Appendix C

Exploratory Study of Low-Income Couples' Decision Making Processes:

In-Home Observation Protocols

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The following components, put together, comprise the in-Home Observation; this appendix contains relevant information and materials for each of the components. A description of each activity and relevant protocols are provided in Supporting Statement Section B, Question 2.

- 1. Pre-Task Procedures
 - A. The Oral History Interview
 - B. Behavioral Choices Response Form
 - C. Individual Survey with Sensitive Questions
- 2, Paper Tower Exercise
 - A. Satisfaction with Process and Outcome
- 3. Economic Decision/Revealed Differences Exercise
 - A. Allocation of Money to Each Expenditure
 - B. Satisfaction with Process and Outcome
- 4. Interpersonal Conflict Discussion
 - A. Problem Inventory: Areas of Disagreement
 - B. Psycho-Physiological Measurement (no written response is required by the couple)
 - C. Satisfaction with Process and Outcome
- 5. Video Recall Procedure (no written response is required by couple)

Document 1A: Oral History Interview

In this interview, an RRI staff member asks the couple to tell the story of how they met, their first impressions of one another, and how they moved through major life transitions, such as the decision to move in with one another.

<u>Question 1</u>. Why don't we start from the very beginning. Let's discuss how the two of you met and got together. Do you remember the time you met for the first time? Tell me about it. Was there anything about your partner (spouse) that made her (him) stand out? What were your first impressions of each other?

<u>Question 2</u>. When you think back to the time you were dating, before you got together, what do you remember? What stands out? How long did you know each other before you started living together (got married)? What do you remember of this period? What were some of the highlights? Some of the tensions? What types of things did you do together?

<u>Question 3</u>. Tell me about how the two of you decided to live together. Of all the people in the world, what led you to decide that this was the person you wanted to live with? Was it an easy decision? Was it a difficult decision? Were you ever in love? Tell me about this time.

Question 4. Did you have a ceremony of commitment to each other? Tell me about it.

<u>Question 5</u>. When you think back to the first year you were living together, what do you remember? Were there any adjustments to living together?

<u>Question 6</u>. What about the transition to becoming parents? Tell me about this period of your relationship. What was it like for the two of you?

<u>Question 7</u>. Looking back over the years, what moments stand out as the really good times in your relationship? What were the really happy times? What is a good time for you as a couple? Has this changed over the years?

<u>Question 8</u>. Many of the couples we've talked to say that their relationships go through periods of ups and downs. Would you say that this is true of your relationship?

<u>Question 9</u>. Looking back over the years, what moments stand out as the really hard times in your relationship? Why do you think you stayed together? How did you get through these difficult times? What is your philosophy about how to get through difficult times?

<u>Question 10</u>. How would you say your relationship is different from when you first started living together (got married)? (Lots of people have losses here; they have stopped doing things that once gave them pleasure. Explore these with the couple.)

Document 1.B: Behavioral Choices Response Form

At the end of the Oral History Interview, we will separate the couple and ask each of them to rate their preferences for a hypothetical set of behavioral choices. This will be accomplished through use of several matrices that ask the respondent to rate their preferences for different combinations of behavior (see below). For example, each partner will rate their preferences for the following four possible interactions regarding housecleaning: (1) he cleans and she cleans; (2) he cleans but she doesn't clean; (3) she cleans but he doesn't clean; (4) neither cleans.

Please rate your preference for each *combination* of behavior choices on the scale below:

Least		Most
Preferred	Neutral	Preferred
<u>-10 -9 -8 -7 -6 -5</u>	5 -4 -3 -2 -1 0 +1 + 2 +3 +4 +5 +6 +7 +8	+9 +10

	You Clean House	You Don't Clean House
Your Partner Cleans House		
Your Partner Doesn't Clean House		

	You Prepare Meals	You Don't Prepare Meals
Your Partner		
Prepares Meals		
Your Partner		
Doesn't Prepare		
Meals		

	You Pay the Bills	You Don't Pay the Bills
Your Partner Pay the Bills		
You Partner Doesn't Pay the Bills		

	You Do Grocery Shopping	You Don't Do Grocery Shopping
Your Partner Does Grocery Shopping	Jnopping	
Your Partner Doesn't Do Grocery Shopping		

