

Eliciting whole-family interaction with a standardized clinical interview

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This paper describes the origin and objectives of a method of research interviewing of the whole family, provides details of the protocol and the way it is administered, and evaluates its usefulness. The method aims to elicit family interaction in a standardized fashion using principles derived from clinical interviewing. The most difficult task is training of the interviewer; he requires both the sensitivity and skill of the expert clinician and the discipline and rigour of the careful researcher. Adherence to the principles of interviewing should be monitored appropriately during research projects. The implications of the basic approach underlying the method has led to further developments in training and research interviewing.

Interviewing individuals in a fashion which yields reliable and valid data has proved a formidable task. Interviewing whole families for research purposes is even more daunting. Despite the growth of family diagnostic and therapeutic approaches in psychiatry over the past two decades, the development of research interviews with whole families has not been seriously attempted. The Family Studies Group at the Hospital for Sick Children in London took up the task of developing and evaluating such an interview in 1975. This interview, to be reported here, focused on the elicitation of family interaction. We called it the Standardized Clinical Family Interview (SCFI).

As will be seen our efforts have been somewhat disappointing. Nevertheless our experience is of importance not only to researchers who might wish to explore this path further, but also to clinicians concerned with the nature of clinical interviewing. In addition, because the SCFI has itself spawned two new interview formats currently being used by the Family Studies Group for training and research, we believe the time has come to make the SCFI and our own experience of it more generally available.

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The purpose of a formal family interview

Diagnostic assessment of the family requires the interviewer to obtain historical and current details of family life and to observe the patterns of family interaction, the 'family state' (Kinston *et al.*, 1979). In child psychiatry, the practice of combining these within a single family interview is convenient clinically and is now widespread. For research purposes, information about family life has usually been obtained by interviews with individual members. However interviews with individual family members do not produce valid and reliable data about important aspects of interaction (Rutter and Brown, 1966). Some form of conjoint family interview specifically designed and standardized so as to elicit typical family interaction is therefore necessary for a research assessment.

A standardized clinical family interview to obtain an assessment of the family interactional state might be compared to the evaluation of a patient's physical state by a physician or his mental state by a psychiatrist. In common with these, it would have to be: (1) performed by a professional who (2) observes and tests or probes the object of his investigation (3) in a clearly defined repeatable manner which (4) requires specialized training. This then enables the clinician to make his assessment. The task we set ourselves was to investigate whether a family interview which met these criteria could be developed.

During clinical interviews with whole families, characteristic interaction emerges following the interviewer's invitation to members to discuss family life, and as a response to his exploration, interpretation, probing or challenges. The interviewer's attitude and comments have a marked effect on the interaction presented because the family always reacts to his style and looks to him for guidance. For this reason, standardization is the prime consideration for an interview used as a research instrument for comparisons within or between families.

This paper gives details of the construction and administration of the SCFI, briefly summarizes its psychometric properties, evaluates our experiences and outlines recent developments. A companion paper (Kinston *et al.*, unpublished) describes the studies carried out to provide evidence on reliability, validity, specificity and acceptability.

Review of the literature

As neither questionnaires nor individual interviews permit reliable measures of crucial family interaction characteristics, some form of

observational approach is essential (Brown and Rutter, 1966; Glick and Gross, 1975). Cromwell *et al.* (1976), in their review of techniques of eliciting family interaction, identify four observational tactics: single task methods, naturalistic approaches, multiple task interviews and clinical style interviews. The non-interview methods are clinically distant and usually complicated or expensive for routine use. The multiple task interview has been more appealing to clinical researchers (Elbert *et al.*, 1964; Lewis *et al.*, 1976; Watzlawick, 1966) and we have independently been developing our own version, the Family Task Interview (Kinston, 1978, unpublished). Cromwell *et al.*, commented on the absence of clinical-style interview methods.

A clinical interview is regarded by therapists as relevant and meaningful and hence could form the base of a research diagnostic method. Family therapy pioneers dreamed of this (Ackerman, 1958; Bell, 1961) but the subsequent trend has been for the diagnostic aspect of the initial interview to be subordinated to the commencement of therapy (Bloch, 1973; Haley, 1970; Satir, 1967). Textbooks offer diagnostic schedules but these are insufficiently explicit or systematic (Glick and Kessler, 1980; Howells, 1968). More recently, clinicians have described interaction-eliciting phases for initial family interviews in more detail, but inevitably this is carried out according to the family and its therapeutic needs (Epstein and Bishop, 1981; Haley, 1976).

