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Family environment: Seen through the eyes of adolescents labeled as emotionally disturbed

Jon Koeng

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Family Environment: Seen Through the Eyes
of Adolescents Labeled as Emotionally Disturbed

Master's Thesis

Submitted to the Faculty
Of the School Psychology Program
College of Liberal Arts
ROCHESTER INSTITUTE of TECHNOLOGY

By
Jon F. Koeng

In Partial Fulfillment of the Requirements
for the Degree of
Master of Science

Rochester, New York

August 3, 1997

Approved: __________________________
(Committee Chair)

_______________________________
(Committee Member)

Dean: ___________________________
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Abstract

Emotionally disturbed adolescent’s perceptions of their family environments were assessed using the Family Environment Scale (FES)(Moos, 1994). The sample consisted of 27 students classified as emotionally disturbed according to the New York State Part 200 guidelines for special education, ranging in age from fourteen to eighteen, and falling into five family types: two-parent intact families, step families, extended families, single parent families, and other. Results indicate that subjects differ significantly from the FES normative sample on six of ten variables including Cohesion, Expression, Conflict, Achievement-Orientation, Intellectual-Cultural Orientation, and Moral-Religious Orientation. Findings suggest that family relationships and personal growth could be important targets of family based interventions with this population.
Family Environment: Seen Through the Eyes of Adolescents Labeled as Emotionally Disturbed

How do adolescents and children learn to cope with problems? Is it up to the child alone, to face the day-to-day stresses that accompany life? Is it the responsibility of parents to model appropriate coping strategies and teach their children to deal with stressful life situations? Is it the responsibility of the school to see that it's students become psychologically and emotionally stable? These questions are difficult to answer. The rates of substance abuse, juvenile delinquent crimes, school drop-out, and suicide among adolescents remain staggering, in spite of social service support, teen outreach programs, and psychological programs focusing on child psychotherapy.

Psychologists in the public schools have few alternatives for the treatment of emotional problems experienced by students: they can be referred out to a local agency, or if the problems are associated with school, which in most cases they are, the student can be labeled as Seriously Emotionally Disturbed (SED) under the guidelines of the Individuals with Disabilities Act (PL 101-476, IDEA). The Federal guidelines for provision of services under the SED classification are not specific with regard to particular diagnoses, but describe symptoms that leave room for interpretation (Stein & Merrell, 1992). In terms of more specific diagnoses, these symptoms could stem from disorders ranging from anxiety and mood disorders to conduct and personality disorders.

Students with emotional and behavioral problems who are identified and receive special education services under the classification of SED are typically provided both child focused treatments, and some form of academic help (Kazdin, 1987). Child focused treatments
encompass a variety of individual and group techniques designed to help adolescents overcome some personal deficiency (Kazdin, 1987). Kazdin (1987) identifies several forms of therapy used in the treatment of children who exhibit antisocial behavior. One technique is individual psychotherapy, through which a counselor may provide an adolescent with corrective emotional experiences and insight into his/her behavior. Group psychotherapy follows a similar approach, but includes a peer group through which to process these experiences. Behavior therapy involves retraining, modeling, and the use of reinforcement, designed to modify the adolescent's behavior and/or methods of dealing with situations. Social-skills training is another alternative that involves teaching and practicing step-by-step approaches to a variety of interpersonal situations. All of these approaches center on changing the adolescents' ways of thinking about, and reacting to, themselves and their environments.

Kazdin (1987) identifies direct family therapy as typically focusing on the communication, relationships, and structure within the family. For example, parent management training is a family focused therapy that teaches parents to develop prosocial behaviors in their children through social learning techniques. It is important to note that when these approaches are used, it is typically with families of adolescents labeled with disruptive behavior disorders. However, family therapy is not frequently cited as a form of treatment for adolescent internalizing disorders (Kazdin, 1991).

Numerous studies have evaluated the effectiveness of psychotherapy with children and adolescents. In a meta-analysis, Casey and Berman (1985) found significant outcome effects for four therapeutic treatments used with problems such as hyperactivity/impulsivity, phobias, and somatic problems, but much lower outcome effects for social adjustment problems, the primary
problem in SED. They also found that behavioral based treatments had higher outcome effects than non-behavioral treatments. When the focus of therapy was social adjustment, as in the case of SED, outcome effects were extremely limited when the outcome measures were in areas of self concept and achievement.

