

IMPACT OF BIPOLAR DISORDER IN A FAMILY SETTING

subsequent interview as required to prevent undue burden on the families (Muller et al. 2019). Raters need not be systematically informed of children's diagnosis, or strict precautions are taken to impede awareness of children diagnosis. Most of the interviews would be completed before the consensus meeting where final child diagnoses were consigned even though not all history was completed based on a child's diagnosis. The first hypothesis would be tested by ANOVA. Point-biserial correlations would provide a measure of the impact size of parental in unipolar and bipolar diagnoses and their effect on the functioning of a family. Correlation would be used to quantify the relationship that exists between conflict and family functioning which as a second hypothesis. Path analysis would be guided by the theoretically derived model that parent mood disorder increases the chances of having a child with the BD as stated by the third hypothesis. This model would be estimated by AMOS 5.0 using maximum likelihood estimation (ML) after entering an entirely saturated model, the non-significant path should be dropped and the model re-run to achieve a quality fitting model. The model which will include the Global FAD score would be considered as the primary model, and separate investigative models should then be tested for every FAD scale to explore whether differences exist in the role of communication or resolving conflicts.

Measures

The FAD (Family Assessment Device) would be used to differentiate healthy from unhealthy families. The FAD is A parent report questionnaire that measures transaction patterns that can help ascertain such distinctions. A 27-item short form of the FAD portrays worthy dependability and cogency for young children and adolescents. The device is widely used for families with younger children; as young as four years old. The primary caregiver would rate each statement basing on how well it describes an individual's family by using the four-point

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