

FACES-IV STANDARDIZATION IN AN ADULT ITALIAN SAMPLE – UPDATING 2017

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Abstract

In a previous study the reliability and validity of Olson's FACES-IV was assessed in an Italian adult sample composed of 517 protocols, highlighting similarities and some differences among Italian and US sample, and differences among families with and without marital problems or members with chronic health problems or disabilities. This paper reports an updated standardization on 894 adult Italian protocols from families without apparent problems, including percentiles for each FACES scale and the summarizing ratios, along with the clusters for the types of families considered in the model. Updated scores for the communication and satisfaction scales are also reported.

Keywords

Family research, Circumplex model, Communication, Satisfaction, FACES-IV, Italian Standardization

Introduction

The Italian translation and standardization of Olson's FACES-IV were undertaken in 2009 by the Italian Institute for Relational Psychotherapy (IIPR) together with the Chairs of Psychology (University of Catania) and Psychiatry (University of Rome “La Sapienza”). A previous study (Lorioedo, Di Nuovo, Visani 2013; Di Nuovo, Lorioedo, Visani, 2013, 2014) aimed to assess reliability and validity of FACES-IV in an Italian adult sample, including comparisons among families with and without marital problems or members with disabilities or chronic health problems.

The results of the preliminary study confirmed the reliability and validity of the Italian adaptation, and the basic stability of the model in the US and Italian samples, with some differences due to cultural aspects of perception and attitudes toward family.

In the conclusions of the 2013 validation, we stated that "in further research with the test, using a larger and more representative sample at a national level, the composite and derivate indices and ratios will be tested in more detail, and a standardization of these indices, as well as the basic scales, will be made. This will allow an extensive use of the test on Italian adult population, both for research and clinical purposes."

In the last years, the application of FACES-IV in Italian samples have lead to several studies (Di Nuovo et al., 2013; Meroni 2015; Menichincheri et al, 2016; Pinto et al, 2016; Visani et al, 2012, 2013a, 2013b, 2013c, 2014a, 2014b.).

The present paper reports an updated Italian standardization on families without specific problems, with percentiles for each FACES scale (including Communication and Satisfaction scales) and the ratio scores. The clusters for the types of families considered in the Olson's (2008, 2010, 2011) model will be also reported.

Sample

The sample used for the updated standardization is composed of 894 protocols, resulting from several different Italian geographical contexts (Veneto, Friuli, Emilia, Toscana, Marche, Lazio, Sicilia).¹

The age of the subjects who completed the text ranged between 14 and 84 years, mean age 41.84, standard deviation 19.90. Compilers were 314 men (35.12%) and 580 women (64.88%). As regards education, 4.74% of the sample completed primary school, 15.45% middle and 30.21% high school, 19.50% underwent vocational training, 29.65% graduated. Fathers were 22.35%, mothers 24.49%, firstborn sons 30.70%, second born 15.35%, third-born 5.08%, fourth position or more 1.47%.

In the sample 40.43% out of respondents were fully employed, 3.95% part-time or under-employed, 10.14% unemployed or seeking for a job, 23.76% students, 5.86% housewives, 15.43% retired.

Single persons were represented for 32.77% of the sample, conjugate or cohabiting 58.43%, separated 2.41%, remarried 1.45%, widowed 1.93%.

Living alone were 8.12%, while 20.88% lived with parents, 32.46% with a partner and children, 21.36% with a partner without children, 2.39% with children without partner, and 4.53% with other persons².

In this standardization sample, differently from the previous one, only subjects coming from families without apparent problems (e.g., having a member with chronic health problems or disabilities of the children or relevant present marital problems) were included.

Analyses of data.

The first level of analysis was aimed to retest distributions and update the table of percentiles with the larger standardization sample (composed of families without specific problems) described above. Results are showed in table 1.

Table 1 – Basic statistics and percentiles of the FACES scales.

	Cohes.	Flexib.	Diseng.	Enmesh.	Rigid.	Chaot.	Commun.	Satisf.
Min.	7.00	7.00	7.00	7.00	7.00	7.00	10.00	10.00
Max.	35.00	35.00	32.00	32.00	33.00	30.00	50.00	50.00
Mean	25.22	22.56	13.36	14.75	15.54	12.25	34.71	33.89
St. Dev.	5.14	5.23	4.19	4.41	4.41	4.52	8.52	7.46
Skewness	-0.47	-0.13	1.09	0.66	0.61	1.10	-0.27	-0.24
Kurtosis	0.03	-0.26	1.71	0.62	0.56	1.13	-0.62	-0.05
Shapiro-Wilk Stat.	0.98	0.99	0.93	0.97	0.97	0.91	0.98	0.99
Percentiles								
5	16	14	8	8	9	7	20	21
25	22	19	10	12	12	9	28	29
50	26	23	13	14	15	11	36	34
75	29	26	15	17	18	15	41	39
95	33	31	21	23	23	22	48	46

