

Utah State University

DigitalCommons@USU

All Graduate Theses and Dissertations

Graduate Studies

5-1995

Assessing Family Strengths Using the Family Profile: Study to Validate and Evaluate Constructs Across Four Models of Family Functioning

Troy D. Randall
Utah State University

Follow this and additional works at: <https://digitalcommons.usu.edu/etd>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Randall, Troy D., "Assessing Family Strengths Using the Family Profile: Study to Validate and Evaluate Constructs Across Four Models of Family Functioning" (1995). *All Graduate Theses and Dissertations*. 2398.

<https://digitalcommons.usu.edu/etd/2398>

This Thesis is brought to you for free and open access by the Graduate Studies at DigitalCommons@USU. It has been accepted for inclusion in All Graduate Theses and Dissertations by an authorized administrator of DigitalCommons@USU. For more information, please contact digitalcommons@usu.edu.



ASSESSING FAMILY STRENGTHS USING THE FAMILY PROFILE:
STUDY TO VALIDATE AND EVALUATE CONSTRUCTS
ACROSS FOUR MODELS OF FAMILY FUNCTIONING

by

Troy D. Randall

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

Approved:

Thomas R. Lee, Ph.D.
Major Professor

Brent C. Miller, Ph.D.
Committee Member

Glen O. Jenson, Ph.D.
Committee Member

James P. Shaver, Ed.D.
Dean of Graduate Studies

UTAH STATE UNIVERSITY
Logan, Utah

1995

ABSTRACT

Assessing Family Strengths Using the Family Profile:

A Study to Validate and Evaluate Constructs

Across Four Models of Family Functioning

by

Troy D. Randall, Master of Science

Utah State University, 1995

Major Professor: Thomas R. Lee, Ph.D.

Department: Family and Human Development

The concurrent criterion-related validity of the Family Profile (FAMPRO) was investigated using the Family Adaptability and Cohesion Scales II (FACES II), the Self-Report Family Inventory (SFI), and the Family Assessment Device (FAD) as criterion measures. Further analysis was conducted through a principal component factor analysis with a varimax rotation and correlations with a Family Satisfaction Scale.

The Family Profile is an easy-to-administer, -score, and -interpret instrument designed for use in family life education. It is a 35-item instrument that measures seven areas of family functioning: Family Fun, Family Decisions, Family Pride, Family Values, Family Caring, Family Communication, and Family Confidence.

The total scores of the Family Profile had strong correlations with the total scores of the three criterion instruments. Additionally, the individual constructs of the Family Profile showed moderate to strong relationships with the corresponding subscales found in the criterion instruments.

Factor analysis of the FAMPRO with this sample indicated that the most important factor explaining the largest portion of the variance is the ability of family members to display positive regard to one another in an open and warm manner. The Family Satisfaction Scale created for this project was moderately to strongly correlated with all of the Family Profile's Subscales.

The sample used for this study was taken from undergraduate Family and Human Development classes at Utah State University and had a total N of 194. This nonrandom sample was mostly young, single, and female. The religious preference for 80% of the sample was Mormon (LDS).

While the sample limits generalization of the results, these preliminary results provide sufficient evidence to warrant further research using the Family Profile. Because the FAMPRO is easy to use and interpret, it holds promise as an effective tool for family life educators and clinicians alike.

ACKNOWLEDGMENTS

I would like to thank Dr. Thomas R. Lee for allowing me the use of the Family Profile as the focus of my thesis. I would also like to thank him as a friend and mentor. His advice and manner have been helpful and inspirational. I would also like to thank my committee members, Dr. Brent Miller and Dr. Glen Jenson, whose advice and input have helped immensely from the classroom to the completion of my thesis.

A special thanks goes to my wife, my daughter, and my family. You have been my support and encouragement from the beginning to the end. I know I would not have been able to accomplish so much, including this project, if not for your unconditional support and love. I could not have done it without all of you.

Troy D. Randall

CONTENTS

	Page
ABSTRACT	ii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	vi
CHAPTER	
I. INTRODUCTION	1
II. REVIEW OF LITERATURE	7
III. METHODS	25
IV. RESULTS	32
V. CONCLUSION AND DISCUSSION	46
REFERENCES	54
APPENDICES	59
Appendix A. Informed Consent Letter	60
Appendix B. Family Strengths Survey	61
Appendix C. SFI Factor Analysis	71

LIST OF TABLES

Table		Page
1	Sample Characteristics	26
2	Correlations of FAMPRO with Other Instruments	32
3	Correlations Between FAMPRO and SFI Subscales	34
4	Correlations Between FAMPRO and FACES II Subscales	35
5	Correlations Between FAMPRO and FAD Subscales	35
6	Family Profile Factor Analysis	37
7	First Factors of Established Instruments	40
8	Correlations of FAMPRO with Family Satisfaction	43
9	Family Satisfaction Correlations with FAD, SFI, and FACES II	44
10	FAMPRO Subscale Intercorrelations	45

CHAPTER I

INTRODUCTION

Research on the family has primarily been focused on those families in which a deviant or socially unacceptable behavior exists. Less research has been done on healthy families or those families that would be considered functional.

Normal families have primarily been used as control groups in most studies and have not been the focus of research in their own right. As a result we know a great deal more about the characteristics of problem families and can only assume that normal families are simply lacking those characteristics. What we do not know are the positive aspects of families that help them function more effectively. (Olson et al., 1983b, p. 19)

While there have been more studies done on healthy families since Olson's statement, there continues to be a gap between research conducted with problem families and healthy families. However, beginning in the 1960s, healthy families have been studied by a number of different researchers and research projects (Curran, 1983; Krysan, Moore, & Zill, 1990; Lee & Goddard, 1989; Lewis, 1979; Olson, 1986; Otto, 1963, 1975; Stinnett, Chesser, & DeFrain, 1979; Stinnett & DeFrain, 1985; Stinnett, Walters, & Stinnett, 1991). This small group of researchers has opened new ways of looking at families and the members of those families. These insights into healthy families offer clinicians and practitioners alike valuable information regarding what traits and characteristics can be seen in a strong family.

Problem Statement

For years those interested in the study of strong families have had a number of different models and instruments to choose from to study strong families.

Unfortunately many of these instruments require complicated scoring and interpreting techniques, making their use by the lay person difficult.

These instruments, while good measures of family characteristics, are very difficult for the family life educator to present and use in presentations and education settings in which lasting contact is unavailable. The need exists then for the creation and development of an easy-to-score and -interpret instrument that family life educators could use in their work with families and enhancing family strengths.

Rationale for Research

Families come in many different shapes and sizes. Some argue that the diversity found in today's families means that families are in a state of decline (Popenoe, 1993). Popenoe's argument is based on what he sees as a decline in the "traditional family," meaning a family with two parents and children with the father as the sole breadwinner. While it is true that the percentages of "traditional families" have declined over the last 25 years, and other family forms have increased, including dual earner families, reconstituted families, single-parent families, and other nontraditional family forms, it does not mean, however, that these increasing nontraditional family types cannot be strong, healthy families.

The rationale for this research is to look at family processes regardless of a specific family form. What is needed is a deeper understanding of the processes that exist in families who are successful in accomplishing the task of raising and nurturing children to contribute to a growing society.

These strong families are all doing something right. What is it? Is it one, two, or multiple things? The answers to these questions could provide valuable information to anybody who is working with or interested in helping families face the many difficulties and challenges confronting them today.

Conceptual Framework

Families are complex units with many events happening to both the family unit and the individuals within the family. A framework that appropriately reflects this complexity is a system's approach. The idea that families form systems that exist within other systems is summed up in a 1982 article by Dr. Carolyn Atteneave:

No one person is sufficient, as an individual, to carry the burden of a family or to survive in a family. No family is really, even in its strongest definition as a unit alone, able to survive without the context of other people, with whom there are exchanges and from whom resources are drawn and to whom it gives things.

(p. 309)

Ultimately, recognizing families as systems is important in the application of this research and the other research conducted on healthy families. The system's

framework allows sufficient flexibility to assure that research conducted on strong families is applicable to families in all different systems.

Definitions

The definition of family for this research project will remain basic. The U.S. Census definition defines family as a group of two or more individuals who coreside and are related by blood, marriage, or adoption.

Purpose

In 1989, the Family Profile (FAMPRO) was developed as an instrument designed to measure seven family constructs (Lee & Goddard, 1989). This instrument is a self-administered, easy-to-score and -interpret instrument that family members can use to assess their perceptions of the family as compared to other family members.

This instrument and the companion materials were originally designed to be used in family life education and enrichment programs. In addition to the educational setting, this instrument has been successfully used in therapeutic treatment programs. Currently, it is being used to help families of adolescents in treatment for alcohol and drug abuse, to identify family processes that are weak and need improvement, and to identify family strengths that can be enhanced.

Despite the educational and therapeutic use of the FAMPRO and its accompanying materials, the FAMPRO's validity has yet to be determined. The purpose of this project is to validate the FAMPRO.

Three established family assessment instruments designed to measure certain constructs within families will be used to validate the Family Profile. These three instruments are Family Adaptability and Cohesion Scale (FACES II) (Olson, Bell, & Portner, 1983a), Family Assessment Device (FAD) (Epstein, Baldwin, & Bishop, 1983), and Beavers' Self-Report Family Inventory (SFI) (Beavers, Hampson, & Hulgus, 1985).

Objectives for Project

The need to further evaluate and examine family strength research is essential if research about strong families is to be used effectively by family life educators and families alike. Realizing the need for additional strong family research this project has the following four objectives:

1. The concurrent criterion-related validity of the Family Profile assessment device measuring family strengths (Lee & Goddard, 1989) will be evaluated. This will be done by comparing the total Family Profile score with the total scores of three other established instruments: (a) The Self-Report Family Inventory, derived from the Beavers' Model of Family Functioning; (b) FACES II, or the Olson Circumplex Model; and (c) the FAD, or the McMaster Model of Family Functioning.

2. The concurrent criterion-related validity will also be determined on the Family Profile subscales by comparing the subscales of the FAMPRO with the subscales of the of the other three instruments.

3. Using a varimax rotation principal components analysis, a factor analysis of the FAMPRO will be performed to determine how the questions load and to indicate if any of the subscales presented in the instrument load higher than any others.

4. The subscales of FAMPRO, FACES II, SFI, and FAD will be correlated with a Family Satisfaction scale to identify which subscales are most highly correlated with family satisfaction.

CHAPTER II

REVIEW OF LITERATURE

Studying Healthy Families

Many recent works on the family have focused on social problems that have been linked to the home. Knowing and studying family failings are important if any successful effort is to be used in improving families with problems.

However, important information lies in the homes of those families in which there are processes and characteristics that build and strengthen society. Unfortunately, while there have been a few researchers interested in the study of healthy families, little of this information has attracted the attention of the media, political leaders, or the public in general.

This review will contain the following components: (a) a historical look at how healthy families became an object of study and who began this trend; (b) what efforts have been made to synthesize the research on strong families, the results, and the need for further synthesis of the research on strong families; (c) a review of some current models which are used to measure and evaluate families; and (d) finally, a listing of the hypotheses this project will attempt to test.

Strong Family Research

The old adage "the squeaky wheel gets the grease" is appropriate for this situation. For years, family problems received the majority of the attention while

strong or healthy families remained unstudied. This is illustrated by Stinnett and DeFraim, researchers interested in the study of strong families, when they named their book Secrets of Strong Families (1985), and a previous article by (Stinnett et al., 1979) is entitled "In Search of Strong Families." Both titles suggest that something in strong families is secret and that we need to search for those secrets.

