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# Analyzing the Cohesion and Adaptability of Families of Children with Intellectual Disability Using the FACES-20Esp Scale

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**Abstract**

The impact of disability on families can vary greatly and depends directly on the coping ability of each family system. The purpose of this research is to analyze the functioning of 535 families of children with intellectual disability using the FACES-20Esp scale, identifying different types of families according to the variables of cohesion and adaptability. The results indicate that the style of family functioning can most commonly be classified as mid-range or unbalanced/extreme. Scores for cohesion are largely within the range of balanced; however, in terms of adaptability, the majority of families are considered unbalanced/extreme according to the model. The results of the study suggest there is a pressing need to provide families with strategies to face the challenges of raising and caring for a child with intellectual disability, and establish and maintain a balanced family system.

**Plain language summary**

**Understanding how families support children with intellectual disabilities: a study using the FACES-20Esp Scale**

Families play a crucial role in supporting children with intellectual disabilities, but the challenges they face can vary. This study looked at how 480 families are doing by using the FACES-20Esp scale. We wanted to see how well these families are working together and adapting to the situation. The findings show that most families fall into the mid-range or unbalanced/extreme categories in terms of how they function. While cohesion (working together) scores are generally balanced, adaptability (adjusting to changes) is often unbalanced/extreme. In conclusion, these results highlight the importance of giving families practical strategies to handle the difficulties of raising a child with intellectual disabilities. It also emphasizes the need for families to establish and maintain a balanced way of functioning.

**Keywords**

intellectual disability, family functioning, cohesion, adaptability, FACES-20Esp

Family is an all-important factor in the growth and development of every individual (Bronfenbrenner, 1986). Family is also widely regarded as a fundamental institution for social and economic progress (Alesina & Giuliano, 2010) and it is therefore essential that families are functional, stable, and healthy (Winnicott, 2012). The concept of family functioning has been widely studied since first proposed by different experts in the 1970s (Dai & Wang, 2015). Among the most widely accepted definitions of family functionality is that proposed by Olson et al. (1979, 1989), in the Circumplex Model of the Family System, which refers to the capacity of families to cope with changing situations during different stages

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of life (adaptation), maintaining adequate solidity of interfamily bonds (cohesion). Furthermore, healthy family functioning is closely associated with the resilience of family systems, defined as "the ability to withstand and rebound from disruptive: life challenges" (Walsh, 2003, p. 1). Thus, family systems with a greater capacity for adaptation and resilience are more likely to remain cohesive in the face of adversities and complex challenges (Harrist et al., 2019; Masten, 2018).

Any form of disability can have a profound impact on the dynamics of family functioning (Seligman & Darling, 2007). The various dimensions of family ecosystems, including the financial and employment situations, social relations, etc. and the roles of family members, can be significantly affected by a disability (Bucher-Maluschke et al., 2021; Li et al., 2015; Mason & Pavia, 2006; Shahat & Greco, 2021; Vonneilich et al., 2016). However, given the range of possible disabilities, and depending on the etiology of the diagnosis, the general and/or specific impact on the family, and on its social environment, can vary widely (Halstead et al., 2018; Iacolino et al., 2016; Werner & Shulman, 2015). This multidimensionality of disability prevents and broad generalization on its impact on family or individual well-being given the multiple variable involved: biological, social, etc. (Campbell & Stramondo, 2017).

Intellectual disability in a fact of life for many Spanish families. As of 2021, according to the Institute of the Elderly and Social Services, there were 283,256 people with an intellectual disability of 33%, or more, affecting some 6% of all families in Spain (IMSERSO, 2021). Given the complexity and multiaxial nature of intellectual disability, families have diverse needs witch require early identification, intervention and support (Solís & Lago-Urbano, 2020). The Spanish Disability Strategy 2022 to 2030, in line with the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development, sets out a 'roadmap' for the provision of public resources to support persons with disabilities and their families (Ministerio de Derechos Sociales y Agenda 2030, 2022). In this way, a common legal framework was created to provide families with social services and support at the regional and local levels, oriented toward their specific needs which have often gone overlooked. As part of the effort to build a more just and equitable society, numerous studies have been conducted into ways to further the self-determination of those with intellectual disabilities (Peralta & Arellano, 2014), to create inclusive public education systems (Verdugo & Rodríguez, 2012), and, of course, to enhance the quality of life of those with intellectual disability and their families (Schalock & Verdugo, 2007).

In the line with the above, family functioning and family dysfunction has been the subject of a great of research in recent decades, particularly in terms of the influence of family systems on the well-being of children (Gaspar et al., 2022), and on the perceived quality of life of individuals and families (Szcześniak & Tułecka, 2020). The diagnosis of the intellectual disability of a child can be one of the most stressful and destabilizing events for a family, impacting both its internal dynamics and functioning in many different ways (Iacolino et al., 2016). The varying degree and nature of this impact on the family system is closely linked to the initial response by the family to this diagnosis (Ponte et al., 2012). The majority of parents initially face this situation with an abysmal lack of accurate information about intellectual disability, resorting to their own personal history and experience which may not always be relevant or helpful in their actual circumstances (Kelly, 1955). For these families, it is essential to receive immediate support, resources and professional guidance in the form of personalized intervention programs adapted to their specific needs and circumstances.

Olson's Circumplex Model is one of the principal theoretical constructs for the analysis and marital and family systems. The model is based on the hypothesis that an adequate balance between difference dimensions within family or relational systems favors theirs functionality (Olson, 1993, 2000). According to the model, there are three variables to family functioning: cohesion (defined as the emotional bonding that members have towards one another), flexibility (referring to the ability to change leadership and role relationships within the family), and communication (understood as a facilitating dimension of the other two; Olson et al., 1979, 2019). Understanding the relation between these three dimensions offers insight into changes in family ecosystems over the course of different stages in life (Olson, 1991). Thus, the model is considered valid to analyze the changes to relationships caused by the most frequent or commonplace circumstances (for example, engagement, marriage or parenthood), as well as the impact of extraordinary circumstances which may generate family stress (Olson et al., 2019).

The model identifies different types of families according to their levels of cohesion (disengaged, separated, connected, and enmeshed) and adaptability (rigid, structured, flexible, and chaotic). Considering these types, a functional and balanced family structure is found in the intermediate levels (separated, connected, structured, and flexible), while the extremes (disengaged, enmeshed, separated, and flexible) result in a dysfunctional family structure, putting greater stress on relationships (Martínez-Pampliega et al., 2017).