	You Work	You Don't Work
Your Partner Works		
Your Partner Doesn't Work		

Your Partner Takes Kids to School/Day Care	You Take Kids to School/Day Care	You Don't Take Kids to School/Day Care
Your Partner Doesn't Take Kids to School/Day Care		

Document 1.C: Individual Survey with Sensitive Questions

While the couple is still separated, the individuals will be asked to complete a short survey with more sensitive questions. The female partner will be asked some questions on domestic violence and the male partner will be asked about fatherhood—both members of the couple will receive questions on substance abuse. Positive results on the domestic violence questionnaire will mean that the couple will not be asked to engage in the conflict discussion or any part of interaction task 3.

SUBSTANCE ABUSE (ADMINISTER TO BOTH MEN AND WOMEN)

The next questions are about drinking alcoholic beverages. By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

1. In the past year, how many times have you had (4 if female/5 if male) drinks of alcohol in one day?

|____|

DON'T KNOW.....d REFUSED.....r

2. In the past year, did you have any problems keeping a job or getting along with family or friends because of your alcohol or drug use?

YES01
NO02
DON'T KNOWd
REFUSEDr

3. And what about your partner? In the past year, did (he/she) have any problems keeping a job or getting along with family and friends because of (his/her) alcohol or drug use?

YES01	L
NO02)
DON'T KNOWd	
REFUSED	r

DOMESTIC VIOLENCE (ADMINISTER TO WOMEN ONLY)

Now I'm going to ask you some personal questions. No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or have spats or fights because they're in a bad mood or for some other reason. We're interested in understanding each person's unique experience in their relationship, specifically, how couples deal with conflict. Some couples avoid talking to each other, while other couples may yell and sometimes throw things or hit each other. We are interested in hearing what your experience has been like in your relationship. The information that you share with me today will be confidential and will NOT be shared with your partner or others outside the research team. The information will be kept in a locked cabinet. Are you comfortable answering these types of questions?

Section I.

The following are some things that you or your partner may have done when you had a disagreement.

1. Du	1. During the past 6 months, has your partner hit you?• Yes					• No		
If	How many times in the past	Once	Twice	3-5	6-10	11-20	More than	
YES	year has your partner hit you?			times	times	times	20 times	
		1	2	3	4	5	6	
2. Du	ring the past 6 months, has your	partner	twisted y	our arm	n or hair?	?	• Yes	• No
If	How many times in the past	Once	Twice	3-5	6-10	11-20	More than	
YES	year has your partner twisted			times	times	times	20 times	
	your arm or hair?							
		1	2	3	4	5	6	
3. Du	ring the past 6 months, has your	partner	pushed	or shove	ed you?	-	• Yes	• No
If	How many times in the past	Once	Twice	3-5	6-10	11-20	More than	
YES	year has your partner pushed			times	times	times	20 times	
	or shoved you?							
		1	2	3	4	5	6	
4. Du	ring the past 6 months, has your	partner	grabbed	you?			• Yes	• No
If	How many times in the past	Once	Twice	3-5	6-10	11-20	More than	
YES	year has your partner grabbed			times	times	times	20 times	
	you?							
		1	2	3	4	5	6	
5. Du	ring the past 6 months, has your	partner	slapped	you?			• Yes	• No
If	How many times in the past	Once	Twice	3-5	6-10	11-20	More than	
YES	year has your partner slapped			times	times	times	20 times	
	you?							
		1	2	3	4	5	6	

FOR INTERVIEWER USE:

1a. Did the respondent answer "YES" to any question in Section I (1-5)?

- NO \rightarrow Proceed to Section II.
- YES \longrightarrow *Continue to 1b.*

1b. Did the respondent indicate that any incident in questions 1-5 happened more than 20 times?

