

Observing relationships in Finnish adoptive families: Oulu Family Rating Scale

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Tienari P, Wynne LC, Sorri A, Lahti I, Moring J, Nieminen P, Joukamaa M, Naarala M, Seitamaa M, Wahlberg K-E, Miettunen J. Observing relationships in Finnish adoptive families: Oulu Family Rating Scale. *Nord J Psychiatry* 2005;59:253–263. Oslo. ISSN 0803-9488.

Adoption studies were intended to separate genetic from environmental “causal” factors. In earlier adoption studies, psychiatric diagnostic labels for the adoptive parents were used as a proxy for the multiple dimensions of the family rearing environment. In the Finnish Adoption Study, research design provided the opportunity to study directly the adoptive family rearing environment. For this purpose 33 sub-scales were selected creating what we call Oulu Family Rating Scale (OPAS, Oulun PerheArviointiSkaala). In this paper, the manual for scoring of these sub-scales is presented.

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During the 1950s, a wave of enthusiasm for interpreting the family as a context for the development or maintenance of psychopathology brought into view not only the clinical field of family therapy but also a number of research methods for assessing family relationship. Dysfunctional relationships and individual symptoms were thought to be interwoven, both in ongoing patterns and possibly in their origins.

Adoption studies, especially those reported by Kety et al. (1) and Rosenthal et al. (2) in Denmark, were intended to separate genetic from environmental “causal” factors. However, relatedness within adoptive rearing families was not actually observed in these studies. Instead, psychiatric diagnostic labels for the adoptive parents were used as a proxy for the multiple dimensions of the family rearing environment.

In the Finnish Adoption Study, we used what has been called the *adoptees’* research design, which had been previously applied in the much smaller studies by Rosenthal et al. (2) in Denmark. This research design provides the opportunity, pursued in the Finnish study but not by Rosenthal, to study directly the adoptive family rearing environment. A comparison then becomes possible between the relationships of healthy vs. dysfunctional adoptive families who rear adoptees at high vs. low genetic risk.

The national search in Finland yielded, in eventual final assessments, adoptees at “broadly defined” genetic high

risk, with biological mothers having diagnoses in the schizophrenia spectrum. Those in the comparison group were adoptees at low genetic risk, with birth mothers having a non-spectrum disorder or no psychiatric diagnosis (3, 4). Also, non-diagnostic genotypic variables assessing putative genetic vulnerability have been studied, especially the Thought Disorder Index (5–8). In another report from the Finnish Adoption Study, we have evaluated the adoptive family rearing environment using specific Family Rating Scales (OPAS) based upon direct observations in the homes of participating families (9).

We have also used a series of measures obtained from the adoptive parents and families. Including and going beyond adoptive parent diagnoses, these assessments include the observational ratings of conjoint adoptive family interviews (to be submitted). Earlier, for a subsample of adoptive families, we have reported ratings of the parental couples and the families using the Beavers–Timberlawn Family Scales (10) applied to the Spouse and Family Consensus Rorschach (11). We have reported findings from Communication Deviance (CD) scored from tape-recorded individual parent Rorschach (12–15). CD is also scored from the Consensus Rorschach (16).

Conditions constraining the selection of family assessment methods

We wished to develop new approaches that would be feasible to administer with widely scattered families and

be conceptually relevant to hypotheses about families with a schizophrenic offspring. In order to interpret the meaning of the study's findings, as well as to stimulate further innovation in the complex fields of family research and behavioral genetics, it is necessary to recognize the special circumstances under which data can be collected from adoptive rearing families. Several of those circumstances that were given attention in the Finnish study can be noted here.

Rationale for participation of families

A basic feature of the study design was to carry out interviewing and testing by team members who were aware of the fact of adoption in the rearing families but were blind as to the genetic background of the adoptees. The rationale for their asking the families to participate could genuinely be interest in the family's experience of the adoption over the years. This was an identified issue about which the family members could feel knowledgeable and about which they would have something to contribute to the researchers. Initially, letters were sent to the adoptive mothers jointly from the adoption agency and the principal investigator asking for their participation in a study of adoption. The reasons for asking them to participate were explained to them both by mail and in later telephone calls, so that it became sensible from their point of view to participate. Having a specific focus for the family meeting undoubtedly helped engage some, probably most, families. The rate of (total) refusal of family interviews was only 25/370 (6.8%).

