

## Family Assessment Device (FAD)

<b>Availability:</b>	<b>The instrument is freely available here: <a href="#">Family Assessment Device</a> .</b>
<b>Classification:</b>	<b>Supplemental:</b> Cerebral Palsy (CP) and Traumatic Brain Injury (TBI)
<b>Short Description of Instrument:</b>	<p>The Family Assessment Device (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.</p> <p>Based on based on the McMaster Model of Family Functioning (MMFF), The Family Assessment Device (FAD) measures the structural, organizational, and transactional characteristics of families (Epstein et al., 1983a). The FAD consists of 6 dimensions of the MMFF: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and a 7th scale measuring General Functioning (Epstein et al., 1978, 1983, &amp; 1983a). This instrument is used in both research and clinical practice to screen and indentify families experiencing problems and the domains in which those problems occur and to assess change following treatment.</p>
<b>Comments / Special Instructions:</b>	<p>Time to complete: less than 5 minutes.</p> <p>Ages: 12 years and up</p>
<b>Scoring:</b>	<p>Scoring: Scores range from 1 (healthy functioning) to 4 (unhealthy functioning). The higher the overall score, the worse the level of family function.</p> <p>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.</p> <p>The FAD is scored by adding responses of each scale (1 – 4) and dividing by the number of items in each scale (between 6 – 12). The higher the overall score, the worse the level of family function.</p>

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<b>Rationale / Justification</b>	<p>The FAD has been used broadly in pediatric samples including families of children with asthma, cancer, cerebral palsy, diabetes, inflammatory bowel disease, sickle cell disease, spina bifida, spinal cord injuries, thalassemia, and traumatic brain injury (Alderfer et al., 2008).</p> <p>There is no commercially available manual or representative norms. Descriptive statistics are available for a variety of patient samples including healthy community dwelling controls.</p>
<b>References:</b>	<p><b>Key References:</b></p> <p>Bishop DS, Epstein NB, Baldwin LM. Structuring a family assessment interview. <i>Can Fam Physician</i>. 1980;26:1534–1537.</p> <p>Epstein N, Baldwin LM, Bishop DS. (1983). Family Assessment Device. Retrieved 10/19/2016, from <a href="http://www.nctsnct.org/content/family-assessment-device">http://www.nctsnct.org/content/family-assessment-device</a>.</p> <p><b>Additional References:</b></p> <p>Alderfer MA, Fiese BH, Gold JI, Cutuli JJ, Holmbeck GN, Goldbeck L, Chambers CT, Abad M, Spetter D, Patterson J. Evidence-based assessment in pediatric psychology: family measures. <i>J Pediatr Psychol</i>. 2008;33(9):1046–1061.</p> <p>Barney M and Max J. The McMaster family assessment device and clinical rating scale: Questionnaire vs interview in childhood traumatic brain injury. <i>Brain Inj</i>. 2005;19:801–809.</p> <p>Epstein NB, Bishop DS, Levin S. The McMaster Model of Family Functioning. <i>J Marriage Fam Couns</i>. 1978;4:19–31.</p> <p>Epstein NB, Bishop DS, Baldwin LM. (1982). McMaster model of Family Functioning: A view of the normal family. In Walsh F. (Ed.), <i>Normal Family Processes</i>. New York, NY: Guilford Press.</p> <p>Epstein NB, Baldwin LM, Bishop DS The McMaster Family Assessment Device. <i>J Marital Fam Ther</i>. 1983a;9(2):171–180.</p> <p>Ryan CE, Epstein NB, Keitner GI, Miller IW, Bishop DS. (2005). <i>Evaluating and Treating Families: The McMaster Approach</i>. New York, NY: Routledge Taylor and Francis.</p> <p>Taylor H, Yeates K, Wade S, Drotar D, Klein S, Stancin T. Influences on first-year recovery from traumatic brain injury in children. <i>Neuropsychol</i>. 1999;13:76–89.</p>

<b>References:</b>	Yeates K, Swift E, Taylor H, Wade S, Drotar D, Stancin T, Minich N. Shortand long-term social outcomes following pediatric traumatic brain injury. J Int Neuropsychol Soc. 2004;10:412–426.
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