Stinnett et al. (1979) continues with the idea that although we need to know as much about problems as ever, we also need a balanced view of the family. In other words, paying attention to only the problems found in families can warp the perceptions we have of the family as something that is failing and on a decline. This is the stance that some researchers have taken when discussing the family (Popenoe, 1993).

Family Processes or Strong Family Characteristics

Historically, family research focused on the those individuals and their families who demonstrated problems. Only recently have social scientists taken a closer look at the processes and characteristics found in healthy families. One of the first researchers who began looking into the characteristics of healthy families was H.A. Otto (1975), whose work opened the door to the study and evaluation of healthy families.

Following Otto, others began to study strong families. One researcher and his associates conducted large-scale studies of strong families and began a research program and annual symposium at the University of Nebraska. This research (Stinnett

et al., 1979; Stinnett & DeFrain, 1985) added important information to the study of strong families.

Like Otto (1975), Stinnett et al. (1979) and Stinnett and DeFrain (1985) summarized their findings on strong families by listing the characteristics they found to be in strong families. Stinnett's list includes (a) commitment, (b) appreciation, (c) communication, (d) time, (e) spiritual wellness, and (f) coping ability.

Another early study designed to identify the characteristics of strong families was conducted by Dolores Curran (1983), who surveyed mental health professionals who worked with families. In her study she asked the professionals to prioritize from a large list the top 15 characteristics they believed to be part of a healthy family. From her research, Curran concluded that the 15 characteristics of strong families were (a) communicates and listens, (b) affirms and supports one another, (c) teaches respect to others, (d) develops a sense of trust, (e) has a sense of play and humor, (f) exhibits a sense of shared responsibility, (g) teaches a sense of right and wrong, (h) has a strong sense of family in which rituals and traditions abound, (i) has a balance of interaction among members, (j) has a shared religious core, (k) respects the privacy of one another, (l) values service to others, (m) fosters family table time and conversation, (n) shares leisure time, and (o) admits to and seeks help with problems.

Nearly all of the researchers who have conducted research into the characteristics of strong families have summarized their research by using lists of the characteristics they found (Beavers, 1977; Curran, 1983; Epstein et al., 1983; Lee &

Goddard, 1989; Lewis, 1979; Olson, 1986; Otto, 1975). These lists offer considerable information about strong families.

Unfortunately, these different lists, although containing some of the same information, have caused some confusion as to which of these characteristics are most important and how best to use them to develop the necessary intervention and educational programs to help struggling families.

Synthesis of Healthy Family Research

Little of the available information on strong families could be considered attempts to synthesize strong family research into a comprehensive list of ideas and constructs that health professionals and decision makers could use when dealing with families and familial problems.

One project that offers a synthesis of the information on strong families was undertaken in 1990. It was a project funded by the office of the Assistant Secretary for Planning and Evaluation for the United States Department of Health and Human Services. The project was awarded to Child Trends Inc. and the research was headed by Maria Krysan. The Child Trends group came up with a list of nine traits or constructs that seem to be common to the research on healthy families to date. These nine characteristics are (a) communication, (b) encouragement of individuals, (c) expressing appreciation, (d) commitment to family, (e) religious/spiritual orientation, (f) social connectedness, (g) ability to adapt, (h) clear roles, and (I) time together.

Each of these constructs, while present in much of the strong family research, has been defined slightly differently by the various researchers. Some of these differences are mostly semantic and not substantive. Other differences lie in how the constructs are operationalized by the researchers. The following is an overview of these nine constructs and how different researchers studying healthy families discuss these characteristics.

Communication. This is defined in many ways by the research on strong families. One such example calls communication in strong families "honest and open" with a style that is clear and concise (Epstein, 1983; Lewis, 1979; Olson, 1986; Stinnett & DeFrain, 1985). Additionally, members of healthy families listen to each other and are able to discuss both positive and negative feelings with one another (Curran, 1983; Epstein et al., 1983; Krysan et al., 1990; Lewis, 1979; Olson, 1986). This is not to say that strong families do not get mad at each other, but instead of attacking each other, they attack the problem (Stinnett, Walters, & Stinnett, 1991).

Commitment. The idea of commitment has been described as being "family pride" (Lee & Goddard, 1989) or saying that the family comes first (Stinnett & DeFrain, 1985). The Child Trends group (Krysan et al., 1990) indicates that commitment is a term they refer to as being present in almost all of the research on strong families.

Individuals in families. What is meant by "individuals in families" is perhaps a little more ambiguous than communication or commitment. Families with this trait

allow for each individual in the system to be able to find a self-identity, yet maintain family ties. In this case, self-identity is what allows for each person in the family to develop and maintain a sense of individuality. "Individuals in families" is a central theme to Olson's Circumplex Model of Family Functioning (1990).

The Child Trends group says that "individuals are supported by the family structure to contribute and build a sense of uniqueness" (Krysan et al., 1990, p. 6). This is echoed by others whose research indicates that strong families respect the privacy of one another (Curran, 1983) or that family members are interested in each other and value each other's activities and concerns (Epstein et al., 1983).

Religious/spiritual orientation. A wide range of definitions is associated with what is meant by having a religious or spiritual orientation. Having a religious/spiritual orientation can be defined by two things: One, the family has a set of morals or values that guides their actions. Two, they believe that life has a higher purpose. Having a religious or spiritual orientation is subject to very different interpretations. The Child Trends group (Krysan et al., 1990) has defined it as families who report that they are committed to a spiritual philosophy that in most cases includes the worship of God. However, the personal philosophy is most important and not the religion. Others claim that it means having a set of moral values that guide their behavior (Curran, 1983; Lee & Goddard, 1989; Lewis, 1979; Schumm, 1986; Stinnett & DeFrain, 1985).

Social connectedness. Social connectedness refers to families having ties to things that are not directly happening within their family. The personal goals and desires of the individual family members will determine the social groups and activities in which they get involved. Otto (1975) described social connectedness as being able to develop and maintain growing relationships both within and without the family. Other researchers have found this to also be a trait of healthy families (Beavers, 1977; Lewis, 1979).

Adaptability. Olson (1990) used the term "flexibility" to be synonymous with adaptability. Another word for adaptation is change. Adaptability is the capacity a family has to adapt to the stressors around it, including normal life changes and traumatic stressful events. One way that some researchers have approached this term is to say that strong families are those families that admit they need help and seek help (Curran, 1983; Otto, 1975). Others see this trait as either a lack of blaming among family members (Lewis, 1979) or that strong families can solve problems together in appropriate ways (Epstein et al., 1983; Olson, 1986; Stinnett & DeFrain, 1985).

Time together. The definition for this healthy family trait is spending time together, not out of obligation, but by choice. This includes the feeling of belonging somewhere and/or having a place to go. Strong families make it a priority to spend time together.

Lee and Goddard (1989) stated that strong families enjoy spending time together and that togetherness is not left to chance. In other words, strong families spend time

together in a variety of activities. As part of spending time together, humor and play are two important elements that other researchers have identified as being important in strong families (Curran, 1983). Curran continued by saying that the family does not allow work and other activities to infringe routinely upon family time. She also talked about "table time" or the meal times that are highly valued by strong families as a time to express important information to each other. Stinnett and DeFrain (1985) added that spending time together gives the family a sense of identity. The amount of time spent together is high in both quality and quantity (Krysan et al., 1990).

Clear roles. If each family member is part of the family system, then each part of that system is essential if the family is to function properly. The definition of clear roles is the understanding that each member of the family provides important functions for the betterment and strength of the family.

In the research, there are considerable semantic differences regarding what is meant by clear roles. While some researchers include all of the family members (Krysan et al., 1990), other researchers discuss the idea of roles and responsibility aimed largely at the parents (Epstein et al., 1983; Lewis, 1979; Olson, 1986).

The Need for More Synthesis

Besides the Child Trends group (Krysan et al., 1990), others have been able to offer some synthesis of the research and thoughts on strong families. Beginning in 1979, the University of Nebraska's Department of Family and Human Development

sponsored a National Symposium on Building Family Strengths. The proceedings from these symposiums offer numerous thoughts and ideas about the advancement and synthesis of strong family research (Stinnett et al., 1979; Stinnett, Chesser, DeFrain, & Knaub, 1980; Williams et al., 1985).

Although there has been an effort to encourage strong family research, little attention has been paid to how strong families influence other areas of family functioning and well-being. Despite this trend, there have been a few attempts to incorporate strong family research with other areas of family functioning. One such study linked family strengths with personal wellness. There remain, however, wide gaps between the many aspects of family life and strong family research.

One problem that exists for the synthesis of strong family research is the little information available regarding which of the strong family characteristics accounts for more of the explained variance in the optimal functioning of the family. In other words, do all of the constructs mentioned by the numerous researchers differ in the amount of variance that can be explained by each construct? These issues seem important if strong family research is to be incorporated properly into the policies and programs designed to strengthen families.

One approach to the synthesis of research on families is to compare the models that have been created in which families are evaluated and assessed. These models study and evaluate families of all kinds.

There are four models from which clear assessment tools have been developed and used by numerous researchers. These will be outlined and highlighted for use in this thesis project. The four models are (a) the Beavers' System Model, (b) the Circumplex Model of Family and Marriage Systems, (c) the McMaster Model of Family Functioning, and (d) the Lee Model of Family Functioning.

Models of Family Functioning

Beavers' System Model. The Beavers group was one of the first groups of researchers to examine family interaction and family constructs (Bagarozzi, 1986). Their first published study on healthy families was called the Timberlawn Study (Lewis, Beavers, Gossert, & Phillips, 1976). This was one of the first reports concerning the study of strong families to use an interfactual systemic viewpoint. As a result of their work, a model of family functioning followed (Beavers & Hampson, 1990; Kelsey-Smith & Beavers, 1981). This model is used as an outline to allow a therapist or researcher to assess families in a cross-sectional, process-oriented fashion. From this model seven family types were to be identified. The seven family types are placed in one of three categories: (a) healthy families, (b) midrange families, and (c) severely dysfunctional families.

There are two family types that constitute the healthy family category:

- Type 1. **Optimal.** These families serve as our paradigm of effective functioning. Members have what can be described as a systems orientation.
- Type 2. **Adequate.** These families are more control-oriented than optimal families.

The midrange family category include the following three family types:

- Type 3. **MRCP (Midrange Centripedal).** The MRCP family in this category uses direct control, expects to be successful in doing so, represses hostility, and expresses caring.
- Type 4. **MRCF (Midrange Centrifugal).** This MRCF family uses indirect control, manipulation, or intimidation, and seldom expects to succeed with it.
- Type 5. **MR Mixed (Midrange).** These MR families have alternating and conflicting MRCP and MRCF behavior.

For the severely dysfunctional family category, there are two types of families identified:

- Type 6. **SDCP (Severely Dysfunctional Centripedal).** These families have a nearly impermeable boundary to the outside world.

Type 7. **SDCF** (Severely Dysfunctional Centrifugal). These families have a tenuous perimeter, sometimes with uncertainty about who constitutes the family (Beavers, 1990).