Wells and Rabiner (1973) have described a systematic conjoint family diagnostic interview procedure which focuses on an identified patient and his relations to the rest of the family. This method is therefore unsuitable for non-labelled families. In addition the method requires the interviewer to ferret out feelings, precipitate potentially painful confrontations as well as act as catalyst, mediator, mollifier, and a shifting source of support. Little evidence was offered as to reliability, validity or standardisation.

Minuchin (1974) has re-emphasized the use of family interviewing as a technique for an interactional diagnosis. He offers technical principles and procedures and gives example of diagnostic-style interviews with non-labelled families. In a study of psychosomatic families, Minuchin and co-workers (1978) report using the 'Family Diagnostic Interview' which is designed to induce parental conflict, but few details and no psychometric data are provided. Riskin (1976, 1979) has also interviewed non-labelled families but details and psychometric data are again lacking.

Development of the Standardized Clinical Family Interview

Objectives

We aimed to develop a procedure which elicited interaction, much as it might have been seen in the clinical setting but with a high degree of standardization. The procedure was not to be specifically linked to any theoretical orientation nor was it to be geared to gathering specific data. The idea was that once family interaction was obtained and recorded on videotape, it could then be subjected to analysis according to different theories and different measurement techniques. For example, attachment theory might be an analytic base for studying approach-avoidance behaviour between family members; or the measurement of affect and fantasy might be a focus in a study of psychosomatic conditions.

Requirements

We aimed to develop an interview suitable for a wide range of families, both psychiatrically labelled and non-labelled, in different stages of the family life cycle, and of varying composition. We planned to do this via a semistructured protocol which required the interviewer to carry the family through a series of issues relevant to family life, while encouraging them to interact spontaneously.

We believed that the interviews should be no more stressful than absolutely necessary, and that the family should be allowed to defend itself and maintain its *status quo* without guilt or loss of face. In addition, although a completely flexible and comfortable approach by the interviewer would be essential for the family to interact naturally, it would be necessary to limit his clinical freedom in order to obtain sufficient standardization.

The conflict between flexibility and control required careful resolution. A preliminary protocol was prepared and family interviews were audiotaped and videotaped. Interviewer interventions were subjected to extensive discussion by the team from which compromises and rules for conducting the interview were developed. As studies designed to examine the properties of the interview progressed, modifications to the protocol were required. These improved the neutrality, comprehension, logic, smoothness of flow and ease of administration of the interview. The final version of the protocol is provided in the Appendix.

The protocol and the principles of administration will now be described in some detail.

Description of the interview

Preparation

Preparation of the family commences when the family is invited to attend for the research interview. The family member or members are then told of the necessity for the attendance of the whole family and are advised to discuss the matter with the rest of the family before agreeing. It is explained that the interview will focus on family life.

Setting

The interview room is large enough to take a six member family comfortably and is carpeted and simply decorated. Its contents are solely as required for the research interview. Two video cameras and two microphones are easily visible, but unobtrusive and out of reach of children. The interviewer sits on one side of a low central table, and a semicircle of identical comfortable chairs, enough for the family, is opposite. Small chairs are available for children under five years. The room is uncluttered so the children can move about freely. On the table is an ashtray and a box of play material including standard non-specific items generally used in psychotherapy with prepubertal children. Paper (four sheets per child) and crayons are also provided.

Interview

The SCFI consists of four phases. Phase One is the introduction. The interviewer introduces himself and personally meets each member of the family; he thanks the family for attending, apologies for any delays and shows an interest in any problems about attending. He checks that children and parents are aware of what the interview is for, and specifically invites participation from the children. He explains the rules for the interview and refers to and obtains permission for the video-recording. This phase lasts approximately five to ten minutes.

In Phase Two, the overt reason for attendance is discussed with emphasis on the family perspective. For example, with a psychiatrically-labelled family, the presenting symptom might be the focus; or in our families with an eczematous child, the management of the eczema; or in a research family, the purpose of the research. This phase may last from two to fifteen minutes.

Phase Three, system properties is the heart of the interview and lasts thirty to forty minutes. It consists of a series of questions, probes and

statements about family life. The topics covered include the way the family sees itself, the degree of togetherness, who does what with whom, how family members are alike and how they are different, views about stages of the family life cycle, the issue of rôles and responsibilities, areas of conflict and ways of handling these, issues of discipline, and ways of making decisions. Finally the family's relationship with the families of origin and with the community is raised.