- NO \rightarrow The respondent may be eligible. Proceed to Section II.
- YES → The respondent is **ineligible** to participate in the conflict discussion. Read the following:

Thank you for your willingness to answer these questions. Based on your answers to some of the questions I asked, it seems that you are experiencing moderate to severe emotional and/or physical violence in your relationship. Therefore, I would like to provide you with a few resources. The first is the National Domestic Violence Hotline which is staffed 24 hours a day and can provide support and resources their number is 1-800-799-7233. I also have the number for the Washington State Domestic Violence Hotline. That number is 1-800-562-6025. It is important for us to tell you that both physical and emotional violence are NOT part of a healthy and safe relationship. If you are concerned for your safety right now or at any time, it is important that you call 9-1-1 or either of the Hotline numbers I just provided you.

Section II.

Now I am going to ask you whether your partner has done certain things when you had a fight during the past six months. Please just answer yes or no to each of the following.

6. During the past 6 months, has your partner used a knife or a gun on you?		• No
7choked you?	• Yes	• No
8beat you up?	• Yes	• No
9burned or scaled you on purpose?	• Yes	• No
10slammed you against a wall?	• Yes	• No
11kicked you?	• Yes	• No

12. During the past 6 months, have you passed out from being hit on the head by your partner?	• Yes	• No
13has your partner punched or hit you with something that could hurt?	• Yes	• No
14have you gone to a doctor because of a fight with your partner?	• Yes	• No
15did you have a broken bone from a fight with your partner?		• No
16did you need to see a doctor because of a fight, but didn't?	• Yes	• No
17did you partner use force (like hitting or using a weapon) to make you have sex?		• No
18did your partner use threats to make you have sex?	• Yes	• No

FOR INTERVIEWER USE:

2a. Did the respondent answer "YES" to any question in Section II (6-18)?

NO — The respondent may be eligible. Proceed to Section III.

YES *The respondent is ineligible to participate in the conflict discussion.*

Thank you for your willingness to answer these questions. Based on your answers to some of the questions I asked, it seems that you are experiencing moderate to severe emotional and/or physical violence in your relationship. Therefore, I would like to provide you with a few resources. The first is the National Domestic Violence Hotline which is staffed 24 hours a day and can provide support and resources their number is 1-800-799-7233. I also have the number for the Washington State Domestic Violence Hotline. That number is 1-800-562-6025. It is important for us to tell you that both physical and emotional violence are NOT part of a healthy and safe relationship. If you are concerned for your safety right now or at any time, it is important that you call 9-1-1 or either of the Hotline numbers I just provided you.

Section III.

19. In the past 6 months, did you partner try to control your every move by making you ask permission?	• Yes	• No
20did your partner withhold money, make you ask for money, or take yours?	• Yes	• No
21did you partner threaten to kill you?	• Yes	• No
22did your partner threaten to hurt your family, friends, or pets?	• Yes	• No
23did you partner refuse to take responsibility for violent behavior, putting the	• Yes	• No

blame on you?		
24did your partner try to isolate you by keeping you away from your family and friends?	• Yes	• No
25did your partner stalk or harass you or someone else at work or elsewhere?	• Yes	• No
26did your partner insult, swear at you, or call you a name?	• Yes	• No
27did your partner accuse you of being with another man?	• Yes	• No

FOR INTERVIEWER USE:

3a. Did the respondent answer "YES" to 2 or more questions in Section III (19-27)?

NO → *The respondent may be eligible. Proceed to Section IV.*

YES *The respondent is ineligible to participate in the conflict discussion.*

Thank you for your willingness to answer these questions. Based on your answers to some of the questions I asked, it seems that you are experiencing moderate to severe emotional and/or physical violence in your relationship. Therefore, I would like to provide you with a few resources. The first is the National Domestic Violence Hotline which is staffed 24 hours a day and can provide support and resources their number is 1-800-799-7233. I also have the number for the Washington State Domestic Violence Hotline. That number is 1-800-562-6025. It is important for us to tell you that both physical and emotional violence are NOT part of a healthy and safe relationship. If you are concerned for your safety right now or at any time, it is important that you call 9-1-1 or either of the Hotline numbers I just provided you.

Section IV.

28. Are you afraid of your partner?	• Yes	• No
29. Are you uncomfortable talking in front of your partner because of what he may do to you?	• Yes	• No

FOR INTERVIEWER USE:

4a. Did the respondent answer "YES" to any of the questions in Section IV (28-29)?