From the original conceptualization of the above family types, the Beavers' model has continued to be expanded and improved. In a recent discussion, Beavers and Hampson (1990) emphasized the following five important points, which makes this model an effective tool in measuring family processes across a wide range of family types:

1. **Family Functioning.** These are observable, interactive functioning processes that take precedence over symptoms or typology.
2. **Family Competence.** This can range from effective, healthy family functioning to severely dysfunctional patterns, and is viewed along a progressive continuum rather than in segmented categories.
3. **Family Style.** Several families at similar competence levels may show different functional and behavioral styles of relating and interacting.
4. **Family Assessment.** This involves perceptions of family events from at least two sources: the observer/therapist ("outsider") and each family member ("insider").
5. **Family Competence.** Competence in small tasks is related to competence in the larger domains of living, raising children, and managing a family (Beavers & Hampson, 1990).

From the Beavers model an instrument was created by which families and individuals could be measured. This instrument is the Self-Report Family Inventory, also referred to as the SFI, as it will be referred to throughout the remaining aspects of this study.

Circumplex Model of Marital and Family Systems

Another influential model for family functioning was created by David H. Olson at the University of Minnesota. The object of this model was "to bridge the gaps that typically exist between research, theory, and practice" (Olson, 1990, p. 104). The Circumplex Model of Family Functioning centers on three areas of family functioning: family cohesion, adaptability, and communication, although only cohesion and adaptability are assessed.

The Circumplex Model uses a matrix format to evaluate families. It has as its axes Family Cohesion and Flexibility. Within each of these categories, four specific family types can be found: (a) disengaged families demonstrate little closeness, a lack of loyalty, and a high degree of independence; (b) separated families demonstrate a low to moderate closeness and little loyalty, and are interdependent; (c) connected families demonstrate moderate to high closeness, some loyalty, and are also interdependent; (d) enmeshed families show very high closeness, high loyalty, and a degree of dependency.

The adaptability category contains the following four family types: (a) chaotic families are those who have a lack of leadership, dramatic role shifts, erratic discipline,

and too much change; (b) flexible families demonstrate shared leadership, role sharing, democratic discipline, and change when necessary; (c) structured families have leadership and roles that are sometimes shared with a discipline style that is somewhat democratic, and the family can change when demanded; and (d) rigid families have an authoritarian leadership style, the family roles seldom change, the discipline is very strict, and there is too little change.

Once the family has been identified on these two categories, the two sides of the matrix are then compared vertically and horizontally to identify what type of family functioning is present. For example, a family who is highly enmeshed and rigidly inflexible would be **rigidly enmeshed**. In this model, the families that lie closer to the middle of the matrix are thought to have better functioning than the families whose scores place them at the extremes.

The Circumplex Model has been extensively used, but has also been the center of attention for many researchers (Daley, Sowers-Hoag, & Thyer, 1990, 1991; Pratt & Hansen, 1987; Walker, McLaughlin, & Greene, 1988) who have questioned the validity of the ratings of families using this model. Despite the apparent criticism, the Circumplex Model remains a widely used tool to evaluate families across the life cycle (Olson, 1990).

To operationize the Circumplex Model, Olson developed the Family Adaptability and Cohesion Scale, more commonly known as FACES. For this project FACES II is the version of the scale that was used.

The McMaster Model

The McMaster Model focuses on what its creators deem as those "dimensions of functioning that are seen as having the most impact on the emotional and physical health or problems of family members" (Epstein, Bishop, Ryan, Miller, & Keitner, 1990, p. 138). This model does not go into all of the dimensions related to family functioning. Instead, the authors have selected those dimensions of family functioning they believe to have the most impact on the emotional and physical health or problems of family members (Epstein et al., 1990).

The dimensions of families that are measured using this model are (a) problem solving, (b) communication, (c) roles, (d) affective responses, (e) affective involvement, (f) behavior control, and (g) general functioning (Epstein et al., 1990; Epstein et al., 1983).

From the McMaster Model came the Family Assessment Device (FAD). This is an instrument that was created to measure the concepts found in the model and is what is used in this study.

Lee Model for Family Functioning

The Lee Model of Family Functioning was recently developed as a tool to measure family strengths in families where one of its members was at risk for developing a dependency on alcohol or drugs (Lee & Goddard, 1989). The assessment tool used in this model is the Family Profile (FAMPRO). In this instrument and model

the individuals in the family are measured on seven characteristics. Their individual scores are then charted on a graph of all the family members' scores. This approach allows the individual family members to see the family system and how each member views the family strengths.

Lee and Goddard (1989) used research on strong families to extrapolate the following seven traits they identify as critical family strengths: (a) family fun, (b) family decisions, (c) family pride, (d) family values, (e) family caring, (f) family communication, and (g) family confidence.

One distinct difference between the Lee Model and other models of family functioning is that it allows the individual family members to see how all family members view their own family system. They become the "experts" on what is happening in their family. This allows the families to build on their strengths and use those strengths to help them work on their weaknesses.

Comparing Models

These models of family interaction not only provide a framework in which to categorize family functioning, but are assessment devices that allow families to be tested and evaluated. These assessment instruments are the tools and models used to evaluate families and provide information researchers use to test the validity of the specific model and its instrument.

A comparison of the different instruments used to assess and evaluate families has offered continued growth and expanded knowledge of the models themselves and how they can be improved to better measure family functioning.

Olson and Beavers

An excellent example of two models that have been compared and contrasted is the Circumplex Model and the Beavers' Model. From research projects comparing the two (Beavers & Voeller, 1983; Green & Vosler, 1985; Hampson, Hulgus, & Beavers, 1991) to their theories being compared (Lee, 1988), these two models demonstrate the fruitful ground available to those interested in the study of strong families.

Beyond Olson and Beavers are numerous works that are used to compare and contrast family assessment devices and techniques. One such project (Carlson & Grotevant, 1987) compares eight rating scales of family functioning in the hopes of providing valuable information to clinicians and researchers about the strengths and weaknesses of the scales used in their study. This project was, on a small scale, compared to some family assessment books that offer researchers and clinicians ready access to the theories and analyses of numerous family assessment devices (Grotevant & Carlson, 1989; L'Abate & Bagarozzi, 1993).

Hypotheses

1. The correlations between the total scores of the Family Profile (FAMPRO) with the Family Adaptability and Cohesion Scale (FACES II), the Self-Report Family Inventory (SFI), and the Family Assessment Device (FAD) will be significant.

2. Each of the FAMPRO subscales will be significantly related to those subscales from the other instruments that conceptually correspond to the FAMPRO subscales.

3. Each of the FAMPRO subscales will load on an individual factor.

4. Each of the FAMPRO subscales will show a significant relationship with the Family Satisfaction Scale used in the survey.

CHAPTER III

METHODS

Design

This study was based on a paper-and-pencil questionnaire using a nonrandom sample of undergraduate college students. All the participants were asked to respond voluntarily, no names were recorded, and minimal personal information was asked. In this way, the anonymity of the respondent was assured.

The survey consisted of the four family assessment instruments mentioned previously with their identifying names eliminated. The survey information was entered into the computer for analysis with the Statistical Package of the Social Sciences (SPSS) using descriptives, a principal component factor analysis using a varimax rotation, and correlations.

Sample

Table 1 is an outline of characteristics and attributes of the sample used in this study.

The sample consisted of undergraduates at Utah State University who were enrolled in general education Family and Human Development classes. The total number of participants was $N=194$. As Table 1 shows, a large percentage of the respondents was female (79%), and 88.2% of the respondents were between 18 and 22 years old.

Table 1

Sample Characteristics

Variable	N	%
Gender		
Male	40	20.5
Female	154	79.0
Age		
18-20	117	60.0
21-24	55	28.2
25-29	15	7.7
30 and Above	7	3.0
Marital Status		
Married	18	9.2
Divorced/Separated	2	1.0
Never Married	174	89.2
Family Reported On		
Family of Origin	172	88.7
Family of Procreation	22	11.3
Religious Preference		
Catholic	3	1.5
Jewish	1	.5
Mormon	182	93.8
No Religion	5	2.6
Other	3	1.5

Measurement

The four family assessment tools used in this project were (a) Family Adaptability and Cohesion Evaluation Scale II (FACES II), (b) the McMaster Family Assessment Device (FAD), (c) Self-Report Family Inventory (SFI), and (d) the Family Profile (FAMPRO). Along with these family assessment tools, the Family Satisfaction Scale was added to allow correlations to be calculated between the responses on the family measurement scales with family satisfaction.

The Family Satisfaction Scale used was created for this study. The length of the survey required the use of a brief and simple way of measuring family satisfaction. Before it was used in any analysis, a reliability coefficient was determined to be sufficient to use the scale to measure family satisfaction.

FACES II. The Family Adaptability and Cohesion Scale (FACES) began in 1979 and has since undergone four separate revisions. FACES II, the instrument used in this study, was presented in 1982 (Olson, Bell, & Portner, 1982). It contains 30 items and uses a five-point Likert scale: (a) almost never, (b) once in a while, (c) sometimes, (d) frequently, and (e) almost always.

Olson et al. (1982) reported that reliabilities for the cohesion and adaptability scales were 0.94 and 0.80 (Cronbach's alpha), respectively. Construct validity is less clear, however, while the cohesion scale had factors loaded onto it within ranges from 0.35 to 0.61. The adaptability scale was not as impressive with the range being 0.10 and 0.55, with many falling below what many consider to be the 0.30 cutoff point for

factor loading (L'Abate & Bagarozzi, 1993). Others have also conducted research concerning FACES II construct validity and found it wanting (Daley et al., 1991).

Despite these findings and problems, however, FACES II offers valuable information into the study and research of strong families. The possible problems with FACES II highlight the need that exists for continued research and instrument development in measuring family functioning, an objective of this project.

Beavers' (SFI). The Self-Report Family Inventory (SFI) is a 36-item instrument that uses a five-point Likert scale ranging from "Yes: fits our family very well" to "No: does not fit our family," or 1=high and 5=low. It originally was a 44-item set but later was reduced to the now 36-item instrument used for this project. For the reduced 36-item instrument, the internal consistency, using two different samples, was 0.84 and 0.78. There were no reliability coefficients reported for the individual scales (Grotevant & Carlson, 1989).

SFI's criterion-related validity was determined using the health/competence and expressiveness factors, which have been used to distinguish previously rated high- and low-functioning families. Concurrent validity was assessed by comparing SFI scale scores with those of instruments measuring family functioning, including FACES II, FACES III, the Family Environment Scale, and the Family Assessment Device. For the most part, the SFI scales converged favorably with these other measures (Grotevant & Carlson, 1989).

Family Assessment Device (FAD). Developed from the McMaster Model of Family Functioning, the FAD (Epstein et al., 1983) is a 60-item scale using a four-point Likert system, (a) strongly agree, (b) agree, (c) disagree, and (d) strongly disagree.

In one study (Miller, Epstein, Bishop, & Keitner, 1985), reliability was tested using test-retest correlations. It was demonstrated that the FAD subscales had the following test-retest results: problem solving (0.66), communication (0.72), roles (0.75), affective responsiveness (0.76), affective involvement (0.67), behavior control (0.73), and general functioning (0.71). Validity was measured by comparing the FAD with FACES II and the Family Unit Inventory (FUI). It was found that the FUI proved to validate the FAD while FACES II, although it did not meet some expected results, did validate the FAD (Miller et al., 1985).

The Family Profile. The Family Profile is a 35-item instrument using a five-point Likert scale from "1-Almost Never" to "5-Almost Always." Reliability coefficients were calculated for each of the FAMPRO's subscales with this sample. It was found that the subscales had the following reliability coefficients: Family Fun (.87), Family Decisions (.79), Family Pride (.77), Family Values (.85), Family Caring (.88), Family Communication (.86), and Family Confidence (.74). The reliability coefficient for the complete instrument was found to be .96. This instrument's creation and subsequent use have focused on the idea that its constructs are believed to

measure important areas of family functioning, which need to be strengthened for families to function properly in society (Lee & Goddard, 1989).