Hazelrigg, Cooper, and Borduin (1987) conducted a review of studies on the effectiveness of family therapy with adolescents with behavior problems. They concluded that outcomes following family therapy were consistently better than alternative treatments, and than no treatment. There is a need for further research on the effectiveness of family therapy with children and youth labeled as SED.

Typically, adolescents labeled SED, demonstrate an inability to react appropriately to various stressful life situations, probably because they possess inadequate or inefficient schemas for dealing with the consequences of daily experiences, (coping strategies) developed during their early life. Therefore, a primary goal of intervention is to build these coping strategies. Child focused psychotherapy has been shown to be inadequate for dealing with these issues (Casey & Berman, 1985); thus family based intervention needs to be implemented and evaluated. By changing the focus of treatment from children to the family, the parents, who have more control over the child’s environment, are thus better able to effect real change, and become not only the focus of treatment, but also the instruments of change.

The Problem

In a Biennial Evaluation Report on Chapter 315: Programs for Children with Serious Emotional Disturbance (CFDA 84.237) for 1993 and 1994, the following statistics were presented as performance indicators for current programs: fifty-eight percent of Emotionally
Disturbed students leave school without graduating, with most dropping out by tenth grade. SED students were found to have lower grades than any other group of students, and to fail more courses and minimum competency examinations than does any other group of disabled students. Twenty percent of Emotionally Disturbed students were found to be arrested at least once before they leave school, and 35% were arrested within a few years of leaving school. These numbers indicate that the current strategies used in special education settings for the treatment of Serious Emotional Disturbance, which are predominantly child-focused (Kazdin, 1987), are not nearly as effective as they could be.

**Family Effects on Emotional Development**

Development of self-confidence, an easy-going disposition, and the disinclination to use avoidant coping strategies, are all important to the psychological development of the child (Holahan & Moos, 1986) and it is primarily through the family that these are learned. Characteristics of the family environment play a major part in the understanding of any individuals emotional well-being. Asarnow, Carlson, and Guthrie, (1987) suggest that family environment has a significant influence on a child’s social and emotional development because children interpret and cope with stimuli in ways that have been modeled by family members. The ways in which each member of a family reacts to an infinite number of situations, shapes and molds the mind of a child.

McCubbin and McCubbin (1988) identified a number of critical characteristics in what have been termed "resilient families," or families who tend to be resistant to disruption in the face of change and adaptive in the face of crisis. They point out that all families face hardships, transitions, and crisis during the family life cycle and those that foster growth and development
are defined as resilient. For example, those that celebrate special events and maintain various positive traditions like holidays, are more resilient in the face of disruptions to the family life cycle. Those that emphasize communication, and positive relationships between in-laws, relatives and friends are more resilient. Therefore, parental modeling of behaviors that encourage positive self-image and behavior, and effective coping strategies, take on a preventative role in child and adolescent emotional disturbance.

McCubbin, Needle, and Wilson (1985), identified "adaptive resources," or traits that are used by family members, the family system, and the community to meet demands placed on them, such as family definition and meaning, as well as coping skills. They define family definition and meaning as how “families and adolescents cognitively interpret their situation in terms of the demands they experience relative to the resources available to meet the demand.” (pg. 54) “Coping is defined as the cognitive and behavioral responses of the individual (adolescent) or the family to the demands experienced.” (pg. 54) Similarly, Olsen, Russell, and Sprenkle (1979) view the most important variable in the management of family stress as family cohesion and adaptability. They also identify family pride, parent-adolescent and marital communication skills, and the ability to resolve conflicts as critical resources for adaption.

