

## Effectiveness of Enhancing Intimacy and Family Interactions through Home-Based Training and Facilitations among Selected Families in Mettu Town

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**Abstract:** The goal of this study was to assess the effectiveness of enhancing intimacy and family interactions through home-based training and facilitations among selected families in Mettu town. The study design was mixed (i.e., Quasi-experimental mainly one-group-pretest-posttest design) coupled by descriptive scheme. The target population was families working in Mettu University on various roles and daily-laborers resided around the university. So, based on convenience, eight families whose total member was 39 were assessed using SCIFF, Family Communication Scale, and unstructured observation guide. Here, procedures that began with diagnosis and package designs followed by implementation and post-intervention assessments were being passed through. Comparison of the observations and self-report communication results were also made through computations of mean, standard deviations and t-test using SPSS. Notes of the observations were also considered for complementarity. So, the results indicated that post-intervention family interactions were better than the pre-intervention ones in that conflicts among the family members were minimized; and positive affect, family cohesion, alliance and communications were improved. Moreover, there were significant differences in family communications across pre-post interventions. This implies that families need to be understood by professionals within various circumstances; and above all, the need for assessing elements of family functioning including interactions, communications and cohesions and designing various intervention programs becomes inevitable. Finally, the need for family strengthening programs and strategies that particularly emphasize family skill training in improving their overall wellbeing can be emphasized as a point of recommendation.

**Keywords:** Facilitations; Family intervention; Home-based training

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## 1. Introduction

Garst, Baughman and Franz (2013) suggest that family systems theory is one of the theories that explain the ways by which families function and interact in a goal-directed and dynamic manner. Similarly, Demby (2014) writes “family systems theory entails a view of relationship patterns at individual, dyadic, and systemic levels and an understanding of the interconnectedness among the levels” (p.9). He articulated that the individual level patterns of relationships represent the extent to which individual members of a family including the couples exhibit various emotional remarks such as hostile, aggression, and/or other kinds of expressions that may spoil the nature of interaction. And, the dyadic level pattern represents the nature of interactions between the child and the parents as a microcosm of the larger family system that plays important roles in determining the child developmental outcomes. It is these relationships and interactions that are very important as they enable members of the family to express their needs, wants, and concerns to each other (Wachitha and Devi, 2015).

So, generally, it has long been believed that family functioning including the nature of communication and overall interaction has of paramount importance. Hence, in order to bring the necessary family outcomes that has a direct link with their child outcomes, it is recommended to shift our attentions and efforts towards supporting families and parents. For this reason, designing mechanisms as to how to support them in terms of enriching their knowledge, skills and attitudes on interpersonal relationships, interactions, and parenting practices has of paramount importance. And, with this stand in mind, scholars have recommended and designed a wide variety of programs through which families are supported-taught, trained and consulted so that they can be aquatinted with the positive ways of interaction, the better child handling strategies and approaches. Some of the programs have goals linked to changing the behavior of the parent and family members while others basically focus on improving the functioning of the child by educating parents and other family members with particular intention to support their overall wellbeing and enhance the degree of their supports for children (Zigler, Pfannenstiel and Seitz, 2008).

Those family supports and to improving the behaviors of the parents and the family has family interaction and communication skills enhancement packages and activities in them as important elements. Supporting this, Wachitha and Devi (2015), for instance, articulate that because family interactions play a vital role in strengthening the emotional bonds among the family members and family communication determines the healthy state of the family in many respects, working towards improving interaction and communication among the family members is required. Hence, as long as family interaction and communication was concerned, it logically makes sense to stick to them in terms of their prevalence and the possible enhancement strategies. So, empirical observations reveal that even though interaction and communication is possible without physical closeness, it is the principle of immediacy-closeness/gathering round, as Joo and Teng (2017) suggest that represents togetherness, sense of interest and close attention to one another and that determines whether or not family members' interactions are effective. Here, two key issues can be recognized-the issue of immediacy (i.e., just physical presence) and the interaction and communication made among the gatherings. However, evidences reveal that these days there are many factors that may hinder family members from gathering rounds and spending times together including technology. Ante-Contreras (2016) articulates that, today, the trends of shifting towards the manipulations of technology, social networking sites, and other technology-based activities among family members result in the absence of communications between them. Thus, as long as technology and people's attachment to it is concerned as barrier, it is not difficult to determine the prevalence of the problem while the prevalence of the cause has been recognized. In order to fill this gap and improve this situation, efforts have been made in designing options of intervention programs from the sides of practitioners. Family skills training programs could be among the interventions designed to improve and enhance interaction, communications and overall family atmosphere (Puffer, Annan, Sim, Salhi and Betancourt, 2017). Kumpfer and Alvarado (1998) also suggest that supporting the family through

training improves children's behaviorally through improving family relationships. Hence, these scholars noted that "family interventions tend to have a more immediate and direct impact on improving family relations, support, and communications and on reducing family conflict" (p.6). Similarly, the Child Right Policy of the Federal Democratic Republic of Ethiopia advocates that families and communities have irreplaceable roles in children's overall development and family wellbeing and therefore, it is inevitable to support them through creating awareness (Federal Democratic of Ethiopia (FDRE), 2017). To this end, it has been clearly indicated on the Federal Democratic Republic of Ethiopia's Child Right Policy (section 4, sub-article 4.6d: 25) that "providing better parenting skills training to parents and guardians" has been emphasized.

It should, therefore, be noted that family and family-related factors are priority issues just because family environments and/or homes are places where most individual members of a family spend most of their times. Family is the primary institution where a child starts to grow and learns his families particularly his parents being the primary trainers. Hence, "everything that happens in the family and to its members may be more or less correlated with the phenomena and changes in the society, regardless of their nature -political, cultural, socio-political or economic" (Petani, 2011: 11). For these reasons, particularly for today's families in which lots of challenges have been prevailing, there is a need, from professionals, to shift their emphasis towards these families in terms of designing mechanisms through which these challenges can be alleviated. Instances of challenges related to families today can be rooted in social, political, economic and many other factors, of course. Whatsoever their very roots maybe, they generally spoil the wellbeing of the family that further causes negative outcomes.

