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ABSTRACT

Several components must be reviewed when a clinician considers using an assessment instrument. Such components include: (1) the instrument's relevance to the presenting problem; (2) the normative data; (3) traditional psychometric principles; (4) social validity; and (5) usefulness to interventions. This study reviewed seven assessment instruments that measure individual and family dynamics. The instruments were: MMPI-2; Dyadic Adjustment Scale (DAS); Eco-Map; Martial Satisfaction Inventory (MSI); Family Environment Scale (FES); Family Adaptability and Cohesion Evaluation Scale-III (FACES-III); Genogram; and Eco-Map. The MMPI-2, used to assess an individual's functioning, was found to be an extremely sound instrument. DAS, used to measure a couple's interactions, showed strengths in reliability for nonmarital dyads. The strength of the MSI is that it helps assess communication in areas where couples have the most trouble. FES measures a family's social environment. FACES III has become the benchmark for family assessment. Genograms can be used when considering extended family relationships and the Eco-Map facilitates clinicians viewing individuals as part of a larger system. When clinicians have the most recent knowledge based upon literature and empirical studies, and have the ability to critically assess each situation, the client has the greatest chance of receiving the best treatment available. (Contains 3 tables and 22 references.) (Author/JDM)

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Running Head: A FAMILY ASSESSMENT GUIDE

A Concise and Practical Guide to Family Assessment

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A Concise and Practical Guide to Family Assessment

One can quickly become overwhelmed by the number of instruments which claim to measure countless dimensions of human functioning. Filtering through these instruments can be an arduous task. Assessment of the individual has traditionally dominated the field of psychometry. Typically, a psychologist's role has been to assess an individual's functioning and to use the data or results to develop a treatment plan or approach for improving that functioning (Grotevant & Carlson, 1989). This individual psychopathology perspective is quite limiting and is one reason for the emergence of systems theory and its application to the field of psychology. The attention to the context within which the individual is affected and which they affect other systems has profound implications for the clinician's assessment and intervention strategies. Individual problems affect other family members or they may also affect another system external to the nuclear family. Failing to assess the role of family relationships may limit the effectiveness of interventions (Patterson & Fleischman, 1979). Thus, continuation of the problem may ensue (Carlson, 1987). Clinicians who have specialized in individual assessment and intervention must now become familiar with both individual and family assessment. The shift from an individual perspective to a systems one, requires the skill of looking through multiple lenses to understand family functioning.

Multilevel Assessment

Assessment should occur on multilevels: individuals, dyads, nuclear families, extended families, and community and cultural systems (Snyder, Cavell, Heffer, & Mangrum, 1995). Taken from a family systems perspective, assessment should focus on gathering information from various and often overlapping domains of these various systems. Grotevant and Carlson (1989) identified five dimensions of assessment which are the most common and useful among measurements:

cognitive, affective, communication and interpersonal, structural and developmental, and, control, sanctions, and related behavioral domains.

Individual Assessment.

From a pure systems perspective, functioning of the individual is a symptom of the functioning of the family and as such is not a focus of treatment. The individual's functioning will increase as an extension of the increased functioning of the family system. However, the psychodynamic systems clinician would argue that the individual's functioning greatly influences the family's functioning.

The most widely used instrument around the globe is the MMPI (Graham, 1993). It is administered routinely in clinics, hospitals, private practices and in non-clinical settings such as employment screening and marital counseling. The MMPI was originally developed in 1943, and was recently updated and restandardized. The revision included modernizing the content and language of test items, elimination of controversial items, collection of nationally representative normative data, and the development of additional scales. Computerized administration is available as is computerized interpretation.

Reliability, validity, and normative data (Table 1) show that the MMPI-2 is an extremely sound instrument when psychometric standards and principles are evaluated. Test-retest coefficients for the MMPI-2 scales ranged from .72 to .92 for males and from .58 to .91 for females in the normative sample. Scales 1 (Hypochondriasis), 7 (Psychasthenia), and 8 (Schizophrenia) are the most internally consistent, and 3 (Hysteria), 5 (Masculinity-Femininity), and 9 (Hypomania) are the most inconsistent (Graham, 1993).

