust
1 = Infidelity issue (Usually couple issue unless presented as individual concern)
2 = Jealously
3 = Lies (Past patterns – trust affected)
4 = Someone does not fulfill their part of the responsibilities
5 = Someone not on my side
0 = Other/Not specified

Appendix H

Examples of how to code using the systemic coding system for presenting problems:

PP = Presenting Problem

Case 1137 – PP = Trust, fighting, money

PP code – 200, 252, 293

Case 1151 – PP = Has anger problems and has been short-tempered lately. Separated from husband since January. Also, dealing with the loss of her mother recently.

PP code – 125, 139, 174

Case 1134 – PP = Moved out of parents home 2 weeks ago. Moved in with sister and brother-in-law. Lots of problems with parents, mom got remarried 1 year ago and problems with step dad. Grades slipping so moved in with sister.

PP code – 130, 450

Case 1138 – PP = She and her boyfriend had been living together for 1 year with her two kids and his two. The couple has been together ever since her divorce in 2002. She recently moved out due to stress of school, work, her kids, and problems with her ex-husband, paying child support. She is interested in couple counseling – eventually bring the kids in, too.

PP code – 269, 194, 553

Case 1140 – PP = Married for 11 yrs and last 2-3 months he's had an infidelity. Wants to work things out. He has an "inability to open up." His mom died when he was 5 and grandma died when he was 7 and ever since he has closed up.

PP code – 201, 260, 246

Case 1161 – PP = Marital problems, M reports that F is bulimic. Does not know if marriage can work but couple wants to see. F goes out with her sister at discouragement of M. Physical violence between both partners. Husband is concerned with F's eating disorder. F's mother is over involved in couple relationship.

PP code – 266, 216, 191

Case 1149 – PP = She cheated on him with his friend

PP code - 201

Case 1145 – PP = 2 Session Prepare

PP code - 263

Case 1240 – PP = Alcohol screening – probation officer said

PP code -728

Case 1169 – anxiety attacks, went to private doctor 1 ½ years ago – doesn't happen often – but more recently – short of breath, dizziness – could be because I'm about to finish to school or my relationship – having attacks weekly – attacks have; have trouble sleeping daily – I can't go to sleep.

PP code – 183, 130, 139

Case 1165 – PP = Mom does no get along with oldest daughter. Felt she resented her since birth. Some discipline problems last year with oldest daughter asked aunt to help. Daughter moved in with aunt and Mom wants daughter to come home and can't get her to. Feels aunt is controlling daughter. Mom diagnosed with Bipolar – no meds in a year and says she is not depressed – feels diagnosis might have been wrong.

PP code – 321, 492, 553

Case 1158 – PP = court ordered/DHS involved. Wanted "parenting classes" – didn't specify why just that they are going to have their mandate and she wanted to know details of what went on.

PP code – 732, 297

Appendix G

CENTER FOR FAMILY SERVICES
123 Human Environmental Sciences West
Stillwater, OK 74078
(405) 744-5058

Counseling Agreement

The Oklahoma State University Center for Family Services is dedicated to the treatment of families and the training of skilled family therapists. In an effort to offer clients the best therapy possible, the Center's family-oriented approach includes observation by fellow therapists-in-training, video-taping and diagnostic evaluation, if deemed appropriate.

I, the undersigned, do consent to the observation and video-taping of my therapy sessions. I understand that I may request the tape be turned off or erased at any time either during my session(s) or any time thereafter. I understand that any video-tapes will be used to assist the therapist(s) in working with me to improve the quality of therapy that I receive. I understand that I will not be video-taped without my verbal consent, at the time of taping, and that all video-tapes of sessions are erased immediately following viewing by my therapist(s). I acknowledge the importance of research in increasing the effectiveness of therapy and in training high quality therapists. I do consent to any research that may be completed through the clinic on my case. I understand that names are never used in research and that the Center for Family Services guarantees the confidentiality of my records.

Since OSU is an educational institution, I recognize that any counseling, testing, taping, or diagnostic work may be seen by other therapist interns, the clinical supervisor, and may be used for training purposes. No information about me may be given to any person outside the Center without my written consent unless mandated by law; including, but not limited to a court order and child abuse or neglect. However, if I am dangerous to myself or others, I am aware that mental health professionals have the responsibility to report information to appropriate persons with or without my permission.

I agree to notify the Center for Family Services at least 24 hour in advance should I need to cancel an appointment. If not, a fee for services will still be charged. Payment for services is due when services are rendered. I understand this fee to be $_____per session. When I decide to discontinue therapy, I agree to discuss this with the therapist(s) at a regular therapy session, not by phone.

I understand that should I attend a therapy session impaired by alcohol or drug use that the session will be terminated and another session scheduled for a future time. This event will be treated as a missed session and charged at full fee.

I am aware that Oklahoma State University Center for Family Services is not an emergency service, and, that in an emergency situation if I cannot reach my therapist, I have been advised to contact local community mental health center or another crisis counseling center.

My rights and responsibilities as a client for the Center for Family Services, the procedures, and treatment modalities used have been explained to me and I understand and agree to them.

_____ _____
(Name) (Name)

_____ _____
(Name) (Name)

_____ _____
(Witness) (Date)

VITA

Travis Hayden Ernst

Candidate for the Degree of

Master of Science

Thesis: SYSTEMIC CODING SYSTEM OF PRESENTING PROBLEMS

Major Field: Human Development and Family Science; Specialization in Marriage and Family Therapy

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma in September of 1980.

Education: Graduate from Putnam City West High School, Bethany, Oklahoma in May 1999; received Bachelor of Arts degree in psychology from University of Central Oklahoma, Edmond, Oklahoma in May 2003. Completed the requirements for the Master of Science degree with a major in Human Development and Family Science at Oklahoma State University in December 2005.

Experience: Marriage and Family Therapy Intern at Sunbeam Family Services, 2005 to present, and Center for Family Services, 2004 to present. Employed as a graduate assistant, Oklahoma State University, Department of Human Development and Family Science, 2002 to present.

Professional Memberships: Oklahoma Association of Marriage and Family therapy, American Association of Marriage and Family Therapy.

Name: Travis Hayden Ernst Date of Degree: December, 2005

Institution: Oklahoma State University Location: Stillwater, Oklahoma

Title of Study: DEVELOPMENT OF A SYSTEMIC CODING SCHEME FOR PRESENTING PROBLEMS IN MARRIAGE AND FAMILY THERAPY

Pages in Study: 82 Candidate for the Degree of Master of Science

Major Field: Human Development and Family Science with specialization in Marriage and Family Therapy

Scope and Method of Study: Most individuals seeking therapy services have specific presenting problems that are the focus of treatment. This study created a coding system designed to encompass the majority of problems that people reported. The coding system uses three primary categories of codes: Unit of Focus; Abstract Content code; and Specific Content Code.

Findings and Conclusions: This coding system shows construct, content, and face validity. The inter-rater reliability was 69% for the Unit of Focus, 72% for the Abstract content codes, and 61% for Specific Content codes. This study forms a baseline for this new coding system and with improvement in coder training and with future testing the reliability and validity of this coding scheme should increase.

ADVISER'S APPROVAL: David Fournier, Ph. D.