The combination of these dimensions results in 16 different family types (Figure 1), classified into three broad groups: balanced, mid-range, and unbalanced. Balanced families are those where both dimensions are in the intermediate range; for mid-range families one of these dimension is intermediate while the other is at an extreme;

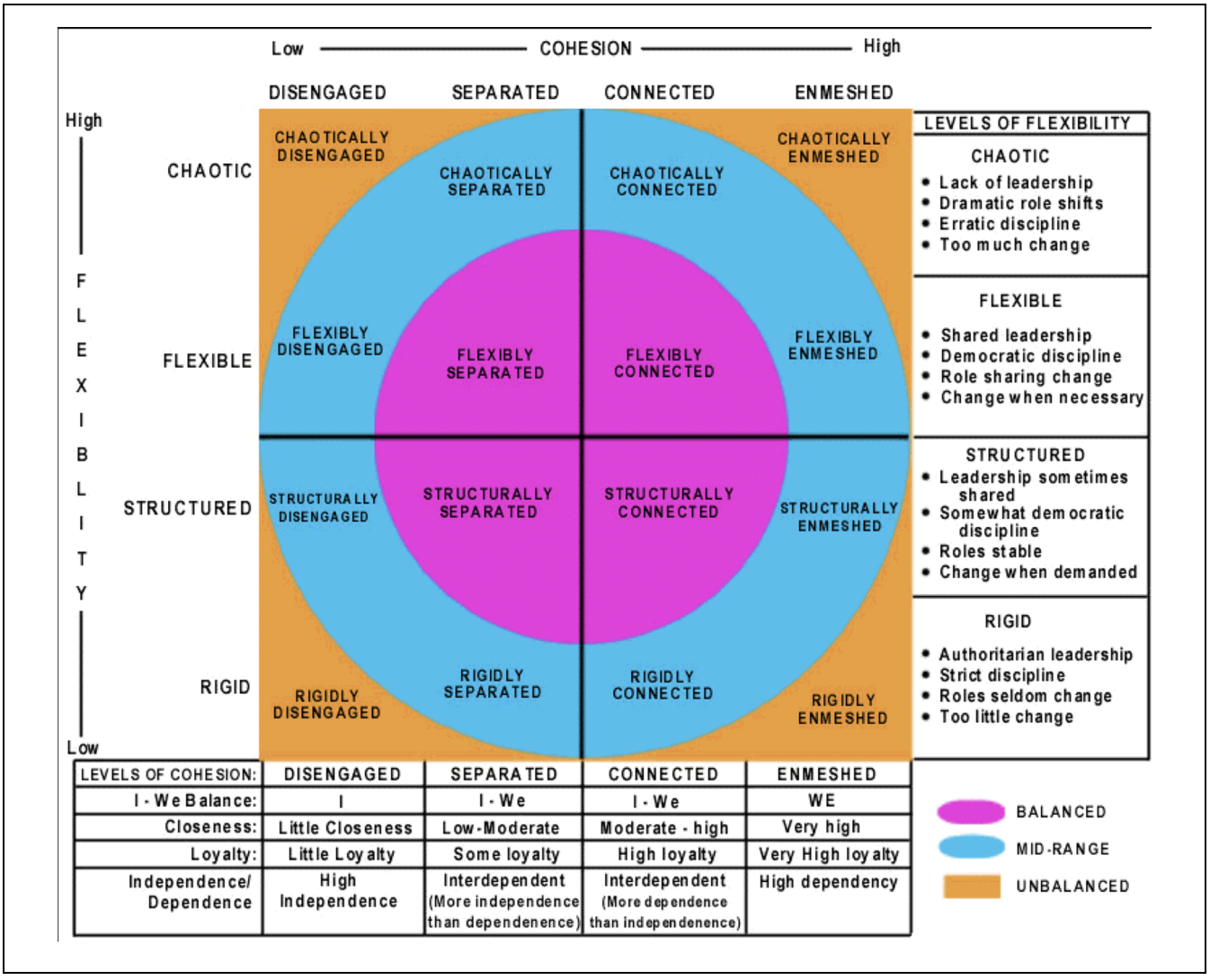


**Figure 1.** Representation of the different types of families according to the Olson Circumplex Model.
*Source*. Image extracted from "Circumplex Model of Marital & Family Systems" (Olson, 1999) based on the original FACES III manual by Olson et al. (1985).

unbalanced families are those in which both dimensions are at the extremes (Zicavo et al., 2012).

To validate Olson's Circumplex Model, a number of standardized instruments were developed based on three dimensions: cohesion, flexibility, and communication (Olson, 1991, 1996). The FACES scale (Family Systems and the Family Adaptability and Cohesion Evaluation Scales), developed by Olson et al. (1979), have become an important reference tool in recent decades, applied in over 1,200 clinical studies into family function and dysfunction (Kouneski, 2002; Waldvogel & Schlieff, 2018).

FACES was initially developed as a standardized self-report instrument to analyze two dimensions of the Circumplex Model: cohesion and flexibility (Olson et al., 1979). The scale has been used in many clinical studies and has been adapted and adjusted to create a number of different versions (Olson, 1986; Olson et al., 1980, 1982), culminating in FACES IV (Olson, 2000), which overcomes the limitations of the three earlier versions and offering a more complete analysis of the elements of Circumplex Model (Olson et al., 2019). The psychometric properties of the different FACES scales have been verified through transcultural validations in different countries in Europe (Baiocco et al., 2013; Desautels et al., 2016; Everri et al., 2020; Vegas et al., 2022), Latin America (Arciniegas et al., 2018; Costa et al., 2013; Santos et al., 2017), and the Middle East (Mazaheri et al., 2014; Sarour & El Keshky, 2022; Türkdoğan et al., 2018). Furthermore, these tools have proved effective for families of different ethnicities and with heterogeneous structural characteristics as well as those experiencing specific types of circumstances and events (Waldvogel & Schlieff, 2018). Thus, we can point to studies into the functioning of family systems conditioned by the

experience of chronic illness, neurological (Tramonti et al., 2019) or oncological disorders (Marsac & Alderfer, 2011) or some form of disability of a family member (Aguiar et al., 2022; Iacolino et al., 2016; Moody et al., 2019; Palani et al., 2018; Walton & Tiede, 2020).

The basic question which guided this research was: "How does the diagnosis of a child with intellectual disability impact the habitual functioning of a family?" From this question, the general objective of this study was to conduct an in-depth analysis to the functioning of families of children with intellectual disability using the FACES-20Esp scale. This general goal was pursued through the following specific research objectives:

- To validate the FACES-20Esp instrument through its application with a sample of families of children with intellectual disabilities.
- To analyze the functioning of families of children with intellectual disability, according to the dimensions of cohesion and adaptability, as proposed in Olson's Circumplex Model (Olson et al., 1979, 2019).

## Method

### Participants

The study used an intentional, non-probability method to collect a sample of Spanish families of children with intellectual disability.

The final sample consisted of 441 families. The respondents to the questionnaire were primarily mothers (73.5%), compared to fathers (25.4%), with ages ranging from 27 to 85 and an average age of 50 years. 100% of the families included in the sample had a family member diagnosed with intellectual disability between 4 and 55 years of age, the mode being 14.

The key sociodemographic data of the sample is provided in Table 1, below.