Strengths of the MMPI-2 (Table 2) include the high level of adherence to psychometric principles. Another strength of the MMPI-2 is the restandardization, which included a stratified

normative population which followed 1980 Census data. The leading limitation of the MMPI-2 is its application with special populations. For instance, African Americans tend to score 5 T-score points higher than Caucasians on scales F, 8 and 9; and, Latinos tend to score 4 T-score points higher than Caucasians on the L scale. Native Americans also tend to score higher than Caucasians on a number of scales. Asians also tended to score higher on all scales as compared to Caucasians.

Graham (1993) states that the MMPI-2 should be used solely to generate hypotheses or inferences and its value increases when it is used in conjunction with other psychological tests, the clinical interview and observational data, and appropriate background information. This is true of all psychological measurements. In reviewing the data generated from the MMPI-2, the clinician can use the instrument for assessing personality and psychopathology even with special populations. The Content scales and other subscales often provide more detail than the Clinical scales, which can highlight individual strengths as well as weaknesses, either of which can be the foci of treatment.

Assessing Dyads.

Communication difficulties is the top reason that couples give for entering therapy (Geiss & O'Leary, 1981), assessing these patterns of interaction are essential to their treatment. Snyder and his colleagues (1995) list several affective domains which should be assessed in couple relations: cohesion, relationship satisfaction, commitment, adaptability, distribution of power, and the developmental context.

Spanier (1976) developed the Dyadic Adjustment Scale (DAS) which measures the behavior of the couple in terms of their interaction, communication, consensus, agreement, and commitment. Items were included based on the ability to differentiate between maladjusted and

normal marriages. The DAS is one of the most commonly used measurements in family research (Johnson, 1995). In fact, the DAS is the most widely used indicator of marital quality with over 1,000 studies using the scale (Touliatos, Perlmutter, & Straus, 1990). The DAS includes one item which assesses global marital happiness and 15 items which assesses agreement in different areas of the relationship, thoughts of divorce, temporary separations, quarreling, marital interaction, and displays of affection. Four subscales were created to reflect the multidimensional nature of marital adjustment: Dyadic Consensus (13 items), Dyadic Satisfaction (10 items), Dyadic Cohesion (5 items), and Affectional Expression (4 items).

Strengths of the DAS include a reported coefficient alpha reliability of .96 for the total scale (Table 1). The scale is also unique in that the items are worded in such a way that it is appropriate for nonmarital dyads (e.g., gay or lesbian couples). A limitation of the scale (Table 2) is the normative population consisted of 218 white married couples from Central Pennsylvania. However, the scale has been widely used and its validity continues to be widely accepted. A final strength is that the DAS has an extremely high correlation to the classic, although now somewhat dated, standard measurement of dyads the Locke-Wallace Marital Adjustment Test.

The second instrument which has also been widely utilized by marriage and family therapists is the Marital Satisfaction Inventory (MSI; Snyder, 1979, 1981). The MSI is a 280-item, true-false inventory that has one scale to measure the tendency to make a good impression about the marriage (similar to the Lie scale of the MMPI), one global satisfaction scale, three scales that measure the quality of communication and time spent together, five scales that measure specific sources of marital distress, and one scale to measure the stress of one's family of origin.

The main strength of the MSI is that it has three scales that assess communication within the dyad, and communication is the area that couples cite most often that brought them into therapy

(Geiss & O'Leary, 1981). Although the MSI contains 11 scale scores, factorial analysis was not performed to verify these 11 factors. Another limitation is that African Americans tend to score 7 T-score points higher than Caucasians on most of the scales, and those with higher education tend to report higher levels of marital satisfaction. Another limitation is that normal distribution is found only with the Family History of Distress Scale (Table 2).

Assessing Nuclear Families.

