AN INTEGRATION OF STRUCTURAL AND STRATEGIC THERAPY WITH LOW INCOME FAMILIES

BY
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A Practicum Report
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Introduction

Outline of Practicum

This Practicum undertaken at New Directions for Children, Youth and Families was based on a plan for the integration of Structural and Strategic Family Therapy components. The integration occurred in utilizing the two approaches concurrently. The first phase involved dealing with the family through a structural approach - joining, accommodation, testing boundaries and restructuring (Stanton, 1981).

The second phase based on a guideline from Stanton (1981) is "to switch to a predominantly strategic approach when structural techniques either are not succeeding or are unlikely to succeed" (p. 431). The utilization of Strategic at this juncture is planned to move the family from a position of being "stuck." A hallmark of the Strategic approach is to bypass resistance. Strategic concepts were used as a guide for helping the client move toward the therapeutic goals.

Components of Structural and Strategic Family Therapy have been applied concurrently to this practice with families at New Directions to produce a working model, which demonstrates the adaptability in the integration of Structural and Strategic Family Therapy.

Summary of Learning Goals

In reviewing my learning goals as described in the practicum proposal, I took into account my previous work experience. New Directions for Children, Youth and Families reflected the population of my previous ten years of work experience. This work experience consisted of providing counselling to low-income families within the city. New Directions for Children, Youth and Families had a large pool of clients who were available and some of these clients could be

defined as low-income families.

Receiving supervision within the agency assisted in beginning the organizing of information acquired through ten years of practical experience as a social worker within an urban setting. This organization of previous work experience was guided by an integration of the theoretical frameworks of Structural and Strategic Family Therapy.

The supervision provided at New Directions for Children, Youth and Families has provided a guide to relevant, current literature, further enhancing previous practical experience in counselling. The structured learning environment at New Directions offered the opportunity to build on therapy skills resulting in improved effective family therapy to low income families.

Skill development in Structural and Strategic therapies has been accomplished through supervision and through practicum sessions with families. Supervision as provided by the agency included discussions and conversations with a view to integration of the components of the Structural and Strategic family therapies as applied to practice with selected clients within the New Directions agency.

The practicum environment encouraged learning which was facilited through case study discussions with the addition of viewing of family sessions to build on tenets of Structural and Strategic therapies. This supervision included dialogue with the agency supervisor providing guidance toward the workable integration of Structural and Strategic Family Therapy.

These goals were met through the plan put forth at the beginning of practicum. That plan involved working within an agency which offers direct family therapy services to low income families within the city of Winnipeg. In addition, the agency provided an opportunity to offer support to low income families as they deal with conflict with larger systems. Supervision was

provided with a view to organize information and to define practicum interventions within the parameters of an integration of Structural and Strategic theoretical frameworks. The agency provided an opportunity to work toward acquiring new skills in family therapy, through experiential learning and hands on interventions based on Structural and Strategic theoretical concepts.

CHAPTER ONE

This chapter will examine Structural and Strategic Family Therapy. A brief history of the development of the theoretical frameworks of Structural and Strategic family therapy will be presented. The integration of structural elements which include boundaries, subsystems, structure, alignments, coalitions, hierarchy, and life transitions are joined with strategic elements which include life cycle, sequences, and triads. These elements are viewed in the context of the definition of dysfunctional families, therapeutic goals and the role of the therapist within a family systems framework. These two therapies are shown to be compatible at an operational level, as presented by Stanton (1981) who states "no existent theory entirely encompasses both modes adequately" (p.427). In the case of integration of Structural and Strategic theory will need to catch up to practice.

STRUCTURAL FAMILY THERAPY

During the 1960s some psychotherapists were rejecting psychoanalysis and exploring alternative therapies, as a result of changing definitions regarding inclusion of families in therapy and the introduction of cybernetics and systems theory. Structural Family Therapy evolved as part of this shift in perspective from an individual focus to a relational focus. Structural Family Therapy was developed predominantly by Salvador Minuchin, although therapists such as Haley, Jackson and Bateson were also influential.

Jackson abandoned the use of psychoanalytic techniques, and began to focus on the interchange between people, thereby treating patients in families rather than eliminating the family

from treatment. Jackson's (1957) concept of family homeostasis, (families as units that resist change), had a profound impact on the family therapy field. He introduced concepts such as complementarity and rules, which became the language of the systems oriented family therapy. Bateson's (1956) influence was on the view of the family system as a whole, especially the double bind theory and communications theory. Minuchin (1967) felt that Bateson's view of the family as a whole, meant that the individual became lost and that it did not take into account the power dynamics and expectations in the family. Minuchin developed a clear perspective which included a greater emphasis on developmental issues, a view of a symptom as complementary to the system, and an emphasis on the role of personality and style of the therapist. He borrowed the concept of systems and incorporated it with the concept of family structure and generational boundaries, while deleting psychoanalytic techniques from Structural Family Therapy (Minuchin, Montalvo, Guerney, Rosman, and Schumer, 1967)

According to Stanton (1981), "Structural aspects of treatment apply to all therapies and to therapists of all persuasions" (p. 429). The value of Structural aspects is considerable if all therapists are guided by the Structural Therapy components. Therapists are able to take what they need from Structural elements and are able to integrate these elements into other therapies.

In his comments regarding the applicability of structural therapy in regard to low income families, Colapinto (1983) states "while this model cannot cure the social context of poor, underorganized families, it can help them develop the interactional skills that help other poor families cope better" (p. 24).

Theoretical Concepts of Structural Therapy

The Structural Family Therapy model evolved to look for closeness or distance in families

through the concepts of boundaries, structure, hierarchy, alliances, coalitions, and systems (Minuchin 1974; Walsh, 1981). As stated by Minuchin (1974), boundaries are the implicit and explicit rules that determine who will participate in the family and how they will participate. Influences on families include factors such as: social context, family developmental stages and the expectations of family members and their role within the family.

As noted by Nichols (1991), "Beginning therapists are usually puzzled by the complex transactions that make up family life. Structural Family Therapy offers a clear framework that brings order and meaning to those transactions" (p. 8). The Structural Family Therapy model simply offers a necessary framework for understanding families and the functional patterns of interaction within families.

Dysfunctional Families

The family is continually acted upon by internal pressures arising out of developmental changes in its members, and to external demands arising out of pressure to accommodate to a changing social context. These demands for change require the negotiation of new family rules. The push for change produces stress and family conflicts can arise because of the need to change existing structures and the desire to maintain existing ones (Minuchin, 1974). If these family conflicts are not resolved, the family runs the risk of becoming stuck in its developmental journey and symptoms may appear in one or more family members.

According to Aponte and VanDeusen (1981) the elements of family structure which are frequently associated with symptomatic behavior include power, alignment and boundary issues. An example of a symptomatic power structure described by Minuchin (1974) is the weak parental executive subsystem. This weakness in parental executive functioning is reflective of 1) passivity

which results in one parent not supporting the other parent; 2) a cross-generational coalition with a child; 3) both parents abdicating their parental responsibilities. (Minuchin 1974, Aponte & VanDeusen, 1981)

Therapeutic Goals

As stated by Colapinto (1983), the goal of the Structural therapist in helping the family is to "challenge the family's ideas of where the problem is located and how it should be solved which amounts to challenging the family's expectations of the role of the therapist" (p. 433). The perceived disagreement between therapist and family at this stage is a part of the process of Structural Family Therapy. As stated by Colapinto (1983) "The family's goal is elimination of the complaint with maintenance of the family's structure, the therapist's goal is elimination of the complaint through transformation of the structure" (p. 434)

Therapeutic goals include expanding family members' repertoire of responses to the complexities of life. One such goal is to assist each family member to grow and develop, while preserving the family as a means of mutual support. As indicated by Minuchin, Fishman (1981), the goal of this model is "to change dysfunctional aspects of a family system to a more adequate family organization, one that will maximize the growth potential of each family member" (p.446) with added emphasis by Nichols and Schwartz (1991) "while also preserving the mutual support of the family" (p. 460). Therapeutic goals are determined by applying the following concepts of Structural therapy, which include boundaries, subsystems, structure, roles, hierarchy, to family interactions and behaviors.

Boundaries

According to Minuchin (1974) "The boundaries of a subsystem are the rules defining who

participates, and how" (p. 53). Boundaries regulate the amount or type of contact a person has with other subsystems. Boundaries are healthy when they are clear and are within what would be considered the normal range. They can promote a balance between autonomy and interdependence. Minuchin (1974) states that "For proper family functioning, the boundaries of subsystems must be clear" (p. 54). Minuchin further elaborates that the clarity of boundaries within a family is a useful parameter for evaluating family functioning or a determining if the family is healthy.

Boundaries become unhealthy when they become rigid or emmeshed. Rigid or disengaged boundaries are found within families when there is excessive emotional distance between the subsystems of the family. Diffused boundaries indicate an over involvement in the lives of family members. This emmeshment may mean that family members have difficulty functioning independently. Boundaries are invisible lines around a subsystem or individuals within the family structure.

Nichols and Schwartz (1995) offer a definition of the concept of boundaries as " a concept used in structural family therapy to describe emotional boundaries that protect and enhance the integrity of the individual, subsystems and families" (p. 590). In addition to emotional boundaries, boundaries could also include behavioral boundaries, responsibility boundaries and boundaries around communication and information. An example of a behavioral boundary is how much time different family members spend with each other and which members of the family actually interact actively with each other. Interactions can be physical, verbal and nonverbal. (Klippenstein, 1999)

The Structural therapist uses the concept of boundaries to encourage individual growth, while preserving the mutual support of the family. For example, the therapist may help parents have less diffuse boundaries with their children, while promoting continuous expressions of caring for

their children. Parents may be encouraged to make decisions together and to spend some time together.

Subsystems

Families may be understood in terms of subsystems that join together to perform various functions. Each family consists of a number of subsystems organized by variables such as sex, age and generation. As identified by Minuchin, Colapinto and Minuchin (1998) "Adults have functions and relationships that separate them from their children. Adolescents form a group with special interests. Males are one unit and females are another" (p.17). For example, parents are considered to be a generational subsystem that is differentiated from their children who are a separate generational subsystem. Other generational subsystems include grandparents and extended family members such as aunts or uncles. Family members understand and enact their roles through these subsystems. Unhealthy as well as healthy subsystems can be found within the family structure. An example of an unhealthy subsystem would be a mother-child subsystem that excludes the father in order to maintain the emotional distance between husband and wife (Minuchin, Montalvo, Guerney, Rosman and Schumer, 1967; Nichols and Schwartz 1995).