Family Satisfaction Scale. This is a five-question scale created for this project to capture the respondent's satisfaction with his or her family situation. The questions were all based on a five-point Likert scale. Independent analysis of these questions was run to determine if this scale is appropriate for use in running correlations between the family satisfaction scores and the scores on the instruments used in the project. The Family Satisfaction Scale's Cronbach's alpha reliability coefficient for this sample was .90.

Data Collection

The undergraduate classes used were those classes in which "families" and "family research" were scheduled topics. During that time in the quarter when families were a point of discussion, the surveys were presented and the students were asked to complete it during the class period. After filling out the survey, a discussion was held regarding the research that has been conducted to date on strong families and family functioning.

From these classes, the total (N) was 194 who answered the FAMPRO part of the survey, 189 who answered the SFI portion, 186 who answered the FACES II part, and 184 who answered the FAD portion.

Data Reduction and Transformation

The completed surveys were coded, and using SPSS (Statistical Package of the Social Sciences) they were analyzed. The computer was programmed to score each instrument separately along with each of the subscales. Where necessary, the responses were reversed to coincide with the scoring strategy of the FAMPRO.

The instruments were evaluated with four areas of analysis:

1. Each instrument was evaluated using Cronbach's alpha to see if it has internal consistency.
2. The instruments were then divided into their subscales. These subscales then became the unit of analysis across all of the instruments with the idea of identifying which of the subscales can be found in all of the instruments or how different subscales measure up to others that may not be named the same thing.
3. All the instruments were correlated with a family satisfaction scale to identify how highly they were related to a measure of family satisfaction.
4. Finally, a separate factor analysis was run on each instrument. This was a principal component factor analysis using a varimax rotation. This was done to determine what main factors are the most prominent when families are assessed using these different instruments.

CHAPTER IV

RESULTS

The Concurrent Criterion-Related Validity
of the FAMPRO

The first objective of this study was to determine the FAMPRO's concurrent validity using its total score in correlation with the total score of the other criterion instruments.

Hypothesis one. The correlation between the total scores of the FAMPRO with FACES II, the SFI, and the FAD will be significant.

The correlations between the total score of the FAMPRO and the total scores of the SFI, FACES II, and FAD were all highly significant (see Table 2). This provides support for hypothesis one.

Table 2

Correlations of FAMPRO with Other Instruments

Instrument	FAMPRO	SFI	FACES II	FAD
FAMPRO	1.00			
SFI	.70**	1.00		
FACES II	.84**	.72**	1.00	
FAD	.61**	.56**	.80**	1.00

** Significant at .01

Perhaps more important than whether significance exists, is the strength of the relationships between the instruments. For the FAMPRO and the FAD, the correlation coefficient is .61, or 37% of the variance explained. This is considered a moderate strength relationship. The FAMPRO and SFI coefficient was .70, or 49% of the variance explained, showing a somewhat stronger relationship. The strongest relationship found among the correlations was between the FAMPRO and FACES II. Here the correlation coefficient was .84, or 71% of the variance explained.

The correlations found among the FAD, SFI, and FACES II also provide valuable information. The lowest correlation was found between the SFI and FAD at .56. The SFI with FACES II was .72 and FACES II with the FAD was 80.

The second hypothesis provides the test of the second part of the first objective concerning concurrent criterion-related validity.

Hypothesis two. Each of the FAMPRO subscales will be significantly related to those subscales from the other instruments which conceptually correspond to the FAMPRO subscales.

The results show some support for the hypothesis that the FAMPRO subscales are significantly related to those conceptually similar subscales of the other instruments used. These correlations are shown in Tables 3, 4, and 5.

The FAMPRO with the SFI correlations show some interesting results. For one, the SFI Health subscale correlates at a .64 or above with all of the FAMPRO

subscales, and secondly the Communication and Directive Leadership subscales of the SFI have low correlations with all of the FAMPRO subscales.

For FACES II the Cohesion subscale had its highest correlation with the Fun subscale of the FAMPRO. All the other scales except Decisions correlated higher than Adaptability. The highest correlation with the Adaptability subscale was Decisions, which shows that Decisions is tapping family rules and process.

Table 3

Correlations Between FAMPRO and SFI Subscales

FAMPRO Scales	Conflict	Communi- cation	Cohesion	Directive Leadership	Health	Expres- sion
Fun	.53	.27	.73	.38	.71	.66
Decisions	.47	.27	.56	.20	.69	.46
Pride	.49	.25	.58	.41	.68	.63
Values	.49	.23	.58	.39	.64	.52
Caring	.48	.25	.65	.29	.67	.73
Communi- cation	.54	.35	.65	.33	.75	.65
Confi- dence	.53	.23	.51	.35	.67	.55

When the FAD and FAMPRO were correlated, the FAD Behavior Control and Roles subscales had correlations of .50 or lower. The remaining FAD subscales all had correlation coefficients higher than .50. These included the Problem Solving,

Table 4

Correlations Between FAMPRO and FACES II Subscales

FAMPRO Subscales	Cohesion	Adaptability
Fun	.73	.58
Decisions	.55	.78
Pride	.63	.50
Values	.55	.42
Caring	.64	.47
Communication	.67	.60
Confidence	.63	.57

Table 5

Correlations Between FAMPRO and FAD Subscales

FAMPRO subscales	Problem Solving	Communication	Roles	Affective Response	Affective Involve	Behavior Control
Fun	.64	.49	.50	.61	.56	.38
Decisions	.58	.46	.48	.40	.42	.33
Pride	.55	.41	.46	.54	.55	.39
Values	.54	.36	.41	.49	.50	.42
Caring	.64	.48	.39	.71	.58	.37
Communication	.75	.67	.44	.70	.62	.39
Confidence	.60	.43	.49	.54	.53	.38

Affective Responsiveness, and in some cases Affective Involvement subscales. The FAD subscale Communication showed a wide range of results, with a high of .67 for the FAMPRO Communication subscale, and a low of .36 with FAMPRO's Family Values.

Factor Analysis of FAMPRO

A principal component factor analysis with varimax rotation of the FAMPRO was conducted to address the third objective of this study. It was also necessary to run a factor analysis in order to assess hypothesis three regarding whether or not the FAMPRO subscales would load onto individual factors.

Hypothesis three. Each of the FAMPRO subscales will load on an individual factor.

The factor analysis failed to support the third hypothesis, that each of the FAMPRO subscales would load on an individual factor as conceptually organized. In fact, as shown in Table 6, the items were grouped by factor analysis somewhat differently than conceptualized.

How the questions did load was interesting. Instead of the seven factors the FAMPRO was conceptualized to measure, the analysis only found six. Of those six, the first factor, composed of Communication and Caring questions, accounted for 44.8% of the variance. The other five factors combined accounted for an additional 19.8% of the variance.

Table 6

Family Profile Factor Analysis

Question Number and Question (Subscale)	Factor Loading
Factor 1 = 44.8 Percent Of The Variance	
19. We express love for each other. (Caring)	.73
5. We compliment each other. (Caring)	.70
20. We believe it's important to understand each other's feelings. (Communication)	.64
12. We do nice things for each other. (Caring)	.64
6. We can say what we really feel. (Communication)	.64
13. We really listen to each other. (Communication)	.62
26. We feel very close to each other. (Caring)	.59
33. We care about how others in the family feel. (Caring)	.54
34. We enjoy talking about things together. (Communication)	.52
27. We can talk about things without arguing. (Communication)	.46
29. It is easy for us to think of things to do together. (Fun)	.45
Factor 2 = 5 Percent Of The Variance	
7. We know we can handle the problems that come up. (Confidence)	.64
35. We look forward to what the future will bring. (Confidence)	.64
21. Things usually work out for the best in our family. (Confidence)	.63
3. We are proud of our family. (Pride)	.58
17. We stick together as a family. (Pride)	.57
10. We respect one another. (Pride)	.50
14. We can count on each other. (Confidence)	.49

(table continues)

Factor 3 = 4.4 Percent Of The Variance

25.	We agree about what really matters in life. (Values)	.74
4.	We think the same things are important. (Values)	.67
18.	We agree about what is right and wrong. (Values)	.66
32.	It's important to do what is right in our family. (Values)	.61
11.	We have similar values and beliefs. (Values)	.59
23.	Chores are divided up fairly in our family. (Decisions)	.46

Factor 4 = 4 Percent Of The Variance

16.	Children have a say in the rules and discipline. (Decisions)	.80
9.	When there is a problem, children's suggestions are followed. (Decisions)	.77
2.	We all help make the decisions in our family. (Decisions)	.55
30.	Our family discusses problems until we find a solution that's good for everyone. (Decisions)	.53

Factor 5 = 3.3 Percent Of The Variance

15.	Our family often does fun things together (Fun)	.71
1.	We enjoy doing things together. (Fun)	.65
22.	Togetherness is very important in our family. (Fun)	.47

Factor 6 = 3.1 Percent Of The Variance

28.	We have friends and relatives we can count on. (Confidence)	.75
24.	We have traditions that we carry on. (Pride)	.66
31.	We are proud of our family's history. (Pride)	.60

OTHER

8.	We share interests and hobbies. (Fun)	.37
----	---------------------------------------	-----

Within the analysis, using a cutoff of less than .40, it was found that of all the questions there was only one that did not load onto a factor of .4 or above. Additionally, none of the questions loaded above the .4 level onto more than one factor.

The factor that accounted for most of the variance was questions from the Communication and Caring subscales with one question coming from the Fun subscale. These questions, although in different categories, all reflect how family members are able to express warmth and caring to each other.

The other factors in the analysis, although not accounting for large portions of the variance, all hung together as conceptualized. This indicates that although there is one part of family functioning that carries the largest portion of variance, namely Caring and Communication, the other factors (Values, Decisions, and in some respects Confidence and Pride) are tapping into other aspects of family functioning as conceptualized.

To identify other important factors in family functioning, a principal component factor analysis with a varimax rotation was performed on each of the instruments used in this study. Table 7 shows the most important factor from each of the other instruments and how much variance they explain. (For a complete factor breakdown, see Appendix C.) It appears that for the sample used, there are two or three important factors that describe the functioning of the families studied.

