The *Lewis Scales* were created by making changes in the *Timberlawn Couple and Family Evaluation Scales (TCFES)*, which in turn was created by changing the *Beavers-Timberlawn Family Evaluation Scales (BTFES)*. A full understanding of the *Lewis Scales*, then, must begin with the development of its "grandparent," the *BTFES*.

The *Beavers-Timberlawn Family Evaluation Scales (BTFES)*

In 1966, Dr. Lewis and John T. Gossett, Ph.D., were involved in a major reorganization of Timberlawn Hospital's inpatient Adolescent Service. Intense clinical interest in understanding more about therapeutic success and failure led Dr. Gossett to recommend a joint hospital and Timberlawn Research Foundation commitment to follow-up every Adolescent Service patient for five years or more after inpatient discharge. Dr. Lewis enthusiastically accepted that recommendation, and because of his top leadership positions in both the hospital and the foundation, and Dr. Gossett's roles as the psychologist on the hospital's Adolescent Service and Research Psychologist at the foundation, the Adolescent Psychiatric Inpatient Treatment Outcome Project data collection began immediately. (1)

They wanted to relate three groups of variables to the patient's functioning five years after hospital treatment. The first group concerned the patient's psychopathology. A number of instruments were designed to measure as much of the richness and depth of this area as possible. The second cluster of variables had to do with key characteristics of the treatment. The third group of variables involved an attempt to measure critical aspects of the functioning of the adolescent patient's family.

This last area of research came about because although the Adolescent Service social workers conducted hours of interviews and observations of the new patients' parental couples and full family interactions, neither the transcripts of these interviews nor the lengthy social work family evaluation reports were readily quantifiable. They searched for a research instrument which would allow collection of clinically relevant data about families that could be quantified but

found none. This led them to design a more structured measurement of patient-family functioning—a format for a video-recorded interview which included several interactional family tasks.

As a first test of the new video-recorded format, the families of 12 adolescent inpatients and 11 demographically comparable control group families were invited to participate in these family interactional tasks in the summer and fall of 1968. The control families were volunteers from a local protestant church. Each family came to the research setting to participate in the five-part interactional procedure which was video-recorded.

Thirteen observers, men and women from a variety of relevant professions, independently rated the level of functioning of the families in whatever ways they knew how to rank order family health or pathology. The observers did not know which families contained an adolescent inpatient.

One of these 13 observers, W. Robert Beavers, M.D., used a rating system he had evolved that measured a number of discrete variables which were interactional in nature. Although he had been thinking about these variables for several years, he had not committed them to writing. In addition to his rudimentary evaluation system he also brought substantial prior experience in couple and family therapy, family systems research, and the literature of that time on couple and family systems. Dr. Lewis persuaded Dr. Beavers to join the growing foundation research team where he remained involved for the next eight years (2).

During these years, in a regular series of meetings, Drs. Beavers and Lewis explored, debated, and tested (with video-recorded family interactions) the concepts underlying each of the variables in Dr. Beavers' original evaluation system. The goals in the meetings were to improve the wording of the variables, delete variables upon which multiple observers could never obtain interrater reliability, and add new concepts and measures. Larger samples of clinical and non-clinical families were rated. Many other foundation and hospital staff professionals, as well as psychiatrists and psychologists from Dallas and from academic and clinical centers around the

country who were visiting Timberlawn, also attended these meetings. It was, however, Dr. Lewis and Dr. Beavers who developed and created most of the scales.

Dr. Gossett, who had extensive experience in behavioral scale writing, wrote the initial draft of the variables created and added changes until the group settled on a body of variables with acceptable coherence, reliability, and validity. This scale was named the *Beavers-Timberlawn Family Evaluation Scales* (3).

The *BTFES* was used by researchers, clinicians, and teachers from 1977 until the mid-1990s.

Appendix A contains the *BTFES*.

Timberlawn Couple and Family Evaluation Scales (TCFES)

A number of limitations to the *BTFES* as well as a need to incorporate contemporary research pertaining to couple and family interaction prompted the research team at the Timberlawn Psychiatric Research Foundation in the late 1980s to explore revising the *BTFES*. By 1988, Dr. Beavers had been absent from the foundation for more than 10 years, Dr. Gossett had completed the Adolescent Psychiatric Inpatient Treatment Outcome Project, reported in a 1983 book, To Find A Way (4), and had become director of the Timberlawn Research Foundation. Dr. Lewis was devoting much of his time to his Healthy Family Project (5), along with Dr. Gossett and Margaret Tresch Owen, Ph.D.

Drs. Lewis, Owen, and Gossett, along with the statistician, F. David Barnhart, M.A., and the administrative assistant, Virginia Austin Phillips met regularly at the Timberlawn Foundation to discuss revising the BTFES. Numerous graduate students, interns, and doctoral candidates joined these meetings periodically. One of the graduate students, Matthew Housson, became a *TCFES* co-author. His doctoral dissertation (6), supervised by Dr. Owen, established the basic reliability and validity data of the *TCFES*.

The group regularly discussed problems with the *BTFES*. They acknowledged that it was not measure of marital or romantic couple functioning, which was a severe limitation. Some of the scales contained multiple dimensions, which created never-ending reliability problems. The end-points of some of the scales purported to be logical opposites but were not. There were no measures of adult leadership of the children and the problem solving measures were inadequate. The affect scales were limited, as was the conflict measure. Lastly, the *BTFES* was difficult for new raters to master no matter how knowledgeable or skilled.

These meetings and discussions culminated in the development of the *Timberlawn Couple and Family Evaluation Scales (TCFES)* (7). The *TCFES* was a total revision of the *BTFES*.

Individual scales for the *TCFES* were generated by making changes in or deleting the problematic individual *BTFES* scales and adding new scales as needed. New scales were generated by subdividing the multidimensional scales and adding some measures not covered by the *BTFES*. Descriptors were revised on all scales to be clearer, more concrete, and more behaviorally-based. They were designed to be used to evaluate couples as well as families. And *Timberlawn Couple and Family Evaluation Scales: A Rater Training Guide* was written (8).