Structure

The concept of structure is defined by Nichols and Schwartz (1995) as "the recurrent patterns of interaction that define and stabilize the shape of relationships" (p. 501). In their description of Structural therapy, Nichols and Schwartz (1995) further contend that "the single most important tenet of this approach is that every family has a structure, and that this structure is revealed only when the family is in action" (p. 503). One of the notions of Structural Family Therapy is that the family must be viewed in action, within the environment of the session.

Individual family members can play many roles within a family. For example, a woman may carry the role of a mother, confidante, protector, and provider within the family structure. Family members have complementary roles that help in maintaining the family structure (Minuchin and Fishman, 1981). For example, if the mother is in the role of protector, the children may count on her to get them up for school in the morning. If the father is in the role of disciplinarian, the mother may be less competent in handling a child's temper tantrums.

Rules

Families have covert or unspoken rules within their family structures. These rules facilitate the maintenance of the established structure. If dad has a drinking problem which family members do not talk about, then everyone follows an unspoken rule. Actions or patterns which maintain the rule of not talking about dad's drinking will include children, who may rebel in school or become over achievers as a consequence of unspoken rules within the family structure.

Alignment and Coalition

According to Aponte (1976) alignment is the "joining or opposition of one member of a system to another in carrying out an operation" (p. 434). This notion includes the concepts of coalition and alliance. Haley's (1976) definition of a coalition "a process of joint action against a third person " (p.109) is in contrast to an alliance which is where two people may have a shared common interest not shared by the third person. According to Aponte & VanDeusen (1981) family members have "patterns of working together or in mutual opposition about the many activities they must engage in as family members" (p.313).

Hierarchy

Structural family therapists believe that a hierarchy is necessary for family functioning.

Hierarchy examines how the family functions over time. Families need some structure and parental teamwork within the family. If the boundary between parents and children is too diffuse this will cause stress in the family (Minuchin, Montalvo, Guerney, Rosman and Schumer ,1967; Nichols, 1984)

Healthy hierarchy permits clear direction on goals, values, roles, expectations. While at the same time permitting input from subordinate subsystems, to change, adapt and differentiate in age appropriate life transitions.

Life Transitions

All families experience stress when they enter into life transitions. For example, divorced and blended families are viewed in Structural therapy as families who are in transition. These families and their patterns of interaction should not be seen as deviant, but as a natural response to the pain of experiencing change.

The concepts of Structural therapy such as boundaries, alignments, coalitions, hierarchy and subsystems relative to life transitions and context provide guideposts with which the Structural family therapist will interpret the family's behaviors and actions. In this way Structural therapy is a framework which can be utilized for assessment purposes. As stated by Aponte (1976), "The structure of the social system in relation to its functions provides the parameters by which the therapist will measure the family's adjustment" (p. 312). In order to change a family's dysfunctional transactions, the therapist maps its structure and intervenes to transform the structure. However, this cannot occur until the therapist joins with the family.

Therapist's Role

The therapist's role is usually considered to be that of an expert, a listener and observer. The

therapist continually evaluates the family and determines goals and objectives for changes as the family evolves. In this way, the therapist assumes the role of both an actor, and director in the therapy. The therapist must acknowledge her own impulses and reactions to families. This includes understanding why we have certain reactions and how to be aware of them when working with families. The therapist reacts to and becomes an active player in the family. Responses to family members are spontaneous. According to Structural therapy, the therapist should see the family in action. The therapist does not count on a family's impression of themselves but watches closely to see how they interact. She watches what is directed at whom, who is the "target" when communicating and who is aligned with whom, whether positively or negatively (Stanton 1981; Aponte 1976).

The therapist should recognize the structural patterns of the family as early as possible in order to avoid becoming part of that structure and thereby losing her objectivity. The therapist is consistently aware of the family's structural pattern and does not get distracted by other unnecessary content. She identifies the family's structure, their areas of strength, dysfunctional sets and makes an assessment. The therapist finds a balance between joining with a family and challenging their structural patterns. Joining is important for building the initial trust relationship (Minuchin 1974; Stanton 1981). Challenging family patterns is sometimes referred to as unbalancing. The therapist helps the family see themselves as having more than one way of responding. The therapist may use metaphors to describe patterns to families in a way that is less threatening. This also offers another context for the same structural patterns (Aponte, 1976; Nichols 1999).

It is assumed that a structural assessment functions to broaden the problems beyond the individuals to family systems and moves the focus from past events to current transactions. The goal

is ultimately to transform the family in a way that benefits all family members. It is important to do this quickly before we become used to the patterns and cannot see them clearly (Nichols, 1999; Aponte, 1976).

Aponte and VanDeusen (1981) state that "The purpose of structural therapy is to describe the organizational relationships of the parts to the whole in the social ecosystem" (p.320). The theory will take into account perspectives on the personal and social problems of the family. Aponte and VanDeusen make reference to the compatibility of structural therapy with a broad range of interventions which expands the applicability of structural therapy techniques. There are interventions coming out of other forms of therapy that can be used within a structural framework, such as interventions developed by the schools of strategic therapy, network therapy and behavior modification.

Structural family therapy has been applied more readily with the treatment of low income families and with so-called "psychosomatic families" having children suffering from asthma, diabetes and anorexia nervosa (Aponte & VanDeusen, 1981). Structural family therapy has been used as a theoretical base for a variety of treatment settings, which include the Philadelphia Child Guidance Clinic. Aponte and VanDeusen (1981) make the claim that "structural family therapy has been applied and researched systemically for the most part with families presenting with child problems" (p. 321). However, this does not mean that Structural family therapy cannot be used with adults in the families as well as the children who are the identified clients. Structural therapy is being utilized in an increasing diversity of clinical settings to treat a number of symptomatic issues including adults. Structural family therapy has been applied to practical problems associated with children such as somatizaiton of stress, and school avoidance. Aponte and VanDeusen answer the

concern of including adults in that the structural therapist will try to deal with adult issues which may be long standing at some "operational level in the individual's relationship to self, family or therapist, and indeed, probably with all three at various points of the therapy" (p.321).

STRATEGIC FAMILY THERAPY

In the 60s and 70s therapists became more conscious that an explanation of human motivation could more readily be found in the social organization of an individual. Interest shifted from the individual to the organization of the nuclear and extended family. Problems were seen as occurring more in the social context of a family, than with an individual being seen as the problem. Jay Haley began to evolve his concept of Strategic Family Therapy. Haley viewed the solution to problems as finding ways to change the organizational structure of the family. Haley and Madanes have defined Strategic therapy as one of the Communication therapies. As an example in her book *Strategic Family Therapy*, (1981) Cloe Madanes states "Symptomatic behavior can be conceptualized as either digital or analogical communications"(p. 6).

Weakland (1976) states that "our primary concern is with the nature of observable face-to-face communication, verbal and nonverbal among members of a family or other ongoing social group, and its significance for the shaping of actual behavior" (p. 116). Through the observation of communication within a verbal and nonverbal context, Strategic therapy does take into account communication theory as described by Weakland. Communication theory has a place within Strategic therapy. However, there are other diverse influences reflected in this therapy

Milton Erickson is considered to be an influential figure in the development of Strategic Therapy as recognized by Stanton (1981), "Haley feels that almost all the therapeutic ideas applied

in this approach had their origins in his (Erickson's) work in some form (p 362). Haley has incorporated Erickson's therapy techniques, especially hypnosis and paradoxical methods with Strategic therapy (Nichols, 1984).

Theoretical Concepts of Strategic Therapy

Strategic Therapy recognizes the balance of power in human relationships as a central aspect of their functioning in a healthy manner. Intervention is designed to establish helping structures as a way of dealing with problems or symptomatic behavior (Haley 1976; Madanes 1980; Stanton 1981).

Family Dysfunction

According to Stanton (1981) the Strategic view of a family's dysfunction can be summed up as, "The symptom is thus a homeostatic mechanism regulating marital or family transactions" (p.430). A homeostatic mechanism is a mechanism which resists change, which is viewed as a symptom according to Jackson. Haley (1976) elaborates further that "the identified patient cannot be considered apart from the context in which they occur and the functions which they serve. An individual cannot be expected to change unless his family system changes. **Insight" per se is not a necessary prerequisite for change"** (p. 365). This view is not the same as cause and effect explanations of dysfunctional behavior. Stanton (1981) took the view that this is a new way of viewing human problems.

Goals of Therapy

Strategic theorists base their goals in therapy on their belief that the family is merely stuck and therefore the family is not sick. Interventions are designed to assist families to become unstuck

and to proceed past a crisis phase and consequently to help the family progress into the next phase of development (Stanton, 1981). Strategic therapists tend to focus on transitional events in the life of families as a way of avoiding repetitious negative sequences of interactions (Stanton, 1981; Madanes, 1981). The therapist will attempt to instill new alternatives which will be useful to families.

The primary goal for the Strategic therapist is first and foremost to solve the presenting problem. There is some discussion within Strategic therapy as to whether Haley's approach "in suggesting that changing the structure of the family system is in itself an important goal" (Stanton, 1981. p. 441). Strategic theorists view the connection to family change as more closely related to the solution of the presenting program, more so than an attempt to change the structure of the family system. According to Stanton (1981), "The clinician aims to solve the presenting problem, not rearrange or improve the family. Nevertheless, they quietly hope that change will have a domino effect, improving the family's functioning" (p. 441).

Role of the Therapist

The role of the therapist is to initiate the events in session and to plan an approach for solving problems presented. According to Stanton (1981), "Strategic therapists take responsibility for directly influencing people. In fact, they are not as concerned about family theory as they are with the theory and means for inducing change" (p. 361).