It is not only important that parents model these skills in positive environments. Parents must also help challenge the child to develop independence, and to generalize skills to situations outside the family. In a study of the development of moral reasoning, Walker and Taylor, (cited in Allen, Hauser, Bell, & O'Connor, 1994) found that high levels of conflict and of disparity in moral development between parents and children were predictive of greater developmental gains for the adolescent in families that also had high levels of supportive interaction. This supports the
contention that the co-occurrence of challenging and supportive behaviors best predict future development. Allen, et al. (1994) have indicated that the exhibition of autonomy along with relatedness in family interactions is strongly related to both ego development and self-esteem in adolescents. In terms of parents' roles in their children's emotional development, this suggests that adolescents who have an opportunity to test their independence in a safe and supportive environment are likely to have the greatest social and emotional gains. Similarly, Perosa and Perosa (1993) found for the development of a stable identity and positive coping strategies by young adults, a balance between enmeshment and disengagement in the family is necessary. They found that a family environment in which members are able to express (and resolve) conflict is primary to these aspects of development.

**Family Problems Related to Emotional Disturbance**

There are a number of family characteristics that have been associated with the development of emotional problems in children and adolescents (Fauber & Long, 1991). The first is parental conflict or divorce. In a longitudinal study of families of divorce and remarriage, Hetherington (1989) delineated a number of problems experienced by children and adults during the first two years following a divorce: Child and parent emotional distress; poor psychological health and behavior problems; disruptions in family functioning; and problems adjusting to new roles, relationships, and life changes associated with the altered family situation. After two years, the majority of parents and children were found to be adapting reasonably well or showing signs of improvement in strained relationships. However, continuing problems were often found in the relationships between divorced custodial mothers and their sons. In these cases, boys were more antisocial, acting out, coercive, and demonstrated more non-compliant behaviors. In contrast,
after two years, most girls tended to be functioning well and had positive relationships with their custodial mother (Hetherington, 1989).

In another study of divorced families, Shaw, Emery, and Tuer (1993) found that differences in child adjustment were more related to the differences in parenting styles between "to-be-divorced" families and "always-married" families. Families that were going to be divorced, with sons, showed significantly less concern for children, higher levels of rejection, economic stress, and parental conflict prior to the divorce than intact families. "Parental conflict was the only consistent predictor of adjustment across time and gender." (pg. 130) Thus, divorce seems to be highly related to the development of emotional problems, but this is more related to the parental conflict that leads to divorce, rather than to the divorce itself.

Fauber, Forehand, Thomas, and Wierson, (cited in Fauber and Long, 1991) stated that "most of the relation between marital conflict and internalizing and externalizing problems of young adolescence is primarily explained through perturbations in parenting practices." (Pg. 816) They note particularly inconsistent monitoring and discipline or decreased parental warmth and involvement. Fauber and Long (1991) identified parental psychopathology, parental drug and alcohol abuse, family violence, child abuse and neglect, and poor behavior management skills as significant factors in the development of social and emotional problems. When parents display these problems, they are not only creating an unhealthy environment, they also are modeling inappropriate coping strategies. Thus, family stresses lead not only to emotional problems and inappropriate coping strategies, but also to health risk behaviors, like smoking, alcohol and drug abuse (McCubbin, Needle, & Wilson, 1985). When the family fails to meet the needs of the adolescent, peer relationships often supplant the resources of the family (McCubbin, et al. 1985).
Peers may place pressure on the adolescent to participate in inappropriate or health risk behaviors like smoking, drinking, and the use of drugs.

Parents must not only model appropriate skills, but those skills must be apparent to the child or adolescent. In a study of depressed and suicidal children, Asarnow, Carlson, and Guthrie (1987) found that:

The strongest predictors of suicidal behavior were children's perceptions of their family environment. Children who thought of and attempted suicide tended to perceive their family environments as unsupportive and stressful, with poor control, high conflict, and a lack of cohesiveness. (pg. 365)

This, when considered with other research on family characteristics, suggests that these factors identified by Asarnow, Carlson, and Guthrie (1987) should be viewed as risk factors rather than causal factors. It further suggests that early intervention, specifically with families, has the highest potential for prevention of further social and emotional problems in children and adolescents.

Goals of this Study

The goal of this study was to investigate family variables in children with Serious Emotional Disturbance, and to identify particular areas of family functioning that might serve as the primary focus of intervention. Finally, it may provide direction for planning family oriented forms of treatment and individual therapy with Emotionally Disturbed children.

