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Family Based Case Studies

Maria Napoli

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CHAPTER 3: Spinning Out of Control: The Story of the McFaddens



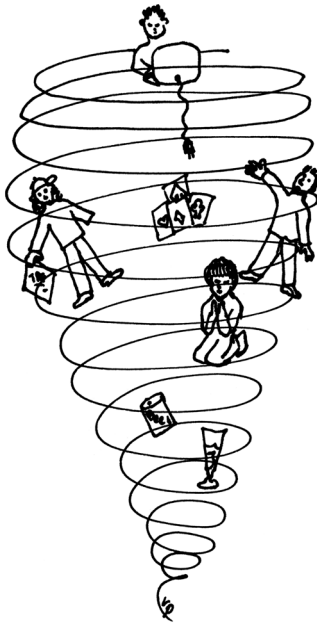
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CASE

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Spinning Out of Control: The Story of the McFaddens



*Accept all your child's feelings as natural and don't dwell
on whether they make sense.*

Ford, 1995, p. 44

Getting Started

"I feel like I'm living a nightmare. I don't know who my children are anymore. My son is in trouble every other day. He's on the Internet to all hours of the night, and when he goes out I don't know where he's going. I hear him conversing with women, but I never see him bring anyone home. My daughter Katherine used to be such an obedient girl, so quiet and loving; now she tells me she's dating a girl. What's going on with my family? Everyone is out of control!"

What reaction are you aware of right now?

The McFaddens found out about the Interfaith Counseling Center from their neighbor. They have two children, Brian, age seventeen, and Katherine, age sixteen. Margaret, Mrs. McFadden, is married to Timothy, who owns a grocery store in town.

- What is going on here?

- What might be your first clinical step during this initial interview?

THOUGHTS TO PONDER

Pathological gambling, DSM-IV 312.31; Persistent and recurrent maladaptive gambling behavior as indicated by at least five of the following:

1. Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, hand-capping or planning the next venture, or thinking of ways to get money with which to gamble)
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is restless or irritable when attempting to cut down or stop gambling
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
6. After losing money in gambling, often returns another day in order to get even ("chasing" one's losses)
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. Has committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling
9. Has jeopardized or lost a significant relationship, job, or education or career opportunity because of gambling

The questions exploring maladaptive Internet use in the present study

1. I often realize I am only waiting to log on to the Internet again.
2. I have to use the Internet more and more to experience the excitement.
3. I often try cutting down on the amount of time I spend on the Internet, and fail. OR When I am on the Internet I often decide "just a few more minutes."
4. I snap, shout, or get irritated if I am bothered with other things when I am using the Internet.
5. I want to block out disturbing thoughts about my life with soothing thoughts of the Internet.
6. (not relevant)
7. I try to hide how much time I spend on the Internet.
8. (not relevant)
9. I quit homework or domestic duties to be able to spend more time on the Internet. OR I sleep less due to late-night log-ins.



10. Relies on others to provide money to relieve a desperate financial situation caused by gambling
10. (not relevant)

DSM-IV refers to the Diagnostic and Statistical Manual of Mental Disorders which provides a guide to clinical practice offering classification of mental disorders based on research and field trials.

(Kaltiala-Heino; Lintonen, & Rimpela, 2004, p. 92)

THOUGHTS TO PONDER

“Family therapists need to keep in mind that friendship, community, and workplace sources of social support are as important as family of origin support for a lesbian/gay person’s mental health. Many aspects of the therapy—taking a history, constituting a program, formulating the problem, setting goals, deciding whom to include in sessions and referral to adjunct therapeutic and support services—should reflect this expanded social network focus.” (Green, 2000, p. 262)



A Window to the Past

Margaret

Margaret, an attractive “black Irish” woman with black hair, blue eyes, and fair skin, was born in Dublin and raised with six sisters and one brother. Her parents lived in a small town where three generations of O’Rileys lived. Margaret attended the local Catholic school and participated in church services weekly. Soon after receiving her first holy communion, she became an altar girl. Later she joined the church choir. She had a natural talent for singing and was often praised for her beautiful voice. Her family was proud of her. She was a quiet girl who obeyed the family rules and followed the Irish traditions. Margaret often felt restricted in her small town and dreamed about moving

to the United States and experiencing a big city. She was artistic and musically talented and wanted to pursue a career in the arts. Her parents thought that it was nice as a hobby to pursue her artistic talents, but they guided her toward a more suitable career for a woman that would be helpful following marriage and raising children, such as teaching or nursing. In her last year of high school Margaret began dating Timothy.