Despite this fact, there have been no efforts made in supporting the families particularly in the town under focus (i.e., Mettu) because of many factors like lack of professionals, absence of programs on training, awareness creation, and/or home-based consultations/therapies) that would have been good had they been attempted by different professionals, NGOs and/or government. Hence, taking into account the gaps attempted to be articulated above, it is thought that the issues are worthy of investigation.

Therefore, this intervention study intended to address the following key question.

To what extent can family functioning particularly family interactions and communications be improved or enhanced with the help of intervention strategies mainly home-based training and facilitations?

In order to address this question there was a need to set a general objective that made the researcher to assess the effectiveness of enhancing intimacy and family interactions through home-based training and facilitations among selected families in Mettu town with specific objectives of: -

Determining the extent to which home-based training interventions had brought about improvements in family interactions.

Checking the effectiveness of communication enhancement intervention measures in improving the health status of family communications.

## **2. Research Methods**

### **2.1. Study Design**

The design that guided the study was mixed in that it consisted of Quasi-experimental (i.e., one-group-pretest-posttest) design coupled by descriptive scheme. One-group-pretest-posttest design is one of the sub-categories of quasi-experiments. In fact, quasi experiments are different from true experimental designs in that it is mostly used when a random assignment of the participants to different groups becomes difficult for the researcher (Cohen, Manion and Morrison, 2007). Sekaran (2003) also stated that one group (i.e., experimental group only) pretest-posttest design is one of the specific forms of quasi-experimental design in which a pretest takes place at the initial stage and then the group is exposed to a treatment followed by a posttest that enables us measure the effect of the

treatment. For some scholars, this one-group-pretest-posttest design is considered as pre-experimental design. Creswell (2014: 220), for instance, wrote that "...with pre-experimental designs, the researcher studies a single group and provides an intervention during the experiment"; hence, "the design includes a pre-test measure followed by a treatment and a post-test for a single group". Because there were no manipulations of independent variable as well as participants were not randomly assigned to various conditions, the design falls under quasi-experimental design specifically one-group-pretest-posttest. And, the approaches were mixed (i.e., quantitative and qualitative). Creswell and Poth (2016) recommended that the combination of both qualitative and quantitative approaches as a more preferable one that enables researchers to develop understanding of complex situational reality.

## 2.2. Target Population

Mettu town as the main town of Illu Aba Bore Zone of Oromia National Regional State in South West Part of Ethiopia was the site of the study. The target population of this intervention study was families residing around Mettu University all of which had at least someone working in the University on roles including administrative staff and daily-laborers. They reside in Mettu administrative town specifically around the university which is located in Kebele 01 now known to be Abba Saya Kebele (*Ganda Abbaa Saayyaa*) at the northwest side of Mettu town with a total distance of nearly 7kms away from the center.

## 2.3. Sampling

In this study, families who were willingly and conveniently available to go on with the researcher were considered. Hence, one of the non-probability sampling techniques known as convenience sampling was being used. Just because not all individuals who were required to get involved as participants were willing to participate, the researcher decided to gather the data only from those who were willing to participate and thus openly invited the practitioner to their homes for observation. Because convenience sampling is one of the non-probability sampling techniques in which a participant that fulfills certain criteria including accessibility, geographical proximity, and availability at a given time, or the willingness to participate in the study, as Dörnyei (2007), cited in Etikan (2016), suggests, it became more relevant to this particular study.

When it comes to the inclusion-exclusion procedures, in order to select those family heads that were willing to invite the researcher to their home, some steps were being passed through. The first step was getting them in person in various occasions including working hours, tea break and weekend leisure times followed by explaining the key objective of the intervention. Then, requesting for their willingness for home-visit invitation followed by collecting their telephone number along with home location, determining the target families in this respect and setting the first home-visit schedule with the target families was performed. So, eight families (i.e., four nuclear, two extended and two single-parent/mother-headed/ family) were included.

In considering these families for the intervention, the goal of the family intervention was taken as a ground. For instance, the goal of this intervention was to enhance the overall family interactions (i.e., connectedness, collaborations, rules/power exercise and communications). Therefore, the researcher thought that it logically makes sense to undertake the intervention measures with those families that were different in some respects while still sharing some common features. Thus, as this intervention was not comparative and/or true experimental, the writer thought that it makes sense to consider any family that was available and compliant. Hence, as it was a kind of strength-based family interaction and communication enhancement, it was thought they should be approached with such intervention goal. For this purpose, those families (nuclear, extended and single-parent families) most of whom were in medium economic level with some children who were expected to have had at least some strength to be built up and some limitations that need to be addressed have been in focus.

Family members' selection to fill the self-report scale (i.e., family communication scales) was made on reasons. To this effect, all the parents, family members and relatives as well as those children whose ages were  $\geq 12$  were considered. Thus, the total number of family members, those who were considered and those who were omitted from filling the family communication scale (FCS) were determined as follows.