By eliciting adolescents' perspectives on their family environment, a more accurate understanding of the family factors involved in emotional disturbance may be gained. The perspective of the parents, and of professionals, may be significantly different from that of the adolescent.
Emotionally Disturbed adolescents’ views of their family environments are investigated in the current study using the Family Environment Scale (FES)(Moos, 1994) and compared to its normative sample. This scale assesses three aspects of the family environment: Relationships, personal growth, and system maintenance. The relationship dimension assesses how involved people are in the family, how they help each other, and how they express feelings to each other. The personal growth dimension assesses the ways in which the family encourages or suppresses areas of personal growth like independence, intellectuality, or morality. The system maintenance dimension assesses such things as organization, and clarity of expectations, control and order.

Methods

Subjects

The sample was made up of 23 male students and 4 female students, in grades 9 to 12. Subjects described themselves as falling into one of five family environment types: two-parent intact family, step family, single parent family, extended family, or other. Figure 1 shows the break down of family environment type.

Insert Figure 1 about here

All subjects were labeled as Emotionally Disturbed, according to Part 200 of the Regulations of the Commissioner of Education, Subchapter P, of the State of New York (1993). All subjects were served in the 6:1:1 (students: teachers: assistant teachers) program at the Monroe Board of Cooperative Educational Services (BOCES) #1, Alternative High School. All students were placed there by request of the Committee on Special Education (CSE) of their
home school district. BOCES facilities are supported by funding from a consortium of area
school districts, and were created to provide special services that individual school districts could
not provide. The Alternative High School is a section of the Monroe BOCES #1 which primarily
serves Emotionally Disturbed adolescents.

Instrumentation

The Family Environment Scale (FES) is one of ten Social Climate Scales developed by
Moos and Moos (1994). The FES is made up of ninety statements which are marked as either
true or false by the respondent. The FES has three forms: a real form (Form R), an Ideal Form
(Form I), and an Expectations Form (Form E). For this study, Form R was used because it
addresses adolescents' perceptions of their current family environment. Form R of the FES has
been used by clinicians, consultants, and program evaluators to “understand individuals’
perceptions of their conjugal and nuclear families, ...formulate clinical case descriptions, ...monitor
change, ...describe and compare family climates, ...predict and measure the outcome of treatment,
...focus on how families adapt, ...and understand the impact of the family on children and
adolescents” (Moos, 1994, pg. 2). A copy of the FES appears in Appendix I.

The FES assesses three dimensions of the family environment: the Relationship dimension,
the Personal Growth dimension, and the System Maintenance dimension. The Relationship
dimension is broken into three factors: Cohesion, Expression, and Conflict. The Personal Growth
dimension is broken into five factors: Independence, Achievement Orientation, Intellectual-
Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis. The
System Maintenance dimension is broken into two factors: Organization and Control. The FES
was developed using a combination of conceptual and empirical criteria, with the factor structure
designed to “reflect meaningful and conceptually distinct aspects of family environment.” (Moos, 1994, pg. 25) T-scores (Mean = 50, Standard Deviation = 10) are obtained for each factor of the FES, and can be compared to the normative sample. Normative data for the FES was obtained for 1,432 normal and 788 distressed families, from all areas of the country, and from various family types. The ten factors of the FES are described in Table 1.

Insert Table 1 about here

The FES has been shown to have good psychometric properties. Table 2 provides the reliability data for the ten subscales of the FES. Edman, Cole, and Howard (1990) found good convergent validity between the FES and Family Adaptability and Cohesion Evaluation Scales-third edition (FACES-III) (Olsen, Portner, & Lavee, 1985). Perosa and Perosa (1990) similarly found that cohesion as measured by the FES, was strongly related to cohesion as measured by the Family Assessment Device (FAD) and the Structural Family Interaction Scale (SFIS-R).

Insert Table 2 about here

Procedure

All subjects completed the 90 item FES. Each subject was instructed to write on the front cover of their response sheet what type of family they consider themselves a part of: two-parent intact family, single parent family, step family, foster family, extended family, or other. No
identifying information was obtained. Subjects completed the FES in small group settings during free periods and elective time, during school hours. Structured class time was not interrupted. All subjects were informed prior to completing the survey, of the purpose of this study, of the voluntary nature of participation, and that it was completely anonymous.

Data was analyzed by comparing the sample of the current study, as one group, with the normative sample of the FES, using confidence intervals developed using the standard error of the mean (see note in Table 3). Sample means that had 95% confidence intervals that did not contain the normative mean of 50 were considered to be statistically different. Data for family type subgroups was not analyzed due to small sample sizes.