¹ Agostino C., Bertolotti M. C., Porcella E., Seravelli F., (Istituto Italiano di Psicoterapia Relazionale), Campanella V., (Istituto di Psicoterapia Sistemica e Relazionale ISCRA), Mosconi A., Racero G. (Centro Padovano Di Terapia Della Famiglia) Giulia San Filippo e Ilaria Fiorentini contribute to data collection

² Percentages do not sum up to 100 due to missing information for some cases.

The updated table of standardization and percentile scores for the ratios is presented in Table 2. The median score is near 1 for all the ratios, as suggested by Olson for non-problematic families.

Table 2: Basic statistics and percentiles of the FACES ratios.

	RATIO COHES.	RATIO FLEXIB.	RATIO GLOBAL
Minimum	0.02	0.01	0.02
Maximum	8.75	9.44	8.48
Mean	1.31	1.28	1.22
St Dev	1.27	1.25	1.00
Skewness	2.48	2.59	2.30
Kurtosis	8.51	9.39	9.26
Shapiro-Wilk Stat.	0.77	0.76	0.82
Percentiles			
5	0.11	0.10	0.16
25	0.48	0.52	0.57
50	1.00	0.97	0.98
75	1.65	1.60	1.62
95	3.78	3.72	3.01

In order to determine if there are naturally occurring patterns in describing family systems across the six FACES IV scales, and following Olson's procedure, K-means clustering (already applied in 2013 validation) was re-tested.

The five family types range from the least to the most healthy, i.e. *Chaotically Disengaged*, *Intermediate Unbalanced*, *Intermediate Balanced*, *Rigidly Cohesive* and *Balanced*.

Figures 1 show the comparisons among these family types based on clustering, confirming a good adherence to the hypothesized model. The comparison with the previous elaboration shows no relevant changes, except more regularity in the pattern of balanced families, according to the characteristics of families considered in this sample.

For each family type, updated ratios for cohesion and flexibility and for communication and satisfaction scales have been computed (Figures 2 and 3). Comparing the updated trends with those presented in the earlier study, less discrepancies between the two partial ratios emerged.

Figure 1: Means of percentiles for families types in the adult Italian sample.

