

<b>Outcome Measure</b>	<b>Family Assessment Device (FAD)</b>
<b>Sensitivity to Change</b>	No
<b>Population</b>	Paediatric and adult
<b>Domain</b>	Family Environment
<b>Type of Measure</b>	Self-report
<b>ICF-Code/s</b>	d7, d9
<b>Description</b>	<p>The <b>Family Assessment Device (FAD)</b> is based on the McMaster Model of Family Functioning (MMFF), a clinically oriented conceptualization of families. It is a screening instrument only consisting of 53-items. The model identifies six dimensions of family functioning.</p> <ol style="list-style-type: none"> <li>(1) Problem Solving, the family's ability to resolve problems at a level that maintains effective family functioning.</li> <li>(2) Communication, which is defined as the exchange of information among family members. The focus is on whether verbal messages are clear with respect to content and direct in the sense that the person spoken to is the person for whom the message is intended.</li> <li>(3) Roles. Established patterns of behavior for handling a set of family functions which include provision of resources, providing nurturance and support, supporting personal development, maintaining and managing the family systems and providing adult sexual gratification. In addition, it includes consideration of whether tasks are clearly and equitably assigned to family members and whether tasks are carried out responsibly.</li> <li>(4) Affective Responsiveness, assesses the extent to which individual family members are able to experience appropriate affect over a range of stimuli.</li> <li>(5) Affective Involvement, is concerned with the extent to which family members are interested in and place value on each other's activities and concerns.</li> <li>(6) Behavior Control which assesses the way in which a family expresses and maintains standards for the behavior of its members. Behavior in situations of different sorts (dangerous, psychological and social) is assessed as are different patterns of control (flexible, rigid, laissez-faire and chaotic are considered).</li> </ol> <p>Scores range from 1 to 4 with 1 reflecting healthy functioning and 4 reflecting unhealthy functioning. The FAD is made up of seven scales. One, General Functioning, assesses the overall health/pathology of the family. The other six assess the six dimensions of the MMFF.</p>

**Properties****OVERVIEW**

The FAD assesses structural and organizational properties of families and the patterns of transactions among family members. It has been found to distinguish between healthy and unhealthy families, and has been used in TBI samples. The FAD-GF has been used to assess global family functioning in numerous studies of children with TBI and their families. It is brief (less than 5 minutes to complete) and available free of charge.

**DOMAIN ASSESSED**

Parent, Caregivers, Family Mental Health and Functioning

**AGE RANGE**

12 years +

**MEASURE TYPE**

Screening

**NUMBER OF ITEMS**

60 items

**MEASURE FORMAT**

Questionnaire

**AVERAGE TIME TO COMPLETION**

15-20

**REPORTER TYPE**

Self

**AVERAGE TIME TO SCORE**

10-15

**PERIODICITY**

Not specified. The FAD can be used to evaluate the effectiveness of an intervention, in which case it should be administered before and after the family receives the service.

**RESPONSE FORMAT**

The FAD utilizes a 4 point Likert scale, with answer choices “strongly agree,” “agree,” “disagree,” and “strongly disagree.” Answers are coded 1 - 4 with higher numbers indicating more problematic functioning.

**MATERIALS NEEDED**

Paper/Pencil

**Sample Item(s):**

<i>Scales</i>	<i>Sample Items</i>
General Family	Planning family activities is difficult because we misunderstand

Functioning	each other.	
Communication	You can't tell how a person is feeling from what they are saying.	
Affective Responsiveness	We are reluctant to show our affection for one another.	
Problem Solving	We usually act on our decisions regarding problems.	
Behaviour Control	We have rules about hitting people.	
Affective Involvement	We show interest in each other when we can get something out of it.	
Roles	When you ask someone to do something, you have to check that they did it.	

**INFORMATION PROVIDED**

Continuous Assessment

**FOR SPECIFIC POPULATIONS**

Military & Veteran Families

**SCORING**

Total score ranges from 1 to 4, where higher scores indicate unhealthy functioning. Raw scores can be calculated for the six subscales (Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, and Behavior Control) and for the General Functioning scale. There is no commercially available manual or representative norms. Descriptive statistics are available for a variety of patient samples including healthy community dwelling controls.

**PSYCHOMETRIC PROPERTIES**

Internal consistency:  $\alpha$  ranges from .72 to .83 for the subscales, and general functioning is .92. Correlations between the subscales range from .37 to .67.

Test-Retest Reliability: Forty-five individuals were administered the FAD on two occasions, separated by one week. The test-retest estimates for the FAD scales were adequate, ranging from .66 to .76 (Miller, Bishop et al. 1985).