A non-therapeutic, non-pathologized approach

Closely related to this rationale was the plan that after establishing contact about the family's view of the adoption, an inquiry could comfortably continue about their overall relationships with one another, the major events in their lives, and their history of medical and psychiatric illness. The adoptive family interviewers had no basis to anticipate that a specific adoptee was psychiatrically vulnerable. Thus, the interviewers expected a considerable range of both healthy and possibly dysfunctional family patterns in this sample. Within this context, the interviewers could ask about symptoms and illnesses, if any, but did not convey that the family was being seen because of a presenting clinical problem.

Home visiting

The families were seen in their homes. Importantly, a wider range of observations, especially about non-verbal engagement or alienation of family members with one another, could take place more easily in the home than in a clinic. Despite the additional time and effort required from the investigators, we have concluded that the advantages of home observation far outweighed the disadvantages. The interviewing and testing procedures

had to be carried out sequentially, but it was feasible to prolong the visits because the family members did not need to leave home. The assessment often lasted 14–16 h over a 2-day period. The sheer duration of contact meant that habitual patterns of interaction were likely to emerge, even for families that might initially be quite guarded.

Availability of conceptually relevant family assessment methods

In the late 1970s when the adoptive family interviewing and testing of the study began, a great diversity of hypotheses was afloat about the development of schizophrenia. A host of concepts about the context of family-systems functioning in schizophrenia had originated in the 1950s and 1960s (e.g. (17–23)). Thus, by the late 1970s when data collection from adoptive families began in the Finnish Study, the challenging task was to select methods that would tap major hypotheses about schizophrenia, be suitable for study of non-clinical families, and also be feasible for data collection by a single investigator meeting with adoptees and their adoptive families in their homes. Extensive interviewing with individual family members, the parental couple, and the entire family was key for much of the research task, but needed to be adapted for the special issue of assessing ongoing family relationships.

At the time the study was begun, family therapists generally disdained self-report measures and favored observational methods. Later, this view was modified and, at the time of a 12-year follow-up of the adoptees, Beavers' Self-report Questionnaire (24) was given to the adoptees in an attempt to compare the adoptee's view of the family at that time with earlier family assessments (to be reported elsewhere).

In this article, we focus upon OPAS, a distinctive set of sub-scales for evaluating family relationships during interviews and observations in the family home. Although the special conditions of the Finnish Adoption Study helped frame the range and detail of the inquiry and observations that we made, the resultant scales may well be of interest to other investigators.

Construction of the OPAS

Initially, we reviewed existing scales to consider which of them would fit with the special goals and conditions of the study as outlined above. Beavers' Family Evaluation Scales (10), which can be used with a wide range of direct observations of families, were a major source of scales for the study. Also, scales were specially constructed to tap major concepts thought to be relevant for families with schizophrenic offspring. After much discussion and pilot trial of possible scales, the team of investigators selected 33 sub-scales, creating what was called the

OPAS (Oulun PerheArviointiSkaala, Oulu Family Rating Scale; Table 1).

During the preliminary use of the OPAS, group discussion revealed that the wording of some of them needed to be clarified to enhance inter-rater reliability. Each scale could be rated at five levels from “healthy” to “severely dysfunctional.” An effort was made to specify not only the content of each scale thematically but also to define operationally, insofar as possible, what behaviors and relationships would be given at levels 1, 3 and 5, with levels 2 and 4 left for intermediate ratings (see Appendix 1). We identified five pairs of scale items, e.g. rigid versus chaotic family structure, which had been used bidirectionally by others, but which we converted to unidirectional scales.

Inter-rater reliability

A research practicality was that all the interviews were recorded on audiotape in order to have material for inter-rater reliability studies and for later review both by

the interviewer and other investigators pursuing various specific hypotheses. However, some of the sub-scales were relatively dependent upon observation of non-verbal behavior and communication (prior to convenient videotaping). Expectably, these items were more difficult to rate reliably from the audiotapes.

The inter-rater reliability of the OPAS Rating scales was examined in two separate studies. Subjects were selected from the Finnish Adoptive Study families. We calculated average measure intraclass correlation coefficient (alpha) for each of the items, and report here mean and range of the values (Table 1).