### Instrument

This study used FACES-20Esp scale (Martínez-Pampliega et al., 2006; Sanz et al., 2002) the abbreviated, transcultural Spanish version of the Family Adaptability and Cohesion Evaluation Scale—FACES II (Olson et al., 1982), maintaining direct correspondence with the dimensions of cohesion and adaptability of the Spanish version of the Family Adaptability and Cohesion Evaluation Scale IV—FACES IV (Martínez-Pampliega et al., 2017). The FACES-20Esp is easy to administer, with a limited number of items (20 in total), and is considered an effective tool to evaluate family functioning within a Spanish cultural context with optimum psychometric properties (Martínez-Pampliega et al., 2010). The tool was developed on the basis of Olson Circumplex Model, using two subscales to analyze the dimensions of cohesion and adaptability. The instrument consists of a total of 20 items and the psychometric properties for the abbreviated Spanish version are considered adequate in terms of convergent and divergent validity as well as reliability, with a Cronbach's alpha of .89 for cohesion and .87 for adaptability (Martínez-Pampliega et al.,

**Table 1.** Sociodemographic Data of the Sample.

| Variable | | *N* | Frequency | Percentage |
|---|---|---|---|---|
| Nationality | Spanish | 441 | 391 | 88.7 |
| | Other | | 50 | 11.3 |
| Civil status | Married | 441 | 332 | 75.3 |
| | Divorced | | 58 | 13.2 |
| | Widower | | 11 | 2.5 |
| | Other | | 40 | 9.1 |
| Employment situation | Full-time | 441 | 250 | 56.78 |
| | Part-time | | 73 | 16,6 |
| | Unemployed | | 37 | 8,4 |
| | Domestic work | | 57 | 12.9 |
| | Other | | 24 | 5.4 |
| Education | Post-graduate | 441 | 60 | 13.6 |
| | University degree | | 109 | 24.7 |
| | Diploma | | 71 | 16.1 |
| | Secondary studies | | 117 | 26.5 |
| | Primary studies | | 54 | 12.2 |
| | No studies | | 11 | 2.5 |
| | Other | | 19 | 4.3 |
| Help with the care of the child | No | 441 | 273 | 61.9 |
| | Yes (family) | | 127 | 28.8 |
| | Yes (external) | | 40 | 9.1 |

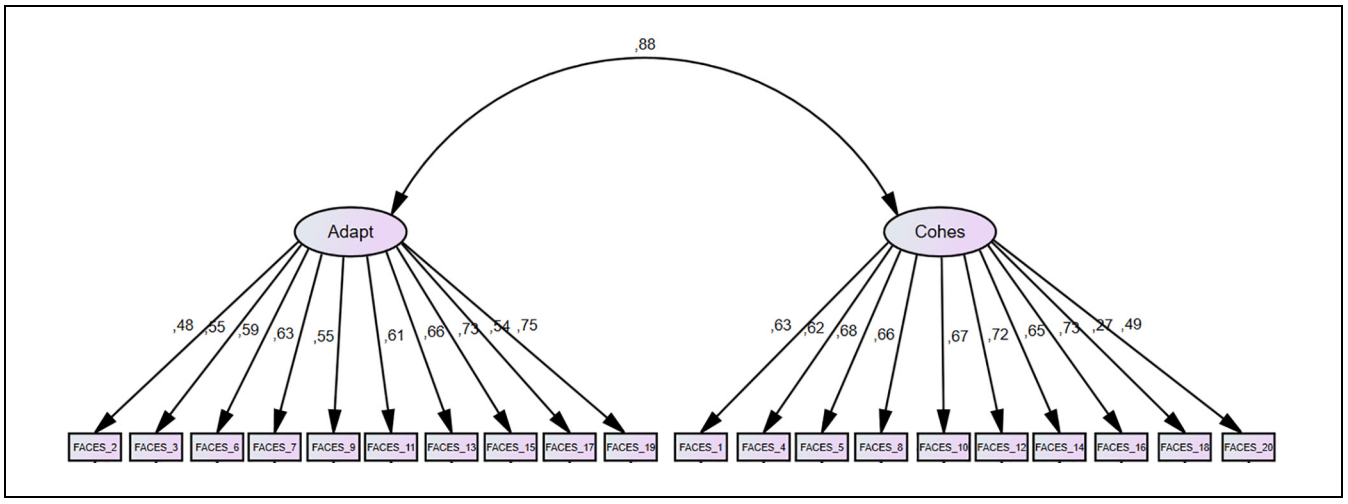


**Figure 2.** Confirmatory factor analysis (CFA) for the FACES-20Esp Scale.

2006). The FACES-20Esp is an important tool in the study of family systems within Spanish (Bernedo et al., 2022; Martínez-Pampliega et al., 2019; Montejo et al., 2019) and Latin American cultures (Huaiquifil & Barra, 2018; Luna-Bernal, 2012; Zicavo et al., 2012).

For this study, the scale was integrated within four-part questionnaire. The first part explained the research objectives and procedures of the study; the second part included important information about the confidentiality and anonymity of all data collected and the voluntary nature of participation; the third part collected sociodemographic information about the participants; finally, port four consisted of the FACES-20Esp questionnaire.

### *Procedure*

The data for the study was collected in three-steps process:

- In step one, the cooperation of schools in the Community of Madrid (Spain) with students with intellectual disabilities was requested. Initial contact with these schools was by telephone, followed-up by personalized email outlining the objectives and process of the research. Once schools voluntarily accepted to participate in the study, they were asked to indicate the exact number of students with intellectual disability in the school.
- In step two, paper version of the questionnaires were sent in sealed envelopes to each school. The questionnaires were distributed directly to participating families who returned the complete questionnaires to the school.
- Finally, in step three, the completed questionnaires were collected from the schools 2 weeks after they were initially sent. A database was created of the results of the questionnaires for subsequent analysis.

### *Data Analysis*

To confirm construct validity an analysis was made of the reliability of the instrument, calculating the reliability of both the complete instrument and each of its dimensions (cohesion and adaptability) using Cronbach's alpha. A confirmatory factor analysis was also conducted to ensure the goodness of fit. Finally, a descriptive analysis was performed to identify the type of functioning of participating families in both general terms and form each of the specific dimensions.

## Results

### *Construct Validity*

The reliability tests confirm the adequacy of the instrument for the sample, with a Cronbach's alpha of .91, indicating an excellent level of reliability for the complete scale. The results for the dimensions cohesion and adaptability were .84 and .85 respectively, indicating a good level of reliability.

The confirmatory factor analysis indicates that the model has a poor fit, although it the thresholds of acceptability established by the authors (0.090 for CFI and TLI, and 0.05 for RMSEA); in our case the model scored 0.885 for CFI, 0.820 for TLI, and 0.082 for RMSEA. The model was created using the criterion of maximum likelihood.

As shown in Figure 2, the result of the Pearson correlation test for both factors is .88, indicating a high relation between the two factors. The goodness of index for all items is significant, although item 18 had a score of 0.27, the lowest within the model.