The *TCFES* was used by researchers, clinicians, and teachers from 1997 until 2018 when they were replaced by the *Lewis Scales*.

Appendix B contains the *TCFES*.

The *Lewis Foundation Couple and Family Evaluation Scales*

In 2016 the board of the Timberlawn Research Foundation changed its name to the Jerry M. Lewis, M.D. Mental Health Research Foundation (The Lewis Foundation).

The *Lewis Scales* (9) were developed in 2017 and 2018.

The primary problems with the *TCFES* was that the instrument was too lengthy and the *Scales* still too difficult for new raters to understand. It was not self-explanatory, and the *TCFES Rater Training Guide* (4) was not sufficient by itself. Twelve hour workshops or 14-hour classes were required to teach them in addition to the *Guide*. To address these problems, the Board asked Dr. Gossett, one of the original authors of the *BTFES* and *TCFES*, to develop a revision of the *TCFES*. Dr. Gossett coordinated these efforts and was the major author of the new *Lewis Foundation Couple & Family Evaluation Scales* (the Lewis Scales), published in 2018.

The *Lewis Scales* became more user friendly by going from the 19 basic measures of the *TCFES* to 12 in the new instrument. Six of the *TCFES* basic subscales that had low reliability or measured rarely seen behaviors were removed. The Global Competence scale, which puzzled most new raters, was removed. The five domain measures, which organized the 18 basic subscales but were almost never used, were eliminated. All 12 of the retained scales were re-written for clarity.

The *Scales* (9), and the new *Rater Training Guide* (10), are designed with four different populations in mind—researchers, clinicians, educators, and, for the first time, couple partners interested in self-improvement.

For researchers the *Scales* present an opportunity for any projects in which strong and detailed measures of couple or family competence would be helpful. For researchers and for clinicians, they offer an alternative to self-report satisfaction surveys which measure how individuals feel about their relationships but lack the ability to describe important process interaction variables such as Overt Power, Respect for Subjective Reality, Seeking to Understand, and so forth. The *Scales* are also an alternative to tedious and massively time consuming micro-analytic observational measures. Clinicians who learn the system can do mental *Lewis Scales* evaluations of their clients in virtually no time and at no cost. The *Scales* scores can help guide ongoing treatment and assess treatment outcome.

Simply by studying the *Rater Training Guide*, individuals or couples can complete the *Scales* and evaluate themselves with the 10 couple and/or 12 family *Lewis Scales* variables. Educators

can teach the *Scales* as basic components in courses exploring the key dimensions of healthy and unhealthy couple and family systems.

Appendix C contains the *Lewis Scales*

References

1. Lewis, J.M., Beavers, W.R., Gossett, J.T., & Phillips, V.A. (1976). No Single Thread: Psychological Health in Family Systems. New York: Brunner/Mazel.

2. Beavers, W.R. (1977). Psychotherapy and Growth: A Family Systems Perspective. New York: Brunner/Mazel.

3. Lewis, J.M., Beavers, W.R., Gossett, J.T., & Phillips, V.A. (1977). Beavers-Timberlawn Family Evaluation Scales. REV. Dallas, TX: Timberlawn Psychiatric Research Foundation.

4. Gossett, J.T., Lewis, J.M., & Barnhart, F.D. (1983). To Find A Way: The Outcome of Hospital Treatment of Disturbed Adolescents. New York: Brunner/Mazel.

5. Lewis, J.M. The Birth of the Family: An Empirical Inquiry. (1989). New York: Brunner/Mazel.

6. Housson, M.M. (1996). "Measuring Marital and Family Competence: The Development of the Timberlawn Couple and Family Evaluation Scales. (Unpublished Doctoral Dissertation). The University of Texas Southwestern Medical Center, Dallas, Texas.

7. Lewis, J.M., Gossett, J.T., Owen, M.T., & Housson, M.M. (1997). Timberlawn Couple & Family Evaluation Scales. Dallas, TX: Timberlawn Psychiatric Research Foundation.

8. Lewis, J.M., Gossett, J.T., Housson, M.M., & Owen, M.T. (1999). Timberlawn Couple and Family Evaluation Scales: A Rater Training Guide. Dallas, TX: Timberlawn Psychiatric Research Foundation.

9. Gossett, J.T., Davis, C.W., Prager, K.J., Parsons, J.A., & Housson, M.M. (2018). *Lewis Foundation Couple and Family Evaluation Scales*. Dallas, TX: Jerry M. Lewis, M.D. Mental Health Research Foundation.

10. Gossett, J.T., Davis, C.W., Prager, K.J., Parsons, J.A., & Housson, M.M. (2018). *Lewis Foundation Couple and Family Evaluation Scales: A Rater Training Guide*. Dallas, TX: Jerry M. Lewis Mental Health Research Foundation

APPENDIX A

BEAVERS-TIMBERLAWN FAMILY EVALUATION SCALE

Family Name ....   Rater..

Segment ....   Date ....

Instructions: The following scales were designed to assess the family functioning on continua representing interactional aspects of being a family. Therefore, it is important that you consider the entire range of each scale when you make your ratings. Please try to *respond on the basis of the videotape data alone,* scoring according to what you see and hear, rather than what you imagine might occur elsewhere.

I. *Structure of the Family*

A. Overt Power: Based on the entire tape, check the term that best describes your general impression of the overt power relationships of this family.

1	1.5	2	2.5	3	3.5	4	4.5	5
Chaos		Marked dominance		Moderate dominance		Led		Egalitarian
Leaderless; no one has enough power to structure the inter-action.		Control is close to absolute. No nego-tiation; dominance and submission are the rule.		Control is close to absolute, Some nego-tiation, but dominance and submission are the rule.		Tendency toward dom-inance and submission, but most of the inter-action is through respectful negotiation.		Leadership is shared between parents, changing with the nature of the interaction.

