

Family Assessment -test (FAT) for the diagnosis of teenage disorders according to family methodology

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Abstract: Family Assessment test is considered to be prepared and developed from the basic concepts of different schools of systematic thinking, which focuses on the relationship instead of the cyclooon or individual aspects, so that the clinical field is combined between individual evaluation and family evaluation in the field of mental health, especially when developing a treatment program.

The methods of methods are prepared on the basis of the idea that the appointed examination is part of all the most spacious and that its understanding- i.e. the appointed examiner- is done through the evaluation of family properties

FAT contains 13 colored paintings in white and red and on the guide and dotting paper, and these paintings show situations, normal family relationships and activities that raise highly repercussions on contexts and structures as well as emotional responses that have a relationship With special family reactions.

Equipment has proven and strongly the importance of the use of FAT in older teenagers and adults, knowing that it also applies to children from the sixth age.

Keywords: family Assessment, teenagers, pattern therapy.

- Introduction:

The family is one of the most important social systems, as it performs unit contributing to the continuity important functions and is responsible for producing physically and psychologically healthy individuals (Rashwan, 2003, p. 89). It is the basic of society based on the functions it encompasses, and even if they intertwine and overlap, they remain the foundation of social systems. If the family succeeds in performing its functions properly, its impact on social systems will be positive, and vice versa. (Ammarjiya, 2015, p. 51)

Considering the family as a dynamic unit whose members change over time, this gives it continuity and adaptability. Therefore, it is affected by all social and cultural conditions of the society in which it lives, which affects the social structure of the society and what it bequeaths to its children, and its impact on the health, psychological, and behavioral system of these children as a whole. Hence, they sometimes adopt behaviors that may be dangerous. (Ait Miloud and Ben Haboush, 2013, p. 1)

Therefore, the individual is considered part of their overall system, represented by the family, influenced by it and influencing it, and determining their behavior and pattern, whether negatively or positively, especially adolescents, given the importance of this stage of

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development as it separates childhood and adulthood. Accordingly, we pose the following question:

- What is the Family Perception Test? And how can adolescent disorders be diagnosed according to the family systemic approach?

1- Systemic Family Approach:

1-1 Concept of the Systemic Approach:

Tabbas (2007) stated that it is "a psychotherapeutic treatment that seeks to study communications and forms of interaction within the family, where the network of relationships can be improved using a collective approach. It serves as a model of thought and performance, and performance or intervention cannot be separated from intellectual knowledge, as they are two intertwined forms of knowledge, each feeding the other." (Tabbas Nasima 2007, p. 31)

1-2 Concept of the Family System:

The origin of the word "system" in Greek (System) is based on the idea that the whole cannot be understood except by studying its parts in relation to each other and in relation to the overall process of performance. Accordingly, a system is defined as a complex arrangement of interacting elements. (Kafafi, 2009, p. 60)

Andolfi, quoting V. Bertalanffy (1969), says: "Every member is a system of dynamic organization of parts and contexts that interact reciprocally. Accordingly, the family is considered an open system containing units established by rules of behavior and dynamic roles that interact with each other and with the external environment. Therefore, every social group is considered a system composed of several miniature systems in dynamic reciprocal interaction." He then adds that since then, the family has become a system among various systems, and uncovering the relationships between individuals and the norms that govern the lives of the groups to which the individual belongs is essential for understanding the behavior of its members and for formulating effective intervention. (Andolfi, 1982, p24)

In this context, the general systems theory emerged, according to its connection with the environment, which are:

1-2-1 Closed Systems: Characterized by rigid membership and the inflexibility of their members to rules. Their stability is due to a state of controlled equilibrium and they are isolated from the environment. Therefore, the subsystems tend to repeat the parental system.

1-2-2 Open Systems: These are in continuous exchange with the environment regarding energy and information. Among these systems are living systems, which have the characteristic of evolving over time through the stages they form, known as the life cycle. (Kafafi, 1999, p. 115)

1-3 Characteristics of Family Systems:

Human systems, especially family systems, are considered open communication systems subject to a set of rules or certain laws appropriate to the concept of openness, which are:

1-3-1 Principle of Totality: The bonds that include the elements of the system are so close that a change in one of its elements causes a change in the other elements, so the system forms an integrated whole. (Watzlawick and other, 1972, p123)

1-3-2 Principle of Self-Regulation: This term was introduced by Luria (A.R. Luria) to denote the effect of control and planning that a person's verbal productivity can exert on their self-motor activities. (Doron and Françoise, translated by Shaheen, 2012, p. 139)