Timothy

Timothy, an athletically tall and broad blonde man, was born and raised in Dublin with his parents and four brothers. He is the third youngest of his siblings. He remembers the financial struggles the family endured and recalls the shame of wearing worn-out “hand me downs” from his older brothers. Timothy’s father worked in a wool factory as a foreman and his mother was a homemaker. Timothy harbors the memory of heated arguments with his parents when his father drank, yet the family never missed a Sunday mass at the local Catholic Church. Timothy resented his impoverished life, his father’s frequent beatings, and his father’s criticism of him and his brothers. On several occasions Timothy stole clothing and sometimes bakery goods, but he was never caught. He dreamed of a better life and was determined to leave when he became an adult to join his oldest brother and sister-in-law in the United States. His sister-in-law had a large extended family who had emigrated to the United States ten years earlier.

Margaret and Timothy

Margaret described Timothy as charismatic and charming. He had vivid dreams of going to the United States and living with his brother and sister-in-law “to make it big.” Timothy was captured by Margaret’s enchanting looks and flair for creativity. They talked about marriage, and Margaret felt this was an opportunity to follow her dream, too. Margaret’s father was upset about this marriage and felt that Timothy was a big talker, lazy and not a suitable partner for his daughter. In fact, he had heard that Timothy was gambling and had borrowed money from a friend with no intention of returning it. Margaret did not want to hear such stories about Timothy; she loved him and they were going to the United States to have a blissful life.

Within a year after graduating from high school, Timothy and Margaret married and left Ireland for the United States. Timothy worked as a salesman in his brother’s clothing store. They enjoyed living in a big city and spent time going to the theater, dining in new ethnic restaurants, and socializing with friends and family. Katherine was born one year after Timothy and Margaret arrived in the United States, and Brian was born eleven months later. Timothy and Margaret called their children “Irish twins.” Birth control was

frowned upon by the Catholic Church; therefore many couples often had children close in age. After two years Margaret noticed that Timothy began drinking more than he had when they lived in Ireland. She did not pay much attention to his drinking, however, because her father drank and visiting the pub in the evenings seemed to be an accepted activity.

Margaret also worked in one of her brother-in-law's clothing stores and helped the store start its own line of casual wear by designing various articles of clothing. She was happy designing clothes and continued working part time in the store and part time at home after Brian and Katherine were born.

Timothy was not satisfied with his sales position and felt jealous of Margaret's success with her designs. He spent less time at home and more time at the pub. He began stealing from his brother and was fired. He began attending Alcoholics Anonymous and became active in the program. After a year, he opened a small grocery store with money Margaret had saved. He no longer drinks, he attends church regularly with Margaret and the children, and he has made amends with his brother and family.

THOUGHTS TO PONDER

People who suffer from alcoholism and other addictions usually harbor deep feelings of neglect and abandonment. The addiction soothes the pain temporarily, thus keeping the cycle of abuse active. Learning how to nurture oneself in healthy ways is critical for long-term recovery.



Brian

Brian was an active boy who wanted his own way. He was known to have temper tantrums at a young age, and the tantrums continued into adolescence. Margaret was unable to control him. He would not listen to advice from his uncle or Timothy. Brian began experimenting with marijuana and has become a regular user. Recently he has become obsessed with the Internet and spends hours viewing pornography. He does not feel that he has a problem and states that he is enjoying himself and not harming anyone.

Katherine

Katherine is a responsible student and close to Margaret. She is quiet and protective of Margaret. She worries about her brother, but she does not express anger toward him. She sometimes smokes marijuana with him. She is also close to Timothy and enjoys the love and kindness he brings to the family

since his recovery from alcoholism. When she turned thirteen, her friends began expressing interest in boys. She became aware that she did not have amorous feelings toward boys but rather was interested in girls. Katherine fantasized about her best friend Patricia. They kissed a few times, but Katherine does not know where the relationship is going. She was uncomfortable about these feelings and was not able to tell anyone. Being raised as a Catholic girl, she felt it was unclean to have such feelings and she became reclusive. She often would sneak marijuana from Brian's room and smoke in her room with Patricia. She stopped going out with her school and church friends and spent a lot of time reading fashion magazines. She helped in her uncle's store and spent more time with her mother.