Table 1. Number of families and members considered for the interventions

No.	Families	Family types	Members eligible to fill FCS	Members (<12 yrs old) omitted from filling FCS	Total
1.	Family-I	Nuclear	4	2	6
2.	Family-II	Nuclear	3	0	3
3.	Family-III	Nuclear	4	1	5
4.	Family-IV	Extended	5	2	7
5.	Family-V	Single-parent	3	1	4
6.	Family-VI	Single-parent	3	1	4
7.	Family-VII	Extended	4	1	5
8.	Family-VIII	Nuclear	3	2	5
	Total		29	10	39

## 2.4. Preliminary/Pre-intervention/ Assessments-Family Assessment Tools and Procedures

### (i) Observational coding system

Preliminary assessments were taken as pretest to have baseline information against which the post-intervention family situations were compared and determined whether or not the intervention strategies worked best. For this purpose, System for Coding Interactions and Family Functioning (SCIFF) that was adapted from the one validated and published by Lindahl and Malik (2000: 4) was used. These authors note that “originally developed for a multi-ethnic study of externalizing behaviors in boys, the SCIFF assesses universal aspects of family functioning and is applicable with a wide range of populations. It is reliable both with one and two-parent families, as well as with a variety of ethnic groups, including European-American, Hispanic-American, and African-American families.” They suggested that SCIFF has been designed to behaviorally assess family functioning, especially with respect to how conflict, disagreement, and problem solving are handled. Moreover, they often affirm that it is more preferable because of its reliability in the general aspects of family functioning, its applicability with a wide range of populations, its effectiveness both with one and two parent families, with a variety of ethnic groups, as well as flexibility for modification for use with families in which more than one child exist.

SCIFF has three categories of codes; namely family-level (mother-father-child) code, dyadic (marital) communication, and individual (parent and child) codes. Among these, family-level (mother-father-children) code has six variables or coding themes (i.e., negativity/conflict, warmth/positive affect, cohesiveness, focus of problem, style of interaction, and alliance), and dyadic (marital) communication has one variable/coding theme was considered for its direct relevance for the assessment of this particular interaction enhancement intervention goal. However, the remaining category of code (i.e., individual/parent and child/ codes) along with its respective variables or specific coding themes was not included for family assessment intended in this particular interaction enhancement intervention. Concerning the psychometric features of the sub-components of SCIFF, the empirical evidences articulated by Lindahl and Malik (2000) revealed that the inter-rater reliability of the family-level codes to be 0.83, 0.72, 0.77 and 0.89 for “negativity and conflict”, “positive affect”, “cohesiveness”, and “focus of the problems”. Moreover, the dyadic communication scales were found to have an inter-rater reliability of 0.69 initially.

So, a total of seven specific themes of codes (i.e., six of which represent family-level codes and the remaining one represent dyadic/marital communication) were considered. The seven measures of family interactions/variables or family interaction coding themes were negativity and conflicts, positive affect, cohesion, responsibility for problems, parenting, alliance, and marital communication. These variables or specific coding themes were rated on a five-point Likert scale type where “1” represents very low, “2” represents low, “3” represents moderate, “4” represents moderately high and “5” represents high. So, the SCIFF coding themes or variables representing the family interactions were directly taken from Lindahl and Malik (2000) as they are except minor modifications on one variable (i.e., parenting styles). And, concerning coding and coding procedures, it has been mentioned that SCIFF was being made to have six major elements/coding themes (i.e., negativity and conflicts, positive affect, cohesion, responsibility for problems, parenting, alliance) that represent family-level interaction and a key element/theme (i.e., dyadic/marital communication) to have a total of seven themes that were rated on a five-point Likert scale ranging from 1 to 5 whereby “1” represents very low, “2” represents low, “3” represents moderate, “4” represents moderately high and “5” represents high. However, coding of a status/situation of a particular theme in a family’s interaction were made with the help of coding guides/rules that were prepared to have further specific behaviors, actions, and emotional expressions representing each of the key family-level interaction themes. It was based on the tendency of these specific behaviors, actions and emotional expressions that guided the coder to assign a certain value to each of the themes in SCIFF. For example, while negative tone of voice, facial expression, and body languages were coded as measures of negativity and conflict, various points were assigned to various degrees of these indicators. To this effect, a 1 point score for interaction in which negligible (very low) negativity or where there was no one in the family appears to manifest hostile or angry toward another; 2 where there were some (or low) moments of frustrations, conflicts, and expressions of anger as well as where at least one or two of the family members expressed feelings of hostility, anxious, annoyed, and/or disgusted; 3 where family demonstrates some (or moderate) negativity or tension, but the overall tone of the interaction is very mixed- sometimes not obvious or less obvious and/or other times obvious, and where some of the family members may manifest moderate levels of feeling hostile, anxious, annoyed, and disgusted during interaction; 4 where moderately high or nearly intensive negativity ( i.e., tension, anger, frustration) occur and 5 point score where there was high negativity, negative emotions as well as obvious and clear conflicts among the family members. Moreover, various coding procedures in which coding rules were used for each of the remaining other family-level interaction themes (i.e., positive affect, cohesion, parenting and alliance) and dyadic communications were being followed.

## (ii) Family communication scale (FCS)

In addition to observational coding system (i.e., SCIFF) Family Communication Scale was used to strengthen the baseline data on the situations of family interaction and communication. The self-report tool was obtained from an online published source. The scale has been used as a validation scale for Family Adaptability and Cohesion Evaluation Scale (Olson, 1992; as cited in Kouneski, 2000). With regard to the psychometric characteristics of the scale, Olson *et al.* (2007), as cited in Turkdogan, Duru, and Balkis (2018) confirmed that Cronbach-alpha coefficient was 0.90. Hence, it is a self-report assessment tool of 10 items prepared in a Likert scale form with rating scales ranging from 1 to 5 whereby “1” represents “Strongly disagree”, “2” represents “generally disagree”, “3” represents “undecided”, “4” represents “generally agree”, and “5” represents “strongly agree”. It is a standardized tool used as a measure of the nature of family-wide communication. It has been used as a validation scale for many other measures of family function including Family Adaptability and Cohesion Evaluation Scales (Wakgari and Belay, 2021). Additional questions used to obtain information on the target families’ backgrounds were prepared and used as first part of the FCS. Thus, questions about marital status, education, occupation, family economic levels, family structures, family types and family size (e.g., number of children and other family members) were used as the

practitioner thought that information on such issues are the basic ones on which the choice of a particular intervention strategy depends.