B. Parental Coalitions: Check the terms that best describe the relationship structure in this family.

1	1.5	2	2.5	3	3.5	4	4.5	5
Parent-child coalition				Weak parental coalition				Strong parental coalition

C. Closeness

1	1.5	2	2.5	3	3.5	4	4.5	5
Amorphous, vague and indis-tinct boundaries among members				Isolation, distancing				Closeness, with distinct boundaries among members

II. *Mythology:* Every family has a mythology; that is, a concept of how it functions as a group. Rate the degree to which this family's mythology seems congruent with reality.

1	1.5	2	2.5	3	3.5	4	4.5	5
Very congruent		Mostly congruent				Somewhat incongruent		Very incongruent

III. *Goal-Directed Negotiation:* Rate this family's overall efficiency in negotiating problem solutions.

1	1.5	2	2.5	3	3.5	4	4.5	5
Extremely efficient		Good				Poor		Extremely inefficient

IV. *Autonomy*

    A. Clarity of Expression: Rate this family as to the clarity of disclosure of feelings and thoughts. This is not a rating of the intensity or variety of feelings, but rather of clarity of individual thoughts and feelings.

1	1.5	2	2.5	3	3.5	4	4.5	5
Very clear				Somewhat vague and hidden				Hardly anyone is ever clear

    B. Responsibility: Rate the degree to which the family members take responsibility for their own past, present, and future actions.

1	1.5	2	2.5	3	3.5	4	4.5	5
Members regularly are able to voice responsibility for individual actions				Members sometimes voice responsibility for individual actions, but tactics also include sometimes blaming others, speaking in 3rd person or plural				Members rarely, if ever, voice responsibility for individual actions

    C. Invasiveness: Rate the degree to which the members speak for one another, or make "mind reading" statements.

1	1.5	2	2.5	3	3.5	4	4.5	5
Many invasions				Occasional invasions				No evidence of invasions

    D. Permeability: Rate the degree to which members are open, receptive and permeable to the statements of other family members.

1	1.5	2	2.5	3	3.5	4	4.5	5
Very open		Moderately open				Members frequently unreceptive		Members unreceptive

V. *Family Affect*

A. Range of Feelings: Rate the degree to which this family system is characterized by a wide range expression of feelings.

1	1.5	2	2.5	3	3.5	4	4.5	5
Direct expression of a wide range of feelings		Direct expression of many feelings despite some difficulty		Obvious restriction in the expressions of some feelings		Although some feelings are expressed, there is masking of most feelings		Little or no expression of feelings

B. Mood and Tone: Rate the feeling tone of this family's interaction.

1	1.5	2	2.5	3	3.5	4	4.5	5
Usually warm, affectionate, humorous and optimistic		Polite, without impressive warmth or affection; or frequently hostile with times of pleasure		Overtly hostile		Depressed		Cynical, hopeless and pessimistic

C. Unresolvable Conflict: Rate the degree of seemingly unresolvable conflict.

1	1.5	2	2.5	3	3.5	4	4.5	5
Severe conflict, with severe impairment of group functioning		Definite conflict, with moderate impairment of group functioning		Definite conflict, with slight impairment of group functioning		Some evidence of unresolvable conflict, without impairment of group functioning		Little, or no unresolvable conflict

D. Empathy: Rate the degree of sensitivity to, and understanding of, each other's feelings within this family.

1	1.5	2	2.5	3	3.5	4	4.5	5
Consistent empathic responsiveness		For the most part, an empathic responsiveness with one another, despite obvious resistance		Attempted empathic involvement, but failed to maintain it		Absence of any empathic responsiveness		Grossly inappropriate responses to feelings

VI. *Global Health-Pathology Scale: Circle the number* of the point on the following scale that best describes this family's health or pathology.

10	9	8	7	6	5	4	3	2	1

Most Pathological   Healthiest

APPENDIX B

TIMBERLAWN COUPLE AND FAMILY EVALUATION SCALES

Jerry M. Lewis, M.D.
John T. Gossett, Ph.D.
Margaret Tresch Owen, Ph.D.
M. Matthew Housson, Ph.D.

CONTENTS

TIMBERLAWN COUPLE AND FAMILY EVALUATION SCALES

Instructions: The following scales are designed to assess family or couple functioning on continua representing interactional aspects of being a family or a couple. It is important that you consider the entire range of each scale when you make your ratings. Please try to respond on the basis of the videotape data alone, scoring according to what you see and hear rather than what you imagine might occur elsewhere. Please circle the number on the Scoring Summary that reflects your assessment.

I. Structure

A. Overt Power: The manner in which interpersonal influence is distributed within the couple or family.

1. Chaotic or Alienated: Fragmented or disorganized; no one structures the interaction; tasks rarely if ever get accomplished; or, markedly disruptive behavior is ignored or dealt with ineffectually; or, each participant pursues a different agenda; topic of conversation changes frequently so that the discussion approaches incoherence; or, participants are disengaged or alienated from one another; no one is able to facilitate engagement.

2. Conflicted: Participants seek control and compete for power. The struggle may be subtle (with reciprocal topic changes, interrogations, and interruptions) or gross (with conflicting directives, mutual blaming, and verbal attacks). No one participant can establish dominance.

3. Dominated with Conflict: One participant clearly possesses the most overt power, but one or more others seek control and compete for power. There is little or no sharing and no true negotiation.

4. Dominated with Complementarity: One participant clearly possesses the most overt power, and others rarely if ever seek control or compete for power. There may be some sharing of power and some negotiation; the dominant person sometimes is open to information (influence) from other family members.

5. Led or Shared: Power is shared among the participants, respecting the age and competence of each. Different individuals may be "in charge" for different tasks as various skills are used to accomplish goals.

B. Adult Leadership: (To be scored only when two or more generations are present.)

Adult leadership involves providing direction in the context of respect. Respect includes consideration of others' beliefs and feelings and an openness to their value, but does not require agreement. Direction includes guidance, instruction, and firmness appropriate to the context. Adult leadership is assessed by the degree to which the adult(s) provide the child(ren) with age-appropriate levels of both dimensions, independent of the proportion of leadership provided by each parent.