According to Stanton (1981), "the strategic therapist regards individual problems as manifestations of disturbances in the family" (p. 364). The Strategic therapist focuses on the identified patient and his problem. Stanton states that "A symptom is a communicative act with message qualities, it serves as a sort of contract between two or more members and has a function

within the interpersonal network" (p. 364). The symptom is considered to be a label for a sequence of behaviors within the family structure (Madanes, 1981)

The Strategic therapist deals with problems one at a time. The presenting problem has to be dealt with before any other problems are looked at, as these new problems will then be contracted for by the therapist a client (Haley, 1976; Stanton, 1981).

The Strategic therapist views the family's attempts to alleviate the problem as only making the situation worse. According to Stanton "the family's attempts to alleviate the problem only exacerbates it" (p.364). The strategic approach views the therapist as a necessary ingredient in finding solutions to a family's problems (Haley, 1976; Madanes, 1981)

According to Stanton (1981) in describing Strategic therapy "Haley has defined strategic therapy as that in which the clinician initiates what happens during treatment and designs a particular approach for each problem" (p. 364). The goal of the therapist is to change the unhealthy sequence of behaviors presented by the family. One way in which the therapist accomplishes this change is through directive tasks. The problem should be put into a solvable form, altering the process of behaviors which occur outside the session, using indirect ways to turning the family's motivation to positive use (Haley, 1976)

Life Cycle

Strategic therapy takes into account the developmental life cycle of the family. This is one area where healthy versus dysfunctional family differences can be most clearly seen. Most families go through transitional stages throughout the life of the family. These stages may be possible crisis areas and which are usually dealt with by healthy families without experiencing problems. However, dysfunctional families may experience great difficulty in coping with life transitions (Madanes,

1981; Nichols, 1999). These families are identified as unable to adjust to life transitions (Haley, 1980; Madanes, 1981).

Sequences

Families have sequences that are repeated thereby establishing an enduring pattern. The way members of a family respond to one another can be anticipated according to the pattern that has already been established (Haley, 1980; Stanton, 1981).

Dysfunction in the family is shown in a sequencing of behavior. For example a father may respond to his daughter's perceived defiance or misbehavior by yelling at her, while the mother then responds to the father through pointing out that he shouldn't be raising his voice to the child. The sequence of behavior in this example is that the child exhibits a misbehavior, followed by the father yelling, which precipitates a response by the mother. Such an example of family functioning perpetuates recurring sequences of a pattern of family dysfunction. Families display these repetitious sequences within family functioning on a regular and consistent basis. The therapist anticipates these instances of dysfunctional repetitious sequence of events in family behavior as a starting point for intervention. It then follows that an intervention which interrupts the identified repetitious sequence is a possible point where change will potentially occur within the family.

Family System

A central notion to strategic therapy is that the individual cannot be expected to change unless there is a change in the family system. The primary function in relation to family system will include emotional systems in families (Madanes, 1981). As a concept of strategic therapy, the family system will need to be clarified as to who belongs to the family system. For example, does that system include extended family, such as a grandmother, aunt or nephew. The family who

attends for therapy defines who is included in their own family system to define the emotional system of the family.

Triads

Triads have been identified early in the development of Strategic therapy as an element of theory which views the family as sets of interlocking triangles (Haley, 1980). As stated by Stanton (1981), "Haley notes the most child problems include a triangle consisting of an over involved parent-child dyad (a cross generational coalition) and a peripheral parent" (p. 365). Stanton further states that "When a child displays symptoms, the therapist should assume that at least two adults are involved in the problem and that the child is both a participant and a communication vehicle between them" (p.365). One of the ways of taking the child out of being involved is to include the therapist in the triangulation. This will serve to remove the child from further negative interactions with the parental dyad.

INTEGRATION OF STRUCTURAL WITH STRATEGIC THERAPY

An integration of elements of both Structural and Strategic therapy has been attempted in work with families of the poor during this practicum. This integration is possible as both Structural and Strategic therapies derive from Communication theory and System theory, as acknowledged by Nichols (1999) through his statements that "the two therapies were developed from General Systems theory and cybernetics via the Communication school of family therapy" (p.431). Elements which Structural and Strategic therapies have in common include taking context of situations into account in that people are seen as interacting with a context - both affecting it and being affected by it (Stanton, 1981).

According to the history of the development of Structural and Strategic therapies, Jay

Haley's (1976) *Problem Solving Therapy* serves as an example of how Structural and Strategic therapy can be integrated. Haley has journeyed, throughout his lifetime as a therapist, within the concepts of both Structural and Strategic therapies. According to Nichols (1991) in describing Haley's Problem Solving therapy, "Haley uses the structural view of family organization as a context within which to apply his strategic techniques. Haley's example may serve to help bridge the gap between competing approaches" (p. 428). It is my contention that Haley's view of utilizing the two concepts is a bridge for beginning therapists.

In addition, in reference to the importance of life cycle and developmental stages in defining therapy strategy as well as in diagnosis, "a problem family can be seen as "stuck" in a particular stage in its development" (Stanton, 1981, p. 428). When the family becomes stuck, the therapist will need to utilize some guidelines to promote positive change. The following description of the role of the therapist will provide some examples of how the therapist will assist in the process of eliciting change within families.

Role of the Therapist

In viewing the role of the therapist in Structural and Strategic therapy one of the roles includes changing repetitive behavioral sequences. The problem the family brings to a session includes behavioral issues, and the therapist's intervention includes behavioral tasks which are designed to change negative repetitive behavioral sequences.

A contributing factor to an understanding of the role of the therapist is that "process will be emphasized much more than content" (Stanton, 1981, p. 428). The primary concern of the therapist is to find a process which will ultimately form into a therapeutic technique which will be the individualized expertise of the therapist.

Both Structural and Strategic therapy espouses the concept that interpretation is usually employed to relabel or reframe rather than to produce "insight" (Stanton, 1981, p. 428). Structural and Strategic therapies view the therapist as an expert. However, Minuchin, Colapinto and Minuchin (1998) put forth the notion that "Intervention is most effective if the staff can restrain their expertise, using their skills to encourage family members to see each other as a resource, and to mobilize help from within their own network" (p.65). This contemporary view regarding the therapist as expert is workable, especially with the population with whom we are dealing in this report. Low income families are expert on their own situation and therefore require the therapist to restrain his/her expertise. "To help families regain control over their lives, the staff must rein in their own controlling behavior, in each instance questioning whether the intervention is necessary" (Minuchin, Colapinto and Minuchin, 1998, p. 61). In maintaining the expert role, the therapist must question whether the intervention will result in loss of autonomy for the family. The idea of the therapist as expert needs to be replaced with the thought of the therapist as questioner, in order to look more closely at the problem and plan an intervention which is an integrative method combination of both Structural and Strategic therapy. During work experience within the context of low-income families, I did not see my role as an expert, but as a motivator of growth within families and to build on what people know about themselves. There is a need to build on my own experience and knowledge in how to further reframe the problem for families using concepts from Structural and Strategic therapies.

During my previous ten years work with families, families and individuals have shown some resistance to long term counselling sessions. As a result of this awareness, there is agreement with the idea stated by Stanton, that is shared with both Structural and Strategic therapy which reflects

the belief that therapy tends to be brief. The therapist could surmise that the family may be at a place where they do not feel ready because of a wide variety of reasons to work toward resolving the problem, if progress toward resolving the presenting problem was not achieved within a six months period.

Stanton's (1981) outline for an integration of Structural and Strategic therapy suggests three rules, which include dealing with the family in the beginning stage with a Structural approach, switching to primarily a Strategic approach when the therapist assesses that the Structural approach is not working or will not be successful. The third rule put forth by Stanton is to revert back to Structural, following success with a Strategic approach. Stanton's suggestions have been utilized in a general way in this practicum. The concepts derived from Structural and Strategic therapies have been applied as planned intervention in therapy with families. In addition, outcomes have been noted and recorded.

Low Income Families

Low income families are the primary users of services which do not requirement payment for counselling/therapy services, such as the therapy resources offered by New Directions for Children, Youth and Families. The problems associated with families of the poor are diverse and usually crisis laden.

The impact of being poor is all pervasive within the lives of low income families. All systems within the sphere of society impact upon low income families. According to Minuchin, Colapnto and Minuchin (1998) in the book *Working with Families of the Poor* "Families served by the welfare system often look chaotic; people come and go and individuals seem cut off. That instability is partly a life-style, amid poverty, drugs, and violence, but it's also a by-product of social

interventions" (p.23). These include systems, beginning with the provincial or city social assistance office for financial assistance. The school system which educates the children. The Child and Family Services system which deals with the effects of low income which further influence the parenting sphere of the family to deal with the larger system's perception of neglect. The hospital, doctors and nurses which take charge of the medical issues associated with poverty. The police as an arm of the justice system, who become involved with domestic or violent crimes, which are an aspect of the feeling of powerlessness and lack of control over their lives. All of these variables can be viewed as a result of circumstances which stem from the influence of all other systems which may be involved with the life of the family. "Services for poor families are widely available and almost always well intentioned, but they are frequently flawed as well. Because services are often fragmented and uncoordinated they're less effective then they might be" (Minuchin, Colapinto and Minuchin, 1998, p.1).

For children, poverty is "feeling ashamed when my dad can't get a job; not getting to go to birthday parties, hearing my mom and dad fight over money; wishing you had a nice house; not being able to have your friends sleep over; not getting a hot dog on hot dog day; pretending that you forgot your lunch; being afraid to tell your mom that you need gym shoes; not having breakfast sometimes; not being able to take swimming lessons; not having pretty barrettes for your hair; being teased for the way you dress; not getting to go on school trips" (Social Planning Council, 1999, p. 2).

There exists a mood of helplessness, sadness and fear within poor families. As indicated above, school children have described how being poor feels to them which exhibits a sadness of early childhood years. There is a perception that the children see their world as a world of "not

having" the basic necessities of life which reflects an everyday sense of need. Basic needs as described by the Social Planning Council of Winnipeg (1999) include "access to adequate, nutritious food, appropriate clothing; quality housing and related amenities, health care, quality child care, education and training, recreation and leisure-time activities, and means of transportation and communication" (p. 3) The impact of being poor is evident in every aspect of the children's lives, in the context of school, after school activities, recreation and all areas of family life.

Poor families are usually blamed for their socioeconomic conditions. Contemporary society has little compassion for the situations which poor families strive to survive in.