### **(iii) Other unstructured observation notes**

Family interaction is not limited to verbal and visible communication rather it may include the nature of non-verbal cues that are sometimes subtle to observers. Hence, notes were taken with observations focusing on less obvious cues but that had important indicators of the nature of family relationships and interaction. These were taken place with the help of an observation-guide (i.e., with the intention of observing and recording events like the nature of emotional expressions, nonverbal facial signals, sitting arrangements, physical proximity) that was developed by the researcher based on various sources including System for Coding Interactions in Dyads (SCID) that has been used to behaviorally assess global aspects of affective and communicative functioning in marital dyads and non-married couples (Lindahl and Malik, 2000).

## **2.5. Ethical Considerations**

Heads of the target families were provided informed consents for their participation and permission for their children to participate. And, all consent, permission, and consents were given verbally. In addition, schedules for the intervention sessions were prepared depending on their conveniences to the families on agreed upon days of the week and times of the days. Moreover, families and their members were represented by pseudo-names/codes as family I, II, III, IV, V, VI, VII and VIII rather than representing them with the names of their heads.

## **2.6. Assessment and Diagnosis**

The primary activity was that parents and their children (i.e., children aged >12) were made to fill the 10 self-report items of FCS. Then, they were instructed to discuss a recent family argument that involved all three family members (i.e., father-mother-children). Topics were chosen by the family before coding began. Families were instructed to review the topic of their interest that were of the past experiences of conflicts and arguments to determine what each person's role in the conflict or argument was, and how they would like to resolve similar disagreements in the future. This took place to go in line with similar procedures followed by preceding researchers (Lindahl and Malik, 2000). So, while the family-wide discussions were going on, two activities were carried out simultaneously: coding and note taking.

In diagnosis, potential problems, challenges, clues about family problems, threats for subsequent times in life provided that the family goes on in the actual manner, existing opportunities to progress towards a more ideal family systems and generally strengths and limitations were clearly identified in each of the five target households/families.

## **2.7. Intervention Strategies and Package Designs**

In designing intervention strategies and packages, two relevant strategies were put in actions, namely home-based training and facilitations of positive interaction/communication. In training the families, the researcher emphasized presenting relevant information in a group setting particularly on general issues and family-wide problems at their homes. Of course, training manuals were prepared for this purpose. To this effect, materials were prepared on issues related to family communications (i.e. clarity, openness), compromise, cohesion (i.e., connectedness, adaptability (i.e., shared decision making, collaborative problem solving, role sharing and shared rule setting) to acquaint the families with the healthy kinds of functioning. In facilitation sessions, mainly interactions and communications among family members were encouraged, facilitated and rewarded.

## 2.8. Implementations

In this stage, the strategies designed to treat clues of family problems that were identified through the pre-intervention home-based observations in which notes were taken with the help of an observation guide as well as those identified to improve and further enhance family interactions and communications were put into practice with the help of an agreed upon home-visit schedules. In this respect, both major interventions were carried on one-after-the-other for two and half months (i.e., from around 1<sup>st</sup> of June through July to mid-August, 2019). The home-based intervention schedules were prepared in such a way that there were two times home visits per week (i.e., on each Saturday and Sunday) to have a total of ten times home visits (i.e., including home visits for pre and post intervention assessments) with each of the target families. Moreover, the times spent with each of the families on each visit day were 2 hours to have a total of 20 hours spent with them for the training and facilitations. On each of the home-visit day, four homes/families (i.e., two homes in the morning and two in the afternoon) were covered to have the eight target homes at least once in a week. More importantly, the two morning time home visits were all made between 8: 00 AM and 12:30 AM to avoid breakfast and lunch time interruptions. And, the two afternoon time home visits were all taken place from 1:30 PM to 3:30 PM as well as from 6:00PM to 8:00PM in the evening. The times of the afternoon home visit days that were from 3:30 PM to 6:00 PM were reserved for the weekend recreation and entertainment purposes as initially agreed up on by the target families. So, generally, schedules were carefully prepared in such a way that there were no overlaps in home-visit times. More importantly, home-visit schedules were prepared depending on their days and time conveniences for each of the target families. So, intervention strategies across different weeks of the months were scheduled clearly.

So, as to the schedules, the primary action carried out was creating awareness through short-time home-based training on various issues identified. Then, facilitation of discussion, communications, sharing, asking questions, responding and the like were followed. This was considered as prerequisite action for the subsequent intervention strategies that mainly focused on therapeutic actions focusing on some specific problems. Facilitation session mainly provided an opportunity to the researcher to carefully observe the family members' visible and subtle behaviors manifested while discussing earlier points of arguments, conflicts, debates, disagreements, and the like. This further enabled the researcher to carefully and selectively determine very specific, consistent, persistent and ongoing areas for the subsequent family-head-targeted advices. Finally, making efforts to smooth some observed aspects of dysfunctions and specific family problems like rigidity, abusive and stereotypic nature of family roles and rules, withdrawing and blaming clues, neglectful and one-way-like power structures that were, of course, found out through the analysis of notes of observations that were taken place with the help of an observation-guide in which subtle and/or visible expressions of emotions, facial signals, physical proximity/distances and the like) has been used.

## 2.9. Post-intervention Assessments

Post intervention assessments were taken place with the help of the same instruments that were used for the preliminary family assessments. To this effect, SCIFF (i.e., family-level (mother-father-child) code and dyadic (marital) communication) codes, FCS and note taking were considered. The only difference, here, was that families were made to select another topic of interest or conflict or earlier arguments for the SCIFF coding purpose. This was done for some reasons. For instance, family members may repeat the same verbal and nonverbal expressions in their interactions if they were made to repeat their discussion on the earlier topics of interests for the second time creating difficulty of determining whether the intervention worked best or not. In addition, family's discussion on an issue that's different from the one they were dealing with in the pre-intervention assessment sessions would enable the assessor to identify, what exactly and consistently should gain training and some therapeutic attention, in family's discussions regardless of the variations of their topic of arguments.



