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**SYSTEMIC CLINICAL OUTCOME AND  
ROUTINE EVALUATION - FAMILY OF  
ORIGIN (SCORE-15-FO):  
VALIDATION STUDIES IN A SAMPLE OF  
PORTUGUESE LGB YOUNG ADULTS**

Dissertação no âmbito do Mestrado em Psicologia Clínica e da Saúde, na área de subespecialização em Psicoterapia Sistémica e Familiar orientada pelos Professores Doutores Luciana Sotero e Jorge Gato e apresentada à Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra.

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## Resumo

Vários estudos sobre a população lésbica, gay e bissexual (LGB) têm sido desenvolvidos, fruto de uma maior visibilidade social destes indivíduos nos mais diversos países. Assim, torna-se importante estudar as pessoas LGB nos contextos em que se inserem, especialmente no contexto familiar. Deste modo, a presente investigação tem como principal objetivo contribuir para a validação de um instrumento que permita avaliar o funcionamento familiar da família de origem de pessoas LGB, o *Systemic Clinical Outcome and Routine Evaluation-Family of Origin* (SCORE-15-FO). Com esse intuito, foi recolhida via *online* uma amostra de 377 jovens adultos LGB, com idades entre os 16 e os 30 anos. Os resultados obtidos apontam para uma estrutura trifatorial do SCORE-15-FO, com bons valores de consistência interna, tanto para a escala total como para as subescalas que a compõem (Recursos Familiares, Comunicação na Família e Dificuldades Familiares). Ainda no âmbito da validade de construto, verificaram-se diferenças nas subescalas do SCORE-15-FO em função das características da família (positivas, negativas e ambivalentes), codificadas a partir das respostas dos participantes a uma pergunta aberta do SCORE-15-FO. Quanto à validade convergente do SCORE-15-FO registou-se uma correlação positiva com a subescala Clima Familiar durante a pandemia COVID-19 (Gato et al., 2020) e negativa com a subescala Suporte da Família (MSPSS; Carvalho et al., 2011; Zimet et al, 1988). Verificaram-se também diferenças nas subescalas Suporte da Família e Clima Familiar em função das características da família de origem. No que toca à validade divergente obtiveram-se correlações positivas com as subescalas Ansiedade e Depressão (DASS-21; Pais-Ribeiro et al., 2004; Lovibond & Lovibond, 1995). Tendo em consideração as características da família de origem, não se registaram diferenças nos níveis de depressão entre os participantes que caracterizaram a família de forma negativa e ambivalente; quanto à subescala Ansiedade verificaram-se apenas diferenças entre

características positivas e negativas. O SCORE-15-FO evidenciou neste estudo boas propriedades psicométricas, o que mostra que pode ser usado para avaliar o funcionamento familiar da família de origem junto de jovens adultos/as LGB Portugueses.

Palavras-chave: SCORE-15-FO, funcionamento familiar, família de origem, jovens adultos LGB, validação.

### **Abstract**

Several studies on the lesbian, gay and bisexual (LGB) population have been developed, the result of a greater social visibility of these individuals in the most diverse countries. Thus, it is important to study LGB people in the contexts in which they are included, especially in the family context. Thus, the research aims to contribute to the validation of an instrument to assess the family functioning of the family of origin of the LGB persons, the *Systemic Clinical Outcome and Routine Evaluation- Family of Origin* (SCORE-15-FO). To this end, a sample of 377 young adults LGB aged between 16 and 30 years was collected online. The results point to a trifactorial structure of the SCORE-15-FO, with good values of internal consistency, both for the total scale and for subscales that compose it (Family Strengths, Family Communication and Family Difficulties). Still in the scope of construct validity, there were differences in the subscales of SCORE-15-FO according to the characteristics of the family (positive, negative, and ambivalent), coded from the participants' answers to an open question from the SCORE-15-FO. As for convergent validity of the SCORE-15-FO, there was a positive correlation with the Family Climate subscale during the COVID-19 pandemic (Gato et al., 2020), and a negative correlation with the Family Support subscale (MSPSS; Carvalho et al., 2011; Zimet et al, 1988). There were also differences in the Family Support and Family Climate subscales, according to the characteristics of the family of origin. With regard to divergent validity, positive

correlations were obtained with the depression and anxiety subscales. Taking into account the characteristics of the family of origin, there were no differences in the levels of depression between the participants who characterized the family in a negative and ambivalent way; regarding the Anxiety subscale there were only differences between positive and negative characteristics. The SCORE-15-FO showed in this study good psychometric properties, which shows that it can be used to evaluate the family functioning of the family of origin among Portuguese young adults LGB.

**Key Words:** SCORE-15-FO, family functioning, family of origin, young adults LGB, validation.

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## I. Introduction

The family is our basis for experiencing the world, relationships and is the first group of which we are part. It is in the family context that the human being evolves, grows, and hopes to die (McGoldrick et al., 2011). Thinking about the family life cycle is important to understand the development of each element, since the family tends to reorganize to keep up with its development and this growth affects the family system (Nichols & Davis, 2016).

Lesbian, gay, and bisexual (LGB) individuals are usually born into or raised in different-sex families and the process of development of a sexual minority is often not without conflict. Corrigan and Matthews (2013) pointed out some pros and cons of the revelation of a sexual minority identity: (1) the main benefits relate to psychological well-being, through decreased stress, decreased risk behaviors, among others, (2) costs are part, for example, of possible physical harm, avoidance, and social disapproval. Likewise, when a family member identifies as LGB and decides to reveal his/her sexual identity to the family, the family process can go through the mourning of expectations and family identity, feelings of guilt and shame, acceptance, or rejection of the LGB member, as well as the assessment of the costs and benefits that a LGB member in the family entails in social terms (Ashton, 2011).

The assessment of the family of origin functioning among young LGB adults becomes important as the family is usually seen as the most important source of support (Pais-Ribeiro, 2011). However, instruments measuring family functioning have not taken into account the sexual identity of the younger generations. In this sense, the present study aims to evaluate the psychometric properties of the *Systemic Clinical Outcome and Routine Evaluation-15-Family of Origin* (Rocha, 2018), in a sample of young Portuguese LGB adults. Originally developed by Stratton et al. (2010), the SCORE-15 is composed by 15 self-response items for individuals aged 12 or older. In addition to

family functioning, this questionnaire also aims to evaluate the results obtained during the family therapy process.

With this study, we expected to provide an instrument that is reliable and valid and that allows an assessment of the family of origin functioning among Portuguese LGB young adults.