> "Although definitions are often narrow, judgemental attitudes tend to be broad. Moralistic attitudes toward poor families are submerged but pervasive in the culture. The families are blamed for their substance abuse, homelessness, and economic dependency and viewed as a burden on society. Poor families are viewed as the victims of bad economic times and reactionary policies, reacting to the hopelessness of their condition with self-destructive and socially unacceptable behavior. In practice, however, criticism and social impatience tend to outweigh compassion, especially when the political pendulum swings in a conservation direction" (Minuchin, Colapinto, and Munuchin, 1998, p.29)

Families are seen as part of the problem rather than part of the solution. Even at times when families are not blamed for their poverty or social behavior, they're often blamed for the condition of povery."There's some truth in this judgement, but such a one-sided analysis doesn't acknowledge what the system has squelched, who might be available as a source of strength or how the families resources could be tapped to create a more protective and effective context for its individual members" (Minuchin, Colapinto and Minuchin, 1998, p.29).

In addition, Minuchin (1974) takes into account how a family may be overwhelmed by poverty as he described in *Families and Family Therapy*. "A family system may be overloaded by

the effects of an economic depression. Or stress may be generated by a relocation caused by transfer or urban renewal. Family coping mechanisms are particularly threatened by poverty and discrimination" (p.63).

As stated by Minuchin, Colapinto and Minuchin (1998) in their description of the multicrisis poor, it is important to note that people defined as poor or low income also have strengths.

> "It's probably helpful to remember that certain positive features characterize most people forced to endure their difficult circumstances. The multicrisis poor often develop an ability to tolerate frustrating situations that could try any of us, along with useful skills for seeking and using help, a generous and empathic attitude toward other people in similar circumstances. With this reality in mind, a worker may find it increasingly easy to recognize commendable elements, and to reframe the meaning of behavior in positive terms" (p.51).

Special Issues facing Low Income Families

Minuchin, Montalvo, Guerney, Rosman and Schumer (1967) in their book *Families of the Slums* describe dysfunction in terms of disorganized and disadvantaged families. According to Minuchin, Montalvo, Guerney, Rosman and Schumer "The low socioeconomic disorganization family shows deficits in the knowledge of the implicit rules that regulate the communicational flow" (p.200). There is a danger that without rules for communication flow, the disadvantaged and disorganized family will then pass on this deficit in knowledge regarding communication as intergenerational transmission. "In the development of necessary techniques for attracting attention to themselves, the children (of disorganized families) find the intensity of sound is more effective then the power of themes, assertion of power is more important than knowledge" (Minuchin, Montalvo, Guerney, Rosman and Schumer, 1981, p. 200). Families of the poor, or disorganized families, intergenerationally pass to their children, the notion that expressions of power are more important than knowledge of rules of communication. Therefore, the rules of communication within

low income families will be lost to two generations of a family if this cycle is not interrupted.

The characteristics defined by Minuchin are important in that they increase the difficulty which the developing child experiences in defining himself in relation to his world are "impermanence and unpredictability" in the home environment. Impermanence and unpredictability could be viewed as characteristics of the disorganized family and of the disadvantaged low income family.

According to Aponte (1976) " Social organization is an aspect of social ecology. It can be weakened at every socioeconomic level, but it is particularly vulnerable to dysfunction under the social conditions linked to poverty and other forms of powerlessness" (p. 433). Aponte more clearly defines the difference between disorganization and underorganization of the poor or low income family. The notion of a more distinct meaning for underorganization "to suggest not so much an improper kind of organization, as a deficiency in the degree of constancy, differentiation, and flexibility of the structural organization of the family system" (Aponte, 1976, p. 433) relative to organizational problems which occur in poor families.

CHAPTER TWO - Description of Practicum

Setting

The practicum setting was the Family Therapy Program at New Directions for Children, Youth and Families located on the Fourth Floor, 491 Portage Avenue in Winnipeg, Manitoba. New Directions is governed by a Board of Directors which reflect the diversity of the community to which the agency provides services. "The Board of Directors of New Directions for Children, Youth and Families is committed to strong, diverse and continuous leadership that understands community needs, supports staff and encourages ongoing excellence in programming" (115th Annual Report, 1999-2000, p. 2).

According to their Mission Statement "New Directions for Children, Youth and Families is a private, not-for-profit organization providing a unique combination of human services that is responsive to the changing social, psychological, cultural, educational and vocational needs of people in their communities." (115th Annual Report, 1999-2000, p. 3) New Directions provides therapeutic counselling and therapy services to families. In addition, there are a number of other programs included in this service agency such as: Community Treatment Centres; programs for Families Affected by Sexual Assault; JobSolution; Parent Support Program; Project Opikihiwawin; Resources for Adolescent Parents; Resources for Women; Services for the Multi-Handicapped; Transition, Education and Resources for Females; Training Resources for Youth and Treatment Resources and Individualized Living Support.

New Directions receives the majority of its revenue from grant funding and per diem payments from the Manitoba Department of Family Services and Housing, Manitoba Department of Education and Training, and Child and Family Services Agencies/Regions. (115th Annual

Report, 1999-2000, p. 33).

As noted in the service philosophy of New Directions, the agency provides respectful work with families with a goal toward enhancing competencies of individuals and families. "The right of every person to be respected is central to the service philosophy of New Directions. We employ an ecological approach in all agency services. We strive to empower people through the way that we deliver services, and we believe that people have their own resources and strengths to resolve their difficulties (115th Annual Report, 1999-2000, p. 8).

Supervision

Supervision of practicum was provided by Mr. Bernie Klippenstein, M. S.W., Family Therapist at New Directions for Children Youth and Families. Meetings between student and supervisor were held on a weekly basis to discuss progress of family cases and to elicit theoretical information through though-provoking conversations with the practicum supervisor. These weekly meetings revolved around interactive live supervision, case planning and discussion of family interventions.

Duration

The practicum began on October 26, 1999, ending May 22, 2000 for a period of seven months.

Process

The total number of families involved with the practicum was six. This number includes the Strong, Philips and Hale families presented in this report. The following process, with a case description of one family who did not attend for therapy is outlined for the purpose of describing how glitches in scheduling, and organization impact on process of practicum case selection. In

addition, the family was presented as an added example that decisions to attend therapy could be dependent on the socioeconomic status of the family. This will demonstrate the effects on a low-income family, in this case a single parent family.

The practicum consisted of an initial period of orientation to the agency, and introduction to therapists and support staff. Secondly, the practicum supervisor highlighted intake cases which were considered to be at the level of expertise of the student. Examples of cases designated included family dysfunction patterns of parent child conflict, anger associated with Child and Family Services involvement, parental abdication of executive functioning, triangulation and intergenerational coalitions and one case of incest.

The student and supervisor met to discuss the student's assessment of the intake information. The student selected three cases, which included the Old, Philips, and Paul families. The families were contacted by telephone and all three families were agreeable to attend and appointments were confirmed for the following week. A follow up letter was mailed to the families stating date, time and place of appointment. The letter also included an information gathering form, which the client was directed to bring to the first session. The Old and Philips families did not show for their scheduled sessions. The writer contacted the two families to reschedule for the following week.

The writer determined there will be some organizational and possible scheduling problems associated with the process of acquiring a caseload of clients. In addition to scheduling problems, there are other issues related to the families not being able to attend for therapy sessions. The following description is of a family who attended only for the initial sessions and for stated socioeconomic related reasons could not attend for further sessions.

Ms. Paul attended the scheduled session as determined at first contact. In this initial session,

additional information was gathered from the mother regarding the family's identified problem and an assessment of the case was determined by the writer.

The case involved a reported incestuous incident within the family. The 12 year old daughter had reported that her 16 year old brother had sexually assaulted her. The 16 year old son had moved to live with his father in the United States at the time his sister reported the incident to their mother. This allegation was investigated by the mandated Child and Family Services agency where the findings indicated that allegations were substantiated by evidence gathered. The mother of the Paul family was concerned regarding the long term impact of the sexual assault on her preteen daughter and talked to the therapist regarding her anger at her son. She indicated that she was in contact with her ex-husband to discuss seeking counselling for their son.

This mother expressed her concern for what she described as the possible barrier to healthy development for her daughter. The writer discussed with mom how to include the 12 year old girl in therapy. The writer explained the joining process, which was to include some educational steps with a view to providing an opening for the daughter to speak about her perception of the impact of the abuse. Mother agreed that initially she would attend sessions, but she saw her purpose as a mainly supportive one. There was agreement between mom and therapist that the majority of time would be needed to include the daughter in therapy to assist the girl through this painful time and to also assist her through this preteen developmental stage, which now has the added pressure of having experienced trauma.

However, when contacted by the therapist to confirm a second appointment, the mother stated that she had received a promotion at work which would require that she work until 6 p.m, six days of the week. Mom advised that she and her daughter would not be able to attend for any further

sessions. The writer felt concern, and expressed concern to Ms. Paul that her daughter would not be receiving necessary help through a difficult time of her life. The writer encouraged the family to contact New Directions if or when they require service in the future.

There was a concerned reaction on the part of the student therapist to a perspective client's lack of follow through, at a time when the writer believes is a possible critical window of opportunity to work through feelings associated with an assault. This does have an impact on a student during practicum. However these types of situations have to accepted as a part of the process as well.

In addition, this family's case was utilized as an example of one of the reasons low income families sometimes do not pursue therapy. The mother reconsidered her family's situation at this time as a consequence of the reorganized priorities which included the priority for this single parent mother to better provide financially for her family.

Although the therapist did encourage the possibility of the daughter attending for therapy on her own, the mother preferred to be seen as supportive by her daughter through being present for sessions and to provide transportation for the daughter from school to New Directions. In this case, the encouragement and welcoming attitude of the student is crucial in providing a doorway for the family to return at a later date, possibly when mom has worked in her new position for a few months. This was stated to mom, and the door was left open for her to return at her convenience. In addition, a list of agencies offering evening services was provided to the mom.

Contact was made with the Old and Philips families, who did attend initial sessions within a further two-week period. The Old family continued to attend for an additional four sessions. However, the mother of the Old family was not able to continue because of time constraints as she

was working two part-time, and one casual job. Contact with the family was renewed after four weeks, the family continued to attend sessions for an additional four sessions and ended with a closing session which included the mom's optimism regarding the her resolve to reintegrate her executive functioning role as a parent.