**Table 2.** Descriptive Analysis of Family Cohesion, Adaptability and Functioning of Families of Children with Intellectual Disability.

| Dimension | *N* | Mean | *SD* |
|---|---|---|---|
| Cohesion | 441 | 42.6 | 5.4 |
| Adaptability | 441 | 40.2 | 5.9 |
| Family functioning | 441 | 82.8 | 10.6 |

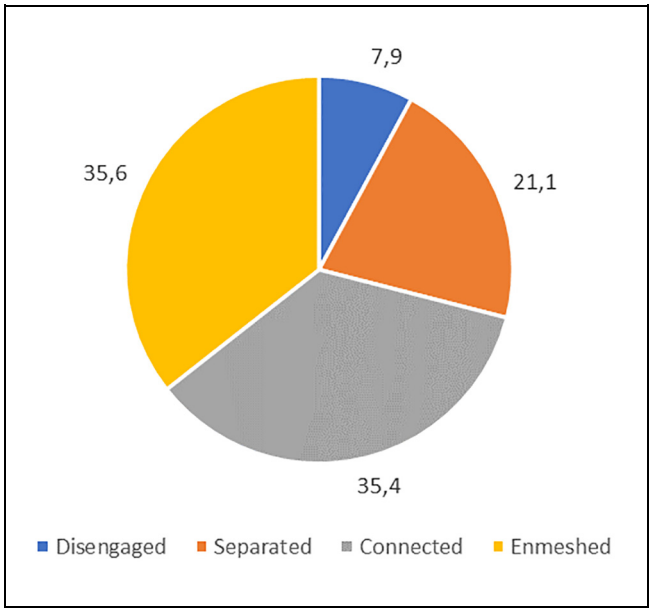


**Figure 3.** Frequencies of family types based on the variable cohesion.

### *Descriptive Analysis of Family Styles According to Cohesion and Adaptability*

The descriptive data for the variables cohesion and adaptability, as well as the complete scale of overall family functioning is provided in Table 1 below. It must be noted that responses are on Likert-type scale of 1 to 5; thus, each variable has a minimum score of 10 and the maximum is 50. Similarly, for overall family functioning, the minimum score is 20 and the maximum 100. The results show scores above the mean for each of the variables and for overall family functioning (Table 2).

Each dimension was analyzed to verify the predominant types of family functioning in the sample. Considering the four types of families within the dimension cohesion (disengaged, separated, connected, and enmeshed), Figure 3 shows the highest percentage of families are enmeshed (35.6%), an extreme or unbalanced type. However, considering the total results, the majority of families can be classified as in the mid-range (56.5%).

For the dimension of adaptability again we can distinguish four types of families (rigid, structured, flexible, and chaotic). The results presented in Figure 4 indicated that a significant majority of families can be classified as unbalanced (95.5%), specifically as chaotic, while 0% of families can be classified as rigid and with very low scores in the intermediate levels.

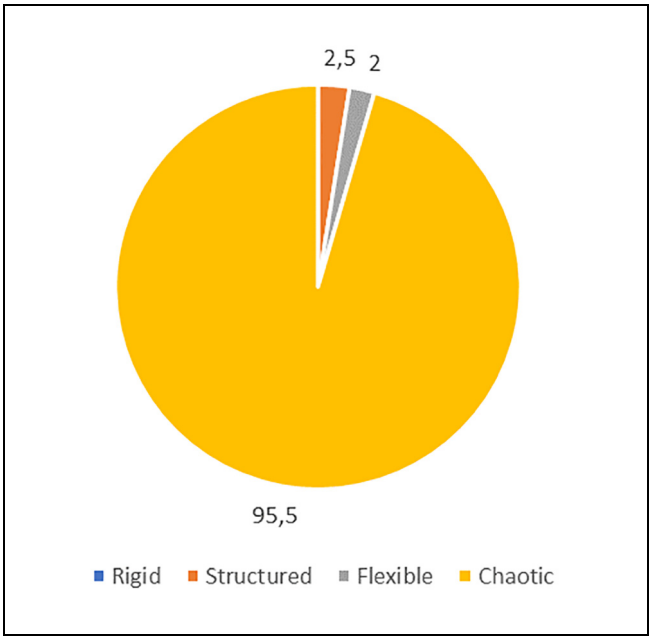


**Figure 4.** Frequencies of family types based on the variable adaptability.

Based on the results for each of the dimensions, we analyzed the families according to the model by Olson et al. (1989) model which establishes three general types of family functioning: extreme, mid-range, and unbalanced/extreme, derived from combination of scores obtained for the dimensions of cohesion and adaptability.

The resulting styles or types of family functioning are indicated in Figure 5 below. As shown, the majority of families (58.2%) can be classified as mid-range, which indicates that one of the dimensions is balanced and another is unbalanced. Additionally, a high percentage of families (40.3%) qualify as unbalanced or extreme; that is, scores can be considered as extreme or unbalanced for both cohesion and adaptability.

## Discussion

The results obtained allowed us to achieve the two objectives of this research, to validate the FACES-20Esp scale for a use with Spanish families of children with intellectual disability and to analyze the functioning of families in terms of cohesion and adaptability, taking Olson's Circumplex Model as a reference Olson et al. (1979, 2019).

Regarding the first specific research objective, to validate the psychometric properties of the FACES-20Esp

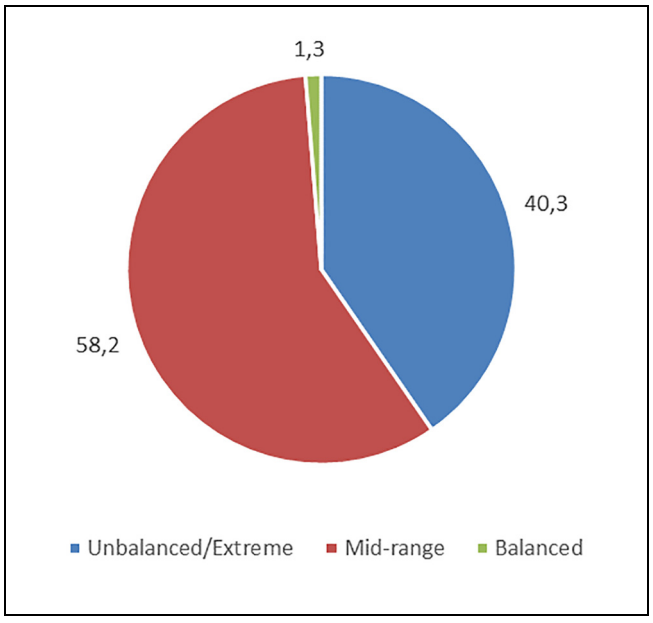


**Figure 5.** Frequency of family types.

scale for use with families of children with intellectual disability, the results confirm that the instrument is reliable for this sample. The validity of the instrument was confirmed through reliability testing which showed excellent results (0.91) for the complete scale and good results for the cohesion (0.84) and adaptability (0.85) dimensions. The confirmatory factor analysis confirmed the good relation between the factors, although the data indicates that a single factor model would produce better result.

The second specific objective of the study was also achieved: the analysis of family functioning of families of children with intellectual disability. The results offer real into the habitual dynamics of families of children with intellectual disability in terms of their cohesion and adaptability.

Regarding the first of these variables, there has been a great deal of research into cohesion within families of children with different types of disability, with very mixed results (Ekas et al., 2016; Kandel & Merrick, 2007; Lanfranchi & Vianello, 2012; Ma et al., 2022; Mitchell et al., 2016). Studies have found that highly cohesive families have a greater capacity to deal with episodic moments of stress, such as the moment of diagnosis of a disability (Choi & Van Riper, 2016; Nelson et al., 2016; Serrano & Izuzquiza, 2017), while some comparative studies have found less cohesion among families of children with intellectual disability than those without (Cuzzocrea et al., 2013; Lanfranchi & Vianello, 2012). The present study found that, in terms of cohesion, the highest number of families can be classified as enmeshed (35.6%), suggesting an excessive bond that may inhibit the personal autonomy of individual members, with an intrusive control over family relationships or excessive dependency (Manzi et al., 2006). Personal autonomy and independence are vitally important factors in maintaining family stability (Baltes & Silverberg, 2019), and it can be deduced that highly enmeshed families are at risk.