Table 7

First Factors of Established Instruments

Question Number, Question and (Subscale)	Factor Loading
SFI First Factor = 37.0 Percent Of The Variance	
15. Our happiest times are at home.(Cohesion)	.63
28. Family members pay attention to each other and listen to what is said.(Health)	.62
18. We usually blame one person in our family when things aren't going right.(R Conflict)	.62
6. There is closeness in my family, but each person is allowed to be special and different.(R Conflict)	-.62
1. Family members pay attention to each others feelings.(Expression)	.60
29. We worry about hurting each other's feelings. (R Communication)	-.52
20. Our family is proud of being close.(Expression)	.51
12. In our home, we feel loved.(Health)	.49
35. On a scale of 1 to 5 I would rate my family as: Functions very well, 5: Does not function very well at all we really need help. (Health)	.47
21. Our family is good at solving problems together.(Health)	.45
FACES II FIRST FACTOR = 34.5 PERCENT OF THE VARIANCE	
2. In our family, it is easy for everyone to express his/her opinion. (Adaptability)	.75
14. Family members say what they want.(Adaptability)	.73
28. Family members are afraid to say what is on their minds. (Adaptability)	-.66

(table continues)

16.	In solving problems, the children's suggestions are followed. (Adaptability)	.58
6.	Children have a say in their discipline. (Adaptability)	.56
4.	Each family member has input in major family decisions. (Adaptability)	.53
8.	Family members discuss problems and feel good about the solutions. (Adaptability)	.53
FAD FIRST FACTOR = 30.5 PERCENT OF THE VARIANCE		
49.	We express tenderness. (Affective Responsiveness)	.79
28.	We do not show our love to each another. (R Affective Responsiveness)	.78
26.	We can express feelings to each other. (General Functioning)	-.74
11.	We cannot talk to each other about the sadness we feel. (R General Functioning)	.73
9.	We are reluctant to show our affection for each other. (R Affective Responsiveness)	.72
56.	We confide in each other. (General Functioning)	-.70
50.	We confront problems involving feelings. (Problem Solving)	.66
21.	We avoid discussing our fears and concerns. (R General functioning)	.65
57.	We cry openly. (Affective Responsiveness)	.62
51.	We don't get along well together. (R General Functioning)	.60
22.	It is difficult to talk to each other about tender feelings. (R Communication)	.58
31.	There are lots of bad feelings in the family. (R General Functioning)	.57

(table continues)

6.	In times of crisis, we can turn to each other for support. (General Functioning)	-.55
2.	We resolve most everyday problems around the house. (Problem Solving)	.55
29.	We talk to people directly rather than through go-betweens. (Communication)	.51
3.	When someone is upset, the others know why. (Communication)	.43
25.	We are too self-centered. (R Affective Involvement)	.42
1.	Planning family activities is difficult because we misunderstand each other. (R General Functioning)	.39

Family Satisfaction Scale Correlations

The last objective of this study was to correlate the subscales of the instruments with a Family Satisfaction (FS) scale.

Hypothesis four. Each of the FAMPRO subscales will show a significant relationship with the Family Satisfaction Scale used in the survey.

The results show support for the fourth hypothesis. The correlation between the FAMPRO subscales and the Family Satisfaction Scale was statistically significant in each case (see Table 8). The correlations were also high enough to indicate a strong relationship.

As Table 8 shows, the FAMPRO subscales all had correlations with the Family Satisfaction Scale of .54 or above, with the highest correlation being .71. The remaining five subscales all had correlation coefficients in the .60 to .69 range.

Table 8

Correlations of FAMPRO with Family Satisfaction

	Fun	Decisions	Pride	Values	Caring	Communication	Confidence
Family Sat.	.71**	.54**	.65**	.64**	.64**	.70**	.64**

** Significant at the .01 level.

Table 9 shows the correlations between the Family Satisfaction Scale and the subscales of the other instruments used in this study.

Of the three instruments listed in Table 8, FACES II showed both subscales to correlate above .5, while the SFI and the FAD had a much wider range of correlations. The SFI had a low correlation of .24 between Communication and Family Satisfaction and a high correlation of .71 between Family Health and Family Satisfaction. The FAD, meanwhile, had a low correlation of .38 between Behavior Control and Family Satisfaction and a high correlation of .74 between General Functioning and Family Satisfaction.

When the FAMPRO is expressed in terms of its subscale intercorrelations, as shown in Table 10, valuable insight into the FAMPRO is provided. As Table 10 shows, many of the FAMPRO subscales intercorrelate with one another. These intercorrelated relationships may lend support to the factor analysis that there is a main factor found in the FAMPRO that accounts for a majority of the variance.

Table 9

Family Satisfaction Correlations with the FAD, SFI, and FACES II

FAD							
	Problem Solving	Comm	Roles	Affective Response	Affective Involve	Behavior Control	General Function
Fam. Sat.	.68**	.48**	.49**	.58**	.59**	.38**	.74**
SFI							
	Family Conflict	Communication	Family Cohesion	Directive Leadership	Family Health	Expressiveness	
Fam. Sat.	.56**	.24**	.60**	.42**	.71**	.56**	
FACES II							
				Cohesion	Adaptability		
Family Satisfaction				.61**	.52**		

** Significant at the .01 level.

Summary of Findings

The SFI, FACES II, and the FAD all showed strong overall correlations with the FAMPRO. When the instruments were broken down into their subscales, they correlated most strongly with conceptually similar scales of the FAMPRO. These same trends were found in the factor analysis. Each of the instruments had a main factor that accounted for a majority of the variance. These main factors had as their theme communication, caring, and other ways of demonstrating positive regard for family members.

Table 10

FAMPRO Subscale Intercorrelations

FAMPRO	Fun	Decis- ions	Pride	Values	Caring	Comm.	Confi- dence
Fun	1.00	--	--	--	--	--	--
Decis-ions	.66	1.00	--	--	--	--	--
Pride	.72	.63	1.00	--	--	--	--
Values	.63	.55	.69	1.00	--	--	--
Caring	.74	.53	.69	.62	1.00	--	--
Comm.	.74	.62	.72	.63	.63	1.00	--
Confi- dence	.64	.57	.73	.62	.80	.71	1.00

When each of the subscales was correlated with the Family Satisfaction scale, the findings were not only statistically significant, but showed strong relationships with those subscales of the instruments used in the study that conceptually target characteristics of strong families.

CHAPTER V

CONCLUSION AND DISCUSSION

From this preliminary study, the FAMPRO appears to be an instrument that measures some important aspects of family functioning. It also yields results consistent with other established measures. These results warrant the continued use of the FAMPRO as a self-administered and -scored family assessment for use in family life education.

Discussion

Instrument correlations. The highest correlation among the instruments was found between the FAMPRO and FACES II. This is encouraging because of the extensive work and review that FACES II has received since its inception. This relationship indicates that the FAMPRO taps into a trait of family functioning that Olson (1990) has called Cohesion. This was supported throughout the correlations of the FAMPRO subscales, with FACES II, except for the Decisions subscale. The FAMPRO subscales showed stronger relationships with Cohesion than Adaptability.

Although FACES II showed the highest correlation with FAMPRO, the correlation coefficients of .61 with FAD and the .70 with the SFI also offer support for the validity of the FAMPRO. All of the determined correlation coefficients between FAMPRO, FACES II, FAD, and the SFI indicate relationships that validate the FAMPRO as an instrument that measures family functioning.

Subscale correlations. The correlation of the FAMPRO subscales with the FACES II subscales suggests two things. First, all the FAMPRO subscales seem to be measuring a degree of family cohesion with the Family Fun subscale showing the strongest relationship to Cohesion. Second, the FAMPRO subscales also seem to be measuring a degree of family adaptability, especially the Decisions subscale, which was intended to tap this characteristic.

Many of the correlations between the FAMPRO and the SFI are of special interest. The SFI subscales that showed the strongest relationship to the FAMPRO across all the subscales were Cohesion, Health, and Expressiveness. The Cohesion relationship comes as no surprise based on the results from FACES II; however, the strong relationships found with Health and Expressiveness were less expected. It appears that FAMPRO not only measures Cohesion but a degree of Family Health and Family Expression. When the factor analysis results are considered, it does indeed appear that the FAMPRO measures something similar to what is tapped by family health and expressiveness in the SFI.

Two of the SFI scales, Communication and Directive Leadership, failed to show strong or even moderate relationships with any of the FAMPRO subscales. While Directive Leadership is no surprise, considering what the FAMPRO is trying to assess conceptually, the Communication findings are difficult to understand. One possible explanation might lie in the questions themselves. In the SFI, the general tone of the questions is about conflict. For example, two of the questions are "We speak our

minds, no matter what" and "It's okay to fight and yell in our family." There is only one question that suggests compassion and caring. This tone of conflict is quite different than the tone used in the FAMPRO questions and could very well explain why the weak relationship between the FAMPRO subscales and the SFI Communication subscale.

The results of the FAD subscale correlations continue to support the idea that the FAMPRO taps the elements related to Family Cohesion. For example, the Problem Solving subscale of the FAD showed remarkably high correlations with all of the FAMPRO subscales. Problem solving is a logical characteristic of cohesive families. Another indicator that the FAD results are similar to those received from FACES II and the SFI are in the correlations found with Affective Response and Affective Involvement, both of which showed moderate to sometimes strong relationships with the FAMPRO subscales. This reiterates the idea that the FAMPRO is measuring positive family traits, including showing caring and affection for family members.

As with the SFI, the FAD had a couple of subscales that did not show strong relationships with the FAMPRO subscales. One such scale was Behavior Control. As the other instruments indicated, the FAMPRO does not tap into items that relate to negative aspects of family functioning. Another item that had both some weak and moderate strength relationships was the Communication subscale. It had the strongest correlation with the Communication subscale of the FAMPRO.

Factor analysis of FAMPRO. The FAMPRO principal component factor analysis with varimax rotation shows the FAMPRO as tapping one strong factor. This factor is made up of items dealing with Family Caring and Family Communication. The communication questions used in the FAMPRO all could be considered caring questions as well. It is no surprise that the intercorrelation between Family Caring and Family Communication is stronger than any other two subscales.

The other factors found in the analysis, while not explaining large portions of the variance, do contribute important information into the makeup of the FAMPRO. For example, the second factor seems to be measuring Family Confidence and Family Pride. The third factor consisted almost entirely of items dealing with Family Values. Ironically, this subscale had a reliability coefficient of .85, yet its highest correlation was with the Health subscales of the SFI at only .64.

In light of the Family Values factor found in the FAMPRO and little information in the other scales regarding Family Values, more study needs to be conducted to determine the role Family Values play in family functioning.

Factor analysis of other instruments. When the SFI was broken down into factors, it appeared that there was one main factor accounting for 37% of the variance. This main factor included items from a wide range of subscales, including Cohesion, Health, Conflict, and Expression. Taken individually, the items all seem to focus on themes of happiness, caring, and other forms of positive regard. Some examples would include, "Our happiest times are at home," "Family members pay attention to

each other and listen to what is said," and "Family members pay attention to each others feelings."

The main factor from FACES II also describes a number of items that suggest family caring, and positive regard for each other. For example, the highest loading question was "In our family, it is easy for everyone to express his/her opinion." An interesting result of the main factor for FACES II was that all of the items came from the Adaptability Scale, despite the fact that the FAMPRO correlations showed the strongest relationships with the Cohesion Scale, except Decisions, than with Adaptability. However, when the questions in FACES II, which make up the main factor, are examined, it becomes apparent that what is being measured is how the family relates to one another, especially in positive ways. This finding remains consistent with what was found in the SFI and FAMPRO factor analysis.

The FAD results were consistent with the other principal component factor analysis with varimax rotation results. For the FAD, the overriding theme of the main factor is family members showing love, caring, and other forms of positive regard for one another. The best example of this can be found in the first question asking "We express tenderness." Other examples include "We confide in each other" and "We confront problems involving feelings."

It appears from the factor analysis that family caring, cohesion, and positive communication are important factors identified for this sample and study. For each of the four instruments, the theories of caring, cohesion, and positive communication

suggest that any refinement of the FAMPRO and its educational materials should focus on activities and materials designed to help families demonstrate caring and other forms of positive regard for one another.

Family satisfaction correlations. The subscale Family Fun of the FAMPRO had the highest correlation with family satisfaction, indicating that the family that has fun together is satisfied. The lowest of the FAMPRO subscales and the Family Satisfaction Scale was Family Decisions at .54. The other subscales correlations all ranged between .64 and .70. These correlations indicate that high scores assessed with the FAMPRO are related to high family satisfaction.

