An alternative model of clinical interest would be a child impacts models that would suggest that the expressing behavior problems associated with pediatric BD might lead to more conflicts (Peters, Henry & West, 2015). This would be steady with substantiation about coercive processes where youths' aversive character can contribute to excess arguments in a family and futile parenting. Path analysis should as well be utilized to examine whether or not a child's effect or a bidirectional model provides a better fit for the information. An additional set of questions would be explored in the study. We would compare whether specific types of conflict and family functioning had various effects on the risk of the disorder among the youths. We will also determine whether any particular category of youth diagnosis (ADHD, BD, or disruptive character disorders like ODD and CD) is exclusively allied with family functioning even after accounting for comorbidity in an extremely mixed outpatient population (Morris et al. 2007). We would also examine whether the age of youth moderated the patterns associated with the mood status of parents, the risk of teens being diagnosed with a spectrum of BD and family process. We would then examine the impact of sex differences on family functioning and the approach towards solving problems within the family environment.

Method

Participants ~~and design~~

All the procedures that would be used would be approved by the Institutional Review Board of the University Hospital of Case Medical Center. Participation would involve 272 families with children between the age of 5 to 17 who would be recruited to s general clinical research center that conducts studies in the treatment of ADHD, ~~disruptive behavior~~ disorders, schizophrenia and mood disorders. One clinical institution would provide the entire sample where all subjects were subjected to a similar assessment procedure. Three referral streams