## **II. Conceptual framework**

### **2.1 Family functioning in a systemic perspective**

Although the definition of family has undergone changes over the years and varies from author to author, the family can be defined as “any unit that defines itself as a family, including individuals who are related by blood or marriage as well as those who have made a commitment to share their lives” (Hanson & Lynch, 1992, cit. in Hanson & Lynch, 2013, p.2). According to Alarcão (2000), it is in the family system that each person gains their first meaningful knowledge and is the context in which the “experience of deep affective relationships: affiliation, fraternity, love, sexuality, ...” are realized (p. 35). Furthermore, the family is not just a group of people linked by biological and/or legal ties, but rather a group of people who develop significant relationships with each other that grant them autonomy and group individuality (Relvas, 1996).

The family as a system is composed by several elements that establish relations with each other, contains varied subsystems (conjugal, parental, filial and fraternal) hierarchically integrated and has limits that allow the distinction between the various systems (Alarcão, 2000). According to Dallos and Draper (2015), the family system develops through negotiations and choices of the various elements, developing a set of convictions that delimit the boundary between what is private of the family and what is not. Depending on the type of boundaries in the family system, it is possible to consider the family as being entangled, if the diffuse limits and centripetal movements



predominate, or as being dismembered when there are “excessively rigid borders within and diffused with the outside, in a profusion of centrifugal movements” (Alarcão, 2000, p. 59).

According to García et al. (2009), the family is a system in which the whole is greater than the sum of the parts and which is constantly changing in order to adapt to the requirements that contact with the outside entails. The concept of change is then fundamental in understanding the family as a whole since this is necessary for its survival. From a systemic point of view, both the change as well as stability are considered as two sides of the same coin (Relvas, 2000). The moments of family change are considered crises that may result not only from normative transitions, such as changes in the stages of the life cycle (e.g., birth of a child, children’s departure from home), but also unexpected events that hinder or break the natural course of family life (e.g., the death of a child, unemployment). According to LaSala (2010, p. 134) “a family crisis is an interaction between the distressing event, how the family defines the event, and the family’s coping ability”. The revelation of sexual orientation to parents usually generates a family crisis (Ben-Ari, 1995), often leading to a shock on the part of the parental pair, which initially causes moments of higher tension and a distance between the family system (LaSala, 2010). In the face of any of these possibilities of origin of the crisis, the family can take advantage of it as an occasion for change and evolution or as a risk to the proper functioning of the family (Relvas, 2000). According to Keitner et al. (2009), a good family functioning refers to “positive successful family interactional patterns” (p. 15), and there are six types of functions to be performed by the family: (1) problem solving, (2) communication, (3) role allocation, (4) affective responsiveness, (5) affective involvement, and (6) behavior control. According to Stratton et al. (2014, p. 4) “the ways that relationships operate in the family are central to the welfare of all family members”. With regard to the functioning of the family, it is influenced by the outside, although it is

not dependent on it, but also regulated by inner forces (Relvas, 2000). It is, therefore, essential to investigate family functioning in order to expand empirical knowledge about families, as well as their organization that influences and is influenced by external systems.

## **2.2 Measuring the family functioning: SCORE-15 and SCORE-15-FO**

Given the need for an instrument to assess the family functioning from a systemic and non-individual perspective (Vilaça et al., 2014), Stratton et al. (2010) developed the *Systemic Clinical Outcome Routine Evaluation* (SCORE). This instrument assesses a number of aspects of family functioning that are susceptible to therapeutic change and intends to identify difficulties felt in the subject's day-to-day life in the family context. It is also possible to evaluate the therapeutic change through this instrument.

Initially this scale was developed with 40 items and applied to a clinical and non-clinical sample, in which three factors and a possible fourth were found: (1) skills and adaptation, (2) difficulties, (3) disruptive communication and (4) hostility and aggression (Stratton et al., 2010). Then, several studies were conducted with the objective of reducing the number of SCORE items due to the size of this scale and the time required to respond. This is the case of the study conducted by Cahill et al. (2010), which validated a 28-items version in Ireland, but also by Fay et al. (2011) in a 29-items version, integrating all SCORE-28 items but adding a specific SCORE-15 item (item 4), with the aim of collecting “information for both versions, through a single application” (Vilaça et al., 2014, p. 28). The process of instrument reduction and item selection then originated the SCORE-15, version with 15 items that are distributed between three dimensions – Family Strengths (FS), Family Communication (FC) and Family Difficulties (FD) – each of these dimensions has 5 items and can be used with individuals over the age of 12 years (Vilaça et al., 2014). In addition to

the 15 items where the evaluation is done quantitatively, the SCORE-15 also has a group of questions about the participant's status regarding the difficulties in their family (Vilaça et al., 2017).

In the validation of SCORE-15 for the Portuguese version (Vilaça et al., 2014), regarding psychometric properties, we can verify values that indicate good internal consistency ( $\alpha = .84$ ). Regarding confirmatory factor analysis, the factorial structure of SCORE-15 presents good adjustments indexes, namely  $\chi^2/df = 2.501$ , CFI = .967, GFI = .947 e RMSEA = .054 (Vilaça et al., 2014).

Also in Portugal, Rocha (2018) developed a study to adapt and validate the SCORE-15-Family of Origin (SCORE-15-FO), to assess the family functioning of the family of origin. With a sample of 321 participants, the instrument showed good internal consistency ( $\alpha = .90$ ), but did not present the same factorial structure, revealing the existence of only two factors (factor 1: Family Strengths and factor 2: Family Communication and Family Difficulties in a single factor) (Rocha, 2018).

The open question of SCORE-15 that aims to understand how each participant describes his/her family, along with another question to know what is the main problem of his/her family, was the focus of a study to validate the SCORE-15 made in Italy (Paolini & Schepisi, 2019). In this study, the authors through the participants' responses reached four types of categories: consistent, discordant, guilty and scapegoat. The objective was to notice the difference in the answers in the three groups of participants (men/fathers, women/mothers, and children) (Paolini & Schepisi, 2019). The results of the Paolini and Schepisi study (2019) show that women/mothers and children have consistent responses, that is, point out that there is something negative in the family and define this problem as being familiar, while men/fathers respond essentially in a discordant way because they characterize the family positively but say that there are family problems. Still, it is men/fathers who report a less problematic family

functioning when compared to women/mothers and children (Paolini & Schepisi, 2019).

Regarding the validation of the instrument for specific populations, in the UK, Teh et al. (2017) validated the SCORE-15 using a sample of same-sex couples and LGB people (54.2% gay men, 30.5% lesbian women, 8.5% bisexual individuals, and 6.8% others), through two methods: (1) a quantitative study with two samples (clinical and non-clinical) and (2) a group discussion between two clinical professionals groups and one group of lesbian women and gay men. Regarding internal reliability, the SCORE-15 obtained good results, with Cronbach's alphas above .70, except for the family communication subscale in the subsample of gay men ( $\alpha = .69$ ). In this study the non-LGB sample perceived higher levels of family functioning than the LGB sample (Teh et al., 2017).