- How has the McFaddens' history impacted their lives?

- Describe your clinical impressions about the McFadden family members.

THOUGHTS TO PONDER

"The short-term or long-term consequences of coming out to parents remain largely unknown at this time. It seems most likely that there are a variety of positive, negative, and mixed family relationship outcomes and that these outcomes are partially a function of the pre-disclosure relationships among family members and the attitudes toward homosexuality prevalent in each family member's sociocultural niche." (Green, 2000, p. 262).



What would be your next step in treatment with Brian and with Katherine?

Exploratory Research and Resource Corner

- What literature and/or resources would be helpful to you at this point?

- What homework assignments would you explore to enhance communication?
-
-

Embracing the Essence

Family session with Margaret, Timothy, Brian, Katherine, and therapist at the Interfaith Counseling Center. Margaret sits next to Timothy and Katherine sits next to Margaret. Brian sits away from family.

THERAPIST: Welcome to our center. I'm looking forward to working with you and hearing about your challenges.

MARGARET: I hope you can help us; my children have become strangers to me.

THERAPIST: Can you describe what that means, Margaret?

MARGARET: Brian was such a playful and pleasant boy when he was young. Now he smokes marijuana, yells at everyone, and goes out with people we don't know. He spends hours watching pornography on the Internet, and I'm wondering if he's meeting women when he goes out. There are diseases out there, you know. Maybe he's having sex. My God, what could happen these days!

THERAPIST: I'm hearing that you are concerned about Brian and feel confused about what's going on.

BRIAN: She's exaggerating. Yeah, I'm getting high, a little marijuana here and there. No big deal. I'm a growing young man, what's wrong with a little porn, everyone does it.

TIMOTHY: Marijuana is the least of it. I'm worried about sexually transmitted infections, especially AIDS.

BRIAN: (Angrily looks at Timothy, raises his voice.) Why are you picking on me? Why don't you go after Katherine? You think she's such a good Catholic girl. Do you know she's smoking marijuana and kissing girls?

KATHERINE: (Recoils in her chair; feels embarrassed about this open revelation.)

BRIAN: (Continues to raise voice, starts moving restlessly in his chair.) I know you hate me, you think I'm just like dad, I'm a nobody! And you, Katherine, you just sit there all the time hiding out.

THERAPIST: (Feels overwhelmed at this point and feels numb and speechless.)

TIMOTHY: We want to help you, Brian. You don't see what's happening to you.

BRIAN: (Still restless in his chair.) No one knows what I'm feeling; I don't know what to do. (Brian gets up and kicks the wall.)

THERAPIST: (Slowly gets up and walks gently toward him.)

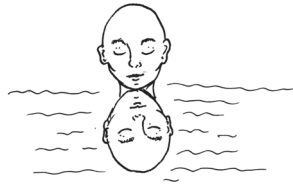
BRIAN: Don't come near me!

MARGARET: This is what we deal with at home; we can't take it anymore.

- As the family therapist, how might you have dealt with this session?

- What clinical tools might you use to work with Brian's anger?

- What more do you need to know?



MINDFUL SELF-REFLECTION MOMENT

Close your eyes; take a breath.

What feelings or thoughts are you aware of?

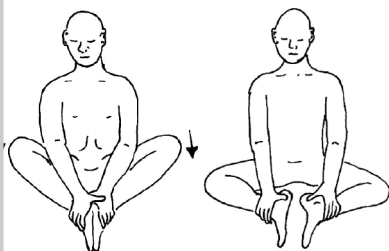
THERAPIST'S TOOLS

It is important that as therapists we develop the ability to understand and empathize with the client's experience. Unfortunately, our primary tool of "cognition" is limiting and could even be an interference. Often, therapists want to "fix" the problem. This fixing process moves the therapist into "cognitive action," usually in the form of developing tasks to solve the problem. Working with the McFaddens may stimulate various beliefs, opinions, and feelings for the therapist; therefore, multidimensional awareness will open the door for empathy, clarity, and a "loving presence." Another way to move the McFaddens toward healing is to reframe how we "listen." Listening to the storyteller's nonverbal response, gestures, and senses, rather than solely focusing on the story, will intensify the connection with the client/family. How can we facilitate this deeper connection?