Results

The current sample of Emotionally Disturbed adolescents perceived their family environments as being significantly different from the normative sample of the Family Environment Scale on several factors. Means and standard deviations of the current sample were compared to those of the FES normative sample using confidence intervals developed using the standard error of the mean. Table 3 provides a detailed look at the means for each factor as rated by the total sample.

All three factors of the Relationship Dimension were significantly different from the normative sample. Cohesion and Expression were both significantly lower than the norm, while Conflict was significantly higher. In the Personal Growth Dimension, Achievement Orientation,
Intellectual-Cultural Orientation, and Moral-Religious Emphasis, were significantly lower than the normative sample, while Independence and Active-Recreational Orientation were not significantly different from the norm. In the System-Maintenance Dimension, neither Organization nor Control was significantly different from the normative sample.

**Discussion**

**Relationships**

Emotionally disturbed adolescents perceived their families as different from the normative families of the FES on several dimensions. Some of these atypical characteristics have been identified in the literature as “risk factors” for emotional problems. This is particularly true of those factors assessed in the Relationship Dimension of the Family Environment Scale (FES). Subjects of the current study reported significantly higher levels of conflict in their families. Subjects responses do not indicate a specific area of conflict, nor do they indicate between which family members conflicts occur. They simply reveal that there are often conflicts between family members. As shown by the research of Asarnow, Carlson, and Guthrie (1987), the perception of high conflict by teens was among several strong indicators of suicidal behavior. Also, studies of divorce (Hetherington, 1989; Shaw, Emery, & Tuer, 1993) have shown that varying types of conflict among families often lead to emotional problems among children. Alternatively, Perosa and Perosa (1993) indicated that a family environment in which members can express and resolve conflict is primary to the development of adequate emotional development.

Olsen, Russell, & Sprenkle (1979) suggested cohesion and adaptability are the most important variables in coping with family stress. Subjects responses in the current study indicate that they perceive their families as having significantly lower levels of cohesion than the norm. If
conflict is viewed as a strong promoter of family stress, then these low levels of cohesion indicate that these adolescents are in an environment that is not able to cope well with, nor resolve, conflict. Further, the low levels of expression perceived by subjects, suggests that they also have limited ability or opportunity to express conflict in a healthy way. In terms of McCubbin and McCubbin's (1988) research, these low levels of expression suggest that these families do not emphasize communication, an important characteristic of “resilient families.”

Overall, the perceptions of the current sample of emotionally disturbed adolescents, in terms of the relationship dimensions of the FES, suggest that they see themselves as being in family environments with significant levels of conflict, and with limited ability to communicate or resolve these conflicts. The elevated levels of conflict, and the low levels of expression and cohesion are consistent across all family types, suggesting that these may be an important aspect for various treatment approaches.

Personal Growth

Subjects in the current study see their family environments as having low achievement orientation, low intellectual-cultural orientation, and low moral-religious emphasis. Looking again at the work of McCubbin and McCubbin (1988), parents modeling behaviors that promote positive self-image, behavior, and effective coping strategies is essential to the building of “resilient families,” and is essential in preventing emotional problems among children and adolescents. The low achievement orientation reported in the family environments of the current study indicates that family members expect little of themselves, and/or expect little of other members of the family. Clearly these parental behaviors promote something other than a positive self-image for children developing in these environments.
The lower intellectual-cultural orientation reported in these families indicates limited interest in political, intellectual, and cultural activities. This is consistent with a lower achievement orientation and suggests that these family environments place less emphasis on things like academics, and education.

The lower moral-religious emphasis reported in these families presupposes that family members do not place an emphasis on moral behavior, or religion. However, in more general terms it may be viewed as an absence of the modeling of some specific positive behaviors, and/or the absence of possible coping strategies.

The independence factor on the FES, was rated as consistent with the normative sample. This rating suggests that this is an area of strength for these families. However, it’s “normality” may in fact be problematic, due to the absence of other supportive aspects of the family environment. Allen, et al. (1994), found that adolescents who have the opportunity to test their independence in a safe and supportive environment will likely have the greatest social and emotional gains. However, the poor relationships in the family environments of emotionally disturbed adolescents, suggest that promoting independence may be more a function of indifference on the part of other family members, than a function of the promotion of personal growth.