In the first study, four psychiatrists (AS, IL, MN, JM) each interviewed a sub-sample from 40 families. These families contained 29 randomly chosen and 11 single-parent families. All four psychiatrists rated each family. When a rater was not the interviewer, he/she used tapes from the joint family interview to evaluate the items. Ratings from tapes were done blindly. The mean alpha coefficient for all items was 0.57 (range 0.15–0.82). In this study, items for Expelling and Parent–offspring

Table 1. OPAS sub-scales and inter-rater reliability.

Item	Four raters		Two raters		
	<i>n</i>	Alpha	<i>n</i>	Alpha	
1	Rigid family structure	38	0.63	31	0.24
2	Chaotic family structure	34	0.53	31	0.35
3	Lack of empathy	38	0.68	31	0.65
4	Lack of humor	38	0.55	31	0.38
5	Insecurity in family	39	0.50	31	0.69
6	Cynical, hopelessness	39	0.66	31	0.68
7	Manifest anxiety	39	0.70	31	0.64
8	Generational disengagement	36	0.58	31	0.48
9	Generational enmeshment	37	0.56	31	0.54
10	Individual distancing	38	0.36	31	0.57
11	Individual enmeshment	38	0.34	31	0.35
12	Constricted communication	39	0.69	31	0.73
13	Amorphous communication	39	0.53	31	0.21
14	Disruptive communication	39	0.66	31	0.80
15	Inflexibility	39	0.58	31	0.19
16	Parent–parent conflict	37	0.65	28	0.81
17	Parent–offspring conflict	38	0.77	31	0.74
18	Triangulation	35	0.24	28	0.60
19	Narrow range of affect	39	0.49	31	0.59
20	Intensive, explosive affect	26	0.65	31	0.72
21	Flat, empty affect	38	0.68	31	0.80
22	Non-acknowledgement	39	0.63	31	0.53
23	Suspicious of extrafamilial context	39	0.61	31	0.86
24	Intra-familial relations neglected	37	0.15	31	0.40
25	Incongruent views of family	38	0.67	31	0.60
26	Unclear family roles	38	0.48	30	0.22
27	Delegation derailed	35	0.61	31	0.75
28	Binding	38	0.53	31	0.56
29	Expelling	37	0.82	31	0.77
30	Inadequate daily problem solving	39	0.49	31	0.73
31	Criticism	38	0.72	31	0.71
32	Dissatisfaction with family	38	0.70	31	0.75
33	Passivity, apathy	39	0.50	31	0.71

conflict had the best values of alpha, while seven of the items had poor alpha values.

In the second reliability study, one psychologist (MS) was present when a sample of the families ($n=31$) was interviewed by psychiatrist (JM). These families had a younger adoptee than the rest of the families in the total study population. The mean alpha coefficient for all items was 0.59 (range: 0.19–0.86). Items for Suspicious of extrafamilial context and Parent–parent conflict had substantial values of reliability. Nine of the items had poor alpha value (<0.5).

Most of the OPAS items (17/33) achieved at least fair alpha values in both reliability studies. In the study with two raters, mean alpha was 0.59 (0.19–0.86) and in the study with four raters 0.57 (0.15–0.82).

Statistical grouping

Optimal grouping of the OPAS scales has been a complicated task. A series of statistical analyses were carried out, especially using factor analysis and cluster analysis (Table 2).

All 33 sub-scales are identified in Table 2. Each factor appears to have substantial conceptual coherence. Factor 1 can be labeled as “Critical, disruptive family conflict” and Factor 2 as “Constricted, dysphoric functioning.” These two factors seem to have clearly contrasting cognitive and affective content. Other sub-scales are listed in Table 2 to show the range of concepts under consideration. These items were mostly related to “boundary” problems of distancing, enmeshment, and chaotic disengagement and expelling. Even though these

Table 2. Factor analysis and internal consistency.