1. *Silence.* Therapists can fine-tune their listening tools by letting the client speak until finished, thus allowing time for integration, a connection between feelings and thoughts. Feeling comfortable with moments of silence during this integration and listening to your internal cues will foster a deeper sense of knowing for client and therapist.
2. *Expectations.* When therapists let go of their expectation of how the clinical process and outcome should emerge, only then can they truly be present for the client's experience.
3. *Interpretation.* Too often therapists depend upon theoretical frameworks to "make sense" of what is occurring with the client/family. In so doing, therapists move away from "sensing" what is transpiring, and this moving away often cuts off a central component: "being present" with the client.

TAKE A ONE-MINUTE VACATION



The Open Heart Bring soles of feet together, heels toward groin, and hold the feet. Press sacrum down, lifting top of head away from shoulders. Let knees bounce like the flutter of your heart.



Riding the Wave

Margaret and Timothy felt helpless in dealing with Brian. They could not monitor him all the time, and he felt no remorse for his behavior. Recently they noticed that their phone bill contained multiple calls to 900 numbers for telephone sex and for business cards of clubs that solicit sexual activity. They feel things are spiraling out of control. Margaret and Timothy were shocked about Katherine's sexual orientation and felt ashamed to discuss it with the family. They sought out help from their parish priest, who recommended that they pray for Katherine and bring her to a Bible study group to deepen her faith. Katherine became more of a recluse and went to Bible studies unwillingly and with feelings of shame because she felt she was being punished for her sexual orientation. She began to develop obsessive thoughts about being unclean and spent a lot of time taking long baths and washing her clothes. Her behavior went unnoticed by Margaret, who thought she would get over her "lesbian problem" and come to her senses.

- Describe your concerns about Katherine. What would be your next step?

- What do you know about obsessive-compulsive disorder? What are the developmental milestones to consider in working with Katherine?

THOUGHTS TO PONDER

Suggestions to help Brian regain control of his Internet use:

Request a time log. Ask for a written log of the hours children spend online each day, including a list of what was done (e.g., chatting, e-mailing, using instant messages). Do not allow your child to eliminate the computer's history log.

Establish clear limits. Set rules about the number of hours that your children can be online. If they disobey the rules, you may have to change the log-on password to control their Internet access.

Keep the computer in a common area. Place the computer in your dining or living room and walk by several times while your children are online to let



them know they are being monitored. Keep the modem with you if your teen gets home before you do. You may also want to keep the modem in your bedroom at night. If your child has a wireless computer, you might keep it in a place that is locked.

Encourage real-time activities. Help your children reconnect with groups they previously enjoyed or encourage them to explore new interests.

Talk to your child's teachers. Share your concerns with your child's teachers and guidance counselors. They can help by watching for any changes in behavior, monitoring Internet use at school, and keeping you informed of any assignments that require use of the Internet. (Shriner, 2002, p. 3)

Celebrating Family Culture

The McFadden family felt strongly about its family tradition of keeping private affairs at home. To understand the historical lineage of the McFaddens, one must look at the values of a typical Irish Catholic family. Raising a large family is important. Wilson Davis's (1980) study of 719 Roman Catholic Irish wives under forty-four years old found that the family preference size was 4.3 children. With acculturation to the United States, the Irish family changed from poor, uneducated farmers to educated and economically successful people. Adhering to the advice of the local parish priest and traditions of the church has been an integral part of life for Irish Catholic families. Also, the strong role of the Irish mother sets the tone for family expectations and values.

Raising a lesbian adolescent poses a variety of stresses upon the McFadden family given their faith and cultural beliefs. Garofalo, Wolf, Kellel, Palfrey, and DuRant (1998) studied over 4000 gay, lesbian, and bisexual ninth-through twelfth-grade public high school adolescents. They found that youth who self-identify were at a greater health risk for problem behaviors such as suicide and victimization, sexual risk behaviors, and multiple substance use (p. 895). Garofalo, Wolf, Wissow, Woods and Goodman (1999) studied 129 gay, lesbian, and bisexual youth and others who were ambivalent about their sexual preference and found that the individuals studied reported a significant increase in suicide attempts. Armestros (2001) studied 356 gay and lesbian youth and asked them to imagine that they were the parents of an adolescent who recently disclosed his or her alternative sexual orientation. He found that there was a higher tendency to experience shame than guilt.