The question and probes in Phase Three are not offered to obtain definitive answers or to extract a clear response on any of these topics. They are simply provided as a socially acceptable and comfortable opportunity for the family to get involved and interact. It is assumed that the subject matter will encourage interaction characteristically related to it. For example, it will be difficult for the family to talk about family arguments without recalling and, to some extent, reliving what happened.

The system properties phase may be illustrated by considering the section on togetherness. This opens with a brief general statement indicating the great variation among families. ('Families vary a great deal in the way their members get together. Some are together almost all the time, for example, the husband and wife work at home and the children are there too. Others have things organised differently, for example, when the husband's job means he is away a lot and perhaps the wife has to work too, then this family is not together much of the time'.) The interviewer then asks: 'How does your family fit on this wide range?' Whatever the response, two general questions are almost always used to check atmosphere and cohesion: 'Is this O.K. by everyone?' and 'Do you do anything together as a whole family?' If the interviewer wishes, he may take up one or more specific issues such as eating together, watching television or sleeping arrangements.

Phase 4, the conclusion, is a brief section in which the interviewer can make further arrangements if necessary, and the family can ask any questions or make comments. Finally, the family is thanked for attending.

Technique of interviewing

Interviewer-family interaction

The interviewer aims to create a safe and supportive atmosphere, so that the family can interact in a way that it finds most comfortable and natural. General guidelines to interviewing are described in Minuchin

(1974, Chapters 2, 4 and 7) and Satir (1967, Chapters X-XIV). The interviewer must adjust to the family and remember that he is not trying to seduce them into treatment, to help them, or to produce changes. The urge to reduce obvious anxiety by saying things like 'I am sure you will enjoy this interview', or to handle noisy squabbling by altering the seating arrangements must be resisted. The interviewer simply accepts the way the family is and gets on with the interview, adapting to the situation in as natural a way as possible. In Minuchin's terms, he uses 'maintenance' and 'tracking' freely, but avoids 'mimesis' and 'restructuring'. Praise and approval are used as necessary to facilitate the family's acceptance of the interviewer and the interview situation. Natural foci of attention and interest such as recent or important events or activities are used as they emerge spontaneously in the family conversations. For example, if silence follows the probe, 'Who does what with whom in your family', the interviewer may refer back to an earlier spontaneous mention of the family holiday. The interviewer's position is objective as well as supportive. He must attempt to maintain a balance between formality and informality while promoting informality in the family. The interviewer's comfort and control of the interview do much to reduce unnecessary anxiety. His interest in the family and his ability to see the situation from the members' and the whole family's point of view permit the family to expose itself. He should draw on his own emotional responsiveness and not feel too inhibited to smile or become serious or sympathetic. However, the interviewer does not reveal personal information, express personal attitudes or criticisms, or say anything which might not be said by another interviewer.

The impact of the family on the interviewer can be intense, leading to the interviewer identifying with family members, or even rejecting the whole family. The outsider perspective with the positive attitude that the family is managing in its own way must be maintained as it offers protection from the dangers of becoming enmeshed. For example, in one family, where the father was never at home, the interviewer turned to the children and said, 'Don't you miss Dad?', rather than simply stating the family reality that Dad wasn't around and then asking the family what they thought about this.

Interview focus

The focus of the interview must be on the family. The interviewer shows that he regards the family as his unit of concern. For example, he refers to 'this family' and to 'other' or 'all' families. In the early part of the

interview he must indicate that the interview is a shared experience, that everything said is for everyone to hear. For example, during one interview, the child gave the interviewer a note saying 'I hate Mummy'. The interviewer's correct response is 'If you want to say this Billy, then everyone must hear. But you can keep it to yourself if you wish'. It is necessary that the members individuality is emphasized, but that this is done in relation to the family. The interviewer can be explicit that people think, feel and respond differently, but he does so to discover the family's way of handling this, and not to establish any form of psychiatric or psychodynamic assessment of individual members. When new topics are introduced during the interview, they are always addressed to the whole family, and individuals are only brought in, or addressed, with supplementary questions.

