

THE FAMILY-OF-ORIGIN SCALE WITH ADOLESCENTS: PRELIMINARY NORMS*

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The Family-of-Origin Scale (FOS) is a 40 item, ten-subscale, Likert instrument founded upon psychodynamic models of family functioning. The FOS is based upon two subordinate constructs - Autonomy and Intimacy - associated with positive individual adjustment. The original FOS was designed to assess adults' retrospective views of their family. The scale has been recently modified to assess adolescents' perceptions of current family functioning. The present study involved administering the FOS to 664 adolescents. No significant differences were obtained between the adolescents and the published adult FOS norms. The FOS appears to be appropriate for adolescents.

Family functioning appears to play a particularly important role in the psychological well-being of adolescents. Research has indicated that global psychological distress among teenagers is associated with elevated family conflict (Kleinman, Handal, Enos, Ross, & Searight, 1989). Specific adolescent psychological disorders associated with family dysfunction include eating disorders (Garfinkle, Garner, Rose, Darby, Brandes, O'Hanlon, & Walsh, 1983); conduct problems (Henggeler & Borduin, 1990), mood disorders (Niedermeier, Handal, Brown, Manley, & Searight, 1992) and substance abuse (Quinn, Kuehl, Thomas, & Joanning, 1988).

However, despite the important role that family dynamics play in adolescent adjustment, there have been few family assessment tools specific to this age group. While there are a growing number of self-

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report inventories of family functioning for research and clinical practice such as the Family Environment Scale (FES; Moos & Moos, 1986), Family Adaptability and Cohesion Evaluation Scales (FACES; Olson & Portner, 1983); and the Family Assessment Measure (FAM; Skinner, Steinhauer, & Santa Barbara, 1983), these have been primarily administered to adults. It would be valuable to have a family measure which assesses constructs relevant to adolescent development.

Given the importance of development as an influence on moral reasoning, values, and emotional functioning (Santrock, 1990), it is likely that, as a group, adolescents have unique perceptions of their families relative to other age cohorts. Thus, from a psychometric perspective, it would be valuable to have a large non-clinical sample of adolescents complete the FOS to generate a data set for future research.

The Family-of-Origin Scale (FOS; Hovestadt, Anderson, Cochran, Piercy & Fine, 1985) is a 40 item, ten-subscale instrument which is founded upon two dimensions, Autonomy and Intimacy. The FOS was developed in part from psychodynamic family therapy models (Bowen, 1978; Framo, 1976) which emphasize the importance of simultaneously maintaining emotional connectedness as well as a separate identity in relation to one's family. Developmental research with adolescents supports the relationship between psychological health and family communication patterns promoting both individuality and connectedness (Grotevant & Cooper, 1985; Leaper, Hauser, Kremen, Powers, Jacobson, Noam, Weiss-Perry, & Follansbee, 1989).

The original form of the FOS was developed by Hovestadt et al. (1985) to assess adults' retrospective perceptions of the family in which they were raised. However, the conceptual model underlying the FOS appeared to be particularly relevant for adolescents and the items' wording was changed from the past to the present tense for this age group (Binder, Searight, & Scheurman, 1988). The authors have conducted a number of psychometric investigations of the adolescent version which indicate that the scale has excellent test-retest and internal consistency reliability (Manley, Searight, Skitka, Russo, & Schudy, 1991) with adolescents. Criterion validity studies with adolescents have found that the FOS scales significantly correlate with conceptually similar subscales of established measures such as the FACES and FES (Manley, Searight, Skitka, Russo, & Schudy, 1992).

Further validity support comes from investigations in which the adolescent FOS has discriminated between non-clinical adolescents and juvenile offenders, (Ketterson, Piatt, Skitka & Searight, 1991) adoles-

cent psychiatric inpatients (Niedermeier et al., 1992) and adolescents in substance abuse treatment (Searight et al., 1991).

The purpose of the current study was two-fold: a) to compare FOS scores for a non-clinical group of adolescents with the published adult norms (Hovestadt et al., 1985) and b) to examine the possibility of gender differences in family perceptions exhibited on the adolescent FOS.

METHOD

PARTICIPANTS

Students in five midwestern high schools completed the FOS in the classroom. The participants included 252 males and 412 females. The participants were drawn from one semi-rural and five urban midwestern high schools with an overall enrolment of approximately 5000 students. The ages of the participants ranged from 13 to 19 years with a mean age of 16.73 years (s.d.=.96). The percentage breakdown of parental marital status as reported by the participants was: 65% married; 12.8% divorced; 1.7% separated; 4.4% never married; 13.1% remarried (stepparent in home); and 2.6% widowed.

INSTRUMENT

Family-Of-Origin Scale

The adolescent FOS is an adapted version of the Family-of-Origin Scale [(FOS) Hovestadt et al., 1985], and is a 40-item, paper-and-pencil, face-valid, self-report inventory. It contains all of the original 40 FOS items, but each item has been rewritten in the present tense. Featuring a five-point Likert scale rating format, this measure yields a range of scores from 40 to 200, with higher scores associated with greater family health.