Although the SCORE-15-FO presented good psychometric properties in a Portuguese community sample (Rocha, 2018), no one study yet as validated the SCORE-15-FO among a sample of Portuguese LGB young adults.

### **2.3 Family functioning and young LGB adults**

Emerging adults (also called young adults) find it difficult to fit into a specific developmental phase, i.e., they do not consider themselves adolescents nor completely adults, because “it is difficult for young people to feel they have reached adulthood before they have established a stable residence, finished school, settled into a career, and married” (Arnett, 2000, p. 472). Age is not, then, a factor that dictates the beginning and end of emerging adulthood, but rather the characteristics and individual situations of each person. According to Arnett (2000), emerging adulthood is a stage where it is difficult to predict demographic conditions, as there is a postponement of the age of marriage and parenthood and many changes in the household.

Morgan (2013) suggests that the postponement of responsibilities and commitments, such as marriage and parenting, allows young adults to explore their identity, education and, among other areas, sexuality for a longer period of time. There is, however, one aspect that is unique to young LGB adults: the formation of identity of sexual orientation (Floyd & Stein, 2002). This formation of sexual orientation is not a watertight phase of emerging adulthood, but rather a process that lasts from adolescence despite being in emerging adulthood that LGB people think of revealing themselves (Cafferty, 2017). Floyd and Stein (2002) identified ten common phases of this process of exploring sexual orientation: (1) awareness of same-gender attraction, (2) questioning about orientation, (3) sexual relations with opposite gender, (4) consideration of oneself as gay/lesbian/bisexual, (5) sexual relations with the same gender, (6) telling someone, (7) telling a parent, (8) “coming out”, (9) establishing a serious same-gender relationship and (10) telling another family member. The same authors report that there are individual and social stress factors related to the coming out, i.e., the disclosure of sexual orientation, which can lead the young adult to inhibit their sexual orientation and, consequently, to school failure and suicide (Floyd & Stein, 2002). In this sense, the process of revealing sexual orientation tends to be complex, phased and affected by many factors, which makes it unique for each LGB individual. The coming out process may or may not be facilitated depending on how the family supports the individual (Cafferty, 2017).

Before revealing their sexual orientation to their parents, many LGB youngsters feel anxious, overwhelmed with stress, worried about the future and many even think about committing suicide (LaSala, 2010). In a study conducted by Rossi (2010), the majority of participants (66%) revealed for the first time their sexual orientation to a friend, 13% to their mother and 21% to another person. The revelation of sexual orientation was made mostly on different occasions for each

parent, usually being revealed first to the mother (using direct methods such as conversation) and only then to the father (making use of indirect methods, such as a letter) (Rossi, 2010). Also, in the study conducted by Rossi (2010), with regard to the feelings of the participants at the time of the revelation of sexual orientation, they had more positive feelings when revealing to the mother compared to the father (27% and 15%, respectively), although negative feelings were the most experienced (40% in the revelation to the mother, 44% in the revelation to the father).

Studies have also underlined the importance of family support for the well-being of LGB young adults. Ryan et al. (2009) showed that LGB individuals who reported high levels of rejection by parents during adolescence also tended to be more likely to attempt suicide, to have higher levels of depression, to take more drugs, and to have unprotected sex more often when compared to LGB peers who did not feel any rejection. Likewise, Needham and Austin (2010) identified the lack of support from parents as a health risk to young LGB people and concluded that higher levels of parental support help to reduce health problems (e.g., depression, suicide attempt, and drug use). In turn, Cafferty (2017) identified four types of family support: (1) financial (in the form of allowances, for example), (2) emotional (such as support at work, school, or any stressor), (3) romantic (direct support to romantic relationships), and (4) social relationships. In this qualitative study, it was found that after the coming out, with the exception of financial support, LGB young adults reported a decrease in all types of family support. Romantic support was the type of support least reported in this study. Regarding support in social relationships, many participants felt discomfort in the presence of family members, leading to avoidance of family encounters (Cafferty, 2017).

In general, given the relevance of a greater understanding of LGB young adults and their family of origin functioning, it is important to have an instrument that is validated for this minority population and

that study the family functioning of the family of origin of this population.

### **III. Objectives**

The general purpose of this study is to validate the SCORE-15-FO (Rocha, 2018; Stratton et al., 2010) in a sample of Portuguese LGB young adults. In order to achieve this goal, the study has the following objectives:

- a. To evaluate the construct validity of the SCORE-15-FO (i) through confirmatory factor analysis and (ii) by examining differences in the SCORE-15-FO subscales as a function of self-reported family characteristics (open question of the SCORE-15-FO about family of origin characteristics).
- b. To analyze the reliability of the SCORE-15-FO through Compositive Reliability (CR), Average Variance Extracted (AVE), and the Cronbach's alpha values for each scale.
- c. To examine the convergent validity of the SCORE-15-FO by (i) examining its association with the Family Support subscale of the Multidimensional Scale of Perceived Social Support (Carvalho et al., 2011; Zimet et al., 1988) and the Family Climate subscale (Gato et al., 2020) and by (ii) evaluating the differences in the Family Support and Family Climate subscales as a function of self-reported family characteristics.
- d. To examine the divergent validity of the SCORE-15-FO by (i) examining its association with the Anxiety and Depression subscales of the Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1995; Pais-Ribeiro et al., 2004) and by (ii) evaluating differences in the depression and anxiety subscales as a function of self-reported family characteristics.

## IV. Methodology

### 4.1 Participants

The sample was composed of 377 participants, between 16 and 30 years old ( $M= 22.23$ ;  $SD= 3.48$ ). According to table 1, regarding sex assigned at birth, females made up slightly more than half of the sample. In terms of gender identity, the vast majority of the subjects were cisgender, and regarding their sexual orientation, they were mainly gay/lesbian, followed by bisexual and, lastly, pansexual. Concerning their relational situation, the sample was evenly distributed among individuals who were in a romantic or marital relationship and those who were not.