When the Family Satisfaction Scale was correlated with the subscales of the other instruments, the results indicate that these instruments have elements in them that measure family satisfaction and also elements that do not. In FACES II, Cohesion had a higher correlation than Adaptability, but the difference was only .08, indicating that both Cohesion and Adaptability have moderate relationships with the Family Satisfaction Scale.

The SFI Health subscale had the highest correlation with Family Satisfaction of .71. This is consistent with the results obtained in the factor analysis and correlations that the Health subscale would be the scale most likely to have a stronger relationship to the Family Satisfaction Scale. The SFI subscales of Conflict, Expressiveness, and Cohesion had coefficients of .56, .56, .60, respectively.

The General Functioning and Problem Solving subscales of the FAD showed the strongest relationships with family satisfaction of all the subscales at .74 and .68 respectively. The remaining subscales had weaker correlations ranging from .59 for Affective Involvement to .36 for Behavior Control.

Limitations. The sample was the one limitation that severely limits the use and implications of the results in developing a better instrument that measures family functioning. The sample is limiting in the following ways:

1. The sample was not random. This nonrandomness prohibits the results to be used when discussing what the FAMPRO would act like for a specific group or population. The only group the results can be used for is the sample group itself.
2. The sample consisted of undergraduate Family and Human Development (FHD) classes at Utah State University. Many of the students were providing information about their family of origin in which they were no longer living, so some of their responses were retrospective.
3. This sample was young (average age was 21) and mostly female (154), and the religious preference was 94% Mormon (LDS). Additionally, few families were represented with teenagers or older children.

Implications

Although generalizations to populations or other groups is not possible, it appears, however, that there is sufficient evidence to see how the FAMPRO could be

an easy-to-use instrument for family life educators to use in their presentations and materials in helping families identify and improve their strengths.

Further analysis is certainly called for. There is a particular need to explore how the FAMPRO would act when given to families experiencing problems, to see how the FAMPRO distinguishes those from healthy families.

With the current problems and challenges facing the family, the FAMPRO is an instrument that could be used to identify family strengths and not just family problems or weaknesses. The idea of having an instrument that can identify areas in which the family is doing well, and/or relate the different aspects of healthy family functioning to one another, would be a valuable asset to educators and clinicians alike in aiding families to develop strengths and thus healthy family functioning.

REFERENCES

- Atteneave, C. (1982). The role of support systems in building family strengths. In N. Stinnett, J. DeFrain, K. King, H. Lingren, G. Rowe, S. Van Zandt, & R. Williams (Eds.), Family strengths 4: Positive support systems (pp. 307-309). Lincoln: University of Nebraska Press.
- Bagarozzi, D. A. (1986). Family measurement techniques: Beavers-Timberlawn Family Evaluation Scale. The American Journal of Family Therapy, 14, 271-273.
- Beavers, W. R. (1977). Psychotherapy and growth: A family systems perspective. New York: Brunner/Mazel.
- Beavers, W. R., & Hampson, R. B. (1990). Measuring family competence: The Beavers Systems Model. In F. Walsh (Ed.), Normal Family Processes (pp. 73-103). New York: Guilford.
- Beavers, W. R., Hampson, R. B., & Hulgus, Y. F. (1985). The Beavers systems approach to family assessment. Family Process, 24, 398-405.
- Beavers, W. R., & Voeller, M. N. (1983). Family models: Comparing and contrasting the Olson Circumplex Model with the Beavers Systems Model. Family Process, 22, 85-98.

- Carlson, C. I., & Grotevant, H. D. (1987). A comparative review Family Rating Scales: Guidelines for clinicians and researchers. Journal of Family Psychology, 1, 23-47.
- Curran, D. (1983). Traits of a Healthy Family. Minneapolis, MN: Winston.
- Daley, J. D., Sowers-Hoag, K., & Thyer, B. A. (1990). Are FACES-II Family Satisfaction Scores Valid? Journal of Family Therapy, 12, 77-81.
- Daley, J. D., Sowers-Hoag, K. M., & Thyer, B. A. (1991). Construct validity of the Circumplex Model of family functioning. Journal of Social Service Research, 15, 131-147.
- Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. Journal of Marriage and Family Therapy, 9, 171-180.
- Epstein, N. B., Bishop, D., Ryan, C., Miller, I., & Keitner, G. (1990). The McMaster Model view of healthy family functioning. In F. Walsh (Ed.), Normal family processes (pp. 139-160). New York: Guilford.
- Green, R. G., & Vosler, N. R. (1985). The Beavers-Timberlawn Model of Family Competence and the Circumplex Model of Family Adaptability and Cohesion: Separate but equal? Family Process, 24, 385-398.
- Grotevant, G. D., & Carlson, C. I. (1989). Family assessment: A guide to methods and measures. New York: The Guilford.

- Hampson, R. B., Hulgus, Y. F., & Beavers, W. R. (1991) Comparisons of self-report measures of the Beavers Systems Model and Olson's Circumplex Model. Journal of Family Psychology, 4, 326-340.
- Kelsey-Smith, M., & Beavers, W. R. (1981). Family assessment centripetal and cintrirugal family systems. The American Journal of Family Therapy, 9, 3-12.
- Krysan, M., Moore, K. A., & Zill, N. (1990). Identifying successful families: An overview of constructs and selected measures. Washington, DC: Child Trends.
- L'Abate, L., & Bagarozzi, D. A. (1993). Sourcebook of Marriage and Family Evaluation. New York: Brunner/Mazel.
- Lee, C. (1988). Theories of family adaptability: Toward a synthesis of Olson's Circumplex and the Beavers Systems Models. Family Process, 27, 73-85.
- Lee, T. R., & Goddard, W. A. (1989). Developing family relationship skills to prevent substance abuse among high-risk youth. Family Relations, 38, 301-305.
- Lewis, J. M., Beavers, W. R., Gossert, J. T., & Phillips, V. (1976). No single thread: Psychological health in family systems. New York: Brunner/Mazel.
- Lewis, J. M. (1979). How's your family? A guide to identifying your family's strengths and weaknesses. New York: Brunner/Mazel.
- Miller I. W., Epstein, N. B., Bishop, D. S., & Keitner, G. I. (1985). The McMaster Family Assessment Device: Reliability and validity. Journal of Marital and Family Therapy, 11, 345-356.

- Olson, D. (1986). The diversity and strength of American families. Washington, DC: U.S. Government Printing Office.
- Olson, D. H. (1990). Circumplex Model of marital and family systems: Assessing family functioning. In F. Walsh (Ed.), Normal family processes (pp. 104-137). New York: Guilford.
- Olson, D. H., Bell R., & Portner, J. (1983a). Faces II. Department of Family Social Science. St. Paul: University of Minnesota.
- Olson, D. H., Bell, R., & Portner, J. (1982). FACES-II family adaptability and cohesion evaluation scales. In D. Olson, H. McCubbin, H. Barnes, A. Larsen, M. Muxen, & M. Wilson (Eds.), Family inventories (pp. 5-24). St. Paul: University of Minnesota Press.
- Olson, D. H., McCubbin, H. I., Barnes, H. L., Larsen, A., Muxen, M. J., & Wilson, M. (1983b). Families: What makes them work. Beverly Hills, CA: Sage.
- Otto, H.A. (1963). Criteria for assessing family strength. Family Process, 2, 329-337.
- Otto, H.A. (1975). The use of family strength concepts and methods in family education. A handbook. Beverly Hills, CA: Holistic Press.
- Popenoe, D. (1993). American family decline, 1960-1990: A review and appraisal. Journal of Marriage and the Family, 3, 527-541.
- Pratt, D. M., & Hansen, J. C. (1987, October). A test of the curvilinear hypothesis with FACES II and III. Journal of Marital and Family Therapy, 387-392.

- Schumm, W. R. (1986). The diversity and strength of American families. Washington, DC: U.S. Government Printing Office.
- Stinnett, N., Chesser, B., & DeFrain, J. (1979). Building family strengths: Blueprints for action. Lincoln: University of Nebraska Press.
- Stinnett, N., Chesser, B., DeFrain, J., & Knaub, P. (Eds.). (1980). Family strengths: Positive models for family life. Lincoln: University of Nebraska Press.
- Stinnett, N., & DeFrain, J. (1985). Secrets of strong families. New York: Berkeley Publishing.
- Stinnett, N., Walters, J., & Stinnett, N. (1991). Relationships in marriage and the family (3rd ed.). New York: MacMillan.
- Walker, L. S., McLaughlin, F. J., & Greene, J. W. (1988). Functional illness and family functioning: A comparison of healthy and somaticizing adolescents. Family Process, 27, 317-320.
- Williams, R., Lingren, H., Rowe, G., Van Zandt, S., Lee, P., & Stinnett, N. (Eds.). (1985). Family strengths 6: Enhancement of interaction. Lincoln: University of Nebraska Press.

APPENDICES

Appendix A

Informed Consent Letter

January 13, 1995

Dear FHD Students:

We request your help in a study to identify the key factors that contribute to strengthening families. As you are aware, "The Family" has increasingly become the focal point of debate and attention. Problems in families do play an important role in many of the problems facing our society, and considerable research has been done on family problems. We know less, however, about strong families and how we could take what they are doing well and apply it to all families. We need to know more about those families.

You are under no obligation to complete this survey or participate in this research. If you do want to participate just complete the following pages of questions in an honest and open fashion. Please do not write your name on the survey as we want your answers to be anonymous.

Thanks again for your willingness to help us learn more about families and improve our Extension programs and materials. This research will help us serve Utah families better.

If you have any questions or concerns about this study, please call me at 797-1551.

Sincerely,

Thomas R. Lee, Ph.D.
Extension Specialist - Family &
Human Development

Appendix B

Family Strengths Survey
Utah State University Extension ServiceInstructions

These questions are about how you see the relationships in your family. Answer the questions about your present family. Usually your first impression to a question is your best response. There are no right or wrong answers, and we will have no way to identify your responses.

Because family relationships normally differ depending on the stage of life the family is in, these first few questions are to get a little background about your family.

1. The family you are answering the questionnaire about is: (check your response)

1. The family you grew up in
 2. The family you are head of (if 2, answer questions 1a, 1b, & 1c)

1a. What is your marital status in the family you head?

1. Married (first marriage)
 2. Remarried
 3. Divorced or separated
 4. Widowed
 5. Never married

1b. How old is your oldest child?

1. Under 5 years old
 2. 6 to 11 years old
 3. 12 to 15 years old
 4. 16 to 19 years old
 5. Over 20 years old

1c. How many children do you have living at home? _____ (write in number)

2. What is your age? _____ (write in number)

3. What is your gender?

1. Male
 2. Female

4. What is the highest grade of education you have completed?(check only one)

1. Didn't graduate from high school
 2. Graduated from high school
 3. Went to trade or vocational school
 4. Graduated from trade or vocational school
 4. Went to college but didn't graduate
 5. Graduate from college
 6. Had graduate or professional training after college

5. What is your employment situation? (check one)

1. Not employed
 2. Employed part-time
 If part-time, write in number of hours you work per week _____
 3. Employed full-time (40 hours or more)

6. Religious Preference (check one)

1. Catholic
 2. Jewish
 3. Mormon (LDS)
 4. Protestant
 5. Other: _____
 6. No religion

The rest of the questionnaire is divided into four sections. If you are not able to finish the whole questionnaire, it would help if you could complete whole sections, especially section one.

Thank you!