NO → *The respondent is eligible*. *Proceed with all remaining tasks.*

YES — The respondent is **ineligible** to participate in the conflict discussion. Please read the following:

Thank you for your willingness to answer these questions. Based on your answers to some of the questions I asked, it seems that you are experiencing moderate to severe emotional and/or physical violence in your relationship. Therefore, I would like to provide you with a few resources. The first is the National Domestic Violence Hotline which is staffed 24 hours a day and can provide support and resources their number is 1-800-799-7233. I also have the number for the Washington State Domestic Violence Hotline. That number is 1-800-562-6025. It is important for us to tell you that both physical and emotional violence are NOT part of a healthy and safe relationship. If you are concerned for your safety right now or at any time, it is important that you call 9-1-1 or either of the Hotline numbers I just provided you.

INVENTORY OF FATHER INVOLVEMENT: ADMINISTER TO MEN ONLY

Think of your experiences as a father over the past 6 months. Please rate how good a job you think you did as a father on each of the items listed below using a scale from zero to 6 with zero meaning very poor and 6 meaning excellent. If an item is not applicable to your situation, circle "NA" for not applicable.

Ver	0 y Poor	1	2	3	4		5			6 ellent	C	-	IA t Apply Vie
1	Discipl	ining your chi	ldren		0	1	2	3	4	5	6	NA	
2	Encou	raging your cl		0	1	2	3	4	5	6	NA		
3	Setting	rules and lim	iits for your ch	nildren's beha	vior	0	1	2	3	4	5	6	NA
4	Encou	raging your cl	nildren to suco	ceed in schoo	I	0	1	2	3	4	5	6	NA
5	Encou	raging your cl	nildren to do t	heir homewor	k	0	1	2	3	4	5	6	NA
6	Teachi	ing your childr	ren to follow r	ules at school		0	1	2	3	4	5	6	NA
7		your children nal support	's mother enc	ouragement a	and	0	1	2	3	4	5	6	NA
8	Letting your children know that their mother is an important and special person							2	3	4	5	6	NA
9	Coope your cl		ur children's r	mother in the I	rearing of	0	1	2	3	4	5	6	NA
10		ing your childi , and health c		eds (food, clo	othing,	0	1	2	3	4	5	6	NA
11		ting responsib n you have fa		ancial suppor	rt of the	0	1	2	3	4	5	6	NA
12	Being	a pal or a frier	nd to your chi	ldren		0	1	2	3	4	5	6	NA
13	Spending time just talking with your children when they want to talk about something							2	3	4	5	6	NA
14	Spending time with your children doing things they like to do						1	2	3	4	5	6	NA
15	Praisin	he right thing	0	1	2	3	4	5	6	NA			
16	Praisir	ig your childre	en for somethi	ng they have	done well	0	1	2	3	4	5	6	NA

Ver	0 y Poor	1	2	3	4			Exc	6 ellent	C		IA t Apply Me	
17	Telling	your children	n that you love	them		0	1	2	3	4	5	6	NA
18		raging your cl cs, art, etc.)	hildren to deve	nts (music,	0	1	2	3	4	5	6	NA	
19	Encouraging your children to continue their schooling										5	6	NA
20	Planni	ng for your ch	raining)	0	1	2	3	4	5	6	NA		
21	Encou	raging your cl	hildren to read	1		0	1	2	3	4	5	6	NA
22	Readir	ng to your you	ınger children			0	1	2	3	4	5	6	NA
23	Helpin	g your older c	hildren with th	neir homewor	k	0	1	2	3	4	5	6	NA
24	Attend	ing events yo	ur children pa	rticipate in		0	1	2	3	4	5	6	NA
25	Being involved in the daily or regular routine of taking care of your children's basic needs or activities (feeding, driving them places, etc.)							2	3	4	5	6	NA
26	Knowii friends	ng where you	do with their	0	1	2	3	4	5	6	NA		

PERCEPTIONS OF PARTNER'S AGREEABLENESS: ADMINISTER TO MEN ONLY

Now I am going to read you some phrases that describe people's behaviors. Please use an X to indicate how accurately each statement describes **your partner**. Answer as your partner as he/she generally is now, not as you wish him or her to be in the future. Answer as you honestly see him/her, in relation to other people you know.