1. Poor: Little or no adult leadership.
2.
3. Fair: The adult(s) attempt to provide leadership, but the effort is either intermittent or relinquished.
4.
5. Good: The adult(s) provide high levels of leadership.

C. Inappropriate Parent-Child Coalition: (To be scored only when two or more generations are present.)

An intense parent-child coalition in which the participants exclude and may collude against other family members. This "special" relationship may be one of over- involvement, or it may be angry, argumentative, eroticized, or competitive.

Behavioral markers might include: nonverbal signals that appear to exclude others (e.g., smiles, sighs, glances); verbal exchanges that appear age-inappropriate; inappropriate or excessive physical contact between parent and child.
1. Clear evidence of an inappropriate parent-child relationship.
2.
3. Some evidence of an inappropriate parent-child relationship.
4.
5. No evidence of an inappropriate parent-child relationship.

D. Closeness: The degree to which family members share perceptions, interests, beliefs, activities, friends, values, and pleasurable time together.
1. Little evidence of closeness.
2.
3. Somewhat close.
4.
5. Very close.

II. Autonomy

A. Clarity of Expression: The degree to which family members clearly express individual values, opinions, or ideas. (Do not rate clarity of expression of feelings on this scale.)

Behavioral markers might include: speech that is clear, not mumbled or inaudible; the absence of obscure language; the ability to voice irritation/frustration verbally instead of through nonverbal behaviors; the ability to make "I" statements (e.g., "I think," "I believe.")
1. Indistinct: Family members generally are obscure.
2.
3. Somewhat vague: Some members are quite clear while others are obscure; or, members sometimes are clear and sometimes are not.
4.
5. Distinct: Family members generally articulate individual expressions clearly.

B. Respect for Subjective Reality: The extent to which family members respond to each other with clear regard for the other's views. A crucial test occurs when the respondent disagrees but does not challenge the right of the other to have such views.

Behavioral markers might include: careful listening, frequent acknowledgements, and requests for clarifications; attentiveness; turning toward the speaker, making eye contact, expressing patience, or not changing the subject.
1. Members show little if any respect by not listening or responding or by labeling others' views as untrue, unthinkable, ludicrous, contemptible, or crazy.
2.
3. Some members show respect for the views of others and some do not, or most members sometimes do and sometimes do not show respect for others' views.
4.
5. Members most often react to others' views by respectfully listening, acknowledging, and responding, whether or not they agree.

4

C. Responsibility: The degree to which family members accept accountability for their beliefs and feelings and their past, present, and future actions.

Behavioral markers might include: the ability to make statements that claim responsibility (e.g, "Yes, I was wrong," "I made a mistake;") the ability to admit to guilt and acknowledge imperfections; the absence of blaming statements.

1. Members rarely, if ever, accept responsibility for their beliefs, feelings, or actions. Typically others are blamed, excuses are made, their own beliefs, feelings, or actions are denied, or the members' behaviors contradict their words.
2.
3. Members sometimes accept responsibility for their beliefs, feelings, or actions, but tactics sometimes include blaming others, speaking in 3rd person, using plural pronouns, or demonstrating behaviors that contradict their words.
4.
5. Members almost always accept responsibility for their own beliefs, feelings, and actions.

III. Problem Solving

A. Closure: The ability to reach a solution during the time provided.
1. Poor: No closure achieved either because there appears to be little or no real involvement with the problem or no decision among possible solutions.
2.
3. Fair: Partial closure is achieved, but participants do not deal with all of the obvious aspects of the problem.
4.
5. Good: Complete closure is achieved on all obvious aspects of the problem.

B. Use of Negotiation: The degree to which family members accept individual differences and work together for consensus or for resolution of differences through agreement or compromise.

Behavioral markers might include: the participation of all members so that everyone has a "voice" in the process; the ability to recognize differences and ask for and/or be open to input from all members; the ability to respect differences of opinion; the ability to search for compromises when there is disagreement.

1. No evidence of negotiation.
2.
3. Some negotiation occurs, but family members do not always listen to different members' perspectives or do not always strive to reach consensus or compromise; or, one or more members do not participate.
4.
5. Members demonstrate acceptance of individual differences, work together to resolve those differences, search for consensus, and show the capacity for compromise.

IV. Affect Regulation

A. **Expressiveness:** The openness with which affects are expressed.
   1. **Closed down:** The interaction appears to be closed down affectively. There is little, if any, open expression of affect.
   2. **Guarded:** The interaction is affectively guarded. Few affects are expressed openly. Affect is primarily expressed through subtle facial expressions, postures, or other nonverbal mechanisms.
   3. **Selective:** Some affects are expressed openly but others are not, or affect is expressed openly by some participants but not others.
   4. **Mostly open:** Affects are openly expressed by most of the participants with only occasional restriction or avoidance of affective expression.
   5. **Open:** Affects are openly expressed by all participants.

B. **Responsiveness:** The more-or-less characteristic way in which participants respond to affects expressed by family members.
   1. **Punished:** Affects are responded to with critical, condescending, or punitive messages.
   2. **Avoided:** Affects are often not responded to, or the response is avoidant in the sense that it addresses only the content, suggests action, or changes the subject.
   3. **Inconsistent:** Affects are responded to inconsistently. Some participants acknowledge affects and others do not, or some affects are acknowledged and others are not.
   4. **Cognitive empathy:** Affects are often acknowledged by participants. The acknowledgement does not appear to involve affective arousal in the respondents.
   5. **Affective empathy:** Affects are often acknowledged by participants, and the acknowledgment appears to involve affective arousal such that there is a shared affective state.

C. **Positive Regard:** Members express warmth toward, pleasure with, acceptance of, and affection for one another. Positive regard may be shown verbally or nonverbally. Ratings are based on both the strength and quantity of positive regard expressed.