Five factors	Factor analysis	Reliability using Cronbach's alpha	
	Factor loadings	Corrected item-total correlation	Alpha if item deleted
Factor 1: Critical, disruptive family conflict (Cronbach's alpha 0.9289)			
20 Intensive, explosive affect	0.774	0.5731	0.9265
31 Criticism	0.773	0.7286	0.9220
22 Non-acknowledgement	0.744	0.7987	0.9205
18 Triangulation	0.713	0.6427	0.9246
03 Lack of empathy	0.713	0.7795	0.9205
05 Insecurity/aggressively in family	0.694	0.7460	0.9217
16 Parent–parent conflict	0.693	0.5837	0.9270
15 Inflexibility	0.652	0.7178	0.9223
17 Parent–offspring conflict	0.627	0.6104	0.9265
07 Manifest anxiety/tension	0.596	0.7093	0.9228
32 Dissatisfaction with family	0.594	0.6943	0.9231
27 Delegation derailed, conflicted	0.588	0.6362	0.9248
14 Disruptive communication	0.567	0.6150	0.9254
26 Unclear family roles	0.482	0.6060	0.9256
28 Binding	0.471	0.4801	0.9289
Factor 2: Constricted, dysphoric functioning (alpha 0.8820)			
21 Flat, empty affect	0.824	0.5296	0.8772
19 Narrow Range of affect	0.813	0.7569	0.8592
12 Constricted communication	0.747	0.6217	0.8698
33 Passivity, apathy, anergy	0.636	0.7205	0.8607
25 Incongruent views of family (by interviewer & family)	0.618	0.7215	0.8608
06 Cynical, hopeless, pessimism	0.571	0.6777	0.8647
04 Lack of humor & playfulness	0.563	0.7028	0.8625
30 Inadequate daily problem solving	0.541	0.5697	0.8742
01 Rigid family structure & leadership	0.406	0.4080	0.8905
Factor 3: Disengagement (alpha 0.7244)			
08 Generational disengagement	0.824	0.6568	0.5704
10 Individual distancing	0.783	0.6816	0.5587
29 Expelling	0.534	0.4806	0.6874
23 Suspicious of extrafamilial context	0.317	0.3048	0.8020
Factor 4: Enmeshment (alpha 0.8897)			
11 Individual enmeshment	–0.676	0.8068	–
09 Generational enmeshment	–0.656	0.8068	–
Factor 5: Chaotic, undifferentiated functioning (alpha 0.6803)			
02 Chaotic, unclear family organization	0.865	0.5728	0.4941
13 Amorphous communication	0.596	0.5096	0.5813
24 Intra-familial relations neglected	0.385	0.4323	0.6571

sub-scales were of considerable conceptual interest, they were difficult to rate reliably. Furthermore, psychometrically, they fell into small groups that were statistically unsuitable for later group analyses.

Several criteria evolved for deciding that in our sample certain items were unsuitable for systematic study [items 06, 08, 10, 18, 24, 26, 27, 28 and 29]: if they had exceptionally low inter-rater reliability, or had too many missing data, or had such a narrow range of variability in the ratings that their predictor value would be negligible (9, 25).

Concluding comment

This article is one of a series of publications reporting the work of the Finnish Adoptive Family Study of Schizophrenia. The goal of this study has been to disentangle genetic and environmental/rearing variables contributing to the emergence and outcome of schizophrenia spectrum disorders. Alongside the genetic liability indexed by assessment of adopting-away mothers, we have obtained an array of measures of the adoptive-family rearing environment. These measures have included the psychiatric diagnoses of the adoptive parents, test measures of their level of Communication Deviance, Global Family Ratings and specific family rating scales obtained from direct observations during extended home visits with the adoptive families. Because there have been no previous studies rating families with similar genetic and environmental liabilities, we have constructed a set of rearing family rating scales that conceptually might be predictors of offspring outcomes. The sources of these sub-scales have been diverse. In this article, we describe the original 33 family rating scales with putative relevance to the goals of this study.

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Appendix A. Criteria and Sources for Use of the OPAS Manual

A. *Quality of the available information/ observations that is relevant to the family's overall health or pathology*

- _____ N: Not ratable
- _____ D: Difficult to rate; rater not confident of rating
- _____ C: Rater confident of rating

B. *Levels of functioning for rating the family and its members*

- 1—Healthy functioning, from perspectives of family members and rater
- 2—Mildly severe or transient relational dysfunction; on the whole, within “normal” limits
- 3—Moderately severe and troubling, episodic dysfunction
- 4—Severely disturbed, predominantly rigid relationships; periods of satisfaction rare
- 5—Chaotic, disruptive relationships, almost no satisfaction.