		Very True	Somewhat True	Neither True or UnTrue	Somewhat Untrue	Very Untrue
1	Your partner makes people feel at ease.					
2	Your partner is not interested in other people's problems.					
3	Your partner takes time out for others.					

4	Your partner is interested in people.			
5	Your partner feels others' emotions.			
6	Your partner is not really interested in others.			
7	Your partner sympathizes with others' feelings.			
8	Your partner has a soft heart.			
9	Your partner insults people.			
10	Your partner feels little concern for others.			

RELATIONSHIP WITH PARTNER: ADMINISTER TO MEN ONLY

Most persons have disagreements in their relationships. Please indicate with an 'X' below, how often each of the following events occurs between you and your partner.

		All the time	Most of the time	More often than not	Occasionally	Rarely	Never
1	How often do you discuss or have you considered divorce, separation or terminating your relationship?						
2	How often do you or your partner leave the house after a fight?						
3	In general, how often do you think that things between you and your partner are going well?						
4	Do you confide in your mate?						
5	Do you ever regret living together?						
6	How often do you and your partner quarrel?						
7	How often do you and your partner "get on each others' nerves?"						

Please use an X to answer the following questions (8-11).

How often would you say the following events occur between you and your partner?

		Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
8	Have stimulating exchange of ideas						
9	Laugh together						
10	Calmly discuss something						
11	Work together on a project						

Document 2.A: Paper Tower—Satisfaction with Process and Outcome

To construct the tower, the couple is provided with a box that contains materials such as newspaper, cardboard, construction paper, tape, markers and crayons, string, straws, and other materials for decorating. The couple has 30 minutes to complete this task, which is recorded, and afterward each partner is asked to rate their satisfaction with the process and product of their efforts.

1. On a scale of 1 to 10, where 1 is very unsatisfied and 10 is very satisfied, how satisfied are with the way you and your partner worked together to build the tower?

Please circle the number which best represents your response.

Very Unsatisfied									Very Satisfied
1	2	3	4	5	6	7	8	9	10

2. How satisfied are with the way your tower turned out?

Please circle the number which best represents your response.

Very Unsatisfied									Very Satisfied
1	2	3	4	5	6	7	8	9	10

Document 3.A: Allocation of Money to Each Expenditure

For this task, the couple begins by imagining that the family has won \$5,000 in a lottery. Each individual then indicates separately how she or he would prefer to spend that money across 30 different categories, by completing a form. After completing the forms, the couple engages in a joint discussion about how they will spend the money.

For each of the categories below, please rank order your priorities for spending the lottery winnings. On each line, place a number to indicate your top priority with a "1," your next highest priority with a "2," your third priority with a "3" and so on until all lines have been filled. After ranking each category, please write in the amount you wish to spend on each item, starting with your top priority "1", your next highest priority "2", and so on until all of your money has been spent.

Rank Order	Amount	
		1. Stereo sound equipment
		2. Music CDs
		3. Pay off bills or debts
		4. Entertainment (concerts, clubs)
		5. Musical instruments
		6. Deposit on a house or apartment
		0 T 17-
		9. New appliances
		10 Commuter
		11 Coll shows
		12. GPS for car
		13. Toys for kids
		14 N
		17. Clothes for self/selves
		18. Home repair
		19. Shoes
		20. Power tools
		21. Jewelry
		22. Watches
		23. New furniture
		24. Exercise club membership
		25. A car or truck
		26. Money or gift to parent or other relative
		27 Nour leitchon cabinote
		28. Put some money in a savings account
		29. Eating out
		30. Other: (specify)
		(-F))

Document 3.B: Allocation of Money Task—Satisfaction with Process and Outcome

At the end of the allocation of money discussion, the couple completes another form together, indicating satisfaction with the outcome of their decision about how to allocate the winnings.

1. On a scale of 1 to 10, where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with the way you and your partner discussed how to spend the money?

Please circle the number which best represents your response.

Very Unsatisfied									Very Satisfied
1	2	3	4	5	6	7	8	9	10

2. How satisfied are you with the joint decision that was made about how to spend the money?

Please circle the number which best represents your response.