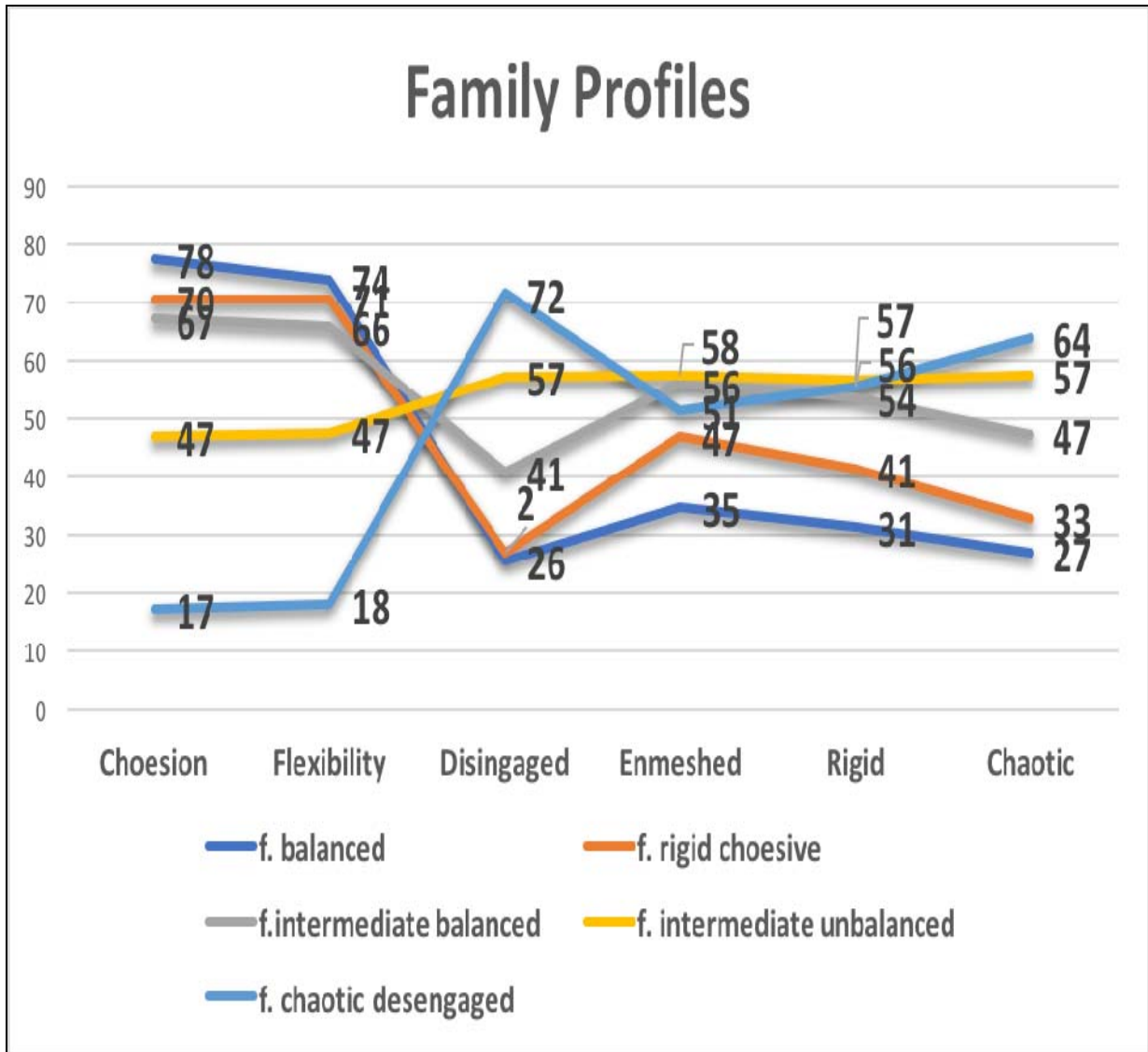


Figure 2: Means of ratio cohesion, flexibility and total for family types

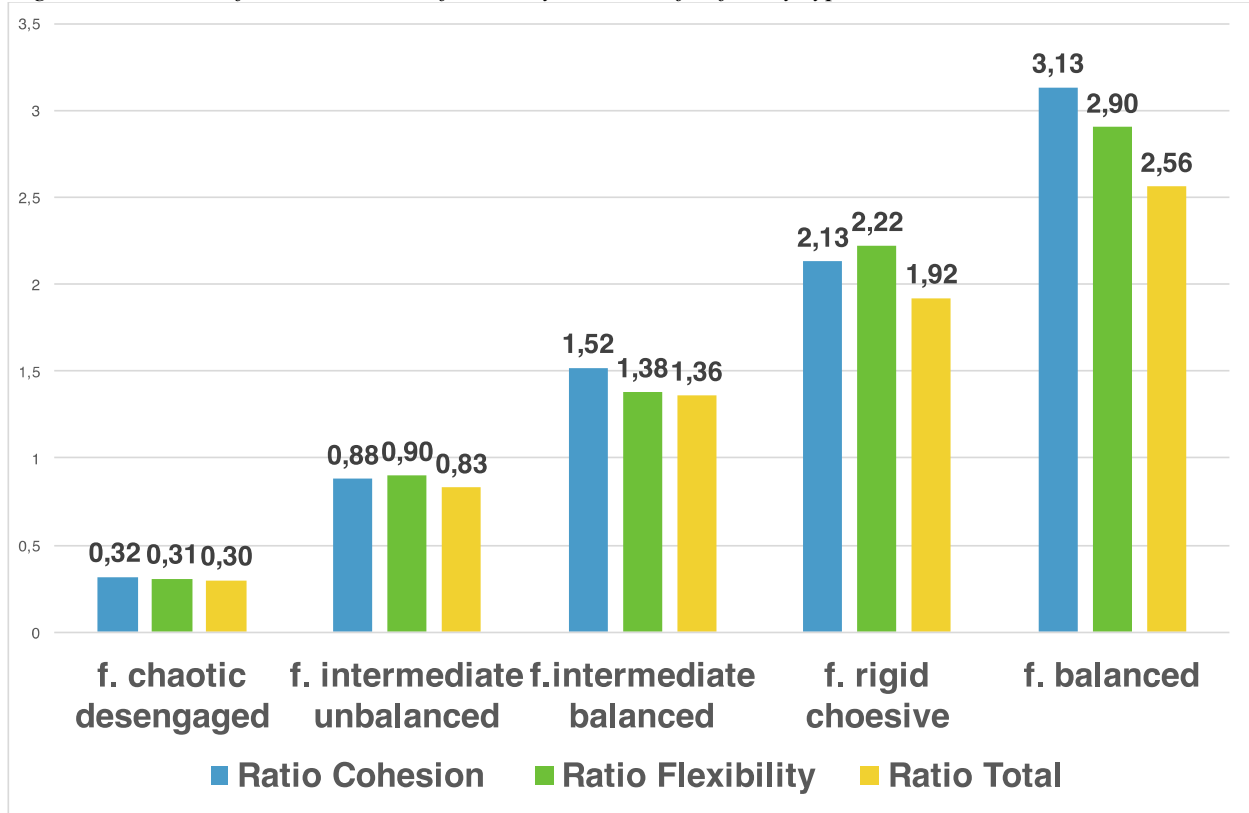
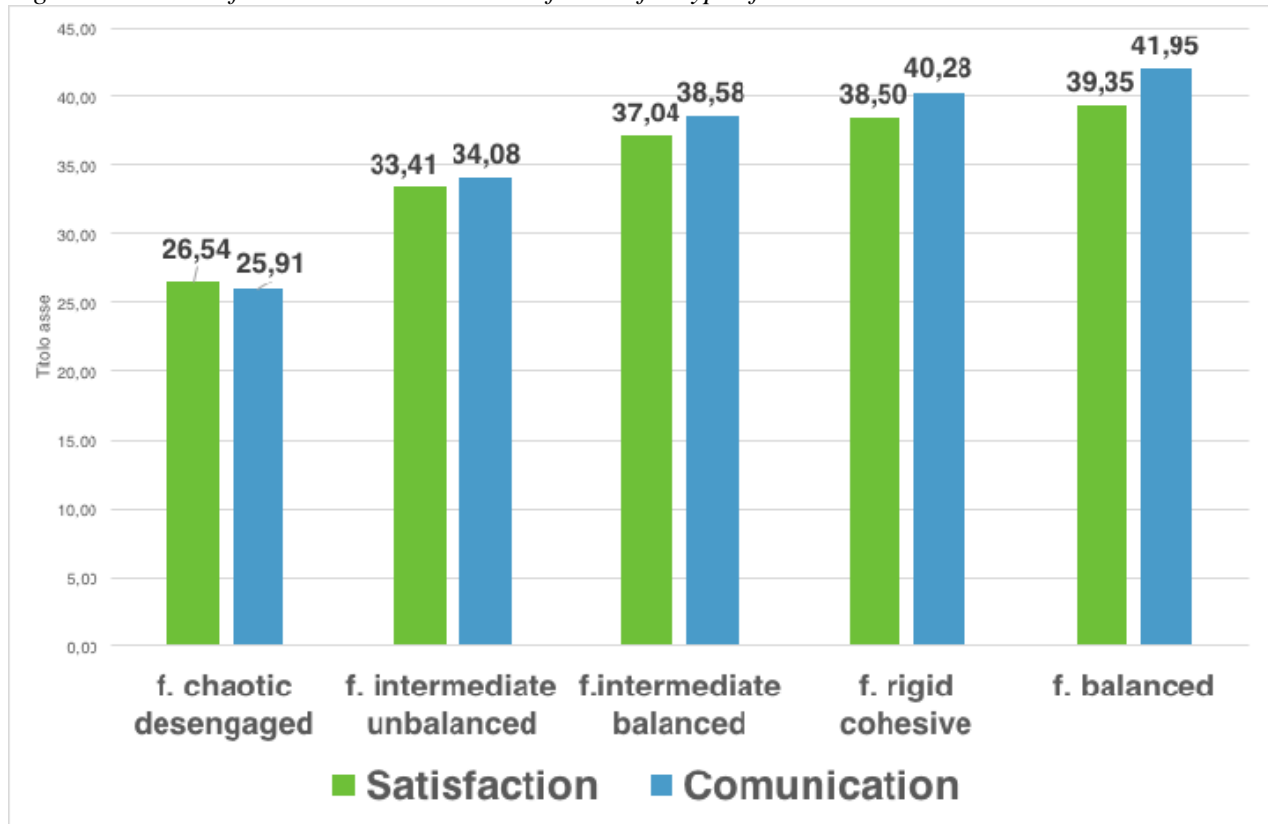


Figure 3: Means of communication and satisfaction for types families



Conclusions

The updating of the Italian standardization of FACES-IV, in a sample of families without relevant marital or members' problems, enhances the opportunities for a reliable description of the family system and for the assessment of the processes that take place within it.

The test allows the scientific evaluation of the family system over time, so providing a reliable baseline and an ideal target to build the treatment, and making it possible to evaluate its improvements and the overall long-term effectiveness.

A detailed study of the differences between healthy and problematic families in Italian samples (Visani 2015, 2016, 2014b; Visani, Lorio, Di Nuovo 2017), and an empirical evaluation of the treatments, could add further validity to FACES-IV scores in clinical and forensic use.

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