### 2.10. Analysis and Comparison of the Pre-Post Intervention Observations

Comparison of the observations and self-report communication results were made with the help of various mechanisms. To this effect, computations of mean and standard deviations were made with SPSS in determining pre-post tests on family interaction that was obtained through SCIFF were carried out. To compare the two means (i.e., pretest-posttest mean score differences) on family communication that was gathered through FCS, t-test was used. In addition, notes or memos taken through observation while the intra-familial interactions and communications were going on were being used to make a judgment on whether or not improvements were brought about as the results of the intervention measures.

## 3. Results

In this part, presentation of data on some background information as well as the baseline and the post-intervention scores were done. In this case, at least information on the educational backgrounds and relative economic levels of the target families as well as the occupations of the family heads (i.e., parents) were presented as a background. The number of family members and children by ages were also identified. Moreover, the baseline on family interaction and communication along with the post-intervention results were described in such a way that comparison was made so that judgments on the effectiveness of the interventions could be made.

### 3.1. Background Information

Table 2. Educational, economic backgrounds and occupation of the target families and family heads

Target families	Education		Economic level	Occupations	
	Father	Mother		Father	Mother
Family-I	Degree holder	8 <sup>th</sup> grade complete	Medium	Government employee	House wife
Family-II	TVET level-IV	High school complete	Medium	Skill-based work	Private business
Family-III	Degree holder	High school complete	Nearly high	Government employee	Private business
Family-IV	High school	5 <sup>th</sup> grade	Medium	Private business	Housewife
Family-V	---	Degree holder	Medium	---	Government employee
Family-VI	---	8 <sup>th</sup> grade complete	Nearly low	---	Self-employed (Private)
Family-VII	TVET level-IV	Degree holder	Medium	Skill-based work	Government employee
Family-VIII	Diploma level	8 <sup>th</sup> grade complete	Medium	Brokerages	Housewife

It has been indicated in Table 2 that there were mother-headed families, families with low economic levels and of lower level of education as well as those whose livelihoods or occupations were not promising indicating that economic stresses were there among some of the families. The table also shows that men had better education level than women in most families. Among the eight families, in three of them the women (wives) had no payable jobs and therefore were simply remaining as housewives.

Table 3. Background information on number of family members and children of various ages

No	List of target families (Codes)	Family types	Children & their age				Young adults	Parents	Relatives/ extended parents	Others (e.g. servants)	Total
			<2 yrs old	2-6yrs old	7-11yrs old	12-18yr old					
1	Family-I	Nuclear	1	0	1	1	0	2	0	1	6
2.	Family-II	Nuclear	0	1	0	0	0	2	0	0	3
3.	Family-III	Nuclear	0	1	0	1	0	2	0	1	5
4.	Family-IV	Extended	0	0	2	1	1	2	1	0	7
5.	Family-V	Single-parent	0	0	1	1	0	1	0	1	4
6.	Family-VI	Single parent	1	0	0	0	0	1	0	2	4
7.	Family-VII	Extended	0	1	0	1	0	2	1	0	5
8.	Family-VIII	Nuclear	1	1	0	1	0	2	0	0	5
	Total		3	4	4	6	1	14	2	5	39

It was observed that the eight target families had a total of 39 members in which individuals with various ages existed including infants and toddlers, children in early and childhood stages, adolescents, unmarried young adults (i.e., who were still dependent on their families) and relatives. Here, therefore, in addition to what has been observed in table 2, it is indicated in Table 3 that there were families with various compositions like families with adolescent child and those with unmarried young adults (i.e., of the parents' own biological children), in one way or the other, indicates the existence of some challenges that worth intervention and supports including interaction enhancements or any sort of support are generally inevitable with these families. This means, in short, some kind of problem was there where adolescent, unmarried men/women who were still dependent on parents exist, and/or for families with large family because of various reasons. For example, if we take families with adolescent child, the need for supports may arise for reasons. Adolescence is characterized by various features that may require the parents to design mechanisms as to how to handle; and hence, the need for parental support arises here. For instance, it is characterized by physical changes, question of identity, peer-led decisions and thus relationships with parents go through a period of redefinitions implying that the need for due attention becomes inevitable (Lally and Valentine-French, 2019). Smetana, Campione-Barr and Metzger (2005), as cited in Petani (2011), also suggest that as the period is accompanied by changes in physiological and social-relation aspects, it requires adjustments both from the sides of the adolescents and their parents/family members.

When it comes to those families with which a young adult (i.e., neither employed nor married) live in the home, the need for supports for such families may become important for some reasons. West, Lewis, Roberts and Noden (2016), for example, suggest in their empirical observation in UK that unemployment rate has been rising, and therefore significant proportions of young adults live with their parents. On the other hands, "as parents develop expectations about their young adult children, ambivalent feelings may be produced by children's failure in achieving adult statuses, i.e., moving out of the living parental home, entering the labor market and completing their transition into marriage, cohabitation and parenthood" (Tosi, 2015: 11-12). And, therefore, Tosi (2015: 12) justifies that "an extended co-residence is often connected to conflict and ambivalent feelings between parents and their adult children". Hence, this condition may urge the need for supports and intervention of some kinds; i.e., healthy family communications and interactions in this research context.

Moreover, it has been observed in Table 3 that there were single-parent families; and evidences reveal that single-parent families have many challenges that have of further impacts on family atmosphere. Mugove (2017: 178), for instance, notes that "the single parent may face resource

challenges and ways of properly nurturing for the children”. This, of course, usually happens because of “the absence of the economic resources generated by the absent parent” (Mandara and Murray, 2000: 476). These results in unhappiness, stressfulness and other negative emotion that can further spoil the home atmosphere and interpersonal interactions among the family members. Here, therefore, although intervention in this case should be directed towards tackling the basic problems such as economic and social problems, the immediate problems following them including unhealthy family atmosphere in terms of interaction, harmony, and communication should not be omitted from intervention programs.