The Old family was also impacted by the issue of poverty, as she is a low-income single parent. The mother of the Old family had for the past three years, since her separation from the father of her four children, been consistently attempting to gain maintenance child support from her ex-common-law partner. As a consequence of not being able to obtain maintenance she felt she needed to work three jobs in order to provide adequate basic needs for her family.

The process of selection of cases continued over time, when the Paul family was unable to commit to sessions. The writer chose three additional cases from the intake file. The three additional families are not listed or named here as a result of brief contact, which included repeated attempts to schedule appointments which were not followed through with, in that the family did not show up for appointments as scheduled. Over the first month of practicum, a total of three families responded in this manner and were therefore viewed as not committed to therapy. Over time, an additional two files were selected at intake. These files were the Strong family and the Hale family. Contact was initiated with the families, and both were strongly committed to attending sessions within the agency. Initial appointments were confirmed and the families attended as arranged and continued to consistently attend on a weekly basis.

The Tom family, which was the last family contacted for involvement with practicum attended three sessions over time, but was unable to attend on a consistent basis. The 21 year old mother of the Tom family reported that her concern, and reason for initial contact with the agency,

was her perceived lack of competency in parenting her four-year old daughter. Miss Tom stated at the intake interview that she views this lack of knowledge of parenting and lack of confidence in parenting as a result of growing up in the care of Child and Family Services from the age of eight years old until age 18 at which time she experienced numerous foster home placement and inconsistent, incongruent parenting. In addition, the mother is diabetic, lacked energy, did not partake in regular meals or maintain adequate nourishment and was previously assessed with anorexia nervosa from the age of 12 to 17 years of age. Miss Tom has been assessed by the writer as a priority and therefore has been referred to another therapist within New Directions for Children, Youth and Families, for continued service.

Clinical Evaluation

The FAM III (Skinner, Steinhauer, 1983, p. 91-105) was used with the three case studies as presented in this paper. The basic concepts of FAM (Family Assessment Measure) include: task accomplishment, role performance, communication, affective expression, involvement, control and values and norms.

FAM III consists of three components which include a General Scale, which focuses on the family as a system, a dyadic relationship scale which examines relationships between specific pairs, and a Self-Rating scale which taps the individual's perception of his or her functioning in the family. For the purpose of this report the FAM General Scale was utilized with all families.

FAM III assesses the family at three different levels: 1) The General Scale assesses the level of family health or dysfunction from a systems perspective, 2) The Dyadic Relationship Scale focuses on relationships between pairs of family members. 3) The Self-Rating Scale assesses members' perspectives on their own functioning in the family. The 50 item General Scale of FAM

III was used in this practicum. It was not used as an assessment tool, but only as an outcome measure for evaluating changes in family functioning over the course of therapy

CHAPTER THREE - Case Studies

The case studies of the Strong, Philips and Hale families reflect the integration of Structural and Strategic Family Therapies. The three case studies were selected for inclusion in this practicum report due to a determined effort on their part to attending regularly scheduled sessions and a further expressed, commitment to accomplishing positive changes for their families.

In addition, the remaining three families who attended sessions were the Old family, the Tom family and the Paul family. These families were not selected for presentation for this paper as a result of inconsistency in attending for sessions, scheduling conflicts and failure to follow through.

There was an additional reason why the Old family was not selected for write up in this report. The reason was that the mother had not attended for sessions for four weeks, during which time, she reported to the writer, she had been actively involved with an in-home support worker from Child and Family Services who attended at her home one time per week for four hours. According to mom, the in-home support worker had assisted mom with her young son, six-year old Erin. The writer felt that because of this added variable for this family, the outcome evaluation could not be clearly reported as the result of family therapy alone.

Although the mother of the Old family attended regularly at the beginning of contact, she was working three jobs at the time and regular attendance became an issue. There was a four-week gap where she did not attend sessions. She stated during the ending session that she felt more competent as a parent, as opposed to feeling inadequate as a parent, when she first had contact with the therapist within the agency. She further stated that she could identify the areas where she had not been proactive in her parental executive functioning

The mother of the Tom family was diabetic with a prior history of anorexia. She did not

have sufficient energy to attend on a regular basis. We experienced some practical problems regarding conflicting schedules, which we were not able to work out. The client has agreed to be transferred within the Family Therapy department. The ending phase for the family was accomplished with respect and encouragement.

The Strong Family

The Strong family consists of father David, and his children Beth and Joe. The family is Caucasian. They are presently in a blended family situation which includes David's partner Jenny and her six-year old son Gerry. David separated from his wife Jill in July 1999. For financial reasons they decided to live together until October 1999. They have been living separately since then and have a shared custody arrangement.

David is a part time university student, with a part time teaching position. He is presently receiving minimal assistance, approximately $400 per month from his mother and brother toward the financial support of his family while he works toward finishing his university degree. David and Jenny share costs of the home, such as David paying for food and the extra expenditures which arise from for example, school activities. Jenny owns her home, pays the utility bills and provides for the activities of her son Gerry.

David stated that the presenting problem was his twelve-year old daughter Beth. According to David, his daughter had adjusted pretty well to her parents' separation initially, up until February, but then "it caught up with her". This roughly coincides with the time when David started dating Jenny, who was a friend of the children's mother. Beth's grades began slipping and she started being cruel with David and Jenny, especially so with Jenny. Beth says hurtful things such as telling David that she is going to move out of his home to live with her mother full time, when she turns thirteen.

David stated that he did not believe that his ex-wife would participate in sessions. The intake worker explained that what we would do in such a case would be to start sessions with him. David suggested that he would like to tell Jill and Beth that they are on the wait list in the hope that this would appease or soften them. The intake worker explored this with him further, explaining meeting with him first to discuss options. David seemed to understand this explanation but still wanted to tell Jill and Beth that therapy was on the horizon.

During the initial session, David explained the recent history of the family. David had been away from the family for two years during 1997 and 1998, when he travelled outside of Canada to take part in field work to complete requirements for his university degree. During these two years, his ex-wife Jill had started to drink and go to the bar. He further stated that Jill had a few affairs while he was away.

Structural Assessment of the Strong Family

The Strong family consists of the father David, the 12-year old daughter Beth and eight year old son Joe. The family is blended with David's partner Jenny and her 5-year old son Gerry. David and his children moved into Jenny's home in November 1999. David's two children spend three weekends of the month with their mother beginning on Thursday night until Sunday night. He retains custody of the children for the remainder of the week and one weekend of each month.

This blended family continues to search for some sense of who they are as a family. David carries the executive parental functioning of his family, which consists of Beth and Joe. David is the disciplinarian and responsible for his children. However, Jenny is responsible for the discipline, supervision and direction of her son Gerry. The hierarchy within the family has not progressed to the point where David and Jenny are seen as having equal parenting responsibilities. A united

parenting dyad has not yet been achieved.

Fragmentation within the family is evident through David's comments. It is David's opinion that Jenny's son, Gerry must be the centre of attention, especially in telling his stories and jokes first at the family dinner, if he does not receive the reaction he wishes, he will make loud, disdainful comments. David and his partner Jenny have ongoing concerns with Beth's "cruel" comments to Jenny. Jenny has the opinion that Beth is "spoiled" by father David. Boundaries within this family are assessed to be disengaged and rigid. David is a disengaged parent whose conversations focus primarily on his problems with his daughter, Beth his ex-wife Jill and his present partner Jenny.

David's primary concern is that his ex-wife Jill discusses the family's problems with daughter Beth. Beth will then return home after visiting her mother to make negative comments about Jenny. David will then phone his ex-wife Jill to discuss with her the incidents when occur when Beth returns home. This discussion will sometimes continue for hours during which time David will repeatedly explain that what she is doing, the mistake she is making to precipitate the negative responses Beth makes to Jenny. The conflictual triangulation between David, Beth and Jill was assessed by David, as to what according to him should be the primary area for intervention.

In addition, David expressed his fear that his daughter will turn out to have similar characteristics to her mother Jill. He stated that Jill is a bit of a "scatterbrain" and that he would like to see his daughter follow Jenny's and his example. For instance, to further her education, such as he has; to know and experience healthy relationships and to mature in a more rounded way, in much the same way as his new partner Jenny.

Goals of Therapy

David appears to have an informed grasp of parental functioning. He is aware of his

responsibility for discipline, supervision and financial care of his children. However, he is also caught up in a pattern of communication with his ex-wife which accelerates conflict and which draws Beth into the adult world of interaction between her mother and father, with regard to the first family, which includes David, Beth, Joe and Jill. This pattern of communication is such that Jill appears to be discussing with daughter Beth a second story, which is Jill's story with regard to the present situation between David and Jenny. The story as shared by Jill, is dividing Beth's loyalties and according to David, this is forming a stronger alliance between mother and daughter. The outcome is that Beth will return home with her mother's story and lay blame on the stepmother, Jenny. This interactional sequence demonstrates a strong coalition with her mother, Jill. David completes the circle by reacting by phoning his ex-wife to tell her that she is wrong in handling this situation. The children's visits are being utilized to inform David of his ex-wife's anger and resentment toward him. In this way, the message brought home by Beth will offer David an opening to argue with his ex-wife. Husband and wife are continuing the marital argument through their eldest child, Beth who carries the messages from mom to dad and in return from dad to mom.

The goal of therapy was to co-create with David an understanding of the impact on his children of having two homes and to assist David to reframe the present reality of a duality in family context. Further to the present living situation, there is a history of his children having known his present partner, Jenny as having been a friend of their mother. Beth, in the position of the eldest child would have a more comprehensible knowledge of this connection.

In addition, the family is transitioning from being a separated family, as a result of David's travels out of the country, to being a reintegrated family with conflictual overtones. This transition was not complete when the family then became a separated family, again as a result of the failure

of the attempt at reintegration. This family is now attempting another transition from existing as a separated family with angry parents, to presently attempting to become a blended family. David's first family, ex-wife Jill, daughter Beth and son Joe have lived in turmoil for the past three years

As a further complication of the notion of family in context, there exists a joint/shared custody arrangement as a result of a court ordered decision. The writer discussed this arrangement with David because of the need for clarification that this situation would not be changing. As a result of the shared custody arrangement, his ex-wife would be a part of his children's life at least until the youngest child reached the age of majority.