Snyder et al., (1995) state that family routines provide an organization and predictability to family life that enhance security and efficiency. The functional family system also must possess both flexibility as well as hierarchy. Functional family hierarchy refers to the differential allocation of authority, privileges, and responsibilities for family members.

No single instrument has been developed which assesses family health and distress (Bray, 1995). Several key processes that are important to family health and distress, however, have been identified. Communication, conflict, problem solving, emotional bonding (cohesion), affect, roles, differentiation and individuation, and intimacy are the most often cited of these key processes. Communication, in a family context, refers to how both verbal and nonverbal information is exchanged among family members. Healthy communication involves appropriate focus of attention, shared and common meanings, and direct verbal exchange. Conflict is an exchange between two or more family members who are in disagreement. Recent research has shown that couples who engage in and resolve conflict are more likely to have long-term marital satisfaction than couples who avoid conflict (Buehlman, Gottman, & Katz, 1992). Emotional bonding or cohesion refers to the degree of closeness or distance among family members. Dysfunctional bonding or cohesion ranges from enmeshment to disconnection. Effective problem-solving skills include the ability to identify problems or issues, dialogue concerning those issues, and generating

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possible solutions to those issues which either resolve the issue or help members cope with the issue in a healthier fashion. Affect expression, similar to the other dimensions, can either be positive or negative. "Expressed emotion" is the negative expression of affect in hostile or critical statements.

The Family Environment Scale (FES; Moos & Moos, 1986) is a 90-item, true-false, self-report questionnaire that assesses the family's social environment. Ten subscales assess the family's characteristics on three dimensions: interpersonal relationships, personal growth, and basic organizational structure. Subscales that specifically measure the family domains aforementioned include communication, cohesion, expressiveness, and verbal conflict. The FES is so popular among clinicians that it has been translated into 11 languages including Chinese, French, Korean, and Spanish (Conoley & Bryant, 1995). Significant strengths of the FES include (Table 2): theoretically based, standardization and normative data, and a comprehensive administration manual. The most significant limitation is that data concerning different socioeconomic status, education, and ethnicity among the standardization samples is lacking from the administration manual. However, the validity of the FES has been corroborated through 200 studies where it has been used to differentiate between normal and dysfunctional families, family types, and to relate to treatment outcomes in predictable ways (Moos & Spinrad, 1984).

The second instrument which is being presented that also assesses family dimensions is the Family Adaptability and Cohesion Evaluation Scale-III (FACES-III; Olson, Portner, & Lavee, 1985). The FACES III is a 20-item scale that assesses family adaptability and cohesion. Family members are asked to complete the scale twice, once on how they perceive the current functioning of the family and the second time on how they would like the family to function. The second administration is optional. The theoretical basis of the FACES III is the Circumplex Model

of Marital and Family Systems (Gorall & Olson, 1995). The Circumplex model identifies flexibility/adaptability, cohesion, and communication as the most common dimensions of family functioning.

According to Halverson (1985) the FACES has become the benchmark for family assessment, with over 600 studies using one of the versions of the scale. Olson and his colleagues (1985) continue to develop the FACES III normative data along different family forms, ethnic groups, and cross-national differences in adaptability and cohesion. A limitation of the FACES scales is the apparent limited application to special populations, however, as was previously stated, the researchers continue to revise and update the normative data. The wide use of the FACES scales indicate that researchers and clinicians are and have been using these scales with special populations, however.

Assessing Extended Families.

Snyder and colleagues (1995) state that there are three common classes of extended systems: family of origin or families by previous marriages, friendships or other significant support networks, and finally, sexual relationships outside the marriage. These various relationships can either be pivotal sources of support or sources of stress for the individual family members as well as the nuclear family system itself.

One of the most widely accepted means of assessing extended family relationships is the genogram. Genograms appeal to clinicians because of the richness of the information as well the visual representation of a multigenerational perspective of a family. The structural, relational, and functional dimensions of the family system, as represented on a genogram, displays both horizontal flows as well as vertical ones (McGoldrick & Gerson, 1985). McGoldrick and Gerson (1985) state that family interactions and relationships tend to be reciprocal, patterned and

repetitive. As such, these intergenerational patterns can be easily represented and identified via the genogram. The authors caution that the genogram should never be used out of context and it should also be used as an integral part of the total family assessment.