C. *Sources of information (check all that apply):*

Name of observer/ interviewer _____

Name of rater _____

___ Personal, “live” observations/interviews over time period of _____; Date(s) of observations, if any _____

___ Audiotape of interview; ___ Videotape interview

___ Written records/ reports (specify) _____

01, 02 HIERARCHY, STRUCTURE

These scales measure the structure of the family; i.e. issues of power, leadership, authority, control, interpersonal role differentiation, and parental coalition.

01. Rigid family structure

- 1. *Well-organized; leadership is shared in accord with the task and individual ability; well-functioning parental coalition,*
- 3. *Somewhat rigid structure, with some inappropriate dominance/submission*
- 5. *Structure is extremely rigid; leadership invariant, regardless of circumstances, with fixed dominance/submission*

Note: If scale 01 is rated 2–5, scale 02 is not applicable (N)

02. Chaotic, unclear family organization

- 1. *Well-organized; leadership is shared in accord with the task and individual ability; well-functioning parental coalition,*
- 3. *Clarity of family structure and leadership is somewhat unclear*
- 5. *Chaotic, without structure; family lacks roles and leadership*

Note: If scale 02 is rated 2–5, scale 01 is not applicable (N)

03. Lack of empathy [Beavers–Timberlawn V, D]

Rate the degree of sensitivity to, and understanding of, one another's feelings within this family.

1. *Consistent empathic responsiveness*
2. *For the most part, an empathic responsiveness with one another, despite obvious resistance*
3. *Attempted empathic involvement, but failed to maintain it*
4. *Absence of any empathic responsiveness*
5. *Grossly inappropriate responses to feelings of others*

04. Lack of humor and playfulness

The scale observes use of humor and its quality, how individuals of the family participate and/or have capacity to see him/herself and the family from this point of view.

1. *Refreshing or playful use of humor in the family; ability to laugh at oneself and the family*
3. *Some lack of sense of humor or some odd, negative use of humor*
5. *Total lack of light heartedness, sense of humor or playfulness*

05. Insecurity within the family

Family's capacity to create the feeling of security, to be available for caregiving in a trustworthy and sustained way, and the ability of family individual members to limit upsetting behavior and aggressively.

1. *Secure "holding" environment, in accord with age, sex, and individual needs*
3. *Some insecurity and unexpected explosions*
5. *Most of the time there is aggression and lack of attention to needs of family members for basic emotional support*

06. Mood and tone [Beavers–Timberlawn Scale V B]

Rate quality of feeling tone in this family's interaction

1. *Usually warm, affectionate, positive and optimistic*
2. *Polite, without impressive warmth or affection; but without frequent hostility*
3. *Overtly hostile*
4. *Depressed*
5. *Cynical, hopeless, and pessimistic*

07. Manifest anxiety/tension [Rochester Scale V.EJ]

1. *Family appears calm and relaxed*
2. *Family appears generally relaxed yet shows occasional tension*
4. *Family usually appears tense but has some infrequent moments of more relaxed functioning*
5. *Family appears highly tense, edgy or constricted*

08. Generational boundaries, isolation, distance

09. Generational boundaries, enmeshment.

Rate cross-generational enmeshment if present; then rate scale 08, N

10. Individual boundaries, isolation, distance

11. Individual boundaries, enmeshment

If scale 08 for generational distance is rated as present, scale 09 for generational enmeshment usually is not ratable, and if 09 is present, 08 is not ratable. However, with the individual boundary scales 10/11, sometimes one individual member can be isolated but another enmeshed. Rate scales 10 and 11 for boundaries of most pathological family member; isolation may be extreme for one member and enmeshment extreme for a dyad.

1. *Definite capacity for closeness but distinct differentiation and appropriate engagement between generations/individual family members. (All 4 of the boundary scales may be rated 1 – healthy).*
3. *With scales 8 and 10, emotional distance between generations and/or family members is inappropriately present but not severe; with scales 9 and 11, enmeshment is similarly present but not severe.*

4. *Distance in scales 8 and 10, or enmeshment in scales 9 and 11, is quite severe.*
5. *Distancelisolation, or continuous overengagement, rated separately, is extreme.*

12, 13, 14 COMMUNICATION

Here is meant primarily verbal communication between family members. Scales 12, 13 and 14 do not exclude one another.