Concurrent Validity: The FAD was compared with the Family Unit Inventory

	<p>(FUI; an 80 item tool designed to assess a number of family dimensions). Correlations of <math>&gt;.5</math> were obtained for 6 of the 8 cases where relationships were predicted between FAD and FUI scales (Miller et al., 1985).</p> <p><u>Discriminative Validity:</u> Families rated by an experienced family therapist as unhealthy or healthy on specific dimensions had significantly higher family mean scores on the corresponding dimensions (Miller et al., 1985).</p> <p><u>Construct validity:</u> The scale can discriminate clinical from nonclinical families (76% of the nonclinical group and 64% percent of the clinical group correctly predicted). The FAD is associated with the Locke Wallace Marital Satisfaction Scale in both husbands and wives.</p> <p><b>OVERALL</b></p> <p><u>Reliability</u></p> <ol style="list-style-type: none"> <li>1) High levels of consistency across different types of families</li> <li>2) acceptable levels of test-retest reliability</li> <li>3) low correlations with social desirability</li> <li>4) moderate correlations with other self-report measures of family functioning, and differentiates significantly between clinician-rated healthy and unhealthy families</li> <li>5) 6 of 7 scales have reported internal reliability above .70</li> <li>6) Roles has reported alpha of .69 in clinical and .57 correlation in non-clinical so use of Roles subscale in non-clinical sample may be questionable</li> <li>7) 7 subscales are moderately correlated (<math>r = .4 - .6</math>)</li> <li>8) level of inter-correlation consistent with theoretical perspective that all aspects of family functioning are interrelated</li> </ol> <p><u>Validity</u></p> <p><b>Content:</b> Six dimensions measured are comprehensive, but not exhaustive.</p> <p><b>Criterion-predictive:</b> Since test has been shown to be empirically valid, test results would predict another test in some other area to conclude similar result.</p> <p><b>Construct:</b> By getting information on both healthy and unhealthy family practices, FAD is able to measure family functioning on a spectrum.</p>
<p><b>Advantages</b></p>	<ol style="list-style-type: none"> <li>1) Frequently used in TBI studies,</li> <li>2) Noted as CORE by NIH CDE working group</li> <li>3) 6 subscales assessing different dimensions of family interactions/dynamics and overall general functioning scale provide a comprehensive interpretation of family unit</li> <li>4) Taps areas of family functioning not easily or immediately observed</li> <li>5) To identify strengths and weaknesses</li> <li>6) To guide interventions</li> <li>7) Directions for completion and scoring are clear and self-explanatory</li> <li>8) Time to complete and score the questionnaire is reasonable</li> <li>9) Can be administered in 14 different languages (Gerotevant &amp;</li> </ol>

	Carlson, 1989)
<b>Disadvantages</b>	<ol style="list-style-type: none"> <li>1) Not sensitive to change</li> <li>2) Lack of manual</li> <li>3) Does not have ideal range of normative data</li> <li>4) Propose greater ethnic, racial, and socioeconomic variability among non-clinical groups</li> <li>5) Even though the FAD is available in 14 different languages, historically used primarily with a non-clinical sample of mostly Caucasian and middle class families</li> <li>6) Reliability and validity of translated versions have not yet been established</li> <li>7) Dutch version is the exception</li> <li>8) 6 subscales correlated. If a family's problem exists in one domain, will probably exist in other domains as well</li> <li>9) Against traditional purist psychometric perspective, scales are not sufficiently independent to be considered separate dimensions (Miller et al., 2000)</li> </ol>
<b>Additional Information</b>	<ol style="list-style-type: none"> <li>1) The FAD General Function subscale is a Core Measure in the Family and Environment Domain in McCauley et al (2012).</li> <li>2) The FAD (full-version) is also a supplemental measure in this same domain.</li> <li>3) The FAD is a Supplemental measure in the Psychological Status Domain in Wilde et al (2012).</li> <li>4) This test is practical and highly useful for MFTs in particular Information provided is most pertinent in family therapy setting It can also be used by psychologists, social workers, health practitioners, etc.</li> <li>5) This assessment tool is available through the Journal of Marital and Family Therapy.</li> <li>6) The cost is associated with purchasing a subscription to the journal FAD originally designed as a clinical screening instrument for family functioning "To identify problem areas in the most simple and efficient fashion possible" (Epstein et al., 1982)</li> </ol>
<b>Reviewers</b>	<p>Vicki Anderson (adolescents)  Cathy Catroppa(adolescents)  Robyn Tate (adults)</p>

## References

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