Generally, many factors (i.e., single-parenting, parenting adolescents, young adults-children’s dependency) that threaten healthy family functioning were there among the families targeted. So, it is such factors that may spoil the family atmosphere including negative interaction and communications. In such and other cases, it logically makes sense to understand that health-like interaction and communication is rare or non-existent which is a very alarming for us, as professionals, to design as various measures as possible, whether preventive or curative they might be including interaction enhancements packages and programs.

### 3.2. Family Interactions and Its Enhancements Through Interventions

Here, the nature of family interaction and the degree to which it was enhanced due to the intervention measures are described with the help of some descriptive approaches.

Table 4. Observed scores on various aspects of interactions among members of the families

Coding themes/ variables	Families’ row scores on each coding themes																	
	Pre-intervention observation scores									Post-intervention observation scores								
	Negativity & conflict	Positive affects	Cohesiveness	Responsibility for problems	Parenting styles (of father)	Parenting styles (of mother)	Alliance formation	Marital communication	Sum of scores	Negativity and conflict	Positive affects	Cohesiveness	Responsibility for problems	Parenting styles (of father)	Parenting styles (of mother)	Alliance formation	Marital communication	Sum of scores
Family-I	3	3	3	2	3	2	2	2	20	1	4	3	4	4	2	4	4	26
Family-II	2	3	4	2	3	3	2	3	22	1	3	5	3	2	4	5	5	28
Family-III	1	3	3	3	2	3	3	3	21	1	5	4	5	3	4	4	5	31
Family-IV	4	1	1	1	1	1	1	-	10	3	2	2	3	2	4	3		19
Family-V	4	1	2	2	-	4	3	-	16	2	3	2	5	-	4	5	-	21
Family-VI	3	2	2	1	-	1	1	-	10	1	4	4	4	-	3	4	-	20
Family-VII	2	2	2	1	3	3	2	3	18	2	5	3	2	3	4	3	3	25
Family-VIII	2	3	2	2	2	4	1	2	18	1	4	4	4	2	4	4	4	27
Total	21	18	19	14	14	21	15	13	135	12	30	27	30	16	29	32	21	197

As can be observed in Table 4, there were some improvements in the families’ row scores across the various coding sessions (i.e., across pre intervention and post intervention sessions). In other words, post-interventions values or states of family interactions were far better than the pre-intervention situations implying that the intervention measures were really effective in improving the status of health family functioning. If we see the row scores above, in all the cases negativity and conflict was

decreased from 21 points on the pre-intervention test to 12 points on the post intervention tests implying that row score differences were being observed as the result of the home-based training and facilitations. On the contrary, positive affect showed an improvement from 18 points on pre-intervention test to 30 points on the post-intervention test implying that the interaction enhancement intervention was effective. Similarly, improvements were being observed on the remaining elements of family functioning such as family cohesions, members' tendencies in taking responsibilities for a particular problem, parenting styles of parents, alliance making, and marital communications.

In line with findings, United Nations Office on Drug and Crime (n.d), in its reviews of some of the existing evidence-based family skills training programs, pointed out that lots of programs with training-related interventions and family supports were observed to have resulted in improvements and enhancements of various skills and aspects of family functioning. For instance, the Triple-P (Positive Parenting Program) was one the program whose effectiveness was reviewed to have been positive in terms of parent/family outcomes including reducing parental stresses, resolving marital conflicts, and improving overall relationships and interactions. In addition, Strengthening Family Program that was "an evidence-based 14-week family skills training program that involves the whole family in three classes run on the same night once a week" also showed better family-wide outcomes in terms of reducing negativity (of, particularly, the child), improving "family attachment/bonding, harmony, communication, organization, family strengths and resilience" (United Nations Office on Drug and Crime, n.d.: 20).

Many scholars generally believe that intervention of various kinds have the power to result in improvements in family atmosphere and wellbeing as well as child multi-dimensional outcomes. Kumpfer and Alvarado (1998), in one of the published bulletins in America (i.e., *Juvenile Justice Bulletin*), pointed out that a well-structured intervention measures including behavioral parent training, family skills training, family therapy, or comprehensive family support programs were observed to have resulted in improvements in family wellbeing and behavioral outcomes including positive whole family and dyadic interactions.

Table 5. Mean and standard deviations of pre-post intervention tests of family interactions of various aspects

Coding themes/variables representing family interactions	Pre-intervention tests			Post intervention tests		
	N	Mean	Std. Deviation	N	Mean	Std. Deviation
Negativity and conflicts	8	2.625	1.0606	8	1.500	.7559
Positive affects	8	2.250	.8864	8	3.750	1.0351
Cohesion	8	2.375	.9161	8	3.375	1.0606
Responsibility for problems	8	1.750	.7071	8	3.750	1.0351
Parenting (of fathers)	8	1.750	1.281	8	2.000	1.4142
Parenting (of mothers)	8	2.625	1.187	8	3.625	.7440
Alliance	8	1.875	.8345	8	4.000	.75593
Marital/dyadic communications	7	1.857	1.3451	7	3.000	2.1602