Including the children

The children must be specifically included. Children, especially the very young, always need permission and encouragement to regard themselves as equal for the purposes of the interview. The parents often forget or are uncertain as to whether the interviewer wishes a child's participation and contribution. For example, in one family a mother told her children to play quietly with their toys in the corner while the parents talked to the interviewer. The correct response here is to say something like, 'The idea is for everyone to take part, including the children'. This response exerts minimal pressure on the family to conform if their usual way of being together is to exclude the children. The interviewer must relate to each child, and indicate that their comments and their play are valuable and necessary forms of constructive participation. As part of the introduction, the parents are asked if the meeting has been explained to the children, and how this went. At this stage, if a young child is not participating, he can be invited to draw using the materials provided. Once the scene is set, however, the participation of the children must be left up to the family. The interviewer's neutrality should allow the child to interact with his siblings and his parents; but on some occasions the interviewer may need to intervene. For example, if a child asks what is meant by a word or question, or indicates clearly non-verbally that he does not understand and wishes to, the interviewer after waiting for the parents to answer, can say to the parents 'X doesn't seem to understand . . . , could you explain it to him?' If the parents are unwilling to explain or unable to explain adequately the interviewer should accept this and proceed with the protocol as seems most appropriate. Discipline of

children is the exception. As usual, it should be left up to the family as far as possible. In case there is any doubt whether the parents are aware of their responsibility the behaviour should be raised neutrally with the parents. If the behaviour is dangerous or grossly disruptive, then the parents should be advised to take some action. The interview should not last much longer than an hour, a length that most children can tolerate. We have come to believe that lack of tolerance is related to family pathology.

Use of protocol

Questioning of the family should be neutral but objective with a bias towards allowing the family to demonstrate its strength. While some tension is necessary, the family should have clear questions and guidelines as to how to proceed. The family should not experience loss of structure and have to deal with the resultant anxiety. Statements and probes need to be framed in such a way that the family is not automatically implicated, nor forced to implicate itself as dysfunctional.

Once the particular characteristics of the family have been identified, subsequent questions can investigate the way a family or individual members see them. The interviewer uses interactions and issues as they arise, and hence is often observing one system property while overtly investigating another. For example, long before the specific question of conflict-acknowledgement and resolution is raised, the family has usually presented and dealt with conflicts, or perhaps shown an unusual absence of conflicts.

The interviewer must not provoke the family or speak for the family. He can do either of these easily by offering labels, e.g. 'Who's the troublemaker in the family?', rather than 'How do the squabbles arise?'; or by the subtle use of qualifiers, e.g. 'So you have to do the washing up?', rather than, 'Do you do the washing up?'. Similarly, the interviewer should avoid all interpretation and limit his empathic comments to the introductory phase of the interview which is concerned with the family's adjustment to the situation. For example he may comment on the effort required to come, or irritation about being kept waiting. Once the interview is going, feelings should be elicited by non-intrusive questioning, and any feelings that are expressed can be tracked, e.g., while eczema is unpleasant for children, sympathizing with this can block what the child wishes to say. When one little girl was asked what she felt about her eczema, she said bashfully: 'I like it'; the family then confirmed this and went on to describe the way she scratched.

Response of families

A pilot study involving psychiatrically labelled and non-labelled families contributed to the early development of the SCFI. Feedback from this was crucial in the finalization of the form and procedure of the interview and in encouraging us to proceed to the formal studies which are described in the accompanying paper. A further 43 SCFI's were administered in these studies. In every case feedback was obtained from the family about their experience of the interview. Most families felt that their interaction was typical of them, and critical comments about the interview were rarely made.

From the researchers' perspective, the SCFI seemed to be acceptable to families both in its form and in the setting of videocameras and recording. We discovered that if the family was going to relax during the interview, it did so very rapidly. Usually the children's exploration of the room and their play activity facilitated this. We tried to reduce the anxiety further in threatened families by asking them to describe the events of a typical day but this merely bogged down the interview without substantially reducing the tension. This is in keeping with Reiss's claim that there exists a type of family which automatically perceives outsiders as a threat (Reiss, 1971)

Families found Phase Two meaningful and by Phase Three they were responding freely. By this time, the parents understood what the interview was about, the children had commenced drawing or behaving spontaneously, and the interviewer was adjusted to the family. The families freely recounted incidents and rituals of family life and talked of past events.

Disturbed families often revealed themselves at the commencement of Phase Three ('What sort of family are you?'). For example, in one family everybody except the father made an excuse and left the room; in another, the children stopped playing and huddled up to their parents. Despite such events and other clear evidence of dysfunction, disturbed families often appeared oblivious to their difficulties and to the distress they seemed to experience in the interview. They continued co-operating with us and, when necessary, they returned for a repeat interview. In their feedback, they said they were comfortable with, if somewhat puzzled by, the procedure. By the end of the interview most families were unwilling to leave and wished to go on talking. In the Conclusion Phase, families often expressed pleasant surprise at the informality of the interview and mused about their own normality. We discovered that the interview could have therapeutic effects: for

example, one couple were plainly grateful at the opportunity to speak about marital conflicts; and in another, a sibling's views seemed to have been heard in the family for the first time.