The perceptions of the emotionally disturbed adolescents in the current sample indicate that they view their family environments as placing little emphasis on personal growth, and as being less resilient to hardships, transitions, and crisis than other families. These adolescents view their families as placing little emphasis on personal achievement and promoting what might be termed an “every-man-for-himself” mentality.
System Maintenance

The fact that both factors of the system maintenance dimension were perceived by subjects in the current study as being consistent with the norm sample of the FES suggests that there is some consistency to the organization of these families, that expectations are clear, and that there is control and order in the family environment. However, this scale does not provide information on the orientation, either positive or negative, of system maintenance. It is possible that there is organization and control, but if those factors are inflexible or unfair, and enforced in an unsupportive environment, then they may be creating more conflict than stability.

Implications

The results of the current study suggest that a primary focus of intervention with SED students should be on the relationships within their families. Reducing conflict and building communication in order to cope with conflicts when they do arise could help to create a more supportive environment for adolescents. Activities designed to promote cohesion among family members and to promote opportunities for expression may help to resolve conflicts.

Teaching parents to model positive self-image and behavior may be a productive method of intervention. A parent can become an instrument of change by becoming a model for his or her child, continuing to allow them to be independent, but modeling positive coping skills and using positive relationships to support them when they make mistakes. Treatment professionals may take advantage of current systems of organization and control to provide stability, but must target the means used to maintain this control and organization by teaching parents how to develop positive focus in their household rules.

Overall, one must remember that a child comes from a system that must be worked within
and not around. By helping the families of adolescents with emotional disturbance to foster positive relationships that cope with conflict, and that challenge children to grow in a supportive environment, one will provide the adolescent with greater opportunities to make changes themselves, than by trying to change them directly.

Limitations

The sample used in the current study was small; thus, it is difficult to make inferences regarding the family environments of the various family types, and the overall population. The sample used was also made up solely of volunteers, and may not be representative of all emotionally disturbed adolescents. Also, the nature of the SED disability makes the results less reliable due to the significant possibility of student exaggeration: either through awfulizing or normalizing.

No cause and effect relationships may be established based on the current study. That is, it is not clear whether the perceptions of these adolescents were related to family characteristics that led to their emotional problems, or whether the adolescents’ emotional problems led the family to have the reported characteristics. To answer this question, it would be necessary to study family environments before the student developed SED problems.

The findings of the current study raise several questions regarding possible treatment approaches. Future studies might investigate the efficacy of known family interventions and/or develop family interventions that can prove effective in a difficult area. Family relationships and environments are important areas to target in treatment; however, methods must be devised which can affect real change in these areas.
References


**Table 1.**

**Family Environment Scale Factors and Descriptions**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship Dimension</strong></td>
<td></td>
</tr>
<tr>
<td>Cohesion</td>
<td>the degree of commitment, help, and support family members provide for one another</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>the extent to which family members are encouraged to express their feeling directly</td>
</tr>
<tr>
<td>Conflict</td>
<td>the amount of openly expressed anger and conflict among family members</td>
</tr>
<tr>
<td><strong>Personal Growth Dimension</strong></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td>the extent to which family members are assertive, are self sufficient, and make their own decisions</td>
</tr>
<tr>
<td>Achievement-Orientation</td>
<td>how much activities (such as school or work) are cast into an achievement-oriented or competitive framework</td>
</tr>
<tr>
<td>Intellectual-Cultural Or.</td>
<td>the level of interest in political, intellectual, and cultural activities</td>
</tr>
<tr>
<td>Active Recreational Or.</td>
<td>the amount of participation in social and recreational activities</td>
</tr>
<tr>
<td>Moral-Religious Emphasis</td>
<td>the emphasis on ethical and religious issues and values</td>
</tr>
<tr>
<td><strong>System Maintenance Dimension</strong></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>the degree of importance of clear organization and structure in planning family activities and responsibilities</td>
</tr>
</tbody>
</table>
Control