Cohesion can be understood as "the emotional bond that family members have with each other" (Olson et al., 2019, p. 201), and the study found that a high percentage of families (56.5%) of children with intellectual disability have a high degree of cohesion while maintaining a degree of independent among family members. Adaptability refers to "the amount of changes in leadership, roles, and relationship rules" (Olson et al., 2019, p. 202); that is, the capacity of the family to adjust or adapt to situations that could lead to family disintegration, achieving a new equilibrium and stability through change. In the case of families of children with disability, the results indicate that a large majority of families can be classified as chaotic (95.5%), characterized by erratic or limited leadership, impulsive decisions and unclear roles; that is, with highly irregular discipline (Zegers et al., 2003). According to Olson (1999), a prolonged period of chaotic family functioning can lead to significant problems for families.

The results for adaptability reflect a common situation in which of families of children with intellectual disability present numerous changes in family dynamics and the roles of individual members within the family system (Soponaru & Iorga, 2015). Chaotic family systems, in terms of adaptability, suppose an added difficulty for families to face day-to-day adversities of caring for a child with intellectual disability (Rafferty et al., 2022). According to the authors Ramírez and Rodríguez (2014), "the raising children with disabilities creates complex events in family life, and, in turn, it marks processes in adapting to the new home situation" (p. 147).

According to Olson (2000), families may change at specific moments to a more extreme or unbalanced style functioning which will enable them to deal with specific circumstances of stress; however, this type of functioning if it becomes persistent over the long term, can become a problem within the family. According to Peralta and Arellano (2010), the impact of a disability on a family has change, with more positive connotations than in the past. But this does not suggest that family systems do not experience stress in the care of a child with a disability. It appears that, in many cases, a disability can lead to a more enmeshed family (Bourke-Taylor et al., 2022; Ekas et al., 2016; Villavicencio & López, 2017), as reflected in the results of our study which indicate that a significant number of families (35.6%) can be classified this type. Although in the majority of cases, family functioning can be classified as mid-range in terms of

cohesion and adaptability, there is a high percentage of families which can be characterized as unbalanced or extreme, and thus can be defined as dysfunctional families. This dysfunctionality can pose significant problems within a family, especially when prolonged over time rather than a response to specific or episodic moments of stress (Delgado-González et al., 2020).

## Conclusions

The results of the present study offer an insight into the impact of intellectual disability on families in terms of their cohesion and adaptability. Generally speaking, the functioning of these types of family ecosystems can be considered in terms of movement and change, whereby family members adapt to changing needs and circumstances due to disability of a child or family member. Thus, adaptation and cohesion can be seen as directly dependent on the life stage of the child (García et al., 2017).

The research also reveals certain aspects which may be positive for the parents of children with disabilities (Beighton & Wills, 2019), these may include greater cohesion and emotional bonding within the family, even though this may be excessive at moments of particular stress. Nevertheless, the results show that once a disability has been diagnosed, families do not feel prepared to deal with the many challenges and transformations to family dynamics required to care for the child with a disability (Sen & Yurtsever, 2007; Staunton et al., 2020).

Finally, the data offers greater insight into the situation of families of children with disabilities, and may suggest the design of more effective interventions, both in terms of educational support and clinical interventions (Hiebert-Murphy et al., 2011). Considering that disability will be a constant reality for families throughout their life, it is important to empower family systems, fostering a feeling of competence in dealing with adversity and adapting personal roles and family dynamics to meet these challenges (Itzhaky & Schwartz, 2001; Kalleson et al., 2020).

### *Limitations and Prospects*

The current research has several limitations that need to be acknowledged. A primary limitation is the use of purposive sampling, which restricts the generalizability of the findings to a broader population. Since data were not collected randomly, a potential sample selection bias may be present, meaning that results might reflect unique characteristics of the studied families rather than broader societal trends. While purposive sampling ensured that participants met criteria relevant to the research, future studies could benefit from probabilistic sampling to enhance the generalizability of findings.

Another limitation is the potential for deeper qualitative exploration of the experiences of families with a member with intellectual disabilities through in-depth interviews, which could yield a richer understanding of the daily challenges these families face.

For future research, it would be interesting to conduct comparative studies with families of children with disabilities of various etiologies to explore differences in family functioning across ecosystems. Additionally, incorporating the communication variable from the IV version of the instrument used (FACES IV) could offer a more comprehensive view of family dynamics. Lastly, using the FACES-20Esp scale with a single factor could improve model fit indices in studies on family functioning with children with intellectual disabilities.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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### Ethical Approval

The study has the approval of the ethics committee of the Francisco de Vitoria University with registration number 41/2022. The participants in the study are of legal age and have agreed to complete the questionnaire and use the data to carry out this study.

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### Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon request.

### References

Aguiar, M. P. P. D. A., Lira, A. N. D., & Morais, N. A. D. (2022). Family functioning of people with disabilities: Cluster-based. *Analysis. Paidéia (Ribeirão Preto)*, *32*, e3228. https://doi.org/10.1590/1982-4327e3228

Alesina, A., & Giuliano, P. (2010). The power of the family. *Journal of Economic Growth*, *15*(2), 93–125. https://doi.org/10.1007/s10887-010-9052-z

Arciniegas, M. C., Puentes, A. M., Trujillo, E. M., Gamba, M., Gutiérrez, C., & Beltrán, A. M. (2018). Estilos parentales,

función familiar y rendimiento académico: un estudio de caso de seis familias de un colegio público en Bogotá, Colombia. *Voces y Silencios. Revista Latinoamericana de Educación*, *9*(2), 4–36. https://doi.org/10.18175/vys9.2.2018.02

Baiocco, R., Cacioppo, M., Laghi, F., & Tafà, M. (2013). Factorial and construct validity of FACES IV among Italian adolescents. *Journal of Child and Family Studies*, *22*(7), 962–970. https://doi.org/10.1007/s10826-012-9658-1

Baltes, M. M., & Silverberg, S. B. (2019). The dynamics between dependency and autonomy: Illustrations across the life span. In D. L. Featherman, R. M. Lerner, & M. Perlmutter (Eds.), *Life-span development and behavior* (pp. 41–90). Routledge.

Beighton, C., & Wills, J. (2019). How parents describe the positive aspects of parenting their child who has intellectual disabilities: A systematic review and narrative synthesis. *Journal of Applied Research in Intellectual Disabilities*, *32*(5), 1255–1279. https://doi.org/10.1111/jar.12617

Bernedo, I. M., Oliver, J., Urbano-Contreras, A., & González-Pasarín, L. (2022). Perceived stress, resources and adaptation in relation to the COVID-19 lockdown in Spanish foster and non-foster families. *Child & Family Social Work*, *27*(1), 55–66. https://doi.org/10.1111/cfs.12871

Bourke-Taylor, H. M., Joyce, K. S., Grzegorczyn, S., & Tirlea, L. (2022). Profile of mothers of children with a disability who seek support for mental health and wellbeing. *Journal of Autism and Developmental Disorders*, *52*, 1–14. https://doi.org/10.1007/s10803-021-05260-w

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, *22*(6), 723. https://doi.org/10.1037/0012-1649.22.6.723

Bucher-Maluschke, J. S. N. F., Oliveira, R. A. D., Silva, J. C., & Rodrigues, C. M. L. (2021). Transformations in the family system after the birth of a child with disability. *Paidéia (Ribeirão Preto)*, *31*, e3124. https://doi.org/10.1590/1982-4327e3124.