Psychometric findings

Any mode of eliciting family interaction raises a number of questions. Is the resulting interaction too artificial, or is it actually characteristic of the family? And if so, is it the interaction that the researcher is interested in? These are issues of validity. There are also the issues of reliability: is the interaction a stable characteristic? And of sensitivity: is the interaction too influenced by the particular interviewer or context?

Our research studies (Kinston *et al.*, unpublished) suggest that the interview was conducted in a reasonably standardized fashion in that the interviewer, in the main, followed the protocol and abided by the rules of administration. They also suggested that the interview elicited interaction that was characteristic of the family, relevant to the clinician and stable over time. With careful training and monitoring, interviewer effects did not seem significant. A more limited matter concerns the family's interaction with the eliciting agent. When, as here, this is a person (rather than a tape-recorder or questionnaire) the family inevitably engages him continuously in an interactive fashion. Managing this interaction was always difficult and posed most of our problems in standardization and training.

Discussion

Certain issues are raised by the foregoing account. First, what can be said about the usefulness and value of the SCFI for researchers? Then, what lessons have been learned that are relevant for clinical work? Finally, what future do we envisage for this interview approach?

Evaluation

The SCFI does broadly fulfil the objectives and requirements that were originally set out for it. Our interview generates family interaction not unlike that produced during an ordinary clinical assessment, and the procedure is standardized. Administration requires no complex equipment or environmental facilities; the protocol is non-offensive to families, psychiatrically-labelled or non-labelled; and its subject matter is easily handled by both interviewer and family.

The contentious research issues concern the feasibility of using the SCFI, and the degree to which methodological demands have been met.

The technical principles of interviewing as described in this paper have been put into practice, but the SCFI is not a simple instrument to use. The two interviewers trained to administer the SCFI reported that interviewing was a difficult task requiring intense concentration, high sensitivity and self-scrutiny throughout. Training is time-consuming and, because trained interviewers, like raters, vary their techniques and adherence to administration procedures over time, monitoring and retraining are required (Kazdin, 1977). We can argue that research interviewing is an art that can be mastered (Gibbon *et al.*, 1981); but have we been successful in constructing an interview worth mastering?

For details of the methodological evaluation of the SCFI, the interested reader is referred to the companion paper (available on request). Our conclusion there was that to the limited degree to which the SCFI has thus far been tested, it does show a certain robustness. However, more fundamental than methodological adequacy is the question of research purpose. Because the research purposes of the Family Studies Group have concerned clinical judgements of observable interaction, the presence of the interviewer himself in continuous interaction with family members has proved distracting. Managing this effect of the family on the interviewer in the light of the aims of the interview was always difficult and occasionally did lead to a breakdown in standardization. We turned therefore to the Family Task Interview for many of our studies.

However the SCFI has the benefits of a clinical approach. For example, if the research purpose requires a systematic clinical assessment, including both direct observation and self-report information on family behaviour, then the SCFI has much to recommend it. Whatever the use, further methodological studies should be mounted simultaneously.

Further development

We have developed two further interviews which capitalize on the strengths of the SCFI.

Our first development was to produce a protocol called the Family Assessment Interview (available on request) which aims to assist the training of beginning family therapists. The sophisticated ideal of rapid penetration to the heart of the family dysfunction with simultaneous, almost magical, interventions is not the most useful training approach. Beginners have great difficulty in knowing how to explore family

functioning with families and they need time and experience to appreciate the wide range of responses and behaviours which families can display. A semi-structured instrument can take the beginner where he needs to go, can help him feel comfortable in doing so, and can provide him with a baseline for assessing differences amongst families.

The second development is the construction of another research interview, the Family Experience Interview (FEI), in which a particular theme or issue, such as chronic illness or achievement, is explored with the whole family. We are currently using and evaluating the FEI in investigations of families with an obese child. Our aim is to understand the meaning of obesity, eating and related topics in the current problems and daily life of these families.

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Appendix. Protocol of the Standardized Clinical Family Interview

Introduction

Introduce self.

Personally meet each family member. Check names and ages.

Thank family for attending.

Enquire about Missing school, Missing work, Any difficulty in coming.

Apologise for any delays.

- S: We are interested in the way families cope with illness, and about family life in general. Today we shall not be asking you any questions about coeliac disease, but would like to get to know how you are as a family.
- S: In a family everybody is important and so we asked everyone to come up. We don't want just to hear Mummy and Daddy but what thinks, and and , etc.