**Table 1**

*Sociodemographic characteristics of the sample*

		<i>N</i>	<i>%</i>
Sex assigned at birth	Female	196	52.0
	Male	181	48.0
Gender Identity	Cisgender	369	97.9
	No Answer	8	2.1
Sexual Orientation	Gay/Lesbian	229	60.7
	Bisexual	118	31.3
	Pansexual	30	8.0
Romantic or Marital Relationship	No	188	49.9
	Yes	189	50.1
Ethnicity	White/European/Caucasian	362	96.0
	Latin	4	1.1
	Biracial	5	1.3
	Roman	1	0.3
	Other	5	1.3
Region of Residence	North	141	37.4
	Centre	80	21.2
	Lisbon and Tagus Valley	107	28.4
	Alentejo	6	1.6
	Algarve	12	3.2
	Madeira	15	4.0
	Azores	16	4.2
Educational Level	9th grade	24	6.4
	12th grade	183	48.5
	University degree	170	45.1
Work Status	Student	205	54.4
	Student and Worker	29	7.7
	Full-Time Worker	74	19.6
	Part-Time Worker	24	6.4
	Unemployed	40	10.6
	Other	5	1.3



Most participants considered themselves as white/European/Caucasian (open question), and were mainly from the Northern region of Portugal, Lisbon and the Tagus Valley, and Central Portugal. In regards to education, the main level of achievement was the 12<sup>th</sup> grade followed by a university degree and, finally, the 3<sup>rd</sup> cycle of basic education (9 years). Regarding the professional situation, the majority of participants were students, followed by full-time workers, unemployed individuals, student workers and part-time workers.

## **4.2 Research and sample collection procedures**

Data for the present study were collected on-line in the context of the research project "Social support networks and psychological health of young LGBT+ individuals during the COVID-19 pandemic" (Gato et al., 2020), between April 17 and May 4, 2020. To guarantee the ethics and deontology of scientific research, the answers were confidential and anonymous with the survey being hosted on a server at the host institution (Gato et al, 2020) and a free and informed consent was solicited electronically on the first page of the survey. The study was approved by the Ethics Committee of the host institution and received a positive appreciation of the Order of Portuguese Psychologists. This study was shared on LGBTQ+ platforms and on social networks, such as Facebook.

Participants were eligible to participate in the present study if they were between the ages of 16 and 30 years old, resided in Portugal, identified themselves as a sexual or gender minority and had fully answered the instruments of interest for the present study.

## **4.3 Instruments**

### **4.3.1 Sociodemographic questionnaire**

In order to examine the characteristics of the sample, we asked the participants about their age, sex, gender identity, sexual orientation,

relationship status, “race”/ethnicity, region of residence, education level, and professional situation.

#### **4.3.2 Family of Origin Functioning (SCORE-15-FO)**

To evaluate family functioning, we used the Systemic Clinical Outcome and Routine Evaluation – Family of Origin (SCORE-15-FO; Rocha, 2018). This version consists of 15 items, divided by three dimensions: Family Strengths, Family Communication and Family Difficulties. The family strengths subscale concerns the resources and capabilities that the family must use in new circumstances (e.g., “*In my family we talk to each other about things which matter to us*”). Family communication evaluates the communication standards in the familiar system (e.g., “*People don’t often tell each other the truth in my family*”). Regarding family difficulties, this subscale refers to the weaknesses felt by the family (e.g., “*We seem to go from one crisis to another in my family*”). In the self-report questionnaire, the participant is asked to answer according to his or her family of origin on a five-point Likert scale, from 1 (*describes us very well*) to 5 (*describes us not at all*). A lower score in this questionnaire reveals a good family functioning. In the Portuguese validation studies performed by Rocha (2018), the SCORE-15-FO showed a good internal consistency for the total scale ( $\alpha = .90$ ) and for the factors: factor 1 ( $\alpha = .84$ ), factor 2 ( $\alpha = .87$ ), and factor 3 ( $\alpha = .72$ ). In the present study, both the total scale and the three subscales obtained a good internal consistency (SCORE-15-FO  $\alpha = .92$ ; Family Strengths  $\alpha = .89$ ; Family Communication  $\alpha = .76$ ; and Family Difficulties  $\alpha = .85$ ).

#### **4.3.3 Perceived Social Support (MSPSS)**

In order to evaluate the social support from the family, we used the subscale Family of the Multidimensional Scale of Perceived Social Support (MSPSS; Portuguese version of Carvalho et al., 2011; Zimet et

al., 1988). The participants must respond to four items (e.g., “*My family really tries to help me.*”) rated on a 7-point Likert type scale ranging from *very strongly disagree* (1) to *very strongly agree* (7), with higher scores indicating higher levels of social support from the family. In the Portuguese validation studies conducted by Carvalho et al. (2011), the Family subscale obtained a good internal consistency ( $\alpha = .87$ ). In the present study, the Family subscale also obtained a good internal consistency ( $\alpha = .91$ ).

#### **4.3.4 Family Climate during the COVID-19 Pandemic**

The subscale Family Climate subscale was retrieved from an instrument devised to assess the effects of the COVID-19 pandemic on LGBTQ adolescents and young adults in Portugal (Gato et al., 2020). The subscale Family Climate is specifically composed of three items and measures how participants felt within their family during the lockdown situation (e.g., “*To what extent do you feel uncomfortable in your family in the current situation?*”). The participants should indicate, on a Likert-type scale between 0 and 10 (anchors varied according to the item in question), the option that represented their situation the better. As for the interpretation of the results, a higher score indicates a more negative family climate. The subscale family climate obtained good internal consistency ( $\alpha = .72$ ) in the study carried out by Gato et al. (2020) and in this study it presented the same value.

#### **4.3.5 Anxiety and Depression (DASS-21)**

To assess the participants’ levels of anxiety and depression, we used the Depression and Anxiety subscales of the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995; Portuguese version of Pais-Ribeiro et al., 2004). The depression subscale measures symptoms such as dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia and inertia (e.g.,

“*I couldn't seem to experience any positive felling at all*”) while the anxiety subscale includes concepts such as automatic arousal, skeletal musculature effects, situational anxiety and subjective experience of anxious affect (e.g., “*I felt scared without any good reason*”). The participants are asked to take into account the previous week's response on a four-point Likert-type scale from 0 (*nothing was applied to me*) to 3 (*applied to me most of the time*). Higher score indicate higher levels of anxiety/depression. In the validation studies for the Portuguese version conducted by Pais-Ribeiro et al. (2014), both subscales obtained a good internal consistency ( $\alpha = .85$  for Depression and  $\alpha = .74$  for Anxiety). In the present study, both the Depression ( $\alpha = .89$ ) and the Anxiety ( $\alpha = .83$ ) subscales revealed good internal consistency.

#### **4.4 Data analysis procedure**

To the following data analyses it was used the IBM SPSS Statistics 25 – *Statistical Package for the Social Sciences* software: 1) descriptive statistics of sociodemographic data, as well as of all the scales and subscales; 2) internal consistency by calculating the *Cronbach's* alpha; 3) Pearson's correlations to calculate convergent and divergent validities and also ANOVAs and MANOVAs with the characteristics of the family of origin reported by the participants in the SCORE-15-FO as an independent variable and the subscales (Family Support, Family Climate, Depression and Anxiety) used as dependent variables; and 4) MANOVAs with family characteristics reported by participants as the independent variable and the subscales of the SCORE-15-FO as dependent variables.