David's stated intention, when making contact with New Directions was that it was his analysis that his daughter and ex-wife were in need of some help in communicating with him in a more positive way. David's discussions regarding how he communicated with his daughter and ex-wife in his life were enlightening. His communication pattern consisted of explaining repetitiously to his daughter and his ex-wife, with the expectation that they would accept his viewpoint. This appeared to be his way of attempting to teach both Beth and Jill to co-operate with him. The daughter was bombarded with negative messages regarding her mother's parenting and in David's opinion the mother's immoral behavior. There is a history of the father being an absent father. Beth was being cared for by her mother during her father's absence and has developed an alliance with her mother. This alliance as a mother daughter coalition would have included any complaints mom has expressed about the behavior of an absent father. David felt his impact on Beth was weakened by the prolonged influence by her mother while he was away for his two year absence from home.

Structural/Strategic Intervention

Structural therapy was evident in the beginning phase, as information was gathered regarding family history and behavioral sequences. The additional information provided clarification regarding boundaries, subsystems, rules, structure, hierarchy and life transitions (Minuchin, 1967).

As a Strategic intervention, the initial intervention was to allow David to vent his impressions of his ex-wife. This venting was an opportunity for David to express his anger regarding grief and loss concerning his separation from his wife and the split up of the family. He was able to reframe the situation from rational intellectual thought to include the heart and his feelings.

The therapist reminded David that Beth is also her mother's daughter as well as his. Further to this when he spoke negatively about Jill's behavior and put down her parenting skills, this was in effect belittling any capabilities Jill may have as a parent. David's consistent put downs and derogatory statements in reaction to any mention of his wife Jill, also served to remind Beth that David was absent for two years, leaving full responsibility for all aspects of parenting to Jill. Jill appeared to have coped successfully with the total parental responsibility at that time. The therapist connected David to the notion that some aspects of Jill's behavior were positive for his children.

David was able to reframe his concept of teaching his daughter Beth. He initially looked at parenting her through repetitious explanation. The therapist reframed parenting to include the concept of teaching and modelling. Discussion centered around how he saw himself as a teacher within the teaching position he held and how this concept could be applied to his teen-aged daughter. The therapist addressed this presenting problem by asking David if he thought he was a good teacher, based on the assumption this would be his life's work. David's belief in his competency

as a teacher was then interpreted by the writer to include parents as teachers. For example, Jill had taught their children coping strategies to survive his absence. Further to this, the therapist presented the idea of father as teacher. The question was asked "who will teach your children?" The school can teach children in the area of knowledge acquisition. However, it is the parent's responsibility to teach children social skills and communication. David stated at a later session, that this discussion was the turning point for him which turned into a decision point for him.

David decided to have a conversation with his daughter which he would plan. The difference was that he would not speak for longer than five minutes. The conversation would take place at home at a time when both father and daughter were relaxed and comfortable. The therapist encouraged and commended this planned change in communication pattern. David stated that it is time for him to hear his daughter's thoughts, but not to necessarily respond in a way that will insist on his viewpoint being the only one. His plan included validating her feelings and ideas. He still felt the need to explain facts and felt compelled to tell his story regarding the family situation. However, after a few attempts at listening instead of speaking, he began feeling respect for his daughter's intellect and reasoning as well-thought-out and very "bright".

David credits the therapist's modelling of listening for him, which according to David precipitated his change of behavior. David has expressed appreciation to the therapist as he stated that as a result of listening more and speaking less at home, he is beginning to know his daughter; for example the music she likes which includes the names of the bands she listens to, the names and interests of her friends.

David has stated that he could also view his ex-wife in a more positive light. He understands that she has had some positive influence on their children. He noted that both parents have input in

how the children will grow and develop. He acknowledged that Jill did cope with his long term absence, and that his children did not suffer any negative behavior as a result of her parenting. David explained that the decision point in accepting that Jill was a positive parent was when the therapist reframed the aspect of his absence. Questions which initiated discussions which were asked of David "who cared for your children while you were away for two years?" This was a confrontational strategy used to co-create another frame of reference for David to view his absence and the impact on his family. As a strategic intervention, asking such questions will help the client to think about his impact on the family in a new way.

Impact of Low Income Status

David is in a blended family situation where he lives in his partner, Jenny's home. She owns her own home. Presently David is a student. He receives $400 per month from family members, with an additional $300 per month being supplied by his position as a part time teacher.

The total $700 per month supplies the food for the family of four. David also pays for his personal bills which include fuel for his vehicle, which he also pays insurance for. David's mother pays for any cost for maintenance of his vehicle. David relies on his ex-wife, Jill to provide for pizza day at school, and books which the school provides forms to order at a reduced rate. The family lives within a budget, however David is recognizing that he is providing an important lesson for his children. That lesson according to David is that they can't have everything they ask for. He is relieved that he will be seeking a full time job this year.

David has lived in a Spartan existence for the past four years and has a lifestyle which reflects a low income family. However, through careful planning , through not expecting any extras or new clothes for himself or his children, has developed a personal philosophy to survive on a low

income until he finishes school.

The living situation is sometimes somewhat frustrating in that even though David is committed to his relationship with Jenny, he states that at times he feels he needs to be more accommodating with Jenny, than he would like to be because he lives in her home. However, he does raise issues with Jenny, and they take the time to discuss any problems that arise. There are some issues which David does not feel free to discuss with Jenny at this time, because of the dependent nature of their relationship in terms of financial need. This denial of his feelings to some extent, may possibly cause on going tension to build for David and may develop as conflict.

Evaluation: Fam III

Table 2:2

Subscale	Pre	Post
Overall Rating	52	39
Task Accomplishment	48	34
Role Performance	60	57
Communication	50	46
Affective Expression	58	30
Involvement	46	42
Control	52	47
Values & Norms	48	38
Social Desirability	42	59
Defensiveness	46	54

Mean=50:SD=10

At pre test David was within the normal range for seven of the subscales which include Values and Norms, Control, Involvement, Affective Expression, Communication Task Accomplishment and Role Performance. (See Profile 2:1, Appendix A)

David continued in post test to be within the normal range for four of seven subscales: role performance, communication, involvement. However, task accomplishment, affective expression and values and norms indicated movement from an average range to the area of family strength with scores of 34, 30 and 38 respectively. (See Profile 3:1, Appendix A)

The improvement in the area of task accomplishment identifies that basic tasks are being consistently met. The father of the Strong family is more able to meet the basic tasks in regard to the family functioning. The positive outcome for task accomplishment has been initiated by a change in father-daughter communication patterns. At the time of the ending session David stated the family interaction between father and daughter had progressed to a point of father becoming more flexible and daughter becoming more agreeable. This family change in interaction between father and daughter shows some adaptability on the part of both of these family members to become more flexible with each other. This positive movement was achieved through David's decision to change his communication pattern with his daughter. Through changing his communication pattern, David was better able to begin to reacquaint himself with his daughter as a preteen.

Within the area of affective expression, the score at pre test was 58, however at post test the score changed to 30. This is a jump of 28 points at post test. This score indicates a significant change to a healthy aspect in family functioning for this subscale. The father of the Strong family is now more able to display range of emotional expression which is a positive difference from the beginning of interventions. The main affective expression at the beginning of contact was of anger

with his ex-wife and annoyance with his daughter. David is now more open to express a more diverse emotional expression than just negative affect. There is a range of affective expression at the end of intervention compared to the beginning of contact. The changes could be attributed to David's decision to change his reaction to his daughter's behavior and in addition, his acceptance that his ex-wife could be a positive parent.

The subscale of norms and values indicated a score of 48 at pre test, with a score of 38 at post test. David was showing a dissonance in the area of family values which resulted in confusion and tension within the family, especially between David and his daughter, Beth. The grey area of family values was especially evident in David's relationship with his present partner Jenny, which resulted in confusion in Beth's reactions which increased tension within the family.

The pre test score was within the functional range for the subscale of norms and values. The post test score indicated a move toward the healthy area of family functioning. This change was created through the intervention of modelling which assisted David to connect in a healthier way with his daughter. The first task was to identify the problem area. David's definition of the problem was twofold, one of the problems was his daughter and her reaction to his relationship with Jenny and the second problem was David' reactions to his ex-wife, Jill. A second intervention which helped to create the change for this subscale was in reframing his ex-wife's parenting skills to a positive which resulted in David becoming more receptive to looking at his family in a new way. This reframe assisted David to change his position of blame which he had initially perceived to belonging solely to his ex-wife, to a position whereby he could now openly share the blame for the breakup of the marriage. This responsibility for the loss of the intact, nuclear family, included his responsibility for the family's present living arrangement with a former friend of his ex-wife. David

indicated he is now more understanding of how his daughter may be perceiving his present partnership with his new partner Jenny. David has decided to continue in his awareness of how his actions positively and negatively impact on his family. The second task was accomplished in that David explored alternative solutions to his identified problems. The third and final task was the actual carrying out of prescribed behaviors. The third task was accomplished through David's improved communication with his daughter and his involvement in a reframe to a positive of his ex-wife's parenting skills.

The Philips Family

The Philips family consists of Linda (48) and her son Lewis (8). The family is Caucasian.

Reason for Referral

Linda Philips had been referred to New Directions for Children, Youth and Families by her Child and Family Services In-Home Support worker. Linda called the intake worker of New Directions and has shared that she and her son Lewis are constantly fighting. Lewis was hitting, kicking, yelling and swearing at mom. Linda stated that she feels she gives in too readily to Lewis. He is doing well in school, but Linda believes that Lewis has a problem with her authority at home. Sometimes he threatens to hurt himself or to run in front of cars.

Last Fall (September 1998), Linda lost her house because she was in financial difficulty. When she lost her house, she felt out of control. Linda and Lewis were homeless and residing in a shelter. At one point she left Lewis at the shelter for longer then she had indicated and the shelter called Child and Family Services. Lewis was placed into a foster placement in the care of Child and Family Services for three weeks. Linda's relationship with her Child and Family Services worker and In Home Support Worker has been very positive. The agency has helped Linda to recognize

how depressed she was last Fall. In November 1997, a dear family friend who was like a grandfather to Lewis and a friend to Linda died. He had also been a financial support and when he died Linda seemed to go into financial and emotional slump, which resulted in Linda and Lewis going into a depressed state. Linda feels that she never can get over this death.