SECTION 1

1	2	3	4	5
Almost Never	Once In A While	Sometimes	Frequently	Almost Always

Write the number that best describes your family in the blank beside the question:

1. We enjoy doing things together.
 2. We all help make the decisions in our family.
 3. We are proud of our family.
 4. We think the same things are important.
 5. We compliment each other.
 6. We can say what we really feel.

7. We know we can handle the problems that come up.
 8. We share interests and hobbies.
 9. When there is a problem, children's suggestions are followed.
 10. We respect one another.
 11. We have similar values and beliefs.
 12. We do nice things for each other.
 13. We really listen to each other.
 14. We can count on each other.
 15. Our family often does fun things together.
 16. Children have a say in the rules and discipline.
 17. We stick together as a family.
 18. We agree about what is right and wrong.
 19. We express love for each other.
 20. We believe it's important to understand each other's feelings.
 21. Things usually work out for the best in our family.
 22. Togetherness is very important in our family.
 23. Chores are divided up fairly in our family.
 24. We have traditions that we carry on.
 25. We agree about what really matters in life.
 26. We feel very close to each other.
 27. We can talk about things without arguing.
 28. We have friends and relatives we can count on.
 29. It is easy for us to think of things to do together.
 30. Our family discusses problems until we find a solution that's good for everyone.
 31. We are proud of our family's history.
 32. It's important to do what is right in our family.
 33. We care about how others in the family feel.
 34. We enjoy talking about things together.
 35. We look forward to what the future will bring.

Write the number of the response that best describes your feelings in the blank beside questions 1-3:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1. In general, I am satisfied with how we get along in our family.

2. I am basically happy about my family.

3. Overall, my family is about how I would like it to be.

4. Taking things all together, how would you describe your family relationships? (check one)

Very good; Good; Not sure; Poor; Very poor

SECTION 2

Circle the number that best describes your response:

	YES: Fits our family very well		SOME: Fits our family some		NO: Does not fit our family	
1.	Family members pay attention to each others feelings.	1	2	3	4	5
2.	Our family would rather do things together than with other people.	1	2	3	4	5
3.	We all have a say in family plans.	1	2	3	4	5
4.	The grownups in this family understand and agree on family decisions.	1	2	3	4	5
5.	Grownups in the family compete and fight with each other.	1	2	3	4	5
6.	There is closeness in my family, but each person is allowed to be special and different.	1	2	3	4	5
7.	We accept each other's friends.	1	2	3	4	5
8.	There is confusion in our family because there is no leader.	1	2	3	4	5
9.	Our family members touch and hug each other.	1	2	3	4	5
10.	Family members put each other down.	1	2	3	4	5
11.	We speak our minds, no matter what.	1	2	3	4	5
12.	In our home, we feel loved.	1	2	3	4	5
13.	Even when we feel close, our family in embarrassed to admit it.	1	2	3	4	5
14.	We argue a lot and never solve problems.	1	2	3	4	5
15.	Our happiest times are at home.	1	2	3	4	5
16.	The grownups in this family are strong leaders.	1	2	3	4	5
17.	The future looks good to our family.	1	2	3	4	5
18.	We usually blame one person in our family when things aren't going right.	1	2	3	4	5
19.	Family members go their own way most of the time.	1	2	3	4	5
20.	Our family is proud of being close.	1	2	3	4	5
21.	Our family is good at solving problems together	1	2	3	4	5
22.	Family members easily express warmth and caring toward each other.	1	2	3	4	5
23.	It's okay to fight and yell in our family.	1	2	3	4	5
24.	One of the adults in this family has a favorite child.	1	2	3	4	5
25.	When things go wrong, we blame each other.	1	2	3	4	5
26.	We say what we think and feel.	1	2	3	4	5

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 27. | Our family members would rather do things with other people than together. | 1 | 2 | 3 | 4 | 5 |
| 28. | Family members pay attention to each other and listen to what is said. | 1 | 2 | 3 | 4 | 5 |
| 29. | We worry about hurting each other's feelings. | 1 | 2 | 3 | 4 | 5 |
| 30. | The mood in my family is usually sad and blue. | 1 | 2 | 3 | 4 | 5 |
| 31. | We argue a lot. | 1 | 2 | 3 | 4 | 5 |
| 32. | One person controls and leads the family. | 1 | 2 | 3 | 4 | 5 |
| 33. | My family is happy most of the time. | 1 | 2 | 3 | 4 | 5 |
| 34. | Each person takes responsibility for his/her behavior. | 1 | 2 | 3 | 4 | 5 |
35. On a scale of 1 to 5, I would rate my family as:

1	2	3	4	5
My family functions very well together				My family does not function very well at all We really need help.

36. On a scale of 1 to 5, I would rate the independence in my family as:

1	2	3	4	5
No one is independent. There are no open arguments. Family members rely on each other for the satisfaction rather than on outsiders.)		(Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside the family.)		Family members usually go their own way. Disagreement are open. Family members look outside of family for satisfaction.

SECTION 3

Circle the number that best describes your response:

- | | Almost
Never | Once in
A While | Sometimes | Frequently | Almost
Always |
|--|-----------------|--------------------|-----------|------------|------------------|
| 1. Family members are supportive of each other during difficult times. | | 1 | 2 | 3 4 | 5 |
| 2. In our family, it is easy for everyone to express his/her opinion. | | 1 | 2 | 3 4 | 5 |
| 3. It is easier to discuss problems with people outside the family than with other family members. | | 1 | 2 | 3 4 | 5 |
| 4. Each family member has input in major family decisions. | | 1 | 2 | 3 4 | 5 |

5.	Our family gathers together in the same room.	1	2	3	4	5
6.	Children have a say in their discipline.	1	2	3	4	5
7.	Our family does things together.	1	2	3	4	5
8.	Family members discuss problems and feel good about the solutions.	1	2	3	4	5
9.	In our family, everyone goes his/her way.	1	2	3	4	5
10.	We shift household responsibilities from person to person.	1	2	3	4	5
11.	Family members know each other's close friends.	1	2	3	4	5
12.	It is hard to know what the rules are in our family.	1	2	3	4	5
13.	Family members consult other family members on their decisions.	1	2	3	4	5
14.	Family members say what they want.	1	2	3	4	5
15.	We have difficulty thinking of things to do as a family.	1	2	3	4	5
16.	In solving problems, the children's suggestions are followed.	1	2	3	4	5
17.	Family members feel very close to each other.	1	2	3	4	5
18.	Discipline is fair in our family.	1	2	3	4	5
19.	Family members feel closer to people outside the family than to other family members.	1	2	3	4	5
20.	Our family tries new ways of dealing with problems.	1	2	3	4	5
21.	Family members go along with what the family decides to do.	1	2	3	4	5
22.	In our family, everyone shares responsibilities.	1	2	3	4	5
23.	Family members like to spend their free time with each other.	1	2	3	4	5
24.	It is difficult to get a rule changed in our family.	1	2	3	4	5
25.	Family members avoid each other at home.	1	2	3	4	5
26.	When problems arise, we compromise.	1	2	3	4	5
27.	We approve of each other's friends.	1	2	3	4	5
28.	Family members are afraid to say what is on their minds.	1	2	3	4	5
29.	Family members pair up rather than do things as a total family.	1	2	3	4	5
30.	Family members share interests and hobbies with each other.	1	2	3	4	5

SECTION 4

This next section contains a number of statements about families. Please read each statement carefully, and decide how well it describes your own family. You should answer as to how you see your family.

For each statement there are four (4) possible responses:

Strongly Agree (SA)	Check SA if you feel that the statement describes your family very accurately.
Agree (A)	Check A if you feel that the statement describes your family for the most part.
Disagree (D)	Check D if you feel that the statement does not describe your family for the most part.
Strongly Disagree (SD)	Check SD if you feel that the statement does not describe your family at all.

Circle the response which best describes your feelings:

- | | | | | |
|---|----|---|---|----|
| 1. Planning family activities is difficult because we misunderstand each other. | SA | A | D | SD |
| 2. We resolve most everyday problems around the house. | SA | A | D | SD |
| 3. When someone is upset the others know why. | SA | A | D | SD |
| 4. When you ask someone to do some-thing, you have to check that they did it. | SA | A | D | SD |
| 5. If someone is in trouble, the others become too involved. | SA | A | D | SD |
| 6. In times of crisis we can turn to each other for support. | SA | A | D | SD |
| 7. We don't know what to do when an emergency comes up. | SA | A | D | SD |
| 8. We sometimes run out of things that we need. | SA | A | D | SD |
| 9. We are reluctant to show our affection for each other. | SA | A | D | SD |
-

10. We make sure members meet their family responsibilities.	SA	A	D	SD
11. We cannot talk to each other about the sadness we feel.	SA	A	D	SD
12. We usually act on our decisions regarding problems.	SA	A	D	SD
13. You only get the interest of others when something is important to them.	SA	A	D	SD
14. You can't tell how a person is feeling from what they are saying.	SA	A	D	SD
15. Family tasks don't get spread around enough.	SA	A	D	SD
16. Individuals are accepted for what they are.	SA	A	D	SD
17. You can easily get away with breaking the rules.	SA	A	D	SD
18. People come right out and say things instead of hinting at them.	SA	A	D	SD
19. Some of us just don't respond emotionally.	SA	A	D	SD
20. We know what to do in an emergency.	SA	A	D	SD
21. We avoid discussing our fears and concerns.	SA	A	D	SD
22. It is difficult to talk to each other about tender feelings.	SA	A	D	SD
23. We have trouble meeting our bills.	SA	A	D	SD
24. After our family tries to solve a problem, we usually discuss whether it worked or not.	SA	A	D	SD
25. We are too self-centered.	SA	A	D	SD
26. We can express feelings to each other.	SA	A	D	SD
27. We have no clear expectations about toilet habits.	SA	A	D	SD
28. We do not show our love to each other.	SA	A	D	SD
29. We talk to people directly rather than through go-betweens.	SA	A	D	SD
30. Each of us has particular duties and responsibilities.	SA	A	D	SD
31. There are lots of bad feelings in the family.	SA	A	D	SD

32. We have rules about hitting people.	SA	A	D	SD
33. We get involved with each other only when something interests us.	SA	A	D	SD
34. There's little time to explore personal interests.	SA	A	D	SD
35. We often don't say what we mean.	SA	A	D	SD
36. We feel accepted for what we are.	SA	A	D	SD
37. We show interest in each other when we can get something out of it personally.	SA	A	D	SD
38. We resolve most emotional upsets that come up.	SA	A	D	SD
39. Tenderness takes second place to other things in our family.	SA	A	D	SD
40. We discuss who is to do household jobs.	SA	A	D	SD
41. Making decisions is a problem for our family.	SA	A	D	SD
42. Our family shows interest in each other only when they can get something out of it.	SA	A	D	SD
43. We are frank with each other.	SA	A	D	SD
44. We don't hold to any rules or standards.	SA	A	D	SD
45. If people are asked to do something, they need reminding.	SA	A	D	SD
46. We are able to make decisions about how to solve problems.	SA	A	D	SD
47. If the rules are broken, we don't know what to expect.	SA	A	D	SD
48. Anything goes in our family.	SA	A	D	SD
49. We express tenderness.	SA	A	D	SD
50. We confront problems involving feelings.	SA	A	D	SD
51. We don't get along well together.	SA	A	D	SD
52. We don't talk to each other when we are angry.	SA	A	D	SD
53. We are generally dissatisfied with the family duties assigned to us.	SA	A	D	SD