Table 5 indicates that levels of negativity and conflicts among the family members were reduced from 2.6 mean scores of the pre-intervention observation to 1.5 in post intervention observations. Moreover, positive affect was improved from an average of 2.25 to 3.75; family cohesion showed improvements from an average of 2.375 to 3.375; taking responsibility for a certain problems were raised from 1.75 to 3.75; parenting status of the fathers raised from 1.75 to 2 and of the mothers were raised from 2.625 to 3.625; alliance showed improvements from 1.875 to 4; and dyadic/marital communication showed an improvements in scores from 1.857 to 3 across the pre-post intervention observation sessions implying that the family interaction and dyadic communication enhancement

strategies employed in this intervention works were effective. One of the empirical evidences supporting this finding was the systematic reviews of evidence-based family skill training carried out by United Nations Office on Drug and Crime (n.d). In this case, it was confirmed that the reviews of a number of programs with training-related interventions and family supports were observed to have resulted in improvements and enhancements of various aspects of family functioning including reducing parental stresses, resolving marital conflicts and negativities, enhancing family harmony, positive parenting and generally enhancing overall relationships and interactions in the families. Particularly in line with what has been observed in this study, enhancement of marital/dyadic communication with training supports has been confirmed with various empirical evidences. Hence, it is with this evidence in mind that scholars in this area usually recommend the inclusion of marital communication to most family intervention efforts. To this effect, it was observed in two small studies that inclusion of marital communication aspects to an intervention program for parents/families has shown better improvements in all aspects implying that parenting and family intervention programs should have an issue of marital communications in them (Dadds, Schwartz and Sanders, 1987; as cited in Cowan and Cowan, 2002).

### 3.3. Family Communications and Their Enhancements Through Interventions

Comparisons of scores of those family members who were made to fill the Family Communication Scale across the two testing sessions (i.e., pre-post) were taken place with some statistical approaches mainly t-test.

Table 6. Mean and standard deviations of pre-post intervention test scores on family communication

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre-intervention test	28.1034	29	7.68740	1.42751
	Post-intervention test	37.5172	29	5.91379	1.09816

It was observed that the mean scores of family communications have showed improvements when the pre-intervention mean score (Mean=28.1) was compared with that of the posttest score (Mean= 37.5) implying that the communication enhancement intervention was effective in improving the health status of family communications. In line with this, a number of evidences also showed improvements in family communication as the results of various family support programs. Puffer *et al.* (2017), in their study, confirmed that improvements in family communications were observed just following the training and facilitation programs offered for the experimental group than it was to the control group.

Table 7. t-test summary table on pre-post intervention test score differences on communications

		Paired differences				t	df	Sig.
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			(2-tailed)
					Lower	Upper		
Pair 1	Pre-post test score differences	-9.41379	4.98223	.92518	-11.30893	-7.51865	-10.175	.000

As can be observed in Table 7, the difference in the scores on communication across pre-post interventions was statistically significant ( $t_{(n=29)} = -10.175$ ,  $P < 0.05$ ) implying that communication enhancement intervention (i.e., the home-based training and facilitations) had resulted in improvements in this respect. This finding is consistent with other empirical works in that

communication as one of the important elements of family functioning has to be taken into account in various intervention efforts. In line with, Michael-Tsabari and Lavee (2012), in a study report, state that “communication is perceived as the most important tool for achieving a change in the family’s levels of cohesion and flexibility toward balanced types”; and as the result, “building on improved communication and negotiation skills, the family may begin devising solutions for moving from one level of family functioning to another” (p.112). Moreover, it has been suggested in various findings that improvement of family communication can be realized with the help of various strategies including training. For instance, an intervention study conducted in Thailand on the impact of family skill training showed that there were improvements in family communications among the intervention group compared to the control group as both the caregivers and their children had reported (Puffer *et al.*, 2017).

Overall, the point of discussion, here, revolves around enhancing family functioning mainly interaction and communication through training and facilitation interventions. Thus, as families should be understood within various interdependent levels such as individual members of the family, marital relationships, and the broader family level functioning, and even the culture in which they live as Rasbash, Jenkins, O'Connor, Tackett, and Reiss (2011), cited in Borden *et al.*, (2014), suggested, as long as working with families and strengthening them is concerned, there is a need to recognize and emphasize those elements that can be considered as indicators of a healthy family functioning including positive affect and interactions, harmony, supportiveness, sharing and accepting responsibilities in the faces of difficulties, enthusiastic communications, and the like. In other words, as strengthening a family partly or mostly requires enhancing these elements or aspects of family functioning through various options of enhancement intervention programs like training, awareness creation, provision of home-based supports and therapies as well as facilitations of discussions, interactions, communications, and problem solving in family-wide gathering events.

In a consistent manner with this intervention study finding, evidences reveal that family skill training has long been fruitful in terms of enhancing healthy family functioning with improvements in specific aspects such as child-parent relationships, dyadic communications, and family harmony and interactions. Confirming this, the United Nations Office on Drug and Crime (n.d.), in its reviews of some of the existing evidence-based family skills training programs, pointed out that lots of programs with training-related interventions and family supports were observed to have resulted in improvements of various skills and aspects of family functioning. For instance, a Positive Parenting Program was one of the programs whose effectiveness in enhancing family functioning, wellbeing and family outcomes in general in many respects.

Moreover, facilitation as a family-centered support system has been observed to be effective particularly in enhancing the communication aspect of the family roles. It is, of course, the acts of helping the family members to deal with a particular issue of concern in whole family gathering occasion. Being physically there with the family, a researcher, therapist or practitioner creates conditions under which the family members discuss, debate, ask, and respond without putting pressure on them or leading them towards a direction just desirable for him/her. It is a condition similar to the term known as live coaching by Child Welfare Information Gateway (2013) in its parent-child interaction therapy that is a behavioral parent-training model. To this effect, facilitation is a condition in which immediate prompts are being provided to parents or family members while they interact with each other and/or with their children. It is a hands-on kind of supports and treatments where parents/family members are guided to demonstrate specific relationship-building as in the case of this study that brought about improvements in family interactions as already observed from the findings.