Margaret and Timothy decided to follow their priest's advice with Katherine and believed that with prayers and spiritual guidance she would become heterosexual. They felt that Katherine's solitude was a good sign and did not see Katherine's emerging obsessive behaviors. They interpreted her solitude as a sign of repentance.

Green (2000) suggests that therapists not encourage gay, lesbian, and bisexual clients to come out to their families if they choose not to. He states that their decision should be viewed as a healthy one and not a result of poor mental health or lack of differentiation from the family. Social support for a lesbian/gay person and for the couple relationship is important for mental health whether or not the person comes out to the family (p. 263).

Brian admitted that he felt judged by the parochial school priests and by Margaret and Timothy for interfering in his decision to pursue viewing pornography. He decided not to attend parochial school when he was suspended for using the school's computers for porn, and he questioned his faith entirely. Dealing with Brian's excessive use of the Internet and exposure to pornography poses a major challenge for the McFaddens. Research in the United States found that teens use the Internet more than adults (Subrahmanyam, Kraut, Greenfield, & Gross, 2001). Wolak, Mitchell, and Finkelhor (2002) found that boys who had poor communication with their parents or were highly troubled were more likely to form close relationships online. They also found that among American youth ten to seventeen years old who were regular Internet users, 25 percent had been exposed to unwanted sexual pictures. Finkelhor, Mitchell, and Wolak's (2000) survey of American youth found that 19 percent of Internet users ten to seventeen years old received unwanted sexual solicitation. Greenfield (1998) studied 18,000 Internet users who logged onto the American Broadcasting System (ABC) News Web site. He found that 62 percent said they regularly logged onto pornography sites, that individuals spent an average of four hours a week online, and that 37.5 percent reported masturbating while online. Cooper notes that men prefer visual stimuli and more focused sexual experiences, which may account for the higher percentage of men visiting pornography sites than women (who were more likely to spend time flirting or having cybersex in chat rooms). (De Angelis, 2000)

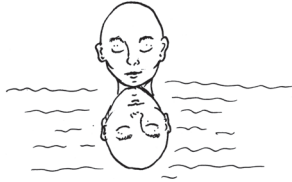
The McFaddens are struggling with the traditional values and beliefs of their Irish Catholic heritage while trying to understand the lifestyle choices of their children.

- What might Margaret and Timothy be feeling?

- How would you deal with Brian's pornography obsession?

- What are your thoughts about the priest's advice for Katherine?

- How have the McFaddens’ culture and religious beliefs impacted their perceptions and lifestyle?

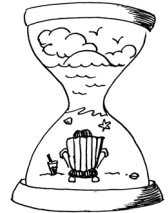
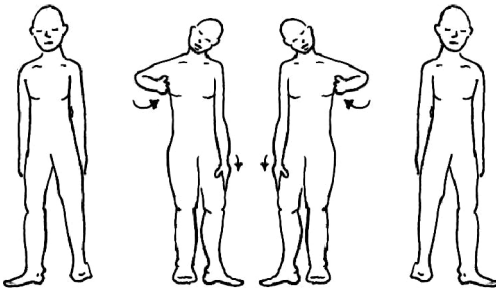


MINDFUL SELF-REFLECTION MOMENT

Close your eyes; take a breath.

What feelings or thoughts are you aware of?

TAKE A ONE-MINUTE VACATION



Monkey Stand with feet slightly wider than shoulder width apart, bend knees a bit, and relax arms at side. Press soles of feet into the ground, squeeze the buttocks, and exhale “ha!” making fist with left hand and sliding it into the left armpit while your right hand slides down the right leg. Allow torso to bend to the right and lean into the right leg for support. Inhale, return to center, and repeat on other side several times, going side to side.

Beyond Treatment

The McFaddens feel that they have sought out help from the treatment center and their parish priest. Aside from the family program at the Interfaith Counseling Center, they feel that they have done their job and the children will move on with their lives. From a prevention perspective,

- What else needs to happen?

- Would you recommend that any member of the McFaddens be seen by the therapist individually? If so, why or why not?

- Discuss what resources you might explore with the McFadden family at this point.

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