An open system contains mechanisms that allow it to maintain a state of stability in the event of environmental change, which is called homeostasis or biological balance. The process of self-regulation in humans is very complex, as it requires a mixture of stability, which is important for achieving long-term goals such as forming a couple, raising children, and

intergenerational transfer, and change, which is imposed by natural or accidental crises. (Kafafi, 1999, p. 115)

1-3-3 Principle of Equifinality: Also called the principle of equal goals, this principle indicates that the same outcomes can have different sources. In other words, the observed changes in an open system are not determined solely by the basic conditions, but also by various parameters and the nature of the context of change. (Kafafi, 1999, p. 115)

This principle requires a method for addressing the problem; it does not entirely seek the cause of the disorder in family history and individual motives, but rather focuses on understanding its current functioning. The search here for "why?" (it happened) gives way to "how?" (it functions). (Rougeul, 2003, p 17)

1-3-4 Principle of Feedback: We distinguish two types: negative and positive. The first type, negative feedback, tends to maintain the system in its stable state and can be said to be responsible for its equilibrium. The second type, positive feedback, positively reinforces the effect of disturbing factors, thus tending to disrupt the system's stable state. It seems that both stability and change are important for the survival of systems. (Rougeul, 2003, p13-15)

1-4 Subsystems and Suprasystems: The principle of basic unity makes us understand the family in the best possible way by considering it as an integrated whole. Each family member is a system in itself existing within a larger system, which is the nuclear family system, and which also represents a subsystem within a larger system, which is the extended family, and so on. Each subsystem has its roles and functions that are common among the people belonging to these systems, and thus they are forced to perform those roles and carry out those functions, or they may become decision-makers in the family in the case of the parental subsystem. Subsystems are the basis for building the larger family system, and the nuclear family consists of four subsystems:

1-4-1 The Marital Subsystem: It is formed when two adults of different genders descend with the aim of establishing a family and has its own special and important functions and roles for the family's progress, which requires integration and mutual adaptation to achieve them. The role of the marital subsystem is to satisfy the basic emotional needs of the spouses, as it is the institution that determines healthy psychological patterns for interaction within the family with other systems. According to Froma, the marital subsystem is considered the successful formula for the first stage in the family life cycle, as it is the framework upon which the entire family life will be built in the future. (Lambie et al., 2001, p. 20)

1-4-2 The Parental Subsystem: Upon the birth of the first child, the couple transitions from being husband and wife to mother and father. The couple plays a new role, which is the role of parents. This role is assigned executive tasks primarily and initially directed towards feeding children and training them in system and hygiene processes. The family is the first representative of culture; it is the child's first social school. (Abu Delo, 2009, p. 93)

Therefore, this parental subsystem is assigned to make appropriate decisions, which requires adjusting the response to the children's demands, as authority becomes flexible and relational. Parenthood requires the possibility of education, guidance, and monitoring, and the proportion of each element is linked to the child's developmental requirements as well as the parents' treatment. The effective functioning of parents and children requires accepting the idea of different use of authority, which is among the basic contents of the parental subsystem. (Kharshi, 2009, p. 63)

1-4-3 The Sibling Subsystem: Sibling relationships begin at the same time as relationships with parents. In the sibling subsystem, children learn how to negotiate, support each other, and compete. When children enter into a relationship with the peer world outside the family, they try to behave in the same way as in the sibling world. These sibling relationships are a scene that the child experiences externally and then internalizes. This internalization of the sibling relationship allows it to be projected onto every new social phenomenon or also when

the child finds themselves facing the risk of collapse, using the mechanisms they once used in their relationship with siblings. (Makiri, 2008, p. 18)

Subsystems are systems within systems, and membership in subsystems usually interferes with them. Every individual in the family can be part of several subsystems within the family at the same time. The wife is a member of the family, and in this capacity, she is a subsystem of the larger family system. At the same time, she belongs to a marital subsystem with her husband (husband/wife), and he belongs to another subsystem (father/son), and she also belongs to another subsystem (mother/daughter), and all these subsystems are within the original family system.

(Kafafi, 1999, p. 136)

1-4-4 The External Subsystem: The external interactions of the family represent the part of the family system that faces the outside world, providing it with support and cultural values, because there are certain issues and functions within all the previous subsystems (marital, parental, sibling) that are linked to the external subsystem of the family. (Kharshi, 2009, p. 64)

1-5 The Healthy and Disturbed Family System:

1-5-1 The Healthy Family System: This is where the parents are suitable and appropriate, sharing parental responsibility, affection, tenderness, and love. They work to preserve family values, thus reducing conflict and deviation.