## 4. Conclusions and Recommendations

### 4.1. Conclusions

The goal of this paper was to assess the effectiveness of enhancing intimacy and family interaction through home-based training and facilitations among selected families in Mettu town. To this end, there was a need to well understand that families, as to the family system's theory, have some kind of structure that guides the nature of interaction and communication that takes place among the members whereby a well-organized pattern of interactions, relations and communications promote the wellbeing of the family as the whole and individual member's outcomes. So, in order to bring the necessary family outcomes that have a direct link with their child outcomes, it is recommended to make out best level efforts towards family intervention targeting families and parents. For this reason, designing mechanisms or some programs on how to support them in terms of enriching their knowledge, skills and attitudes on interpersonal relationships, interactions, and parenting practices has paramount importance. Hence, scholars have recommended a wide variety of programs through which families are supported-taught, trained and consulted so that they can be aquatinted with the positive ways of interaction, the better child handling strategies and approaches. In this case, a compilation used as a guide to implementing evidence-based family skills training programs, by United Nations Office on Drug and Crime (n.d.) could be cited for confirmations. So, it has been shown in the compilation that there were many intervention programs out of which more than twenty-two family/parental-support programs (e.g., the Triple P- Positive Parenting Program, Strengthening Families Programs, Parents as Teachers Programs, Family-Child Interaction Program, Positive Action, Family Matters, Strengthening Family Program for Parents and Youth 10-14 and many more programs) have been identified for their being based on empirical evidences in terms of their positive outcomes for families, parents and children in various aspects including family interaction, harmony, better parenting practices, and improved child wellbeing. For instance, the Triple-P (Positive-Parenting-Program) whose effectiveness was reviewed by United Nations Office on Drug and Crime (n.d.) to be positive in parent/family outcomes including reducing parental stresses, resolving marital conflicts, and improving overall relationships and interactions. Kumpfer and Alvarado (1998: 4), on an online published bulletin known as Juvenile Justice Bulletin, suggested that there exist a number of research-based programs for family supports although "the national search discussed earlier also found growing evidence that the effectiveness of many of the most popular and well-disseminated programs has not yet been demonstrated".

So, preliminary assessments tools and procedures, diagnosis of some challenges observed with families in focus, determinations of intervention strategies and package designs as well as implementations and post-intervention assessment were taken place in this intervention. After identifying eight families with a total of 39 members, preliminary assessment tools as well as post-intervention assessment tools were adopted and/or designed including System for Coding Interactions and Family Functioning, Family Communication Scales as well as some unstructured notes of some subtle conditions in interactions were used. Then, diagnosis of the actual atmosphere, designing of intervention strategies and their implementations were taken place to come up with some empirical results.

It was determined that there were potential challenges that would spoil the quality of family interactions and communications had they not been intervened and therefore, fortunately, it was confirmed that the interaction enhancement intervention was relevant to the target families. For instance, it was observed that there were mother-headed families, those with low economic levels and of lower level-education as well as those whose livelihoods or occupations were not promising that economic stresses were also there among some of them implying that the intervention was necessary. Moreover, the fact that there were families with adolescent child, those with young adult child (i.e., those who were dependent on families in their lives), and those families with large members had some implications to the intervention supports being offered.

With regard to the intervention results, post-interventions states of family interactions were far better than the pre-intervention situations implying that the intervention measures were effective in enhancing the status of family functioning. For instance, levels of negativity and conflicts among the family members were reduced; and positive affect, family cohesion tendencies of taking responsibility, alliance, and marital communication were improved.

It was observed that the mean scores of family communications have showed improvements when the pre-intervention mean score was compared with that of the post test score implying that the intervention measures were effective. Differences in the family members' scores on communications across family types in both the pre-intervention and post intervention tests were observed. This seems paradox in that it may be expected that the score difference in family communications could exist because of the background variables such as family size, being mother-headed and the like. But, this difference may not be expected after the interventions were made equally to all family members regardless of any family type from which they were. However, this might have happened because the initial background factors still can influence the nature of communication even after the intervention supports. But, fortunately improvements were there in all cases although bringing all the target families to nearly equal level in this respect may be a more demanding in terms of time, resources, and energies for extensive interventions.

#### **4.2. Implications and Recommendations**

Obviously, we agree on the fact that family is a very basic institution; and family atmosphere is basically important in every aspect. From child learning and development point of views, for instance, the child outcomes, whether positive or undesirable, are impacted by environmental dynamics, one of which is family as the whole and the nature of handlings and intra-familial interactions, and it makes more sense to shift our attentions towards supporting the parents and the family as the whole. For this reason, scholars have long been believed that particularly parents and families as the primary significant environment play a central role in the learning and development of their children in many ways. Scholars such as Zigler *et al.* (2008) and organizations like Parents as Teachers National Center (2006) can be cited for these particular suggestions.

For this reason, in order to bring the necessary and positive child and family outcomes, it is recommended to shift our efforts towards them. And this fact has a big implication to parents and family training and other preventive and curative interventions. As far as family interaction enhancement interventions are concerned, here, in this paper, designing mechanisms as to how to support the parents and the families in terms of enriching their knowledge, skills and attitudes has paramount importance.

Generally, this work has big implications to different bodies. So, there are many factors that indicate the relevance of such intervention to professionals and their practices. Thus, it is important to note that families need to be understood within various interdependent levels that may include individual family member's level, marital or dyadic level, and whole family levels. In order to bring about holistic family wellbeing, considering each of these layers of the family system, various bodies (e.g., NGOs, government sectors, policy making staffs and others working with families) need to assess the possible elements of healthy family functioning including the nature of interactions, relationships, positive communication and supportiveness, sharing responsibilities in the faces of difficulties; design intervention mechanisms (i.e., selecting from among the possible options of programs, design programs-training, home-based supports, family therapies, public-wide awareness creation and so on) with an understanding that building healthy families is just the beginning of building the community and then the nation.

Therefore, as a point of recommendation, there should be clear strategies and specific family strengthening programs in line with the policy statements dealing with family issues. Moreover, various organizations, whether governmental or NGOs, relevant professionals and even other civil



organizations should design mechanisms of mainstreaming the issues of families in their plans/programs, design intervention programs such as home-based training, media-based awareness creations and generally making all the possible efforts in this respect. So, there is a need to design relevant intervention systems with an understanding the implications of such efforts to relevant professionals and professional practices in this respect.

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