   Behavioral markers might include: praise and expressions of enjoyment of one another, or speaking in a warm tone of voice to each other; smiling and laughing together, a relaxed and comfortable presence together, and displays of affection.
   1. Members show little or no positive regard for each other.
   2.
   3. Positive regard is shown with moderate frequency and strength, or positive regard is shown for some members but not others.
   4.
   5. Members express positive regard strongly and frequently for each other.

D. **Negative Regard:** Members refuse to participate with one another or engage in disrespectful conversations or activities that interfere with task completion. Ratings are based on both the strength and quantity of negative regard expressed.

   Behavioral markers might include: criticism, disapproval or sarcasm; contemptuous, hostile or threatening words or actions; tense body and facial muscles; angry, harsh, or irritated vocal tones directed to other members, or sullen silence or pouting.
   1. Members express negative regard strongly and frequently for each other.
   2.
   3. Negative regard is shown with moderate frequency and strength, or negative regard is shown for some members but not others.
   4.
   5. Members show little or no negative regard for each other.

E. Mood and Tone: The overall feeling or affective tone of the interaction, based on the frequency of affective expression.
   1. Usually negative (cold, distancing, angry, hateful, hopeless, pessimistic, cynical, suspicious, contemptuous).
   2.
   3. Flat affect predominates, or a mixture of negative and positive affective tone.
   4.
   5. Usually positive (warm, affiliative, admiring, loving, hopeful, optimistic, accepting, trusting, humorous).

F. Empathy: The degree to which individuals are sensitive to each other's feelings and communicate verbally or nonverbally their understanding of those feelings. At deeper levels, empathy involves actually experiencing that which another person is feeling.

   Behavioral markers might include: nonverbal signs of experiencing that which has been expressed by the speaker (e.g., sighs, moans, tears); verbal signs of knowing the other person's experience (e.g., "I know what it's like to be angry like that," "No wonder you felt _____ ," "It must be frustrating for you.")
   1. Feelings are discounted, or not responded to; there is no empathic responsiveness.
   2.
   3. There is some suggestion of a capacity for empathic responsiveness, but it is not clearly evident.
   4.
   5. Empathic responsiveness is clearly evident.

V. Disagreement/Conflict

Disagreement is an affectively neutral difference of opinion, belief, idea, or feeling. Conflict involves active opposition with a sense of struggle, strife, antagonism, fighting, or ill will.

A. Frequency
   1. Much or all of the interactions are characterized by conflict.
   2.
   3. One or a small number of conflicts occur during the observed interactions.
   4.
   5. There may or may not be disagreements, but there are no conflicts.

B. Affective Quality: Conflicts may be addressed with respect for the other person(s) or with a variety of negative affects and behaviors.

   Behavioral markers of disrespect include: disparagement, dismissal, rejection, whining, complaining, criticism, sarcasm, inattention, coercion, moralistic disapproval, direct attack, character assassination, or contempt. Also included may be an icy, distant, or superior style or a mocking or belittling tone.
   1. One or more conflicts are addressed with clear and intense forms of negative affects or behaviors noted above.
   2.
   3. One or more conflicts are addressed with mild forms of negative affects or behaviors noted above.
   4.
   5. Conflicts do not occur, or if they occur are handled with respect.

C.   Generalization and Escalation: One or more participants expand the content of disagreements or conflicts beyond the original focus or intensify the original affect in a negative direction. In extreme cases this involves attacks on the personality, character, or worth of the other.

Behavioral markers might include: statements that allude to past instances of conflict (e.g., "That reminds me of all the other times _____ ; ") frequent use of "you always ...," or, "you never ...; " a sense of lack of resolution of conflict.

1.   Disagreements or conflicts characteristically are generalized and/or escalated.
2.
3.   Some escalation or generalization occurs, but one or more participants act to contain the escalation or generalization.
4.
5.   Disagreements or conflicts do not occur, or if they occur, are engaged without escalation or generalization to additional topics.

VI. Global Competence

Global competence is defined as the extent to which a couple or family system has characteristics that encourage the development of both separateness and connectedness in its members.

Please circle the number on the Scoring Summary that most closely approximates the characteristics observed in the couple or family to be rated.

1. The couple or family is chaotic or alienated; there is no adult leadership, and inappropriate parent-child relationships may be present. Often there appears to be a kind of closeness in which individual boundaries are blurred, or, the participants seem totally disengaged or alienated from one another. Individuals are often unclear about beliefs, fail to respect the subjective realities of others, and may avoid responsibility for their thoughts, beliefs, and actions. Problem solving is characterized by a lack of closure and an absence of negotiation. Affects are often closed down or guarded. Responsiveness to affect is avoided or punished. It is often difficult to assess the levels of positive and negative regard. The prevailing mood is either negative or flat, empathy is absent or rare. Disagreement and conflict are not predominant characteristics, but if they occur they may involve contempt. Generalization and escalation may be seen but are not typical.

2.

3. The couple or family is disorganized by intense conflict which is severe enough to make problem-solving difficult or impossible. Many of the exchanges involve personal attacks. Contempt is often noted. Generalizations and escalations are commonplace. The intensity of the disorganizing conflict frequently precludes adult leadership. There may be relatively stable or transient inappropriate parent-child coalitions as the children are drawn into or enter the conflict. Closeness is not present. Although each participant's individual statements may be clear and understandable, there is little or no respect shown for the opinions of others, and negotiation is absent. Responsibility is often avoided; externalizations and projections are common as the warring individuals often ascribe malignant motivations to each other. Although anger dominates the interaction, other affects are most often absent. Expressions of affect often are punished or avoided. In particular, positive regard is rare and empathy is not seen.

4.

5. The couple or family is characterized by the presence of <u>conflict which may be of moderate or severe intensity but does not lead to disorganization</u>. Adult leadership is compromised and inappropriate parent-child coalitions are frequent. Closeness is rare or absent. Participants are clear in most of their expressions, but there is little respect for each other's subjective reality and little or no acceptance of responsibility for one's behaviors. Although problem-solving can occur, it is most often compromised by the tendency for generalization and escalation of the conflict, and negotiation is rare or absent. The expression of affects other than anger and its derivatives is limited and responses to each other are of a very low order. Negative regard prevails; positive regard is absent. The overall tone of the interaction is angry; empathy is absent, while contempt is often observed.

