

## **FACES IV (prepared by Helene Moriarty, PhD, RN, FAAN and Gwen Hamid, PhD, RN)**

**Title of Measure:** The Family Adaptability and Cohesion Scale (FACES IV)

**Website:**

- <http://www.facesiv.com/>
- <https://www.nctsn.org/measures/family-adaptability-and-cohesion-scale>

**Reference for original article(s) describing how the measure was developed and tested:**

- Olson, D.H., Gorall, D.M., Tiesel, J.W. FACES-IV package: Administration. Minneapolis, MN: Life Innovations, Inc; 2006.
- Olson, D. (2011). FACES IV and the Circumplex Model: validation study. *Journal of marital and family therapy*, 37(1), 64–80. <https://doi.org/10.1111/j.1752-0606.2009.00175.x>
- Olson, D. H., Waldvogel, L., & Schlieff, M. (2019). Circumplex Model of Marital and Family Systems: An Update. *Journal of Family Theory & Review*, 11(2), 199–211. <https://doi.org/10.1111/jftr.12331>
- Priest, J. B., Parker, E. O., Hiefner, A., Woods, S. B., & Roberson, P. N. E. (2020). The Development and Validation of the FACES-IV-SF. *Journal of Marital and Family Therapy*, 46(4), 674–686. <https://doi.org/10.1111/jmft.12423>

**Purpose/Background:**

- **Purpose:** The original FACES scale was developed to assess family functioning across three domains identified in the Circumplex Model including family cohesion, flexibility and communication. The measure was developed for use in clinical practice and research on the effectiveness and outcomes of family and marital therapies. Olson (2011) acknowledged that studies using FACES II and III consistently found that cohesion and adaptability had linear relationships with family functioning because the tools did not seem to measure the extreme areas of cohesion or adaptability. This led to the development of FACES IV (Olson, 2011), the current version of the tool. FACES IV was designed to assess the extremes of cohesion and adaptability and thus be potentially able to support the curvilinear proposition. Well- functioning families are conceptualized as balanced, with scores falling in the middle on each dimension. Poorly functioning families are viewed as unbalanced on the dimensions, with either low or high scores.
- **Background on the Circumplex Model of Marital and Family Systems/Background on earlier versions of FACES leading to FACES V:** Studies of the Circumplex Model of Marital and Family Systems have used a version of the Family Adaptability and Cohesion Evaluations Scales (FACES). Many studies using the previous versions, FACES I, II, and III, have been conducted since the 1980s. In early publications, cohesion was defined as “the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system” (Olson, Sprenkle, & Russell, 1979, p. 5). Adaptability was defined as “the ability of a marital/family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress” (Olson et al., 1979, p. 12). In 1981, the definition of family cohesion was changed to “the emotional bonding that members have with one another (Olson, Russell, & Sprenkle, 1983, p. 80). The adaptability construct was also later redefined as flexibility—“the quality and expression of leadership and organization, role relationship, and relationship rules and negotiations” (Olson, 2011, p. 65). In the Circumplex Model, cohesion and adaptability were conceptualized on a continuum from low to high and having curvilinear relationships with family functioning. Families with moderate levels of cohesion and adaptability were

posited as having healthier functioning, whereas those with extremely high or extremely low levels of cohesion were posited as dysfunctional. However, subsequent research challenged the validity of the model because many studies did not support the curvilinear relationships and instead found cohesion and adaptability to have linear relationships with family functioning (Thomas & Ozechowski, 2000). Olson (2011) states that "Because of the similarity of the Balanced Cohesion and Balanced Flexibility to the FACES II and III scales, it is possible to compare past research on FACES with the new findings of the balanced scales in FACES IV (p. 78).