In order to analyze the construct validity of the SCORE-15-FO for the LGB young adults, we performed a Confirmatory Factor Analysis (CFA), using the IBM SPSS AMOS 25 Graphics software. After the specification of the models, their adequacy was evaluated using the following fit indexes: ratio Chi-square/ degrees of freedom ( $\chi^2/df$ ), Comparative Fit Index (CFI), Goodness-of-Fit Index (GFI), and

Root Mean-Squared Error of Approximation (RMSEA). Usually,  $\chi^2/df$  values between 2 and 5 are usually considered reasonable (Marsh & Hocevar, 1985). Values  $>.90$  in both CFI and GFI indicate a good adjustment of the model (Byrne, 2013). According to Melhado (2004, *cit. in* Bulhões, 2013), RMSEA values between .05 and 1 are considered reasonable. Finally, values  $>.50$  for AVE and  $>.70$  for CR indicate a good adjustment of the model (Marôco, 2010).

## V. Results

### 5.1 Descriptive analysis of the study variables

Table 2 shows the mean, standard deviation, minimum and maximum value, kurtosis, skewness, and Kolmogorov-Smirnov test of all variables used in the study. Although all the considered scales and subscales had a non-normal distribution, the values of kurtosis and asymmetry were within the normal range, and we proceeded with the use of parametric tests.

**Table 2**

*Descriptive Statistics of SCORE-15-FO, MSPSS, COVID-19 and DASS-21*

	<i>M</i>	<i>SD</i>	Min.	Max	Ku	Sk	K-S
SCORE-15-FO	2.72	0.78	1	4.67	-0.48	0.20	$p = .008$
SCORE-15-FO: Family Strengths	2.82	0.89	1	5	-0.49	0.15	$p \leq .001$
SCORE-15-FO: Family Communication	2.78	0.85	1	5	-0.52	0.13	$p \leq .001$
SCORE-15-FO: Family Difficulties	2.55	0.88	1	5	-0.18	0.41	$p \leq .001$
MSPSS: Family Support	4.41	1.51	1	7	-0.60	-0.35	$p \leq .001$
Family Climate (COVID-19)	4.56	2.78	0	10	-1.02	0.03	$p \leq .001$
DASS-21: Anxiety	0.79	0.63	0	3	0.34	0.81	$p \leq .001$
DASS-21: Depression	1.09	0.73	0	3	-0.42	0.57	$p \leq .001$

## 5.2 Reliability of the SCORE-15-FO

In order to further establish the reliability of the SCORE-15-FO, the *Cronbach's* alpha coefficient was calculated for the total score and for the three SCORE-15-FO subscales. All the results yielded a good internal consistency values for both the total scale ( $\alpha = .92$ ) and the subscales Family Strengths ( $\alpha = .89$ ), Family Communication ( $\alpha = .76$ ), and Family Difficulties ( $\alpha = .85$ ).

## 5.3 Construct validity

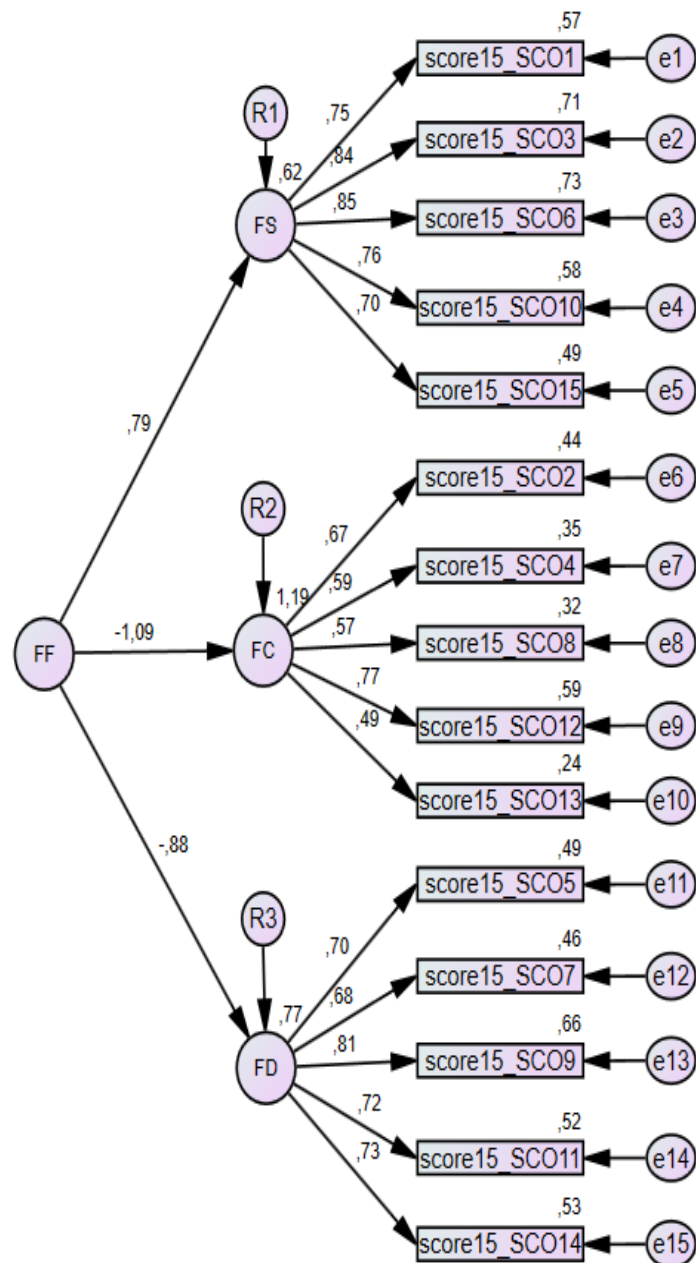
To establish the construct validity of the SCORE-15-FO in our sample we resorted to two strategies. First, we tested the factorial structure of the instrument using a CFA. In order to test the instrument's reliability, we calculated the Composite Reliability (CR), Average Variance Extracted (AVE) values for each scale. Second, we examined differences in the SCORE-15-FO subscales and total scale as a function of self-reported family characteristics (open questions in the SCORE-15-FO about family of origin characteristics).

### 5.3.1 Factorial structure

In order to analyze the internal structure of the SCORE-15-FO (Rocha, 2018), we tested two models: (i) one containing the three hypothesized subscales regressing on a second-order latent variable (figure 1) and (ii) one model with the three correlated subscales (figure 2). All items presented high and significant factor loadings in both models. The two models showed the same adjustment indexes:  $\chi^2/df = 3.083$ , CFI= .938, GFI= .909, and RMSEA = .074, which indicates that researchers can choose to use the instrument total score or the subscales individually.