1-5-2 The Disturbed Family System: Here, the spouses face multiple problems as a result of maladjustment, which leaves its effects on them and their children.

In this model, the family is exposed to difficult events that cause disturbance in the relationships of its members, especially the spouses. The family's cohesion may sometimes disintegrate, and anxiety appears, caused by social and economic factors or marital relationships that lead to sensitivity and aggression in behavior, which harms relationships and children. Consequently, communication between members of the family system decreases, and the effectiveness of parental supervision may also decrease, making its practice rigid or deadly. However, this disturbance may be temporary, either leading to separation or continuing. (Qasi, 2011, p. 25)

Among the situations that cause the family system to lose its balance or become disturbed are:

- If a symptom appears either due to the absence or entry of a new element into the system (birth of a new child, divorce, death of a spouse, father's absence due to work). (Maurice Berge, 2003, p137)
- The system experiencing a state of imbalance due to simultaneous (Synchronique) and evolutionary (Diachronique) adjustments, such as one member of the system drinking alcohol to become strong in their belief, but then contracting a malignant disease as an indirect result, forming a crisis that the system announces due to incorrect and unexpected behavior.
- Absence of organization (Anti-organization), which represents positive feedback.
- The system's rejection of new rules or its refusal to modify them, as well as the removal of existing rules, leads to agitation and loss of internal balance.
- Absence of cognitive conjunction, which leads to conflict between different mentalities of generations within the same family system, making each element of the system reject the ideas of the other.
- Difficulty in decision-making (Conjonction décisionnel), which means there are difficulties and obstacles in choosing and an inability to diagnose the problem.

(Mony Elka, 1995, p 137)

As a result of dysfunctional families, most of their members are exposed to a range of psychological and behavioral disorders such as anxiety, depression, alcoholism, and hallucinogen abuse, leading to imbalances in general health and mental health. Children and adolescents are more susceptible to these disorders. Therefore, family systemic therapy was introduced to alleviate these disorders using a set of diagnostic tools such as clinical interviews, psychological interviews and tests, especially projective ones like the Family

Drawing Test, the Tree Test, the Thematic Apperception Test, and the Family Apperception Test, among other tools that help the psychologist in diagnosis and treatment.

2- Family Apperception Test (FAT):

2-1 Definition of the Test:

The Family Apperception Test (FAT) - which has been translated and adapted - and its theoretical successor were derived from the systemic tradition referred to in many studies. Carson (1987) defines it as "designed to combine individual and family assessment within the framework of clinical practice in mental health, especially in developing treatment programs, as the specificities of the family as a system have become increasingly important, but unfortunately, few clinical measurement tools are adapted to assess the family system."(Wayne et al, 1999; p1)

2-2- The role of the Family Apperception Test (FAT) in the diagnostic process:

Since the FAT scale is a psychological tool aimed at assessing how individuals perceive their family functions, this scale is widely used in clinical and research data and plays an important role in the diagnostic process of psychological and behavioral problems, especially in children and adolescents. Therefore, the role of the Family Apperception Test in the diagnostic process can be summarized in the following points:

1- Understanding Family Dynamics:

- The scale reveals how the child or individual perceives the family environment in terms of cohesion, communication, conflict, and emotional support.
- It clarifies whether the family provides a safe and stable environment or suffers from dysfunction in interaction or relationships.

2- Identifying Risk Factors:

- Many psychological problems (depression - anxiety - behavioral disorders) are usually associated with aspects of the family such as continuous conflict, rejection, or lack of support.
- The scale helps link the symptoms experienced by the individual to the family environment.

3- Differentiating Between Internal and External Causes of the Problem:

- This test clarifies whether the problem is caused by internal factors (neurodevelopmental disorder) or if there are environmental factors such as (disintegration or domestic violence) contributing to the appearance of symptoms.
- The FAT test helps clarify the individual's perception of their situation within the family.

4- Supporting Decision and Therapeutic Intervention:

- This is done through the results of the scale, which help determine whether there is a need for family interventions (such as family therapy) or individual therapy.
- Its results are used to monitor changes after therapeutic intervention.

5- Revealing Variations Within the Family:

The scale is applied to more than one individual within the family, allowing for observation of differences in perception among individuals. For example: varying self-satisfaction among family members through their different opinions and perceptions. One child may see the family system as disordered, while another child sees it as balanced.

- Differences help guide family dialogue and therapy accurately.