how much set rules and procedures are used to run family life

### Table 2.

Family Environment Scale-Form R: Internal Consistencies, Corrected Average Item-Subscale Correlations, and 2-Month and 4 Month Test-Retest Reliabilities.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Consistency</th>
<th>Internal Subscale Correlations</th>
<th>2-Month Test-Retest Reliability</th>
<th>4-Month Test-Retest Reliability</th>
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<tbody>
<tr>
<td>n=1,067</td>
<td>n=1,067</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohesion</td>
<td>.78</td>
<td>44</td>
<td>.86</td>
<td>.72</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>.69</td>
<td>.34</td>
<td>.73</td>
<td>.70</td>
</tr>
<tr>
<td>Conflict</td>
<td>.75</td>
<td>43</td>
<td>.85</td>
<td>.66</td>
</tr>
<tr>
<td>Independence</td>
<td>.61</td>
<td>.27</td>
<td>.68</td>
<td>.54</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>.64</td>
<td>.32</td>
<td>.74</td>
<td>.66</td>
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<tr>
<td>Intel.-Cult. Orientation</td>
<td>.78</td>
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<td>.82</td>
<td>.86</td>
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<td>Active-Rec. Orientation</td>
<td>.67</td>
<td>.33</td>
<td>.77</td>
<td>.83</td>
</tr>
<tr>
<td>Moral-Rel. Emphasis</td>
<td>.78</td>
<td>43</td>
<td>.80</td>
<td>.91</td>
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<tr>
<td>Organization</td>
<td>.76</td>
<td>42</td>
<td>.76</td>
<td>.73</td>
</tr>
<tr>
<td>Control</td>
<td>.67</td>
<td>.34</td>
<td>.77</td>
<td>.78</td>
</tr>
</tbody>
</table>

### Table 3.

**Mean Sample T-score, Standard Deviations, and Confidence Intervals, for Each factor of the FES (n=27)**

<table>
<thead>
<tr>
<th>Factor</th>
<th>T-Score</th>
<th>SD</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>37.59</td>
<td>17.95</td>
<td>33.82 &lt; μ &lt; 41.36</td>
</tr>
<tr>
<td>Expression</td>
<td>45.37</td>
<td>12.1</td>
<td>41.6 &lt; μ &lt; 49.14</td>
</tr>
<tr>
<td>Conflict</td>
<td>56.7</td>
<td>12.63</td>
<td>52.93 &lt; μ &lt; 60.48</td>
</tr>
<tr>
<td>Independence</td>
<td>49.15</td>
<td>12.39</td>
<td>45.38 &lt; μ &lt; 52.92</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>46.04</td>
<td>10.27</td>
<td>42.27 &lt; μ &lt; 49.81</td>
</tr>
<tr>
<td>Intel.-Cult. Orientation</td>
<td>37.93</td>
<td>13.06</td>
<td>34.15 &lt; μ &lt; 41.7</td>
</tr>
<tr>
<td>Active-Rec. Orientation</td>
<td>49.81</td>
<td>11.09</td>
<td>46.04 &lt; μ &lt; 53.59</td>
</tr>
<tr>
<td>Moral-Rel. Emphasis</td>
<td>43.41</td>
<td>10.68</td>
<td>39.64 &lt; μ &lt; 47.18</td>
</tr>
<tr>
<td>Organization</td>
<td>47.26</td>
<td>9.70</td>
<td>43.49 &lt; μ &lt; 51.03</td>
</tr>
<tr>
<td>Control</td>
<td>49</td>
<td>11.49</td>
<td>45.23 &lt; μ &lt; 52.77</td>
</tr>
</tbody>
</table>

**Note.** Confidence intervals determined by Standard Error of the Means for sample using the following formula, appropriate for when σ is known: X - z_{cv} (σ_x) < μ < X + z_{cv} (σ_x) where σ_x = σ/√n, σ = 10, and z_{cv} = 1.96 Confidence intervals not encompassing the null value of 50 indicate mean T-score differences at the .05 level.
Figure 1. Family environment types as described by subjects in the current study.

Family Environment Types

- **Step (n=2)**
- **Two-Parent (n=8)**
- **Single Parent (n=8)**
- **Other (n=3)**
- **Extended (n=6)**

Legend:
- Two Parent Intact Family
- Step Family
- Single Parent Family
- Extended Family
- Other