Clinicians have long used the genogram as a medium for collecting, organizing and interpreting data rather than using it as a standardized measurement instrument (McGoldrick & Gerson, 1985). Thus, the development of the genogram has not followed the traditional psychometric principles. Several factors influence the reliability of the genogram: type of data collected (objective versus subjective), recall distortions in the family members, and, the Rashomon effect (different perspectives on the same event). The genogram is based largely on the principles of Bowen's family systems theory. These principles upon which the genogram are based include: (a) family structure, (b) life cycle fit, (c) pattern repetition across generations, (d) life events and family functioning, (e) relational patterns and triangles, and (f) family balance and imbalance. Technology may facilitate the empirical corroboration of the genogram through computer software which standardizes the protocol, the structure of the genogram itself, as well as automation of clinical records. Each of these may allow for the genogram to be analyzed across studies, populations, and settings, as well as being put under the scrutiny of psychometric principles.

Assessing Community and Cultural Systems.

Hartman first introduced the Eco-map in 1975 as a vehicle which she hoped would bridge the gap between esoteric theory and the everyday practicalities of social work practitioners. With the then newly introduced systems theory, somewhere around the 1950s, into social work practice Hartman developed the Eco-map as a visual model designed to get beyond the constraints of linear thinking and language.

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According to Nordstrom (1995), Hartman's article has had more reprint requests than any other article ever printed, either before or subsequent, in the journal *Families in Society.* The Eco-map facilitates the clinician viewing the individual as part of a larger, more complex system. This broad system perspective allows for the clinician to also consider social, relational, and instrumental skills individuals must have in order to successfully cope with the dynamic demands of the systems within which they must operate.

Hartman (1978) suggests that the initial step of constructing the Eco-map is to draw the nuclear family system as a larger circle at the map's center. The next stage is to depict each family member as either a circle for females or a square for males with their age inside each particular geometric figure. The next step is to draw smaller circles outside the nuclear family's circle for each and every significant system with which the nuclear family interacts. For instance, work, health care, church, recreation, and extended families. The next step is to depict the connections between the family and the systems from the environment. A solid or thick line represents a very strong connection; a dotted line is for a tenuous connection; jagged marks across the line represents a conflictual relationship. Hartman also suggests that the clinician draw arrows to indicate the flow of communication, support, or stress. Brief descriptions can also be written beside the line. One such description, could be "Johnny's mother - very demanding."

Hartman (1978) states that the Eco-map's primary value is in its visual impact and its ability to present to the reader a vast amount of factual information, as well as relational patterns. In order to avoid being reductionistic or scientific, the Eco-map facilitates a system perspective in graphic form.

Conclusions

According to Snyder et al., (1995), there are several key components that the clinician should review when considering or evaluating an assessment instrument: (a) relevance to the presenting problem, (b) normative data, (c) corroborative sources, (d) traditional psychometric principles, (e) cost-benefit analysis, (f) social validity, (g) theory based, and (h) useful to interventions. One reason these criteria are pivotal to assessing the various systems is the better informed we are as clinicians, the better the assessment, and theoretically the better the treatment. Likewise, clinical decisions may be based on the data collected, therefore, the instrument should adhere to psychometric principles.