(Mizab, 2015, p25)

2-3- The importance of the Family Apperception Test (FAT) in diagnosing the family system:

The importance of this scale lies in its being a unique tool that provides a self-image from the individual's perspective, especially (child - adolescent) about their family, which is an aspect that cannot be obtained from observation or interviews. Its importance can be summarized in the following points:

1- Providing qualitative information from the individual's perspective:

- A child or adolescent does not easily express their feelings towards their family, but the FAT test reveals how an individual feels within their family.
- This self-awareness helps the specialist gain a deeper understanding of the family context that contributes to the emergence of symptoms.

2- Revealing disturbed family relationships:

- It helps identify abnormal interaction patterns (e.g., authoritarianism, neglect, rejection, ambiguity).
- These patterns are often associated with the emergence of behavioral and emotional disorders in children and adolescents.

3- Distinguishing between individual and family problems:

- Is the problem only with the child (e.g., a mental disorder) or are its roots in the family environment?
- It helps differentiate between problems of internal origin and problems resulting from negative family interactions.

4- Enriching multidimensional diagnosis:

- Diagnosis is not accurate unless it includes an assessment of the person and the surrounding environment.
- This test provides an essential environmental dimension that enhances diagnostic accuracy and prevents misinterpretation of symptoms.

5- The test supports the appropriate type of therapeutic intervention: because it reveals the presence of a communication breakdown within the family or a weakness in emotional support, which later helps the specialist choose the type of therapy, whether family or individual, and on the other hand, involves parents in the treatment plan and contributes to modifying the way the child is treated within the family.

6- Useful in complex or chronic cases: in cases that do not respond easily to treatment, it can reveal hidden aspects in the family environment that hinder treatment progress.(Abu Dalou Jamal, 2009, p. 34)

- Summary:

The Family Awareness Test (FAT) is not just a measure, but a window into the child's and adolescent's inner world and their family relationships. Its use in diagnosis helps build a more effective and humane treatment plan.

-4-2 Translation and adaptation of the Family Awareness Test:

The Family Awareness Test consists of (21) black and white colored plates, showing daily family situations, relationships, and activities that highly reflect projective implications on family processes, as well as emotional reactions in their relationship with family interactions. Accordingly, the authors of the scale developed a model that focuses on describing the ongoing interactions between family members in each picture separately, giving each picture a specific name, as follows:

- **Plate 1 Dinner:** The plate shows a man, a woman, and three children (two boys and a girl) sitting around a dining table. The adults are discussing, while one of the boys is eating.
- **Plate 2 The Recorder:** The plate shows a child squatting in front of a recorder, holding a singing disc in his hand. Directly in front of him is a female person extending a rectangular object to him.
- **Plate 3 Punishment:** The plate shows a child squatting next to a broken vase, its water and flowers scattered on the floor. In the foreground, a mysterious person holds something behind their back, cylindrical in shape and turned towards the child.
- **Plate 4 Clothing Store:** In a clothing store, a woman shows a dress to a small girl with crossed arms, while her facial expression is unclear.

- **Plate 5 Living Room:** A man, a woman, and a boy are sitting in front of a television. A girl places her hand on the TV button. A person stands at the back of the room in front of the others, placing their hand on the half-open door handle of the room.
- **Plate 6 Room Organization:** A female person stands at the threshold of a bedroom in front of a boy sitting on a bed with his back to the observer. An open drawer in a wardrobe, a basketball on the floor, a shirt and clothes scattered on a messy bed.
- **Plate 7 Upstairs:** A child looks from a bedroom towards illuminated stairs. A messy bed, an alarm clock showing 11:30 placed on a small table.
- **Plate 8 The Market:** In front of a shop, a woman and a boy embrace each other. In the shop window, shoes are displayed and a sign indicates "discounts". A woman carries things in a bag. A boy and a girl walk behind her, smiling and gesturing.
- **Plate 9 Hall:** A man sits at a kitchen table, moving his hand and looking at a note he holds in the other hand. A woman stands in front of a stove, stirring a spoon in a pot. At the threshold, a child stares at this scene.
- **Plate 10 Playground:** Two boys stand next to each other, wearing sportswear. Each holds a tennis racket. One of them wears gloves. In the background, a tennis match is taking place.
- **Plate 11 Night Out (Late Exit):** A man, a woman, and a girl sit opposite a standing boy who places one of his hands on the exit door handle, pointing to a wall clock whose hands indicate 9 PM.
- **Plate 12 Homework:** A young woman sits behind a desk facing the observer, holding a pencil in her hands. In front of her on the desk are an open notebook and book. Behind her, a man and a woman stand, looking over her shoulders.
- **Plate 13 Bedtime:** A mysterious person sits in the bed where a man also sits opposite them. One of the man's hands is on the mysterious person's thigh and the other is on their knee.
- **Plate 14 Ball Game:** A man and a boy stand facing each other, wearing tennis gloves, one holding a ball, on the house's porch. A boy and a girl look at the game scene. The main door of the house is open.
- **Plate 15 Play:** Two boys and a girl will be created around a group game next to a Christmas tree. A female person stands beside them, looking at them. In the background, another person is lying on a bed holding an open book.
- **Plate 16 Keys:** A man and a boy stand in front of a car. The boy points to the car with one hand and extends the other to the man, who is holding a set of keys.
- **Plate 17 Grooming:** A woman is applying lipstick in front of a bathroom mirror. Another woman stands at the door opposite her.
- **Plate 18 Picnic:** A man and a woman sit in the front seat of a car, and two boys and a girl sit in the back. One of the boys laughs with the girl and they raise their fists at each other.
- **Plate 19 Office:** A girl stands in front of a man behind a desk. Papers are in front of him, which he is looking at. The girl places one of her hands on the desk.
- **Plate 20 Mirror:** A child stands in front of a large mirror with their back to the observer. The mirror reflects the image of an indistinct person.
- **Plate 21 Farewell (Embrace with longing):** A man and a woman embrace each other. A wallet is next to the man's feet. A boy and a girl stand at a half-open doorway, holding books and looking at the couple (Mizab 2007 translation).