### **Psychometrics:**

According to the Olson (2011) paper, the Cronbach's alpha reliability coefficient for each scale was as follows:

- Enmeshed = .77
- Disengaged = .87
- Balanced cohesion = .89
- Chaotic = .86
- Balanced Flexibility = .84
- Rigid = .82

According to the NCTSN website, overall:

- Test-Retest = .83-.93
- Internal consistency (alpha) = .65-.81
- Parallel/Alternate forms (t-tests and correlation)  $r = .12 - .46$

### **Scoring Procedure:**

- The tool consists of 42 items with 5-point response formats which measure family cohesion and adaptability across 6 scales, each with 7 items per scale:
    - Balanced Scales:
      - Cohesion
      - Flexibility
    - Unbalanced Scales
      - Cohesion Dimension
        - Disengaged
        - Enmeshed
      - Flexibility Dimension
        - Chaotic
        - Rigid
    - Balanced and unbalanced scores are calculated separately, with high scores on balanced scales representing healthy family processes, and high scores on unbalanced scales representing unhealthy family processes.
      - Rating is on a scale of 1-5 where:
        - 1= Does not describe our family at all
        - 2= Slightly describes our family
        - 3= Somewhat describes our family
        - 4= Generally describes our family
        - 5= Describes our family very well
- \*\*There is a 24-item version of FACES IV developed by Teisel & Olson in 2007.
- Balanced Scales:
    - Cohesion (16-85)
    - Flexibility (16-85)
  - Unbalanced Scales
    - Cohesion Dimension
      - Disengaged (0-15)

- Enmeshed (86-95)
  - Flexibility Dimension
    - Chaotic (86-100)
    - Rigid (0-15)
- The FACES IV Profile can be used to plot the scores from each scale.
- Scores can be used to identify family types: Balanced, Rigidly Cohesive, Midrange, Flexibly Unbalanced, Chaotically Unbalanced, and Unbalanced
- The six FACES IV scales can be plotted onto the Circumplex Model
- The scores can be used to calculate a balanced/unbalanced ratio score that assesses family function/dysfunction and can be used to test for curvilinearity.

**Norms/Comparative Data:** No normative data yet

**Populations the measure has been used with:**

- Pediatric epilepsy patients (Rayner, Micallef, Abeywickrama, & Wilson, 2019)
- Families of children with cancer (Marsac & Alderfer, 2011)
- Patients with adult-onset transthyretin-related familial amyloid polyneuropathy (Val30Met) (Lopes, Rodrigues, Foneseca, Sousa, Branco, et al., 2018)
- Persons with gambling disorder (Paolini, Leonardi, Visani, & Rodofili, 2018)
- Wives and children of British Army members (Pye & Simpson, 2017)
- Spanish-speaking college students (Martinez-Pampliega, Merino, Iriarte & Olson, 2017)
- Spouses of patients with Parkinsonism (Kang, Yang, Lee, Jang, Lee, & Kim, 2017)
- 13-76-year-olds in an outpatient medical clinic in Japan (Takenaka & Ban, 2016)
- Children with schizophrenia in an Indonesian population (Wiguna, Ismail, Noorhana, Kaligis, Aji, & Belfer, 2015)
- Spanish-speaking adults with ADHD (Montejo, Duran, Del Mar Martinez, Hilari, Roncalli et al., 2019)
- Underserved racial/ethnic women (Zambrana, Meghea, Talley, Hammad, Lockett & Williams, 2015)
- Korean families with a spouse with alcohol use disorder (Kwon, Ahn, Lee, Sunwoo, Kim et al., 2015)
- Offspring of patients with bipolar disorder (Park, Chang, Hallmayer, Howe, Kim, Hong, & Singh, 2015)
- Greek patients with psychosis (bipolar disorder and Schizophrenia) (Koutra, Triliva, Roumeliotaki, Lionis, Vgnotzas, 2015)
- Children with disabilities including autism spectrum disorders (Riger & Mc Grail, 2013)
- Home care in Japan (Yamagishi, Morita, Miyashita et al., 2012)
- Parents of children with brain tumors (Litzelman, Barker, Catrine, Puccetti, Possin & Witt, 2013)
- Primary school withdrawal in Japan (Suwa, Suzuki, Hara, Watanabe, Takahashi, 2003)
- Families of patients with eating disorders (Uehara, Kawashima, Goto, Tasaki, Someya, 2001)
- Infertility-related stress and family adaptability and cohesion of infertility couples (Lei, You, Luo, & Ren, 2021)
- Children with autism (Grigoropoulos, 2022)
- Telehealth parent coaching (Smith, Aytur & Humphreys, 2023)
- First-episode schizophrenia spectrum disorder (Jo, Kim, Lee, Kim, Jeong, Chung, Sohn & Kim 2021)
- Death anxiety, resilience, and family cohesion in parents of children and adolescents in the end stage of life (Mohammadi, Zahra Masoumi, Oshvandi, Bijani, Nikrouz, 2023)
- The Family Adaptability and Cohesion Scale IV short form (Priest, Parker, Hiefner, Woods & Roberson, 2020)