The above criteria was applied to each of the assessment tools which are included in this "Practical Guide to Family Assessment," and the findings are presented in Tables 1 and 2. Some fared better than others in this evaluation, but each of the instruments lead the field in their respective dimensions of family assessment. It is fairly easy to understand the gravity of the importance of using the most sound assessment tool available (Table 3 provides availability and points of contact for the instruments evaluated in this paper). When clinicians have the most recent knowledge, based upon literature and empirical studies, use empirically tested theories, and have the ability to critically assess each situation the client stands the greatest chance of receiving the best treatment available at that particular point in time. Likewise, when the clinician uses knowledge, theories, or instruments that have never been subjected to empirical corroboration, then the client may be subjected to substandard treatment and the outcome as well as the treatment is anyone's best guess as to what will happen. As such, it is the clinician's ethical responsibility to remain current on both research literature as well as the most recent and valid testing instruments. Assessment should also be tailored to the particular situation, and as such

there isn't a "standard battery" which should be applied to each family that walks into the waiting room. However, the instruments presented here may provide the answer to the clinical puzzle which the clinician has been grappling with when working with a particular system.

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Table 1.

Reliability, validity, and normative data for the proposed assessment instruments which measure various individual and family dynamics.

Domain/Instrument	Reliability	Validity	Normative Data
Individual			
MMPI-2	- test/re-test (.77 to .92)	- external correlate - internal consistency (.60 to .90)	1,138 males & 1,462 females, - behavior stratified to 1980 correlate Census figures
Dyad			
Marital Satisfaction Inventory (MSI)	.80 to .97	n/a	322 husbands 328 wives from Southeastern US
Dyadic Adjustment Scale (DAS)	.73 to .96	.86 to .88	218 white married people in Central Pennsylvania
Nuclear Family			
Family Environment Scale (FES)	.61 to .78	factor analysis	1125 normal & analysis 500 distressed families
Family Adaptability and Cohesion Evaluation Scales III (FACES III)	cohesion .77 adaptability .62	factor analysis	adults (N=2,453) fam w/adolescents (N=1315) young couples (N=242)
Extended Family			
Genogram	not available		
Community/Culture			
Eco-Map	not available		

Table 2.

Strengths, weaknesses, and cultural limitations for the proposed assessment instruments which measure various individual and family dynamics.

Instrument	Strength(s)	Weakness(es)
MMPI-2	- well validated - normed with minority populations as well as Caucasians (1980 Census) - computerized version	- limited use with families - requires skilled clinician to adapt utility to family modality
Marital Satisfaction Inventory(MSI)	- short forms are available - handscoring < 5 minutes - has specific questions that relate to children and childrearing	- poor validity validation - normal distribution is found only in the Family History of Distress Scale
Dyadic Adjustment Scale (DAS)	- reliability & validity - utility for nonmarital dyads - extremely high correlation with the Locke-Wallce Marital Adjustment Test	- normative population - no longitudinal studies to indicate whether the scale can predict divorce
Family Environment Scale (FES)	- systems theory based - standardized and normed - comprehensive manual - available in 11 languages	- no data available for socioeconomic status, education, ethnicity
FACES III	- ease of administration (20 item questionnaire)	- global, whole-family functioning - scores are subject to response bias - multicultural application
Genogram	- widely accepted & used - graphic display - easy visualization - utility across disciplines	- not empirically validated - psychometric principles not used
Eco-Map	- most widely disseminated article ever in published in *Families in Society*	

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Table 3.

Availability and points of contact for the proposed assessment instruments which measure various individual and family dynamics.

Instrument	Author(s)	Availability
MMPI-2	(Butcher et al., 1989)	University of Minnesota Press Minneapolis, MN
Marital Satisfaction Inventory(MSI)	(Snyder, 1991)	Western Psychological Services Los Angeles, CA
Dyadic Adjustment Scale (DAS)	(Spainer, 1976)	*Journal of Marriage and the Family, 38,* 15-28.
Family Environment Scale (FES)	(Moos & Moos, 1986)	Consulting Psychologists Press 577 College Avenue Palo Alto, CA 94306
FACES III	(Olson, Portner, & Lavee, 1985)	David H. Olson Family Social Science University of Minnesota 290 McNeal Hall St. Paul, MN 55108
Genogram	(McGoldrick & Gerson, 1985)	*Genograms in family assessment*, New York: Norton. ISBN 0-393-70002
Eco-Map	(Hartman, 1978)	*Families in Society, 76* (2), 111-122.

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