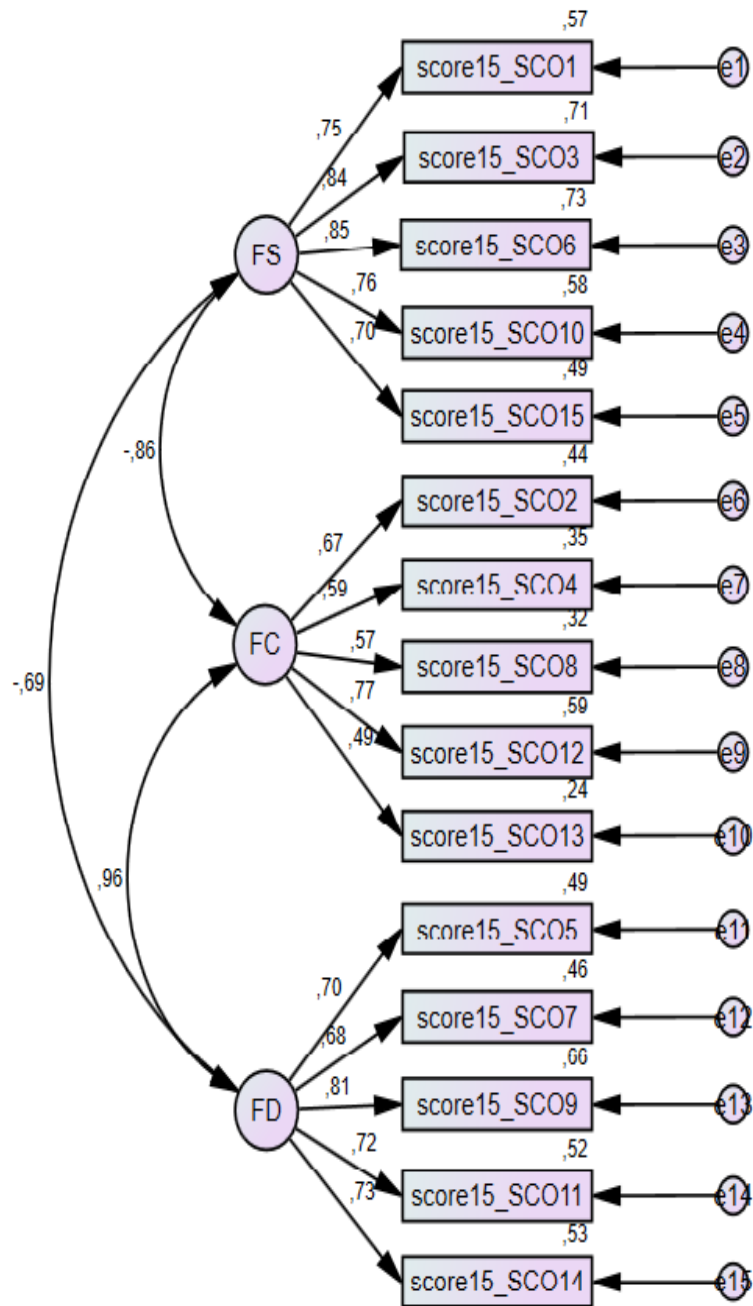
In addition to these indexes, CR and AVE of the subscales were calculated based on the Second-Order Model. All subscales presented good CR values (Marôco, 2010): Family Strengths CR = .89; Family Communication CR = .76; and Family Difficulties CR = .85. The same

was true for the AVE values of the subscales Family Strengths and Family Difficulties (AVE = .61, and AVE = .53, respectively). However, for the Family Communication subscale, the AVE value (.40) was not considered adequate (Marôco, 2010)



**Figure 1:** Second-Order Model

*Note.* FF – Family Functioning; FS – Family Strengths; FC – Family Communication; FD- Family Difficulties



**Figure 2:** Three correlated subscales model

*Note.* FS – Family Strengths; FC – Family Communication; FD- Family Difficulties



### **5.3.2 Differences in the SCORE-15-FO subscales as a function of self-reported family characteristics**

Before testing the association between the SCORE-15-FO subscales and the characteristics of the family of origin reported by participants, it was necessary to categorize the participants' answers to an open question in the SCORE-15-FO where they were asked to mention two characteristics of their family of origin. The categorization process was carried out in two phases by a psychologist with experience in family research and four psychology students. In the first phase, each of the researchers read the answers of all participants, grouping them according to the following a priori categories: 1) two positive characteristics, 2) two negative characteristics, 3) one positive and one negative characteristic, 4) one positive and one neutral characteristic, 5) one negative and one neutral characteristic. In the second phase, the researchers met to discuss codifications, and, through a process of discussion and agreement, three main categories emerged: positive characteristics, negative characteristics, and ambivalent characteristics.

We then resorted to a Multivariate Analysis of Variance (MANOVA) to investigate differences in the SCORE-15-FO subscales as a function of self-reported characteristics of the family (positive, negative, and ambivalent).

Results indicated a significant multivariate effect of family characteristics on the dependent variables, Pillai's Trace = .571,  $F(6, 684) = 45.561$ ,  $p \leq .001$ ,  $\eta p^2 = .286$ .

As shown in table 3, pairwise comparisons, using Tukey HSD post-hoc tests, indicated that participants who positively characterized the family of origin perceived more family strengths than those that who characterized their family negatively ( $p < .001$ ) or ambivalently ( $p < .001$ ). Also, participants who were ambivalent regarding the family of origin reported higher levels of family strengths than their counterparts who characterized their family in an negative way ( $p < .001$ ).

**Table 3***Multivariate Analysis of Variance of Family Characteristics for subscales of the SCORE-15-FO*

Dependent variables	Family Characteristics			F (6, 684)	P	$\eta^2$	
	Positive (n = 165)	Negative (n = 134)	Ambivalent (n = 47)				
Family strengths	M (SD)	2.19 <sup>c</sup> (0.64)	3.57 <sup>a</sup> (0.68)	2.82 <sup>b</sup> (0.57)	169.50	<.001	.497
Family communication	M (SD)	2.20 <sup>c</sup> (0.63)	3.42 <sup>a</sup> (0.68)	2.90 <sup>b</sup> (0.53)	135.46	<.001	.441
Family difficulties	M (SD)	2.00 <sup>c</sup> (0.64)	3.23 <sup>a</sup> (0.78)	2.52 <sup>b</sup> (0.58)	117.18	<.001	.406

Note. Significant pairwise comparisons are noted by different superscripts.