Campbell, S. M., & Stramondo, J. A. (2017). The complicated relationship of disability and well-being. *Kennedy Institute of Ethics Journal*, *27*(2), 151–184. https://doi.org/151-184.10.1353/ken.2017.0014

Choi, H., & Van Riper, M. (2016). Maternal perceptions to open-ended questions about life with Down syndrome in Korea. *The Qualitative Report*, *21*(2), 288–298.

Costa, D., González, M. D. L., del Arca, D., Masjuan, N., & Olson, D. H. (2013). Propiedades Psicométricas del FACES IV: Estudio de validez en población uruguaya. *Ciencias Psicológicas*, *7*(2), 119–132. https://doi.org/10.22235/cp.v7i1.1053

Cuzzocrea, F., Larcan, R., & Westh, F. (2013). Family and parental functioning in parents of disabled children. *Nordic Psychology*, *65*(3), 271–287. https://doi.org/10.1080/19012276.2013.824201

Dai, L., & Wang, L. (2015). Review of family functioning. *Open Journal of Social Sciences*, *3*(12), 134. https://doi.org/10.4236/jss.2015.312014

Delgado-González, O., Palacio-Sheryz, M., Díaz-Reyes, E., Osaría-Quintana, R. M., & Forment-Poutou, S. (2020). Salud familiar en niños con discapacidad intelectual. *Revista Información Científica*, *99*(1), 30–37.

Desautels, J., Lapalme, M., Touchette, L., & Pauzé, R. (2016). Validation of French version of FACES IV for a population of adolescents from populational and clinical samples. *Therapie Familiale*, *37*(1), 95–113. https://doi.org/10.3917/tf.161.0095

Ekas, N. V., Ghilain, C., Pruitt, M., Celimli, S., Gutierrez, A., & Alessandri, M. (2016). The role of family cohesion in the psychological adjustment of non-Hispanic White and Hispanic mothers of children with autism spectrum disorder. *Research in Autism Spectrum Disorders*, *21*, 10–24. https://doi.org/10.1016/j.rasd.2015.09.002

Everri, M., Caricati, L., Mancini, T., Messena, M., & Fruggeri, L. (2020). Italian validation of family adaptability and cohesion scale (FACES IV) short version for adolescents: SAD_-FACES. *Journal of Child and Family Studies*, *29*(9), 2507–2514. https://doi.org/10.1007/s10826-020-01771-9

García, M., Méndez, M., Rivera, S., & Peñaloza, R. (2017). Escala de funcionamiento familiar. Propiedades psicométricas modificadas en una muestra mexicana. *Revista Iberoamericana de Psicología*, *10*(1), 19–27. https://doi.org/10.33881/2027-1786.rip.10103

Gaspar, T., Gomez-Baya, D., Trindade, J. S., Botelho Guedes, F., Cerqueira, A., & de Matos, M. G. (2022). Relationship between family functioning, parents' psychosocial factors, and children's well-being. *Journal of Family Issues*, *43*(9), 2380–2397. https://doi.org/10.1177/0192513X211030722

Halstead, E., Ekas, N., Hastings, R. P., & Griffith, G. M. (2018). Associations between resilience and the well-being of mothers of children with autism spectrum disorder and other developmental disabilities. *Journal of Autism and Developmental Disorders*, *48*(4), 1108–1121. https://doi.org/10.1007/s10803-017-3447-z

Harrist, A. W., Henry, C. S., Liu, C., & Morris, A. S. (2019). Family resilience: The power of rituals and routines in family adaptive systems. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan* (pp. 223–239). American Psychological Association. https://doi.org/10.1037/0000099-013

Hiebert-Murphy, D., Trute, B., & Wright, A. (2011). Parents' definition of effective child disability support services: Implications for implementing family-centered practice. *Journal of Family Social Work*, *14*(2), 144–158. https://doi.org/10.1080/10522158.2011.552404

Huaiquifil, E., & Barra, E. (2018). Funcionamiento familiar y calidad de vida de mujeres adolescentes con trastornos de la conducta alimentaria. *Revista de Psicología*, *13*(25), 45–53.

Iacolino, C., Pellerone, M., Pace, U., Ramaci, T., & Castorina, V. (2016). Family functioning and disability: A study on Italian parents of disabled children. *European Proceedings of Social and Behavioural Sciences*, *8*, 39–52. http://dx.doi.org/10.15405/epsbs.2016.05.5

IMSERSO. (2021). *Base estatal de datos de personas con valoración del grado de discapacidad (Informe a 31/12/2021)*. IMSERSO. Ministerio de Derechos Sociales y Agenda 2030.

Itzhaky, H., & Schwartz, C. (2001). Empowerment of parents of children with disabilities: The effect of community and

personal variables. *Journal of Family Social Work*, *5*(1), 21–36. https://doi.org/10.1300/J039v05n01_03

Kalleson, R., Jahnsen, R., & Østensjø, S. (2020). Empowerment in families raising a child with cerebral palsy during early childhood: Associations with child, family, and service characteristics. *Child: Care, Health and Development*, *46*(1), 19–27. https://doi.org/10.1111/cch.12716

Kandel, I., & Merrick, J. (2007). The child with a disability: Parental acceptance, management and coping. *The Scientific World Journal*, *7*, 1799–1809. https://doi.org/10.1100/tsw.2007.265

Kelly, G. A. (1955). *The psychology of personal constructs*. Routledge.

Kouneski, E. (2002). *Circumplex model and FACES: Review of literature*. University of Minnesota.

Lanfranchi, S., & Vianello, R. (2012). Stress, locus of control, and family cohesion and adaptability in parents of children with Down, Williams, Fragile X, and Pader-Willi Syndromes. *American Journal on Intellectual and Developmental Disabilities*, *117*(3), 207–224. https://doi.org/10.1352/1944-7558-117.3.207

Li, A., Shaffer, J., & Bagger, J. (2015). The psychological well-being of disability caregivers: Examining the roles of family strain, family-to-work conflict, and perceived supervisor support. *Journal of Occupational Health Psychology*, *20*(1), 40–49. https://doi.org/10.1037/a0037878

Luna-Bernal, A. C. (2012). Funcionamiento familiar, conflictos con los padres y satisfacción con la vida de familia en adolescentes bachilleres. *Acta Colombiana de Psicología*, *15*(1), 77–85.