12. Constricted communication

1. *Communication is clear, understandable, lively, stays with a task or problem until resolution is reached,*
3. *Quite reduced in amount and range of content, tends to be literal and concrete*
5. *Impoverished, severely limited productivity of communication*

13. Amorphous communication

1. *Communication is clear, understandable, lively, stays with a task or problem until resolution is reached*
3. *Tends to be vague, drifting, and ambiguous, with little sense of direction or point to content*
5. *Marked amorphousness; ideas and content fail to be expressed with closure*

14. Disruptive, fragmented communication

1. *Communication is clear, understandable, lively, stays with a task or problem until resolution is reached*
3. *Tends to be fragmented, abruptly shifting direction, with some interruptions and abrupt disqualifications*
5. *Marked disruptions and fragmentation, severely interfering with shared attention and meaning*

15. Inflexibility

This scale refers to family's capacity to survive demands of different developmental phases and to adjust to external events and to unexpected changes of situations.

1. *Flexible, adaptive ability to meet new challenges and new stages in family life*
3. *Some difficulties in adaptation and flexible change*
5. *Little or no ability to change and adapt to new challenges or circumstances*

16. Conflict: parent–parent

1. *Little or no unresolvable conflict between parents*
3. *Definite conflict, verbal*
5. *Severe conflict, verbal and physical*

17. Conflict: parent–offspring [Beavers–Timberlawn Scale V.C.]

Rate the most disturbed/ dysfunctional parent–offspring dyad.) Rate, at the extreme, the degree of seemingly unresolvable manifest conflict in the most disturbed parent–offspring dyad.

1. *Little, or no unresolvable conflict*
2. *Some evidence of unresolvable conflict without impairment of family functioning*
3. *Definite dyadic conflict, with slight impairment of family functioning*
4. *Definite conflict, with moderate impairment of group functioning*
5. *Severe conflict, with severe impairment of group functioning*

18. Triangulation

Triangulation refers to the expansion of a conflict-ridden, dyadic relationship to include a third person (child, therapist, etc.), which results either in a “covering up” or a “defusing” of the primary conflict.

1. *No signs*
3. *Clear signs of triangulation*
5. *Strong, significant triangulation*

19. Narrow range of affect [Rochester Scale V.A]

Rate lack of diversity in manifest affect, the degree to which the family interaction is characterized by a narrow qualitative range of emotional expression, e.g., anger, tension, depression.

1. *Direct expression of wide range of feelings*
2. *Direct expression of many feelings despite some difficulty*
3. *Obvious restriction or blocking in expression of some feelings*
5. *Almost continuous restriction to a single affect, such as anger*

20, 21 AFFECT

These scales refer to the intensity, or lack of intensity of the affective climate. Intense affect and flat affect both may be found in a family at different times. The scales 20/21 do not necessarily exclude one another.

20. Intense, explosive

1. *Normal, balanced affective climate appropriate to circumstances*
3. *Some inappropriate, intense expression of affect*
5. *Explosive, turbulent, continually intense affect*

21. Flat

1. *Normal, balanced affective climate appropriate to circumstances*
3. *Some blunting of affective expression*
5. *Deadness, flatness, emptiness of affective expression*

22. Acknowledgement

Rate the degree to which family members acknowledge, recognize and understand the content and motives or interactions of one another, e.g., by maintaining eye contact, nodding, or giving verbal acknowledgement. [Derived from Rochester and Mishler/Waxler Scales.]

1. *A high degree of expressed acknowledgement, both in content and evidence of non-verbal intention*
3. *Partial acknowledgement; either content or intent is often missed or unrecognized in family interaction*
5. *Non-acknowledgement; frequent failures to listen to one another and to acknowledge understanding the content and intention of one another.*

23, 24 NUCLEAR FAMILY'S BOUNDARIES AND ATTITUDE TOWARD OUTER WORLD

These scales consider the capacity of nuclear family members to engage extended family members and persons in the community. Scales 23/24 exclude each other.