- | | | | | |
|---|----|---|---|----|
| 54. Even though we mean well, we intrude too much into each others lives. | SA | A | D | SD |
| 55. There are rules about dangerous situations. | SA | A | D | SD |
| 56. We confide in each other. | SA | A | D | SD |
| 57. We cry openly. | SA | A | D | SD |
| 58. We don't have reasonable transport. | SA | A | D | SD |
| 59. When we don't like what someone has done, we tell them. | SA | A | D | SD |
| 60. We try to think of different ways to solve problems. | SA | A | D | SD |

Appendix C
SFI Factor Analysis

Question Number and Subscale	Factor Loading
FACTOR 1--37.0 PERCENT OF THE VARIANCE	
15. Our happiest times are at home.(Cohesion)	.63
28. Family members pay attention to each other and listen to what is said.(Health)	.62
18. We usually blame one person on our family when things aren't going right.(Conflict)	.62
6. There is closeness in my family, but each person is allowed to be special and different.(Conflict)	-.62
1. Family members pay attention to each others feelings. (Expressiveness)	.60
29. We worry about hurting each other's feelings. (Communication)	-.52
20. Our family is proud of being close.(Expressiveness)	.51
12. In our home, we feel loved.(Health)	.49
35. On a scale of 1 to 5 I would rate my family as: Functions very well, 5: Does not function very well at all we really need help.(Health)	.47
21. Our family is good at solving problems together. (Health)	.45
FACTOR 2--6.1 PERCENT OF THE VARIANCE	
16. The grownups in this family are strong leaders. (Leadership)	.71
4. The grownups in this family understand and agree on decisions.(Health)	.65
8. There is confusion in our family because there is no leader.(Conflict)	.62
5. Grownups compete and fight with each other.(Conflict)	.60
17. The future looks good to our family.(Health)	.46
3. We all have a say in family plans.(Health)	.40
FACTOR 3--4.7 PERCENT OF THE VARIANCE	
9. Our family members touch and hug each other. (Expressiveness)	.81

22.	Family members easily express warmth and caring toward each other.(Expressiveness)	.71
13.	Even when we feel close, our family is embarrassed to admit it. (Expressiveness)	.68
FACTOR 4--4.3 PERCENT OF THE VARIANCE		
36.	On scale of 1-5 I would rate the independence of my family as: 1-No one is independent, 3-Sometimes independent, 5-Family members usually go their own way.(Cohesion)	.74
27.	Our family members would rather do things with other people than together.(Cohesion)	.66
19.	Family members go their way most of the time.(Cohesion)	.59
2.	Our family would rather do things together than with other people.(Cohesion)	.57
FACTOR 5--4.0 PERCENT OF THE VARIANCE		
30.	The mood in my family is usually sad and blue.(Conflict)	.71
33.	My family is happy most of the time.(Health)	.64
7.	We accept each other's friends.(Conflict)	-.62
34.	Each person takes responsibility for his/her behavior (Conflict)	-.42
FACTOR 6--3.5 PERCENT OF THE VARIANCE		
23.	It's okay to fight and yell in our family.(Communication)	.76
10.	Family members put each other down.(Conflict)	.61
31.	We argue a lot.(Conflict)	.57
25.	When things go wrong, we blame each other.(Conflict)	.46
14.	We argue a lot and never solve problems.(Conflict)	.45
FACTOR 7--3.1 PERCENT OF THE VARIANCE		
11.	We speak our minds no matter what.(Communication)	.85
26.	We say what we think and feel.(Communication)	.83
FACTOR 8--3.0 PERCENT OF THE VARIANCE		
32.	One person controls and leads the family.(Leadership)	.81
24.	One of the adults in this family has a favorite child. (Conflict)	.55

Factor Analysis: FACES II

Question and Corresponding Subscale	Factor Loading
FACTOR 1--34.5 PERCENT OF THE VARIANCE	
2. On our family, it is easy for everyone to express his/her opinion. (Adaptability)	.75
14. Family members say what they want.(Adaptability)	.73
28. Family members are afraid to say what is on their minds. (Adaptability)	-.66
16. In solving problems, the children's suggestions are followed. (Adaptability)	.58
6. Children have a say in their discipline.(Adaptability)	.56
4. Each family member has input in major family decisions. (Adaptability)	.53
8. Family members discuss problems and feel good about the solutions.(Adaptability)	.53
FACTOR 2--7.1 PERCENT OF THE VARIANCE	
11. Family members know each others close friends.(Cohesion)	.74
27. We approve of each other's friends.(Cohesion)	.70
15. We have difficulty thinking of things to do as a family. (Cohesion)	-.51
18. Discipline is fair in our family.(Adaptability)	.51
30. Family members share interests and hobbies with each other. (Cohesion)	.46
FACTOR 3--5.2 PERCENT OF THE VARIANCE	
29. Family members pair up rather than do things as a total family. (Cohesion)	.64
3. It is easier to discuss problems with people outside the family than with other family members.(Cohesion)	.64
19. Family members feel closer to outside the family than to other family members.(Cohesion)	.58
25. Family members avoid each other at home.(Cohesion)	.44
26. When problems arise, we compromise.(Adaptability)	-.37

FACTOR 4--4.3 PERCENT OF THE VARIANCE		
9.	In our family, everyone goes his/her way.(Cohesion)	-.73
7.	Our family does things together.(Cohesion)	.53
23.	Family members like to spend their free time with each other. (Cohesion)	.52
17.	Family members feel very close to each other.(Cohesion)	.43
FACTOR 5--3.9 PERCENT OF THE VARIANCE		
5.	Our family gathers together in the same room.(Cohesion)	.60
20.	Our family tries new ways of dealing with problems. (Adaptability)	.57
13.	Family members consult other family members on their decisions.(Cohesion)	.53
FACTOR 6--3.6 PERCENT OF THE VARIANCE		
10.	We shift household responsibilities from person to person. (Adaptability)	.77
22.	In our family, everyone shares responsibilities. (Adaptability)	.68
12.	It is hard to know what the rules are in our family. (Adaptability)	-.50
2.	Family members go along with what the family decides to do. (Cohesion)	.36
1.	Family members are supportive of each other during difficult times. (Cohesion)	.36
FACTOR 7--3.5 PERCENT OF THE VARIANCE		
24.	It is difficult to get a rule changed in our family. (Adaptability)	-.84

Factor Analysis: FAD

Question and Corresponding Subscale	Factor Loading	
FACTOR 1--30.5 PERCENT OF THE VARIANCE		
49.	We express tenderness. (Affective Responsiveness)	.79
28.	We do not show are love to one another. (Affective Responsiveness)	.78
26.	We can express feelings to each other. (General Functioning)	-.74
11.	We cannot talk to each other about the sadness we feel. (General Functioning)	.73

9.	We are reluctant to show are affection for each other. (Affective Responsiveness)	.72
56.	We confide in each other. (General Functioning)	-.70
50.	We confront problems involving feelings. (Problem Solving)	.66
21.	We avoid discussing our fears and concerns. (General functioning)	.65
57.	We cry openly. (Affective Responsiveness)	.62
51.	We don't get along well together. (General functioning)	.60
22.	It is difficult to talk to each other about tender feelings. (Communication)	.58
31.	There are lots of bad feelings in the family. (General Functioning)	.57
6.	In times of crisis we can turn to each other for support. (General Functioning)	-.55
2.	We resolve most everyday problems around the house. (Problem Solving)	.55
29.	We talk to people directly rather than through go-betweens. (Communication)	.51
3.	When someone is upset the others know why. (Communication)	.43
25.	We are too self-centered. (Affective Involvement)	.42
1.	Planning family activities is difficult because we misunderstand each other. (General Functioning)	.39
FACTOR 2--5.6 PERCENT OF THE VARIANCE		
48.	Anything goes in our family. (Behavior Control)	.72
47.	If the rules are broken, we don't know what to expect. (Behavior Control)	.69
44.	We don't hold to any rules or standards. (Behavior Control)	.68
10.	We make sure members meet their family responsibilities. (Roles)	.67
17.	You can easily get away with breaking the rules. (Behavior Control)	.66
FACTOR 3--4.7 PERCENT OF THE VARIANCE		
40.	We discuss who is to do household jobs. (Roles)	.62
15.	Family tasks don't get spread around enough. (Roles)	.59

46.	We are able to make decisions about how to solve problems. (General Functioning)	-.54
38.	We resolve most emotional upsets that come up. (Problem Solving)	.53
24.	After our family tries to solve a problem, we usually discuss whether it worked or not. (Problem Solving)	.52
30.	Each of us has particular duties and responsibilities. (Roles)	.51
60.	We try to think of different ways to solve problems. (Problem Solving)	.50
FACTOR 4--3.7 PERCENT OF THE VARIANCE		
37.	We show interest in each other when we can get something out of it personally. (Affective Involvement)	.70
42.	Our family only shows interest in each other only when they can get something out of it. (Affective Involvement)	.60
33.	We get involved with each other only when something interests us. (Affective Involvement)	.54
13.	You only get the interest of others when something is important to them. (Affective Involvement)	.49
41.	Making decisions is a problem for our family. (General Functioning)	.41
FACTOR 5--3.2 PERCENT OF THE VARIANCE		
18.	People come right out and say things instead of hinting at them. (Communication)	.81
43.	We are frank with each other. (Communication)	.78
59.	When we don't like what someone has done, we tell them. (Communication)	.57
35.	We often don't say what we mean. (Communication)	.40
FACTOR 6--2.8 PERCENT OF THE VARIANCE		
20.	We know what to do in an emergency. (Behavior Control)	.80
7.	We don't know what to do when an emergency comes up. (Behavior Control)	.65
16.	Individuals are accepted for what they are. (General Functioning)	-.60
36.	We feel accepted for what we are. (General Functioning)	.53
FACTOR 7--2.8 PERCENT OF THE VARIANCE		

45.	If people are asked to do something, they need reminding. (Roles)	.77
4.	When you ask someone to do something, you have to check that they did it. (Roles)	.77
34.	There's little time to explore personal interests. (Roles)	.41
	FACTOR 8--2.7 PERCENT OF THE VARIANCE	
23.	We have trouble meeting our bills. (Roles)	.85
8.	We sometimes run out of things that we need. (Roles)	.74
58.	We don't have reasonable transport. (Roles)	.59
	FACTOR 9--2.2 PERCENT OF THE VARIANCE	
.32	We have rules about hitting people. (Behavior Control)	.67
	FACTOR 10--2.2 PERCENT OF THE VARIANCE	
19.	Some of us just don't respond emotionally. (Affective Responsiveness)	.68
39.	Tenderness takes second place to other things in our family. (Affective Responsiveness)	.48
	FACTOR 11--2.1 PERCENT OF THE VARIANCE	
54.	Even though we mean well, we intrude too much into each others lives. (Affective Involvement)	.52
52.	We don't talk to each other when we are angry. (Communication)	.43
	FACTOR 12--2.0 PERCENT OF THE VARIANCE	
27.	We have no clear expectations about toilet habits. (Behavior Control)	.82
	FACTOR 13--1.9 PERCENT OF THE VARIANCE	
12.	We usually act on our decisions regarding problems. (Problem Solving)	.75
53.	We are generally dissatisfied with the family duties assigned to us. (Roles)	-.34
	FACTOR 14--1.8 PERCENT OF THE VARIANCE	
5.	If someone is in trouble, the others become too involved. (Affective Involvement)	.88
	FACTOR 15--1.7 PERCENT OF THE VARIANCE	
14.	You can't tell how a person is feeling from what they are saying. (Communication)	.57
55.	There are rules about dangerous situations. (Behavior Control)	-.52