Ma, M., Gao, R., Wang, Q., Qi, M., Pi, Y., & Wang, T. (2022). Family adaptability and cohesion and the subjective well-being of parents of children with disabilities: The mediating role of coping style and resilience. *Current Psychology*, *42*(22), 19065–19075. https://doi.org/10.1007/s12144-022-03094-y

Manzi, C., Vignoles, V. L., Regalia, C., & Scabini, E. (2006). Cohesion and enmeshment revisited: Differentiation, identity, and well-being in two European cultures. *Journal of Marriage and Family*, *68*(3), 673–689. https://doi.org/10.1111/j.1741-3737.2006.00282.x

Marsac, M. L., & Alderfer, M. A. (2011). Psychometric properties of the FACES-IV in a pediatric oncology population. *Journal of Pediatric Psychology*, *36*(5), 528–538. https://doi.org/10.1093/jpepsy/jsq003

Martínez-Pampliega, A., Galíndez, E., & Sanz, M. (2006). Family Adaptability and Cohesion Evaluation Scale (FACES): desarrollo de una versión de 20 ítems en español. *International Journal of Clinical and Health Psychology*, *6*(2), 317–338.

Martínez-Pampliega, A., Iraurgi, I., & Sanz, M. (2010). Validez estructural del FACES-20Esp: Versión española de 20 ítems de la Escala de Evaluación de la Cohesión y Adaptabilidad Familiar. *Revista Iberoamericana de Diagnóstico y Evaluación-e Avaliação Psicológica*, *1*(29), 147–165.

Martínez-Pampliega, A., Merino, L., Iriarte, L., & Olson, D. H. (2017). Psychometric properties of the Spanish version of the family adaptability and cohesion evaluation Scale IV. *Psicothema*, *29*(3), 414–420.

Martínez-Pampliega, A., Ugarte, I., Merino, L., & Herrero-Fernández, D. (2019). Conciliación familia-trabajo y sintomatología externalizante de los hijos e hijas: papel mediador del clima familiar. *Revista Iberoamericana de Psicología y Salud*, *10*(1), 27–36. https://doi.org/10.23923/j.rips.2018.02.023

Mason, M., & Pavia, T. (2006). When the family system includes disability: Adaptation in the marketplace, roles and identity. *Journal of Marketing Management*, *22*(9–10), 1009–1030. https://doi.org/10.1362/026725706778935637

Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, *10*(1), 12–31. https://doi.org/10.1111/jftr.12255

Mazaheri, M., Habibi, M., & Ashori, A. (2014). Psychometric properties of Persian version of the Family Adaptability and Cohesion Evaluation Scales (FACES-IV). *Iranian Journal of Psychiatry & Clinical Psychology*, *19*(4), 314–325.

Ministerio de Derechos Sociales y Agenda 2030. (2022). *Estrategia española sobre discapacidad 2022–2030*. Secretaría General Técnica. Ministerio de Derechos Sociales y Agenda 2030.

Mitchell, D. B., Szczerepa, A., & Hauser-Cram, P. (2016). Spilling over: Partner parenting stress as a predictor of family cohesion in parents of adolescents with developmental disabilities. *Research in Developmental Disabilities*, *49*, 258–267. https://doi.org/10.1016/j.ridd.2015.12.007

Montejo, J. E., Durán, M., del Mar Martínez, M., Hilari, A., Roncalli, N., Vilaregut, A., Corrales, M., Nogueira, M., Casas, M., Linares, J. L., & Ramos-Quiroga, J. A. (2019). Family functioning and parental bonding during childhood in adults diagnosed with ADHD. *Journal of Attention Disorders*, *23*(1), 57–64. https://doi.org/10.1177/1087054715596578

Moody, E. J., Kaiser, K., Sharp, D., Kubicek, L. F., Rigles, B., Davis, J., McSwegin, S., D'Abreu, L. C., & Rosenberg, C. R. (2019). Improving family functioning following diagnosis of ASD: A randomized trial of a parent mentorship program. *Journal of Child and Family Studies*, *28*(2), 424–435. https://doi.org/10.1007/s10826-018-1293-z

Nelson, G. B., Monk, J., Malone, J., Staats, N., Tanner, A., & Springer, N. (2016). Comparing parents of children with Down syndrome al different life span stages. *Journal of Marriage and Family*, *78*(4), 1131–1148. https://doi.org/10.1111/jomf.12312

Olson, D. H. (1986). Circumplex model VII: Validation studies and FACES III. *Family Process*, *25*(3), 337–351. https://doi.org/10.1111/j.1545-5300.1986.00337.x

Olson, D. H. (1991). Commentary: Three dimensional (3-D) circumplex model and revised scoring of FACES. *Family Process*, *30*, 74–79. https://doi.org/10.1111/j.1545-5300.1991.00074.x

Olson, D. H. (1993). Circumplex model of marital and family systems: Assessing family functioning. In F. Walsh (Ed.), *Normal family processes* (pp. 104–137). The Guilford Press.

Olson, D. H. (1996). Clinical assessment and treatment interventions using the family circumplex model. In F. W. Kaslow (Ed.), *Handbook of relational diagnosis and dysfunctional family patterns* (pp. 59–80). Wiley.

Olson, D. H. (1999). Circumplex model of marital and family systems. Empirical Approaches to Family Assessment, special edition of Journal of Family Therapy. https://

eruralfamilies.uwagec.org/ERFLibrary/Readings/CircumplexModelOfMaritalAndFamilySystems.pdf

Olson, D. H. (2000). Circumplex model of marital and family systems. *Journal of Family Therapy*, *22*(2), 144–167. https://doi.org/10.1111/1467-6427.00144

Olson, D. H., Bell, R., & Portner, J. (1982). *FACES II*. Family Social Science.

Olson, D. H., Portner, J., & Lavee, Y. (1985). *Family Adaptability and Cohesion Evaluation Scales III (FACES III)*. Life Innovation.

Olson, D. H., Russell, C. S., & Sprenkle, D. H. (1980). Circumplex model of marital and family systems II: Empirical studies and clinical intervention. *Advances in Family Intervention, Assessment and Theory*, *1*, 129–179.

Olson, D. H., Russell, C. S., & Sprenkle, D. H. (1989). *Circumplex model: Systemic assessment and treatment of families*. Routledge. https://doi.org/10.4324/9781315804132

Olson, D. H., Sprenkle, D. H., & Russell, C. S. (1979). Circumplex model of marital and family systems, I: Cohesion and adaptability dimensions, family types, and clinical applications. *Family Process*, *18*, 3–28. https://doi.org/10.1111/j.1545-5300.1979.00003.x

Olson, D. H., Waldvogel, L., & Schlieff, M. (2019). Circumplex model of marital and family systems: An update. *Journal of Family Theory and Review*, *11*(2), 199–211. https://doi.org/10.1111/jftr.12331

Palani, V., P, V., David, A., & Ravindran, O. S. (2018). Family functioning and disability: A study on mothers of mentally disabled children. *Southeast Asia Journal of Medical Sciences*, *2*(3), 4–6. https://doi.org/10.5281/zenodo.2558590

Peralta, F., & Arellano, A. (2010). Familia y discapacidad. Una perspectiva teórica del Enfoque Centrado en la Familia para promover la autodeterminación. *Electronic Journal of Research in Educational Psychology*, *8*(3), 1339–1362.

Peralta, F., & Arellano, A. (2014). La autodeterminación de las personas con discapacidad intelectual: situación actual en España. *Revista CES Psicología*, *7*(2), 59–77.