Linda has been getting back on her feet personally and financially with the support of her Child and Family Services worker and In Home Support Worker. Financially things are still very difficult and she struggles with procrastination on decisions that must get made (bankruptcy, etc.). Linda is presently receiving Social Assistance from the City of Winnipeg. According to Linda, Lewis is very demanding and Mom will often do without in order to provide something which Lewis is requesting. Any kind of limit setting with Lewis is very difficult and tension filled for Linda. There is no history of abuse. Mom presented (by telephone, at intake) as remarkably articulate, aware and resourceful.

Initial Session

The goal of the first session is to assess the family according to the Structural components of boundaries, alignments, structure, hierarchy and rules of the family.``

Linda presented as being very tired and overwhelmed with her family situation. She sat in the chair as though she was shrunk into it. During the session Linda related family stories regarding her son Lewis. She stated that he is very demanding of her time and expects her to do as he tells her. For example, he directs her to get him a glass of water, even though she is busy with household tasks. According to Linda, he expects her to follow his direction and he will usually "holler" at her until she listens to him. She feels that he wears her down with his insistence, until she has "had enough" and then she will do as he says, or they have an argument.

In addition, Lewis has wrestled with Mom, including applying wrestling holds which he has viewed on television. Even though Linda protests when Lewis places her in wrestling holds, she does not limit this physical interaction with her son. Lewis refuses to go to bed at his usual time on the nights when wrestling is on television.

Linda stated that when she and Lewis walk down the street together, as she walks him to school or to his friends' homes, Lewis will stop in his tracks if Mom does not look him in the eyes while talking with him. The mother was questioned at this point regarding family or cultural aspects which may be contributing to Lewis' behavior in insisting that mom look into his eyes when he was speaking to her. Mom stated there was no family or cultural reason for this behavior. Anytime she talks with him, he insists that she look at his eyes. Linda explains to Lewis that there is no need for her to look him in the eye when they are walking together because they need to walk side by side. This elicits Lewis' anger at Mom, because he stated she is not following through with his expectation.

According to Mom, Lewis will call her into his room for a "talk" and during this time she feels she needs to listen to his views, and opinions. At this time, as in their walks together, Lewis expects mom to look at his eyes when they talk. When he has finished telling her what he thinks, he dismisses her.

Structural Assessment

The Philips family, Linda and Lewis exhibit diffuse boundaries. The family structure is one of emmeshment. Lewis demands, Mom carries through with his directions. There is a point when Mom will say no. However, Lewis tells her she has to do these things for him. Mom is not challenging him enough to let him know that she does not have to get him a glass of water or that

she objects to having been placed in a wrestling stance whenever he demands.

Mom has been inconsistent regarding rule setting with her son. Mom is not setting limits, or providing rules in the household. She will respond with anger when she has "had it" with Lewis' demands. This anger is expressed by Linda yelling at Lewis. In addition, Linda will direct blame to Lewis for placing her in a position of following his directions. Mom has not recognized her executive parental function within the family.

Linda explained that she has to spend time before school and during lunchtime playing pokeman with Lewis. Lewis sets the rules, tells the story and eventually he is the winner. According to Mom, Lewis' stories are always violent and result in Mom's character being killed off. Mom is setting a pattern where she is a friend and playmate to Lewis. Lewis becomes the parental child. Mom is abdicating her role as parent and she is not aware of the need for parental executive functioning. Lewis makes the decisions within the family.

Mom is not aware of the need for generational boundaries. Since Lewis expects her to play the role of playmate and friend the generational lines are not clear to either mother or son.

Structural/Strategic Interventions

Sequences of behaviors which can be examined for this family is the behavior which escalates the noise level which results in an acceleration of conflict between mom and Lewis. Lewis will demand, for example a glass of water. Mom will respond that she doesn't have the time at the moment and that Lewis is capable of filling a glass with water. Lewis will then become more insistent. Mom responds to the insistence by repeating herself and raising her voice. Lewis will then respond to the raised voice and will raise his voice. This escalation results in a level of noise which has become a loud argument. Mom responds by hollering - Lewis responds to her by hollering.

The strategic intervention was that the therapist spoke to Linda regarding the escalation of sound in her discussion/arguments with her son. A drawing of different levels of sound was presented to Linda. This simple visual tool represented the levels of sound which took place in their home as the conversation escalated to the point of hollering. The upper portion of the diagram was drawn to indicate calmness as a level of communication. The middle portion of the drawing indicated distressed sound through the use of wavy lines, which indicated conflict and anxiety. The bottom portion of the drawing again indicated calmness, through the use of straight lines. The therapist methodically explained the sequence of behavior which resulted in escalated sound levels, which represented Linda and Lewis hollering at one another and the feelings associated with this escalation. These feeling were ascribed to be Linda's feeling of frustration at Lewis' disobeying her, and Lewis' picking up his mother's fear.

The therapist asked the question "How do you feel Lewis will be communicating or interacting with people in two years, when he reaches the age of 11?" (This age was chosen because Linda had earlier expressed concern for Lewis behavior as a preteen). Linda answered that she would like to think he would have changed from what he does now, which is to holler and demand. Another question was put forth "What will happen in your family to ensure that Lewis will change?" Linda stated that it is up to her to do something different with Lewis. The therapist promoted change for Lewis, through enhancing the strengths of Linda. A task was given to Linda that she monitor the levels of sound (according to the diagram given by the therapist) when Lewis is demanding and to especially make an attempt to keep her own voice at a moderate level. Linda had great difficulty and expressed feelings of frustration in dealing with this change after two attempts.

As the sequence of behavior was circular in nature, the therapist attempted to designate a point on the circle to interrupt the sequence. The point of interruption was designated at the point of Linda's first reaction to Lewis, for example if he asked for a glass of water. The therapist suggest Linda rethink the language she uses with Lewis. A possible new way of thinking and responding would be a statement which may include a comment regarding the enhancement of his capability in accomplishing this task for himself. As sessions continued, the therapist attempted to provide areas within their everyday interactions when similar methods of interrupting the sequence could be achieved. However, Linda was becoming more and more frustrated with her role in facilitating changes.

As a structural intervention, the interruption of the sequence of behavior was viewed by the therapist as a creative way to introduce change to the Philips family. Mom interpreted Lewis' escalation of "hollering" to demonstrate his defiance of her parental instruction.. In his view from the child viewpoint Lewis may have seen mom's escalation of yelling as an expression of parental anxiety emanating from a place of fear.

At this point, the therapist introduced a Strategic element in reframing the incidents of hollering between mother and child. This reframe began with mom's stated belief that Lewis was doing this "to her". The therapist provided a reframe of Lewis yelling at her to an explanation that he was reactive to her voice. The idea was put forth to mom that Lewis is following her lead in how things should be done because she is the parent. Lewis as the child in this family is learning from his mother how to interact with his world. If mom models yelling as the only way to interact, and in Lewis' case, he views yelling also as a means of how to maintain control. The modelling and the interaction which maintain control are both being taught by mom. The therapist took this interaction

one step further. The therapist gently reinforced with mom that there comes a time in everyday life when force and control do not work. The child needs to be empowered to a positive position regarding his interaction with society and his world.

Linda attended for a later session in which she expressed anger with the therapist. She explained that she came to New Directions to have her son seen by a therapist to change his behavior. She stated that if his behavior did not change soon, she would probably contact Child and Family Services to come to get him. The therapist again explained the need for Linda to change her reactions to her son. It was further made clear to Linda that the therapist would only invite Lewis to a session, when mom could reflect a position of strength. The therapist questioned Linda whether she felt strengthened as a parent. Linda did not see a change. The therapist pointed out areas where Linda had improved. For instance, Linda has placed bedtime rules, and routines for Lewis. She has stopped spoon feeding him his breakfast, this has changed in that she has put the cereal, a bowl and a spoon on the table and tells him to pour cereal and eat his own breakfast. She has initiated a change in that he is now allowed to play outside with his friends, which frees up some of her time. However, after hearing these positive executive functioning aspects of her parenting, Linda continued to insist that Lewis has to be changed. She did not recognize areas where she has gained strength as a parent. Linda reiterated that she will have no choice, she would call Child and Family Services to pick up Lewis. The therapist stated if that is her decision then she should do so.

Linda did not contact the writer for three weeks. The writer attempted to contact her once per week for the next three weeks. The writer was able to contact her to schedule a closing session. During the telephone conversation, Linda stated that Lewis has improved. He spends a great deal of his time playing with his friends. This change point was identified by Linda, and is a significant

one for the family, as Linda has extra time to accomplish household tasks, and does not have to fill the role of playmate and peer to her son.

During the ending session, which took place a week after our telephone conversation. Linda appeared at the session, appearing very relaxed and contented. She stated that Lewis has changed to such an extent that she has no further concerns with him. She has not contacted Child and Family Services. Linda further stated that she has stopped initiating adult conversations with Lewis as suggested by the therapist. She has recognized that he is a child and that she is the parent. We discussed her parental role which included; to supervise Lewis's activities, to provide rules around bedtime, television shows and attending school, as well as other safety, supervisory and direction related rules. She also agreed that nurturing him is also her responsibility as a parent. Linda has identified positive outcomes which she sees as the beginning of a new way of thinking in relation to her son. She further stated that she now sees herself as an effective parent who has strengths. Linda is beginning to reclaim her parental executive functioning role within her family and she is better able to describe areas where she can see a beginning point for this to happen.

Impact of Low Income Status

Linda is a single parent mother with a young son living on social assistance. She has very little money after rent, food and household expenses to be able to provide extras for her son. Lewis' expectation had been heightened when he was younger, until the age of five, because mom worked full time. According to Linda, Lewis had a houseful of toys, whatever he wanted she did provide for him.