6.

7. The couple or family is characterized by <u>subdued or muted conflict which may be present all the time or appear suddenly, often in the absence of clear precipitants</u>. The participants appear to be civilized in their battle for control; it is as if they had learned well the rules of parlor conflict. They rarely attack each other in frontal fashion, rather it is through innuendo, expressions of disdain, and icy reserve. Generalizations are sometimes seen, but intense escalation is rare. Leadership is compromised, and children may be triangled into the conflict. Closeness is either absent or appears in a modest way between episodes of conflict. The participants are clear in their expressions but show limited capacity for responsibility or respect for the subjective realities of others. Although negotiation is rare, problems can be approached and solutions reached despite the hostile jabs and counterattacks. The participants express anger, but other affects, particularly those associated with caring, are rarely seen. Responses to the expressions of affect are inconsistent or blunted, but are often couched in politeness. Negative regard predominates; positive regard is rare. The mood is mostly cool, and empathy is absent.

8.

9. The couple or family is characterized by a <u>dominant member who appears to be in complete or near complete control of the interaction. Although one or more other participants may express resentment indirectly</u> through facial expression, body movements, or other channels, direct confrontations are relatively rare. Problem-solving most often involves only the dominant member. Parent-child alliances that appear oppositional to the dominant member are sometimes seen. True negotiation is not seen. Closeness is rare. Participants are usually clear in expressing their thoughts. Respect for subjective reality may be present in some participants, but is absent in the dominant member. Avoidance of responsibility is often noted. Feelings are often expressed indirectly, and open responsiveness is seen only at times. Positive regard is often absent or present in low levels. Negative regard is apparent through sullenness and indirect expressions. The overall mood is negative, and empathy is rare. Open conflict is seldom seen; there is little respect and the dominant member may express contempt for others. He or she may generalize negative attributions, but escalations are not usually seen.

10.

11. The couple or family is characterized by the <u>presence of a moderately dominant member whose authority and control seem generally acceptable to other participants</u>. If conflict or resentment is noted, it is usually of brief duration and remains relatively circumscribed. Closeness may be present, often in the form of respect. There are usually no inappropriate parent-child coalitions. Thoughts and opinions are usually clearly expressed and most often responded to directly. Respect for subjective reality may be noted on some occasions and not others. Problem-solving usually involves partial closure, but negotiation is not typical. Feelings are sometimes openly expressed and on other occasions are muted. Participants most often acknowledge each other's feelings. There are often moderate levels of both positive and negative regard. The overall mood is often more polite than warm and affectionate. Empathy is sometimes seen. Conflict is usually absent, respect is common, and generalizations rare. Escalations are the exception.

12.

13. The couple or family is characterized by a pattern of subtle dominance or, in some instances, of shared power. One or both adults can provide leadership to the system and little conflict is apparent. There is a good deal of respect within the system and little evidence of generalization or escalation. Closeness seems somewhat restricted, but there is little evidence of inappropriate parent-child coalitions. The participants communicate clearly, often take responsibility for their individual thoughts and behaviors, and demonstrate a moderate capacity to respect each other's subjective reality. Problems may be handled with partial to complete closure, and some negotiation may be observed. In the affective realm, however, these couples or families demonstrate a constricted range of expressiveness, only moderate levels of responsiveness, and an obvious lack of spontaneity. Although they seem to like each other, clear and frequent expressions of affection are rare. Negative regard, if seen, is likely to be mild. The mood is formal and polite. Empathy is limited.

14.

15. The couple or family is characterized by one adult taking a clear leadership role in which he or she is respectful of the thoughts and feelings of other participants. It is clear that he or she is the captain of the team, and there is little, if any evidence of opposition to this leadership. He or she solicits opinions from other participants, but in the absence of consensus or easy compromise clearly reserves the right to have the final say. There is no evidence of inappropriate parent-child coalitions. The participants appear to feel close to each other, and they usually achieve complete closure on problem issues, often relying on negotiation. Thoughts are expressed clearly and others respond appropriately. There is evidence of considerable respect for each other's subjective reality. Individuals take responsibility for their thoughts, opinions, and behaviors. A wide range of affects are expressed without apparent fear of consequences. Positive regard predominates, and there is little evidence of negative affects. Empathy is seen, and the overall mood is warm and caring. Although disagreements occur, conflict is infrequent, and when present does not involve contempt, generalization, or escalation.

16.

17. The couple or family is characterized by shared leadership. There is obvious closeness and no inappropriate parent-child coalitions. Participants are clear in their expressions, responsible for their thoughts and behaviors, and demonstrate high levels of respect for each other's subjective realities. Problem-solving is characterized by complete closure and negotiation is common. A wide range of affects are freely expressed and responded to in ways that are affirming. Positive regard dominates the interaction; negative regard is rarely observed. Empathy is often noted, and the overall mood is one of caring and affection. Although disagreements can be noted, conflicts are rare and, when seen, are not characterized by generalization or escalation, but rather are handled with respect.

Do not add the Global Competence score to the previous scale scores in arriving at the Sum of Scales.

APPENDIX C

LEWIS FOUNDATION COUPLE AND FAMILY EVALUATION SCALES

John T. Gossett, Ph.D.

Carlos W. Davis, Jr., Ph.D.

Karen J. Prager, Ph.D.

Julie A. Parsons, M.S.

M. Matthew Housson, Ph.D.

CONTENTS

LEWIS FOUNDATION COUPLE AND FAMILY EVALUATION SCALES

Instructions: The following subscales are designed to assess couple or family functioning. It is important that you consider the entire range of each subscale when you make your ratings. Please try to respond based on what you see and hear rather than what you imagine might occur elsewhere. **Circle the number on the Scoring Summary that reflects your assessment on each subscale.**

Overt Power: The way interpersonal influence is distributed in the couple or family.