23. Impenetrable boundaries

1. *Realistic, trustful attitude toward outer world, involving significant interaction with a social network of both extended family and non-family members*
3. *Some suspiciousness and reduced contact with others, usually restricted to extended family*
4. *Highly suspicious or isolated from social contacts, both extended family and non-family*

24. Lack of family boundary

1. *Realistic, trustful attitude toward outer world, involving significant interaction with a social network of both extended family and non-family members*
3. *External relationships inappropriately take priority over intrafamilial relationships, primarily in extended family (e.g., mother with her mother)*
4. *Intrafamily relationships given insignificant importance compared to relationships with extended family and others; family takes no stand together against outside pressures*

25. Incongruence of interviewer's and family's view of family

The scale assesses the congruence between a family member's family image and the rater's appraisal of the family.

1. *Very congruent*
2. *Mostly congruent*
3. *Somewhat incongruent*
4. *Mostly incongruent*
5. *Very incongruent*

26. Unclear family roles

1. *Clear ideas about what to expect of family and its members*
3. *Some ideas not entirely clear about what to expect*
5. *No ideas or expectations about family and its members*

27. Delegation, derailed, conflicted

The family transactional mode in which a family is binding and expelling at the same time, and delegate is expected to carry out tasks or missions for the other family member(s), and these tasks or mission are helping the delegated family member to find an identity. But the delegation may derail if the missions are in conflict with the developmental phase, needs, or abilities of the delegated individual, or if the missions are uncomfortable or there are conflicts of loyalty (26, p. 24).

1. *Delegation is appropriate according to the child's needs or abilities and helps him/her establish an identity and inner goals*
3. *Delegation involves some conflict with child's abilities or needs, or the missions are somewhat incompatible or involve loyalty conflicts*
5. *The delegation process is totally derailed, interferes with identity formation, which derives from the needs of delegators*

28, 29 BINDING AND EXPELLING

28. Binding

A family transactional mode in which a family member influences another family member's inner world so that his or her thoughts, needs, feelings, goals, and fantasies are changed in a possessive way. In cases leading to disturbance, excessive binding hinders related individuation or independence. (26).

Rate the most disturbed relationship within the family.

29. Expelling

A family transactional mode in which there is little or no supportive influence on another family member's inner world and development and a family member may be cut off from participation in family relationships (26).

Rate the most disturbed relationship within the family. Rate only parent transactions with offspring:

- 1 *Correct support of independence and balanced closeness and distance*
- 3 *Binding or expelling on an observable level, but not extreme*
- 5 *Strong binding or complete expelling*

30. Inadequate daily problem solving

1. *Good handling of daily activities: housekeeping, work, school, social duties, problem solving*
3. *Some problems in handling daily activities*
4. *Family continually needs help and supervision to handle daily activities*

31. Criticism [Rochester Scale V D]

Rate the degree of overt dissatisfaction, criticism, or hostility expressed in the family.

1. *No evidence of dissatisfaction, criticism, or hostility*

2. *Dissatisfaction detected in content of statements about another*
4. *Criticism evident in tone of voice or in direct statement of annoyance or disapproval*
5. *Hostility is evident in generalized criticism directed at a person ("character assassination") or in rejection of the whole person*

32. Dissatisfaction with family

1. *Family members are content or satisfied with the family*
3. *Dissatisfaction or conflicting opinions*
5. *Complete dissatisfaction*

33. Energy, apathy, a energy [Rochester Scale V B]

Rate the amount of energy and vitality in the family system

1. *Much energy and vitality is demonstrated*
3. *Family shows some energy and enthusiasm*
5. *Family appears passive, apathetic, and anergic*

34. GLOBAL HEALTH-PATHOLOGY SCALE

On a scale from 01 to 99, rate the family's overall health or pathology.

- _____ N: Not ratable
- _____ D: Difficult to rate; rater not confident of rating
- _____ C: Rater confident of rating

01–10 *Optimal, the family is superior in its functioning to ordinary families*

11–20 *Healthy, satisfactory family functioning*

21–30 *Adequate; family is generally functioning well although a few slight problems may be present.*

31–40 *Mild or transient difficulties, not of severity for which professional assistance would ordinarily be sought. An individual family member may have more severe difficulties but family as a unit is functioning well.*

41–50 *Marginal; the family has moderate difficulties that may be helped by clinical intervention, although treatment would not seem a necessity at this point.*

51–60

61–70 *All family members clearly caught up in dysfunctional, serious patterns; clinical intervention clearly is needed.*

71–80

81–90 *Severely dysfunctional; extreme or bizarre behavior is present, with reciprocal involvement of all family members.*

91–99