Very Unsatisfied									Very Satisfied
1	2	3	4	5	6	7	8	9	10

Document 4.A: Interpersonal Conflict Discussion----Problem Inventory

Prior to the conflict discussion, RRI staff ask each partner to complete a "problem inventory" to identify major conflict areas in the couple's relationship.

Instructions. This form contains a list of topics that many couples disagree about. We would like to get some idea of how much you and your partner disagree about each area. In the first column, please indicate much you and your partner disagree by placing a number from 0 to 100 next to each item. A zero indicates that you don't disagree at all, and a 100 indicates that you disagree very much. In the second column, please write down the number of years, months, weeks, or days that this has been an area of disagreement

For example:

We disagree about	How much?	How long?
Money and Finances	90	2 ½ years

The answers in this example indicates that money and finances is something you disagree about very much and that it has been a problem for about $2\frac{1}{2}$ years.

We disagree about	How much?	How long?
Money and finances	• • • • • • • • • • • • • • • • • • • •	-
Communication	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Who does what (chores, childcare, etc.)		
In-laws and relatives		
Sex		
Infidelity		
Spending time with children		
Religion		
Whether we should get married		
Recreation and having fun		
Trust		
Alcohol and/or drugs		
Disciplining children		
Having a child together (in the future)		
Jealousy		
Whether or not to work		
Finishing education		
Getting our own place to live		
Basic values		
How much we should work		
Our goals		
Emotional expression		
Issues of power		
Independence and dependence		
Looking for a job		•••••

Politics.....

Document 4.B: Interpersonal Conflict Discussion--Psychophysiological Measurement

Prior to the conflict discussion, research assistants will connect psycho-physiological recording devices to both the male and female participants. The 15-minute discussion is videotaped and indicators of heart rate, skin conductance, vagal tone (calculated from EKG), and ear pulse transit time are taken throughout. These measures provide a comprehensive assessment of each partner's autonomic reactivity during the conflict/decision making task. No pain is involved in wearing these devices, and participants are told that they may ask to be disconnected at any time.

In order for staff to attach the equipment, each participant is asked to stand and allow the researchers to place two electrodes on the third rib; one on the right and one on the left. This involves briefly cleaning the area with prep-pads (if particularly hairy, a razor may be used to shave a small area). On the participant's non-dominant hand, two velcro electrodes are attached to the middle and index fingers, and the participant wears a wristband. A PPG (photoplethysmograph) is clipped onto the earlobe of the non-dominant side.

Once the electrodes are connected, participants are told that staff will take a 2 minute baseline reading. They hear a tone, which signals the start of the 2 minutes. During those 2 minutes they are asked not to talk to one another or look at each other and are asked not to touch the electrodes. Another tone sounds the end of the 2 minutes. The couple is then asked to begin their discussion while the psycho-physiological data are recorded.

Document 4.C: Interpersonal Conflict Discussion— Satisfaction with Process and Outcome

For the conflict discussion, couples are asked to spend 15 minutes discussing and trying to make progress on the issue identified during the problem inventory. Following the conflict discussion, partners rate their satisfaction with the interaction they just experienced and the decision outcome, if a decision was reached.

1. On a scale of 1 to 10, where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with the way this discussion went?

Please circle the number which best represents your response.

Very Unsatisfied									Very Satisfied
1	2	3	4	5	6	7	8	9	10

2. If you and your partner came to a decision during this discussion, how satisfied are you with the decision that was made?

Please circle the number which best represents your response.

Very Unsatisfied									Very Satisfied
1	2	3	4	5	6	7	8	9	10

No decision was reached: _____

Document 5: Video Recall Task

The video recall procedure occurs after completion of the conflict discussion. Each partner simultaneously views a play-back recording of their interaction and separately uses a rating dial to provide a continuous self-report of how they felt from moment to moment during the interaction. The dial traverses a 180° path, with the dial pointer moving over a nine-point scale ranging from extremely negative (1) to extremely positive (9), with neutral at 5. Spouses are instructed to adjust the dial continuously so that it always represents how they were feeling *when they were in the interaction*. For the conflict task, the couple will rate the video twice, once for how they felt, and again for how they think their partner felt.