Participants who attributed negative characteristics to their family of origin perceived worse family communication than participants who made positive ( $p < .001$ ) or ambivalent ( $p < .001$ ) attributions. Also, participants who positively characterized their family of origin reported higher levels of family communication when compared to those who viewed their family ambivalently ( $p < .001$ ). Finally, participants who positively characterized their family of origin perceived less family difficulties than those who were negative ( $p < .001$ ) or ambivalent ( $p < .001$ ) in their characterization. Furthermore, participants who negatively characterized their family reported higher levels of family difficulties than those who viewed their family in an ambivalently way ( $p < .001$ ).

#### 5.4 Convergent validity

To evaluate the convergent validity, *Pearson* correlations were performed between the SCORE-15-FO (Rocha, 2018) total scale and subscales, and the Family Support (MSPSS; Carvalho et al., 2011; Zimet et al., 1988) and Family Climate (Gato et al., 2020). The SCORE-15-FO total score presented a negative, significant, and large correlation with Family Support and a positive, significant, and large correlation with Family Climate (Cohen, 1988). Furthermore, the

Family Support correlated in a negative, significant, and large way with Family Climate (cf., Table 4).

**Table 4**  
*Pearson's Correlations*

		Family Climate (COVID-19)	Family Support (MSPSS)
	<i>Pearson Correlation</i>	.528	-.786
SCORE-15-FO	<i>Sig.</i>	< .001	< .001
	<i>n</i>	314	336
Family Strengths	<i>Pearson Correlation</i>	.536	-.813
	<i>Sig.</i>	< .001	< .001
	<i>n</i>	314	336
Family Communication	<i>Pearson Correlation</i>	.509	-.660
	<i>Sig.</i>	< .001	< .001
	<i>n</i>	314	336
Family Difficulties	<i>Pearson Correlation</i>	.378	-.621
	<i>Sig.</i>	< .001	< .001
	<i>n</i>	314	336
Family Support	<i>Pearson Correlation</i>	-.587	1
	<i>Sig.</i>	< .001	
	<i>n</i>	314	336

Two ANOVAs were also performed, with family characteristics as the independent variable, and Family Climate and Family Support as dependent variables. As shown in table 5, Family Climate scores differed significantly depending on the type of family characteristics reported,  $F(2, 292) = 29.109, p < .001, \eta^2 = .17$ . More specifically, participants who negatively characterized their family reported higher levels of a negative family climate than their counterparts who characterized their family positively ( $p < .001$ ) or ambivalently ( $p = .003$ ). However, participants who characterized their family ambivalently did not differ from those who characterized their family in a positive way regarding their family climate ( $p = .119$ ).

Significant differences in Family Support as a function of characteristics reported by participants were also detected,  $F(2, 311) = 133.225, p < .001, \eta^2 = .46$ . This way, participants who characterized their family of origin positively reported higher levels of family support than those who viewed their family in an ambivalent ( $p < .001$ ) and negative ( $p < .001$ ) way. Furthermore, those who viewed their family in an ambivalent way also reported higher levels of family support than those who had a negative perspective of their family ( $p < .001$ ).

**Table 5**

*Analysis of Variance of Family Characteristics for subscales Family Climate and Family Support*

Dependent variables		Characteristics		
		Positive (n = 151)	Negative (n = 119)	Ambivalent (n = 44)
Family Climate	<i>M</i>	3.55 <sup>b</sup>	6.00 <sup>a</sup>	4.44 <sup>b</sup>
	<i>SD</i>	2.60	2.47	2.56
Family Support	<i>M</i>	5.38 <sup>a</sup>	3.15 <sup>c</sup>	4.51 <sup>b</sup>
	<i>SD</i>	1.03	1.27	.97

*Note.* Significant pairwise comparisons are noted by different superscripts.

### 5.5 Divergent validity

To ascertain the divergent validity, we performed *Pearson* Correlations between the SCORE-15-FO total scale and subscales (Rocha, 2018) and the subscales Depression and Anxiety of the DASS-21 (Lovibond & Lovibond, 1995; Pais-Ribeiro et al., 2004). Results yielded a positive, significant, and moderate correlation of the SCORE-15-FO total scale with Depression subscale, and a positive, significant, and small correlation with Anxiety subscale. As can be seen in table 6, there is a higher correlation between the total scale and subscales of SCORE-15-FO with the Depression subscale, than with the Anxiety subscale.

**Table 6**  
*Pearson's Correlations*

		Depression (DASS-21)	Anxiety (DASS-21)
SCORE-15-FO	<i>Pearson Correlation</i>	.344	.250
	<i>Sig.</i>	< .001	< .001
	<i>n</i>	325	325
Family Strengths	<i>Pearson Correlation</i>	.240	.144
	<i>Sig.</i>	< .001	.010
	<i>n</i>	325	325
Family Communication	<i>Pearson Correlation</i>	.317	.253
	<i>Sig.</i>	< .001	< .001
	<i>n</i>	325	325
Family Difficulties	<i>Pearson Correlation</i>	.367	.277
	<i>Sig.</i>	< .001	< .001
	<i>n</i>	325	325

To further test the divergent validity of the SCORE-15-FO (Rocha, 2018) with the DASS-21 (Lovibond & Lovibond, 1995; Pais-Ribeiro et al., 2004) subscales, we conducted a MANOVA with family characteristics as the independent variable and Depression and Anxiety as the dependent variables. The results indicated a significant multivariate effect, Pillai's Trace = .104,  $F(4, 600) = 8.251$ ,  $p < .001$ ,  $\eta^2 = .052$ . As shown in table 7, pairwise comparisons, using Tukey HSD post-hoc tests, indicated that participants who positively characterized their family of origin reported less symptoms of depression than those who characterized their family in a negative ( $p < .001$ ) or ambivalent ( $p = .005$ ) way. However, no statistically differences were found between participants who characterized their family of origin in a negative and ambivalent way ( $p = .618$ ).

Regarding the Anxiety subscale, participants that were positive in characterizing the family of origin reported lower levels of anxiety than those who characterized it negatively ( $p = .001$ ), but did not differ from those who characterized it ambivalently ( $p = .088$ ). Also, no statistical differences were found between participants who

characterized their family negatively and those who characterized ambivalently ( $p = .875$ ).

**Table 7**

*Multivariate Analysis of Variance of Family Characteristics for subscales Depression and Anxiety of DASS-21 scale*

Dependent variables	Characteristics			F (4, 600)	$p$	$\eta^2$
	Positive (n = 148)	Negative (n = 113)	Ambivalent (n = 42)			
Depression	<i>M</i> .853 <sup>b</sup>	1.344 <sup>a</sup>	1.228 <sup>a</sup>	17.433	< .05	.104
	( <i>SD</i> ) (.609)	(.765)	(.713)			
Anxiety	<i>M</i> .634 <sup>b</sup>	.906 <sup>a</sup>	.854 <sup>a, b</sup>	7.301	< .05	.046
	( <i>SD</i> ) (.538)	(.635)	(.655)			

Note. Significant pairwise comparisons are noted by different superscripts.