In addition to the overall global score of family functioning, scores are generated for two superordinate dimensions, intimacy and autonomy. The intimacy dimension consists of the following subscales: range of feelings; mood and tone; conflict resolution; empathy; and trust. The autonomy dimension consists of the following constructs: clarity of expression; responsibility; respect for others; openness to others; and acceptance of separation and loss.

Psychometric studies have demonstrated that both the original FOS and the adolescent version have high test-retest and internal consistency reliabilities. Test-retest procedures for the FOS have established a high reliability ($r=.97$) over a two week period (Hovestadt et al., 1985). In

addition, these authors reported a Cronbach's alpha of .75 for the FOS, suggesting that it is internally consistent. Similarly, test-retest procedures for the FOS have shown high reliability ($r=.95$) with adolescents over a two week period (Manley et al., 1991). Moreover, using Cronbach's alpha methodology, these authors obtained an internal consistency coefficient of .96 for the adolescent FOS.

Validity studies for the FOS have been limited and less conclusive. Content validity has been provided through item ratings by a six-member panel of nationally recognized authorities in the family therapy field (Hovestadt et al., 1985). The adult FOS has differentiated between marriages in which alcohol abuse was and was not problematic (Holter, 1982). Modest correlations have been obtained with the FOS and other valid clinical assessment instruments (Canfield, 1983; Fine, 1988; Lane et al., 1988).

Validity studies with teenagers have found the adolescent form of the FOS to correlate moderately with Moos and Moos' (1986) Family Environment Scale (Manley et al., 1991). The FOS for adolescents has discriminated between drug-abusing and non drug-abusing adolescents (Searight et al., 1991). Moreover, factor analytic investigations (Manley et al., 1990; Manley, 1991) have indicated that the FOS is a multidimensional instrument for an adolescent population. Manley (1991) was able to confirm the fit between the theoretical structure of the three superordinate dimensions and 10 subscales upon which the FOS had been developed.

RESULTS

Means and standard deviations for the adolescent sample are presented in Table 1. A series of univariate t-tests did not indicate significant differences between male and female participants on any of the 10 FOS subscales, the Autonomy or Intimacy subscales, or total FOS score. A series of univariate t-tests did not indicate significant differences between the published adult FOS norms (Hovestadt et al., 1985) and the adolescent data.

DISCUSSION

The current data provide a large non-clinical data base for the present-tense adolescent version of the Family-of-Origin Scale. This data may serve as a foundation for future FOS research efforts with adolescent clinical samples. Given that nearly 20% of adolescents in the

TABLE 1
A NORMATIVE DATA FOR 664 ADOLESCENTS

Summary Scores	Mean	Standard Deviation
Total	138.70	28.94
Autonomy	67.70	14.40
Intimacy	71.00	15.28
Subscales		
AUTONOMY		
Clarity of Expression	3.39	.84
Responsibility	3.17	.86
Respect for Others	3.57	.92
Openness to Others	3.46	.85
Acceptance of Separation and Loss	3.35	.90
INTIMACY		
Range of Feelings	3.79	.78
Mood and Tone	3.71	.97
Conflict Resolution	3.29	.93
Empathy	3.46	.96
Trust	3.52	.78

general population meet criteria for a psychiatric disorder (Kashani et al., 1987), it is probably not appropriate to view these scores as representing "normal" adolescents. While the sample size is large and representative of a number of family constellations, ethnic minorities are under-represented. Literature on ethnicity and families suggests that African-American, Hispanic, Asian, and other cultural groups may exhibit unique patterns of family functioning (McGoldrick, Pierce, & Giordano, 1983). Thus, separate FOS norms for these ethnic populations would be valuable.

The absence of significant differences between adults and adolescents on the FOS is noteworthy and surprising given the unique developmental issues which characterize adolescents (Santrock, 1990). One possible explanation for this similarity is that the adolescents in this group were somewhat older (mean age = 16.7) and that the adult normative sample is composed of undergraduate and graduate students. While Hovestadt et al. (1985) do not provide the average age of this sample, it is likely to be in the early to mid twenties. Thus, the absence of differences may reflect development similarities for the two groups.

It is also surprising that there were no gender related differences on the FOS subscales. Previous investigations with other family assessment tools have found that female adolescents report greater emotional

expressiveness and male adolescents perceive greater independence in their family (Dancy & Handal, 1981). Given that the FOS assesses these dimensions, the absence of these expected gender differences is noteworthy.

It is hoped that the non-clinical data reported in this paper will serve as an impetus for future research with the adolescent FOS. At present, the authors have several cross-cultural studies in progress to compare American adolescents with those in other countries with respect to FOS scores and the scale's factor structure. Investigations of the FOS with different adolescent clinical populations would also be of particular value in this regard.

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