Q: (*To parents*)

Have you discussed this meeting with the children?

(*Whatever the reply, ask the children:*)

How did you feel about coming up?

S: The paper, crayons and box of toys is for (*children's names*) and you can play with them if you want, because that's a way you can show us what you are thinking. And of course you can say what you are thinking.

S: Everything today is a shared experience. So anything anyone says is for everyone to hear.

S: You know that this interview is being watched and recorded on video-tape, and I understand that you are agreeable to this?

It will only be seen by a few people directly involved in the research.

For the same reason we would like to keep any drawings that are made.

What sort of family

Q: How would you describe yourself as a family?

Q: What words would you use to describe yourselves as a family?

(*Allow a silence.*)

If the family replies, then follow this up.

If not, then:)

Cohesion

S: Families vary a great deal in the way their members get together. Some are together almost all the time, e.g. the husband and wife work at home and the children are there too. Others have things organized differently, e.g. when the husband's job means he is away a lot and perhaps the wife has to work too, then this family is not together much of the time.

Q: How does your family fit on this wide range?

(*After this is clarified:*)

Q: Is this O.K. by everyone?

(*Attempt to get an idea of the home atmosphere*)

Q: Do you do anything together as a whole family?

(*After the spontaneous response:*)

Probe: Eating together

Watching TV together

Sleeping patterns and arrangements.

Who does what with whom

Q: Who does what with whom in your family?

(*Explore the spontaneous response.*)

(*If an individual has been left out, then turn to him:*)

- Q: Do you do things with anyone in particular, or do you prefer being on your own?
(*If any particular dyads have been left out:*)
- Q: Do and do anything together?
What about ? etc. (*Names for children; Mum/Dad*)

Who is like whom

- Q: Families are made up of separate people, but sometimes they are alike in many ways—
Who is like whom in your family?
(*Allow a silence*)
- or (*Attributions should be checked out: 'Johnny, Dad says that you have a bit of a temper like him. What do you think?'*)
(*If the family is one where everybody is the same, then look for differences:*)
- Q: Although people in a family are often very much like each other, each person is different in some way—
How are people different in your family?

Life cycle

- Q: A family moves through various phases: first there is the time before there are any children, then young babies come, then a stage of toddlers pre-school, then school children, then teenager life, and so on, till the children have all left—
How do you find it (in this phase)?
- Q: How does it compare to the earlier phases?
- Q: What are your thoughts about the coming phases?

Roles and responsibilities

- Q: There are lots of responsibilities and jobs in running a home—
Who does what?
(*To the children if left out:*)
Are there any jobs for you?
- Q: Is this a fixed pattern?
- Q: Is it fair?

Conflicts

- Q: Families often have conflicts and disagreements—does yours?
What are yours about?
- A. (*If no response:*)
- Q: There can be disagreements between you as husband and wife, between you

both as parents and the children, or between X and Y (*children's names*)?
(*If no response, or denial of disagreements absolutely, then MOVE to Decisions below*).

B. (*If a spontaneous response is made:*)

Q: How do the disagreements happen?

Q: Can you tell me what it's like?

C. (*If examples from earlier in the session have occurred:*)

Earlier it seemed that . . .

D. Offer probes once the family have begun, following a hierarchical order:

1. Inter-sibling. 2. Parent-Child. 3. Marital.

Q: (*Between children:*) Children often fight amongst themselves. Does X do anything that Y doesn't like? And the other way round?

Q: Is there anything else the children fight about?

Q: (*Parent-Child*) Parents and children often argue about things—
What about with you? Time to do things?

Going out?

Bed-time?

TV time?

Q: (*Husband- Wife*) Husbands and wives also have their differences—

Q: Do these occur in front of the children?

Do the children know about it when they're on?

Probe: Managing the children

Money

Decisions

Q: How do you go about making decisions that affect everybody?

(*If the example used is clearly rôle-oriented, e.g. car purchase, what to cook, then offer TV shows*).

Q: When there are conflicts or problems about decisions, how do things get worked out?

(*Follow up to be clear that resolution/compromise does occur and how*)

Discipline

Q: Can you tell me about discipline in your family?

Q: Who applies it and how? Who needs it? And when?

Q: Does everyone think it's fair?

Relation to the environment

Q: Families vary in the ways they get on with their relations—

What's it like with you?

Q: We've heard a lot about what you do in the home—do you do things in the neighbourhood?

e.g. neighbours, clubs, local groups