The test also included a user manual and a scoring rubric, all translated from French to Arabic. Some plates were adapted to the Algerian environment. The plates show apparent content and have latent content, which the examinee may respond to with various responses or what each plate measures.

2-5 Psychometric characteristics of the test:

The reliability of this test was conducted in Western societies where this projective test was built. Several comparisons were made between control and experimental samples, revealing differences between individuals in the two samples. Among these works is that conducted by the English Gingrich (1987), who conducted a study on a sample of (44) individuals divided into two groups of children between (6-14 years), one experimental and the other control.

Based on the answers obtained through the ten classifications, the Kapa-Chen correlation coefficient was found, and the results showed that the K correlation coefficient was high for both samples.

6-2 Reliability and validity applied to an Algerian sample: To study validity and reliability, Mizab (2015) worked on an experimental and a control sample. The sample size was (170) individuals, divided into an experimental sample (99) and a control sample (71) individuals.

The control sample was selected according to the following criteria: school conduct, relationships with peers and teachers, absence of behaviors due to clear emotional reactions, and academic level. This was based on their teachers' reports and their academic files (health report, student conduct report in school, school results report).

The ages of the control sample ranged from (10-18) years, with an academic level between the fifth grade primary and fourth grade middle school. They were distributed by gender into (41) females and (30) males. Their social conditions were similar, as they belonged to families whose members lived together.

Meanwhile, the experimental sample was selected based on the following criteria: attempted suicide (05) cases, asthma (23) cases, domestic violence (25) cases, delinquency (31) cases, disabled (15).

This was based on reviewing their social and medical files through various reports on these cases (medical, social, judicial, security).

The ages of the experimental sample ranged from (09-18) years, with an academic level between the fourth grade primary and fourth grade middle school. They were distributed by gender into (57) females and (42) males. Their social conditions were characterized by some disturbances, such as divorce, parental conflict, parental illness, lack of family care, mistreatment, and school truancy.

To determine the reliability of the Family Perception Test scoring, the test protocols were then presented to two professors from the research team and two master's students from the (2010) batch. The results showed a relatively close average in the test protocols between the two scorers (professors/students).

The nature of the test and what its plates reveal of daily conflict, to varying degrees, among the sample members in terms of the type and degree of conflict and with whom it occurs, what topic triggers this conflict, and how to respect norms and boundaries among family system members, all these elements are revealed by the scorer in the protocol. This is one of the reasons for the existing "between average and acceptable" convergence between scorers, rather than "high" according to the Kappa level, in addition to the fragile and poor narrative structure among many of the sample members.

With the same sample (experimental/control) above, the Family Perception Test was applied a second time, taking into account this time the effect of the scorers' gender (2 males/2 females). The results showed a convergence between the selected dropouts based on the gender variable in the following test categories: (apparent conflict, general maladjustment score, non-functional circle, boundary control) at a significance level of (0.01), while there were categories where a clear difference appeared between the correctors based on gender, such as (mistreatment, emotional tone).

To calculate validity, it was scored on the same sample using the (K2) test to determine the extent of differentiation of the plates.

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