1. Chaotic, Alienated, or Psychotic *: Chaotic—There is no effective leadership; the interactions are fragmented or disorganized. No one structures the interactions, and tasks rarely if ever get accomplished. Markedly disruptive behavior is ignored or dealt'with ineffectually. Participants may pursue different agendas simultaneously with the topic of conversation changing so frequently that the discussion becomes incoherent. Alienated—There appears to be little if any connection between the participants who function as a couple or family in name only. No one can facilitate engagement. Psychotic—One or more overtly psychotic participants render much of the interaction content delusional.

2. Conflicted: Participants seek control and appear to compete for being in charge, but no one has enough personal authority to gain control or lead consistently. The participants are equally *powerless* to lead, problem solve, make optimal decisions, or resolve conflicts. As a result, they are chronically conflicted.

3. Led with Resistance: One participant possesses greater personal authority, but one or more others resist aggressively or passively, and behave defensively. The more dominant participant sometimes "succeeds" by being more aggressive (bullying), but less dominant participants sometimes "succeed" by silent refusal to respond or by simply saying "No"—This is the *covert* "power of No."

4. Led with Complementarity: One participant possesses greater personal authority and others accept and enjoy the benefits of that arrangement. There may be some sharing of authority. The participant demonstrating more leadership may comfortably accept information (influence) from others in the process of problem solving and decision making.

5. Shared: Personal authority, power, influence, and leadership are shared among the couple or family, respecting the age, experience, expertise, and competence of each and the importance of the issue being discussed to each. Different individuals may be "in charge" for different tasks as various skills are needed to accomplish various goals.

The **Couple Overt Power Guidelines** on the following page summarize the levels of Couple Overt Power (Column A), the couple power distribution (Column B), the communication approach often used to resolve issues, disagreements, problems, and conflicts (Column C) and the types of trust seen between couple partners (Column D).

---

* Overt Power Level 1 is very rarely seen in either clinical or research settings and should not be used routinely. See this *Rater Training Guide,* Chapter 7, for additional information.

Couple Overt Power Guidelines

A. Level of Couple Overt Power	B. Couple Power Distribution	C. Communication Approach to Resolve Issues	D. Trust in Partner's Honesty
Power 1s *Chaotic*, fused, enmeshed	No effective leadership; partners are connected but not fully autonomous	Communications are confusing, incoherent, hard to follow ("communication deviance")	Trust, while often at odds with reality, appears total
Alienated, disconnected	Partners are autonomous but there appears to be little connection between them; "partners" in name only	Communicate with persons other than partner, but rarely with partner; problem-solve separately	Trust is usually not a relevant issue since there is little or no communication between the partners
Dominated by overtly *psychotic* partner	Psychotic partner totally dominates other partner and sometimes other persons as well	Communications reflect shared delusions of grandeur and/or persecution; consensual psychosis	Those under the psychotic leader's domination trust the psychotic leader totally; the psychotic leader trusts no one
Power 2s **Equally powerless and chronically *conflicted***	**Neither partner has sufficient personal authority to gain control, lead effectively, make optimal decisions or resolve conflicts**	**Argue, bully, seek to win even at cost of loss of closeness and failure to problem-solve; or politely obstruct; or act friendly but silly**	**One or both partners do not trust the other to report accurately, keep promises, or be honest day-to-day; often argue over facts**
Power 3s **Unequal power and struggling over it; *led* with resistance**	**One has somewhat more personal authority, but the other resists (aggressively or passively), interferes, behaves defensively, or undermines**	**Argue, bully, seek to win even at cost of loss of closeness and failure to problem-solve; or politely obstruct; or act friendly but silly**	**One or both partners do not trust the other to report accurately, keep promises, or be honest day-to-day; often argue over facts**
Power 4s **Unequal power and both like it; *led* with complementarity**	**Both can lead, but one has somewhat more personal authority, leads more, and both like it that way**	**Explain, explore, seek to understand and seek to problem-solve**	**Both partners comfortably trust the other's honesty**
Power 5s **Equal, *shared* power**	**Equal; both can and do lead, influence, and make decisions**	**Explain, explore, seek to understand and seek to problem-solve**	**Both partners comfortably trust the other's honesty**

Respect for Subjective Reality:

The extent to which couple partners or family members respond to each other with clear regard for the other's inner experience—views, feelings, opinions, wishes, dreams, fears, values, beliefs, and judgments. A crucial test occurs when the respondent disagrees but *does not challenge* the right of the other to have such inner experience.

Behavioral markers might include careful listening, attentiveness, being patient, requesting clarifications, and not changing the subject, interrupting, or arguing over differences. This is a broad concept and these are some, but not nearly all the markers of respect for a partner's expressed inner experience.

1. Respondents show little if any respect by not listening carefully or by reacting to these statements as wrong, untrue, invalid, dumb, childish, or otherwise unacceptable.

2.

3. One participant shows respect for these statements by the other, but one does not, or participants sometimes do and sometimes do not show respect for these statements by the other.

4.

5. Participants most often react to these statements by respectfully listening and responding whether or not they agree.

Seeking to Understand:

The degree to which members try to understand one another's thoughts, feelings, experiences, needs, or dilemmas.

Behavioral markers might include: careful listening; not interrupting; requests for more information, exploration, or elaboration; attempts to reflect or restate the other's situation ("Is it that you're feeling _____?") This is one very specific and quite rare but unusually powerful way to be respectful of another's inner experience.

1. Little or no effort trying to understand one another, or it appears that requests for greater understanding are in the service of seeking to win an argument rather than a true deeper understanding.

2.

3. Brief or intermittent attempts to understand one another more deeply, or, one member tries to understand while other(s) does not.

4.