Ponte, J., Perpiñán, S., Mayo, M. E., Millá, M. G., Pegenaute, F., & Poch-Olivé, M. L. (2012). Estudio sobre los procedimientos profesionales, las vivencias y las necesidades de los padres cuando se les informa de que su hijo tiene una discapacidad o un trastorno del desarrollo. La primera noticia. *Revista de Neurología*, *54*(Suppl. 1), 3–9.

Rafferty, D., Sullivan, W., & Ekas, N. (2022). Chaotic family environments and depressive symptoms in parents of autistic children: The protective role of optimism. *Research in Autism Spectrum Disorders*, *96*, 102000. https://doi.org/10.1016/j.rasd.2022.102000

Ramírez, P. H., & Rodríguez, G. I. (2014). Beneficions del acompañamiento a la mujer por parte de su pareja durante el ambarazo, el parto y el puerperio en relación con el vínculo paternofilial. Revisión bibliográfica. *Matronas Profesión*, *15*(4), e1–e6.

Santos, P. L. D., Bazon, M. R., & Carvalho, A. M. P. (2017). Family Adaptability and Cohesion Evaluation Scale IV (FACES IV): adaptação brasileira. *Avaliação Psicológica*, *16*(2), 120–127. http://dx.doi.org/10.15689/AP.2017.1602.01

Sanz, M., Iraurgi, I., & Martínez-Pampliega, A. (2002). Evaluación del funcionamiento familiar en toxicomanías: Adaptación española y características de adecuación métrica del FAP-FACES IV. In *Instrumentos de Evaluación en Drogodependencias* (pp. 403–434). Wiley.

Sarour, E. O., & El Keshky, M. E. (2022). Investigating the psychometric properties of the Arabic version of the family adaptability and cohesion evaluation scale IV (FACES IV) in Saudi Arabia. *Journal of Family Issues*, *43*(10), 2767–2787. https://doi.org/10.1177/0192513X211033936

Schalock, R. L., & Verdugo, M. Á. (2007). El concepto de calidad de vida en los servicios y apoyos para personas con discapacidad intelectual. *Siglo Cero. Revista Española sobre Discapacidad Inlectual*, *38*(4), 21–36.

Seligman, M., & Darling, R. B. (2007). *Ordinary families, special children: A systems approach to childhood disability*. Guilford Press.

Sen, E., & Yurtsever, S. (2007). Difficulties experienced by families with disabled children. *Journal for Specialists in Pediatric Nursing*, *12*(4), 238–252. https://doi.org/10.1111/j.1744-6155.2007.00119.x

Serrano, F. L., & Izuzquiza, G. D. (2017). Percepciones Parentales sobre el impacto del síndrome de Down en la familia. *Siglo Cero*, *48*(2), 81–98. https://doi.org/10.14201/scero20174828198

Shahat, A. R. S., & Greco, G. (2021). The economic costs of childhood disability: A literature review. *International Journal of Environmental Research and Public Health*, *18*(7), 3531. https://doi.org/10.3390/ijerph18073531

Solís, P., & Lago-Urbano, R. (2020). Familia y discapacidad intelectual: necesidades percibidas en el contexto familiar. *Familia. Revista de Ciencia y Orientación Familiar*, *58*, 65–80.

Soponaru, C., & Iorga, M. (2015). Families with a disabled child, between stress and acceptance. A theoretical approach. *Romanian Journal for Multidimensional Education*, *7*(1), 57–73. https://doi.org/10.18662/rrem/2015.0701.04

Staunton, E., Kehoe, C., & Sharkey, L. (2020). Families under pressure: Stress and quality of life in parents of children with an intellectual disability. *Irish Journal of Psychological Medicine*, *40*(2), 192–199. https://doi.org/10.1017/ipm.2020.4

Szcześniak, M., & Tułecka, M. (2020). Family functioning and life satisfaction: The mediatory role of emotional intelligence. *Psychology Research and Behavior Management*, *13*, 223–232. https://doi.org/10.2147/PRBM.S240898

Tramonti, F., Bonfiglio, L., Bongioanni, P., Belviso, C., Fanciullacci, C., Rossi, B., Chisari, C., & Carboncini, M. C. (2019). Caregiver burden and family functioning in different neurological diseases. *Psychology, Health & Medicine*, *24*(1), 27–34. https://doi.org/10.1080/13548506.2018.1510131

Türkdoğan, T., Duru, E., & Balkıs, M. (2018). Turkish adaptation of the family adaptability and cohesion scale IV. *International Journal of Assessment Tools in Education*, *5*(4), 631–644. https://doi.org/10.21449/ijate.409110

Vegas, M. I., Mateos-Agut, M., Pineda-Otaola, P. J., & Sebastián-Vega, C. (2022). Psychometric properties of the FACES IV package for Spanish adolescents. *Psicologia: Reflexão e Crítica*, *35*(18), 1–12. https://doi.org/10.1186/s41155-022-00222-2

Verdugo, M. Á., & Rodríguez, A. (2012). La inclusión educativa en España desde la perspectiva de alumnos con discapacidad intelectual, de familias y de profesionales. *Revista de Educación*, *358*, 450–470.

Villavicencio, C., & López, S. (2017). Presencia de la discapacidad intelectual en la familia, afrontamiento de las madres. *Fides et Ratio – Revista de Difusión Cultural y Científica de la Universidad La Salle en Bolivia*, *14*(14), 99–112.

Vonneilich, N., Lüdecke, D., & Kofahl, C. (2016). The impact of care on family and health-related quality of life of parents with chronically ill and disabled children. *Disability and Rehabilitation*, *38*(8), 761–767. https://doi.org/10.3109/09638288.2015.1060267

Waldvogel, L., & Schlieff, M. (2018). *Updated circumplex model studies*, 2000–2018 [Unpublished manuscript]. Prepare/Enrich.

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*(1), 1–18.

Walton, K. M., & Tiede, G. (2020). Brief report: Does "healthy" family functioning look different for families who have a child with autism? *Research in Autism Spectrum Disorders*, *72*, 101527. https://doi.org/10.1016/j.rasd.2020.101527

Werner, S., & Shulman, C. (2015). Does type of disability make a difference in affiliate stigma among family caregivers of individuals with autism, intellectual disability or physical disability? *Journal of Intellectual Disability Research*, *59*(3), 272–283. https://doi.org/10.1111/jir.12136

Winnicott, D. W. (2012). *The family and individual development*. Routledge. https://doi.org/10.4324/9780203440933

Zegers, B., Larraín, M. E., Polaino-Lorente, A., Trapp, A., & Diez, I. (2003). Validez y confiabilidad de la versión española de la escala de Cohesión y Adaptabilidad Familiar (CAF) de Olson, Russell & Sprenkle para el diagnóstico del funcionamiento familiar en la población chilena. *Revista Chilena de Neuro-psiquiatría*, *41*(1), 39–54. https://dx.doi.org/10.4067/S0717-92272003000100006

Zicavo, N., Palma, C., & Garrido, G. (2012). Adaptación y validación del Faces-20-ESP: Re-conociendo el funcionamiento familiar en Chillán, Chile. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*, *10*(1), 219–234.