## VI. Discussion

The present study analyzed the psychometric properties of the SCORE-15-FO in a sample of Portuguese LGB young adults. The obtained results reveal that the SCORE-15-FO presents good indicators of validity and reliability in the used sample.

With regard to construct validity, the initial structure of Stratton et al. (2010) and the model with the three correlated factors were replicated through CFA. Both models obtained the same values, revealing that in addition to the total scale, the three subscales can also be administered individually. Further evidence of construct validity was obtained as the analyze of differences in the SCORE-15-FO subscales as a function of self-reported family of origin characteristics. The results obtained revealed that more positive characteristics were related to a perception of better family functioning. In agreement with our study are the studies conducted by Paolini and Schepisi (2019), where the participants men/fathers who positively described their family report a less problematic family functioning.

Regarding the instrument's reliability, Cronbach's alphas for the total and for the three SCORE-15-FO subscales were considered good and close to the results of the original SCORE-15-FO study for the Portuguese population (Rocha, 2018). Nevertheless, both the total scale and the Family Strengths and Family Difficulties subscales presented a higher reliability in the present study than in the study conducted by Rocha (2018). In turn, the Family Communication subscale presented better internal consistency in the original study (Rocha, 2018) than in the present one. Reliability relates to the instrument's ability to be consistent both temporally and spatially in its results (Souza et al., 2017). Although the internal consistency of the Family Communication subscale in the present study was good, it is lower than the studies conducted by Rocha (2018), which can be explained by the characteristics of the participants of this study. In this study the participants belong to the LGB community, which implies that they go through a process of coming out, that may bring some unpredictability when it comes to communication between family members, since this subscale evaluates, for example, "*People often don't tell each other the truth in my family*" and it is known that in the process of revealing to the family the young adult LGB goes through many phases before revealing himself to the family (Floyd & Stein, 2002).

Regarding convergent validity, the correlation between SCORE-15-FO and the Family Support subscale (MSPSS; Zimet et al., 1988; Carvalho et al., 2011) was negative and statistically significant, with a large magnitude, indicating that the greater the family support, the better the family functioning. These results are in accordance with previous studies which have underlined the importance of family support for the well-being of LGB young adults (Cafferty, 2017; Needham & Austin, 2010; Ryan et al., 2009).

In the same way, the correlation of SCORE-15-FO with the subscale Family Climate (Gato et al., 2020) was positive and

statistically significant, with a large magnitude, revealing that the worse the family functioning, the worse the perception of the family climate during the COVID-19 pandemic (Gato et al., 2020). Teodoro et al. (2009) define family functioning regarding the characteristics of the family climate, covering the relationships and interactions that exist within the family, which corroborates the correlation found in our study.

In regard to divergent validity, the correlation between SCORE-15-FO and the Depression and Anxiety subscales (Lovibond & Lovibond, 1995; Pais-Ribeiro et al., 2004) was equally positive and statistically significant, with a moderate magnitude for the Depression subscale and a small one for the Anxiety subscale. These results corroborate the study by Ryan et al. (2009), in which it was found that young adults LGB who experienced negative reactions and rejection at the time of coming out by the family, tend to have a greater predisposition to health problems, such as depression. Furthermore, according to Lorenzo-Blanco et al. (2012), depressive symptoms are associated with family functioning, which is in accordance with results obtained in the present study: those who reported a lower level of depressive symptoms were the participants who positively characterized their family of origin.

Regarding the relation between family functioning and anxiety, Ballash et al. (2006) in their study concluded that the overall functioning of the family tends to predict anxiety levels, as was possible to ascertain in the present study, in which the results show that LGB young adults differ significantly in anxiety levels depending on whether they characterize positively or negatively the family of origin, that is, they are more anxious when they characterize in a negative way than when they do so in a positive way.

The correlation between SCORE-15-FO and Depression has a greater magnitude than the correlation between SCORE-15-FO and Anxiety. This can be attributed to the fact that anxiety is mainly a



response to a threat. In this sense, depression will be more related to a poor family functioning.

The categorization of the characteristics of the family of origin has brought numerous advantages to the present study, in particular because it is an original way of more accurately analyzing the validity of the construct and, consecutively, to assess more robustly the family functioning. In addition, the characteristics were also used for convergent and divergent validity and constituted a good variable. The use of the characteristics of the family of origin as a variable for construct, convergent and divergent validity can be very useful for future studies in order to strengthen the results achieved.

All of the results obtained in this study revealed a great reliability and validity of SCORE-15-FO to be used in LGB young adults Portuguese. The validation of this instrument is fundamental not only for clinical and therapeutic use, but also to be used in future studies that aim to assess the surrounding contexts of LGB population, namely the family context.

### **6.1 Strengths, limitations, and suggestions for future studies**

Two positive contributions of the present research warrant mention. First, the validation of the SCORE-15-FO in a sample of LGB young adults counteracts the prevailing heteronormativity of psychological, and more specifically, psychometric studies. Second, the categorization of the answers to the open-question of the SCORE-15-FO and its detailed are an innovative aspect and proved to be a good strategy to test construct, convergent, and divergent validities.

In spite of its contributions, the study has inevitably some limitations. First, we resorted to a convenience sample collected online. Therefore, our participants had a high educational level and lived in more urban areas of the country, which imposes limits on representativity. In the future, a more diverse sample should thus be collected.

Second, the analysis of the temporal stability of SCORE-15-FO in the LGB population should be done in future investigations, to understand whether the results differ depending on the different moments of the application (Souza et al., 2017).

There are still many investigations that can be done in order to better understand the functioning of the family of origin and even of the nuclear family of the LGB people. For instance, it would be advantageous to conduct a study in which family functioning was studied with LGB participants from other age groups, such as 30 to 50 years.

## **VII. Conclusions**

The present study aimed to contribute to the research of the family functioning of the family of origin in LGB young adults by exploring the psychometric properties of the SCORE-15-FO scale with regard to reliability and validity. The results obtained in this study allow us to affirm that the SCORE-15-FO is a reliable and valid scale for the Portuguese LGB young adults. According to the results a better family functioning of the family of origin of LGB young adults is related to a greater family support and a better family climate. Also, associations were found with family functioning and mental health indicators, although small (with the anxiety subscale) and moderate (with the depression subscale).

Finally, the perception of better family strengths, better family communication, less family difficulties and greater family support are associated to the characteristics participants qualitatively attributed to their family of origin (positive, negative, or ambivalent).

Thus, this study allowed us to conclude that SCORE-15-FO can be used with rigor and validity with Portuguese young adults LGB.

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