5. Consistent, sustained effort trying to understand one another.

Closeness:

Feelings of closeness in a romantic couple include love, intimacy, affection, warmth, commitment, passionate attraction, connectedness, and sexual desire and behaviors. Closeness may involve physical expression, as in touching, hugging, kissing, hand holding, caressing, and sex; emotional expression, as in tender, loving words, looks, and other behaviors; intellectual expression, as in a sense of kinship and excitement over shared ideas, endeavors, or humor; and the bonding that can grow out of shared perceptions, interests, beliefs, values, activities, friends, and pleasurable times together. Healthy parent-child closeness and sibling-sibling closeness may involve all the same elements except for the sexual aspects.

Couples or families engaged in problem solving discussions (as in typical video-recorded assessment interactions) often give little clear evidence of the degrees of closeness they feel for one another. When that occurs, weigh your assessment of Closeness heavily with the degree to which the couple or family appear to be having a pleasurable time together.

1. Little evidence of closeness.

2.

3   Somewhat close.

4.

5.   Very close.

Positive Regard:

Members express warmth toward, pleasure with, acceptance of, and affection for one another. Positive Regard may be shown verbally or nonverbally.

Behavioral markers might include: praise; expressions of enjoyment of one another; speaking in a warm tone of voice to one another; smiling and laughing together; a relaxed and comfortable presence together; and displays of affection.

1. Members show little or no positive regard for one another.

2.

3.   Positive regard is shown with moderate strength or frequency, or positive regard is shown for some members but not others.

4.

5.   Members express positive regard strongly and frequently for one another.

Negative Regard:

Members refuse to participate with one another or engage in disrespectful conversations or activities that interfere with task completion.

Behavioral markers might include: criticism, disapproval, or sarcasm; contemptuous, hostile or threatening words or actions; tense body and facial muscles; angry, harsh or irritated vocal tones directed to other members; or, sullen silence or pouting.

1. Members express negative regard strongly or frequently for one another.

2.

3. Negative regard is shown with moderate frequency or strength, or negative regard is shown for some members but not others.

4.

5. Members show little or no negative regard for one another.

Affective Tone:

The predominant mood or feeling tone of the interaction.

1. Usually negative (cold, distancing, angry, hateful, hopeless, pessimistic, cynical, suspicious, or contemptuous).

2.

3. An absence of affect predominates, or a mixture of negative and positive affective tone.

4.

5. Usually positive (warm, affiliative, admiring, loving, hopeful, optimistic, accepting, trusting, or humorous)

Disagreements or Conflicts:

Disagreement is an affectively neutral difference of opinion, belief, idea, or feeling. Conflict involves intense, active opposition with a sense of struggle.

Conflicts, despite the struggle, may be addressed with respect or with disrespect for the other person.

Behavioral markers of disrespect might include: disparagement, dismissal, rejection, whining, angry or bitter complaining, personal criticism, sarcasm, hostility, inattention, coercion, bullying, moralistic disapproval, direct attack, character assassination, contempt, sullen pouting, or silent withdrawal. Also included may be an icy, distant, or superior style, or a mocking or belittling tone.

1. One or more conflicts are addressed with disrespect.

2.

3. There are one or more conflicts, but all are addressed with respect.

4.

5. There may or may not be disagreements, but there are no conflicts.

Responsibility:

The degree to which couple or family members accept responsibility for their beliefs and feelings, and their past, present, and future actions.

Behavioral markers might include: the ability to make statements that accept responsibility (e.g., "Yes, I was wrong," "I made a mistake," or, "It was my fault;") the ability to admit guilt and acknowledge imperfections; and the absence of blaming statements.

1. Members rarely, if ever, accept responsibility for their beliefs, feelings, or actions. Typically, others are blamed; excuses are made; their own beliefs, feelings, or actions are minimized or denied; or the members' behaviors contradict their words.

2.

3. Members sometimes accept responsibility for their beliefs, feelings, or actions, but tactics sometimes include blaming others; making excuses; minimizing or denying their own beliefs, feelings, or actions; or demonstrating behaviors that contradict their words.

4.

5. Members always or almost always accept responsibility for their own beliefs, feelings, or actions.

Problem Solving Progress:

The ability to make progress toward solutions during a limited time period.

Do *not* give credit for empty promises (e.g., "I'm working on it,", or "OK" delivered without convincing affect or any feasible plan or steps toward a plan).

Do *not* give credit for responsibility shifting (e.g., "Tell me when I'm being too loud at parties and I'll tone it down.," or, "Let me know when I'm being too pushy with you and I'll back off.")

Do give credit for any workable steps toward a solution (e.g., "OK, let's plan to clean up the apartment together every Tuesday afternoon.")

1. Poor: No progress toward solutions achieved either because there appears to be little or no real involvement with the problems or no decisions among possible approaches.

2.

3. Fair: Some progress toward solutions is achieved, but participants do not deal with all the obvious aspects of the problems.

4.

5. Good: Significant progress is achieved on all obvious aspects of the problems.

Adult Leadership: (To be scored only when two or more generations are present.)

Adult Leadership involves providing direction in the context of respect. Respect includes consideration of others' beliefs and feelings and an openness to their value but does not require agreement. Direction involves guidance, instruction, and firmness appropriate to the context. Adult Leadership is assessed by the degree to which the adult(s) provide the child(ren) with age-appropriate levels of both dimensions, independent of the proportion of leadership provided by each parent.

1.   Poor: Little or no adult leadership attempted.

2.

3.   Fair: The adult(s) attempt to provide leadership but the efforts are intermittent, conflicting, confusing, or relinquished.

4.

5.   Good: The adult(s) provide high levels of leadership.

Inappropriate Parent-Child Coalition: (To be scored only when two or more generations are present.)

An intense parent-child coalition in which the participants exclude and may collude against other family members. This "special" relationship may be one of over-involvement, or it may be angry, argumentative, eroticized, or competitive.

Behavioral markers might include: nonverbal signals that appear to exclude others (e.g., smiles, sighs, glances); verbal exchanges that appear age-inappropriate; or inappropriate or excessive physical contact between parent and child.

1.   Clear evidence of an inappropriate parent-child relationship.

2.

3.   Some evidence of an inappropriate parent-child relationship.

4.

5.   No evidence of an inappropriate parent-child relationship.