- Relationship between family functioning, differentiation of self and anxiety in young adults (Dolz-del-Castellar & Oliver, 2021)
- Family Functioning and Suicide Attempts in Adolescents (Ortiz-Sánchez, Brambila-Tapia, Cárdenas-Fujita, Toledo-Lozano, Samudio-Cruz, Gómez-Díaz, García, Rodríguez-Arellano, Zamora-González & López-Hernández, 2023)
- School belonging in adolescents (Yao, Pang, Xie, Xiang, Yu & Hu, 2022)
- Compulsive online shopping (Topino, Cacioppo & Gori, 2022)
- Impacts of COVID-19 and partial lockdown on family functioning, intergenerational communication and associated psychosocial factors among young adults (Tam, Poon, Mahendran, Kua & Wu, 2021)
- U.S. War Zone Veterans and Their Partners (LaMotte, Pless Kaiser, Lee, Supelana, Taft & Vasterling, 2021)
- Pediatric cancer (Lemos, Lima, Silva & Fontoura, 2020)
- Breast cancer survivors (Sawma & Choueiri, 2022)
- Adolescents with psychosis (Iorio, Casini, Damiani, Fusar-Poli, Borgatti, Mensi & Clinical High Risk State for Psychosis Research Group, 2022)
- Traumatic brain injury (Rasmussen, Andelic, Pripp, Nordenmark & Soberg, 2021; Rasmussen, Howe, Andelic & Soberg, 2023)
- Cancer related fatigue (Huang, Cai, Guo, Jia & Shi, 2023)

**Languages the measure is available in:**

- English
- Greek (Koutra, Triliva, Roumeliotaki, Lionis, & Vgontzas)
- Hungarian (Mirnics, Vargha, Toth, & Bagdy, 2010)
- Italian (Baiocco, Cacioppo, Laghi, & Tafa, 2013; Loredano, Nuovo, & Visani, 2013)
- Spanish (Rivero, Martínez-Pampliega & Olson, 2010; Martínez-Pampliega, Merino & Iriarte, 2017; Vegas, Mateos-Agut, Pineda-Otaola & Sebastián-Vega, 2022)
- Chinese (Phillips, Zheng & Zou, 1993)
- Turkish (Türkdoğan, Duru, & Balkıs, 2018)
- Malay (Cong, Tan, Noew & Wu, 2021)
- Portuguese (Sequeira, Vicente, Daniel, Cerveira, Silva, Neves, Santo & Guadalupe, 2021)

**Strengths and Limitations of the measure:**

- Per Hamilton and Carr (2016), FACES IV's strengths lie in the measures' internal reliability, construct and criterion validity, its' ability to differentiate between nonclinical and clinical cases, and its stable factor structure. Limitations of FACES IV are related to the paucity of empirical validation studies using the instrument.
- A study by Priest and Parker in 2017 concluded that the FACES IV instrument may function differently depending on how the concept of family is defined.
- In a study of pediatric oncology patients, the authors suggest further testing of the FACES IV instrument in populations with chronic illness. Validation studies are needed in both healthy and chronically ill children. Special focus should be placed on further development of the enmeshed and rigid scales. Also needed are studies demonstrating test-retest and interrater reliability, along with psychometric properties of the instrument when completed by children or adolescents. Other areas for further development include tests of construct validity comparing self-report versus observed behaviors of families, as well as research around the predictive validity of the measure. Finally, longitudinal are needed utilizing the measure (Marsac & Alderfer, 2011)
- **References for articles that include a discussion of strengths and limitations of the measure**

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