However, Linda injured her back on the job and had to subsist on a much lower budget while receiving compensation for two years. After those two years, she was forced to apply for social

assistance as a result of her compensation period ending. Linda lost her home as a result of not being able to make payments or pay taxes. There are times when Linda becomes so frustrated with the lack of income , she becomes depressed. As a consequence of Linda's illness relative to her medical issues stemming from pain in her back, her periods of depression are exacerbated. Linda finds these times very stressful. During these times, she stated she will be especially dependent on Lewis. She has discussed her financial situation with Lewis, putting an added pressure on a nine year old child, who has become a parental child as a result of his involvement with mom's financial concerns.

Linda stated that she has begun the process of returning to work because she would prefer to give Lewis some material things which other kids receive. Examples of these are nintendo games, movies, recreational activities, new clothes, new shoes (she shops at second hand stores for Lewis' shoes and clothes) and times when they could treat themselves to a dinner at McDonalds or for mom and Lewis to go to a movie together. She presently relies on her mother for birthday presents and Christmas gifts, however she sees this as dependent because "grandma" sometimes complains of the money she spends and things she provides for Linda and Lewis. Grandma and Linda are presently in an unhealthy coalition as a result of providing for Lewis. Even when Linda has negative interactions with her mother, possibly an argument with her, she feels that her mother will take away provision for Lewis. In this way Linda is emmeshed financially with her mother, and any discord or disagreement is a possible threat of having this financial assistance terminated.

Evaluation: Fam III

Table 2:3

Subscale	Pre	Post
Overall Rating	65	51
Task Accomplishment	68	48
Role Performance	85	52
Communication	63	50
Affective Expression	43	50
Involvement	64	55
Control	56	52
Values & Norms	75	52
Social Desirability	40	52
Defensiveness	40	50

Mean=50:SD=10

Linda's overall rating at pre test was scored at 65, which indicates an overall rating in the problem range. Linda's pre test scores fall within the problem range for five of the seven subscales: task accomplishment, role performance, communication, involvement, values and norms. The average range includes the two subscales of affective expression and control. This reflects Linda's expressed concern in that she sees her son Lewis as the problem in view of family functioning. (See Profile 2:2, Appendix A)

Post test scores for subscales are seven of seven within the normal range. The post test indicates a distinct improvement in family functioning for all subscales which include task

accomplishment, role performance, communication, affective expression, involvement, control, values and norms. This was a dramatic change for Linda, in that she progressed from pre test scores which suggested she was having problems in five of the seven subscales to a post test score of seven of the seven subscales scoring in the average range. Further to this, the mean score for social desirability and defensiveness was 51, which was within the range of midpoint which suggests minor difficulties. (See Profile 3:2, Appendix A)

In the area of task accomplishment, Linda's pre test score of 68 which falls within the problem range, was improved to a post test score of 48 which indicates an improvement in functioning. The healthy range of task accomplish reflects that Linda demonstrates a functional pattern of task accomplishment which is maintained during times of stress. The tasks which Linda was successful in accomplishing is to moderate her voice in relation to her son's perceived defiance and his demanding tone of interaction with her. Since the escalation of yelling within this family system was an anxious time for Linda, she has shown she could maintain the new pattern even under stressful conditions. The stressful conditions as identified by mom was Lewis' demanding demeanour.

There is a significant improvement in the area of role performance. The pre test score for this subsale was 85, while the post test score is 52. The reflection of the score of 85 is that the area of role performance is in the high problem range. However, the post test score reflects a dramatic improvement in role performance in that the score of 52 falls within the average range. According to Skinner and Steinbauer (1983) "Role performance requires three distinct operations) the allocation or assignment of specified activities to each family member; 2) the agreement or willingness of family members to assume the assigned roles and 3) the actual enactment or carrying out of

prescribed behaviors" (p.93). Since the contact with the family only involved the mother, these operations were applied to her and not to her son. The mother was assigned tasks which related to her monitoring her own voice and level of speaking when interacting with her son Lewis. Mother was at first resistant to assume the assigned task. Over time, Linda was more willing to carry out the prescribed behavior which was to maintain a low, or moderate level of speaking, this level was not to exceed a range of sound which would include raising her voice, in that Linda would agree to not raise her voice to her son. Mom accomplished this task in a consistent way at the end of intervention. She became aware of a improvement in the family interaction with her son in that be became less demanding.

Linda's pre test score for the communication subsale was 63. The score for post test was 50. This reflects an improvement from the problem area of a score of 60 and over, to an average range of 50. The view of communication is that the message received is the same message which is given. There appears to be 13 point improvement in this aspect of family functioning. Linda has accomplished her goal to improve communication with her son. She is more cognizant of the impact of language, and clarity of her interaction with him. Linda is attempting to reframe her messages in a positive light to underscore capability within her son to empower him to become the person she envisions him to be.

Involvement as defined by Skinner and Steinhauer (1983) includes the aspect of "the ability of the family to meet the emotional and security needs of family members, and the flexibility to provide support for family members' autonomy, thought and function." Linda's score at pre test for the subsale designated as involvement was 64 which is within the problem area. This score changed to a post test score of 55 which is within the average range. The noted scores demonstrate an

improvement in this subsale. Linda was encouraged by the therapist to review her responsibility to her son and to think through the inclusion of the aspect of security for her son and what security meant to her.

She further recognized that as a parent her function was to provide support for autonomy of Lewis. She supported his autonomy in that she has been encouraged by the therapist to revisit her safety and protection family rules and review them according to Lewis present developmental age. The implicit rules she has organized around Lewis apply more to an early age and stage of development. As a result Linda has begun to allow Lewis to spend time with his friends outside of their home. She was encouraged by the therapist to review how she could allow Lewis to interact with his peers. Linda thought through how she was placing herself in the position of friend and peer to Lewis, and found that he could benefit from interacting with friends of his own age, rather than primarily with mom within the home.

Linda's pre test score for the subsale of norms and values was 75, which reflects increased perception of difficulty in the problem area. The post test score for this subsale is 52 which falls within the average range. These scores indicate a substantial improvement for the subsale designated as values and norms. According to Skinner and Steinhauer (1983) "values and norms provide a background against which all basic processes must be considered. Important elements consist of whether family rules are explicit or implicit, the latitude or scope allowed for family members to determine their own attitudes and behavior and whether family norms are consistent with the broader cultural context" (p.93).

According to the information gathered from Linda regarding family rules, these rules could be described as implicit. When Linda establishes rules within the family she does not explain her

reason for applying rules to Lewis. An example is the rule she was attempting to establish regarding restricting Lewis in viewing wrestling on television. She could not find the words to explain to Lewis that she felt wrestling was too violent and therefore an activity which she believed would impact on him in possibly encouraging him to be more violent. Linda stated that Lewis not only tried wrestling holds on her, but when his friend came over to visit, that she would overhear the friend tell Lewis that he was going home because he was tired of Lewis pinning him down with wrestling holds. When Linda became more open to allowing Lewis to play outdoors with friends, he pursued other activities rather than wrestling as one of his primary activity. The friends he encountered suggested a more diverse array of outside activities.

Linda allowed Lewis to determine all of his own attitudes and behavior. However, these attitudes and behavior were determined only from Lewis' limited knowledge, they were determined without any parental guidance or direction.

The Hale Family

The Hale family consists of Cheryl (36), daughter Sue (14) and a son Brian (9). Mom separated from Brian's dad Doug in 1999. Doug was Sue's stepfather. The family is Caucasian.

Reason for Referral

Cheryl was referred to New Directions by the school social worker. Mom is concerned for her daughter Sue (14). According to Cheryl, Sue is verbally abusive to her brother Brian and tends to hit him for no reason. In school, she hits kids because she is teased. Her peers call her names such as "fat" and "ugly". This happens almost daily. Sue hates school and has sometimes left the classroom and walked away from school. Last Friday, a classmate called her a "cow" because she accidentally knocked down her pencil case. This turned into a physical fight, where according to

a report from classmates, Sue took a pair of scissors and went after her classmate. Sue denies this part. Some days earlier, Sue had been attacked by boys from her school. Mom talked to Sue about the importance of school and alternatives to walking out of class. This ended in an argument and later her brother Brian found her standing on the ledge of her bedroom window on the second floor. Last summer Sue slashed her arms. Mom stated that Sue does not like discipline and grounding does not work.

During their marriage, Doug was a firm disciplinarian and Sue listened to him. Mom said that she is too soft and the kids walk all over her. In fact, Cheryl's daughter Sue told the Child and Family Services social worker that she preferred Doug being involved with family because he provided discipline to the children.

Since their separation in 1998, Doug can see the kids anytime. Cheryl does not place any restrictions on his time with them. Doug sees the children weekly, including Brian going for overnight visits with his father. Sue had told Mom that she likes her time together with Mom when Brian is away with his Dad.

Mom thinks that part of Sue's problems are related to Sue's low self-esteem which is due to name calling in the past by both Mom and Sue's stepfather Doug. Mom stated that she would call Sue "ignorant" and Doug would call her "fat". In addition, both mom and Doug have used more explicit language and other derogatory words. Mom stated that Sue is big boned but not fat.

Before the referral to New Directions, during a meeting with both Youth Crisis team staff and a Child and Family Services social worker, Sue stated that it bothered her greatly to see her dad and mom smoke pot. She did not want to be around it. Mom said that during their marriage they both smoked pot, but she was more of a follower; and never spent money on it. Doug bought the

pot and a lot of arguments occurred around the finances and the cost of the drugs. Doug also drank every weekend and sometimes every week. He was verbally abusive to all family members.

Mom said that now she uses pot sometimes and "if offered" but does not have it or do it around the children. She separated from Doug in 1998 after an argument in which he hit her with a pillow. Mom stated there is no history of physical abuse, although mom did attend a group for abused women during her marriage. Mom stated that both, Doug and she would like to reconcile, but both are also confused. She is afraid of returning to their previous life of drinking and drugs and fighting. At this time her priority is her daughter Sue.

Cheryl and her two children are presently receiving assistance from Social Services. They are on a fixed budget/income. Mom does not receive any financial assistance from her ex-husband in regard to maintenance support for the children.

Initial Session

Cheryl appeared aware and articulate in describing her family's issues. Her main concern was her daughter Sue. Sue's recent behavior has been upsetting to mom. She is beginning to run away from home. The most recent event being on the previous weekend. Cheryl is concerned that Sue spent the weekend with a boyfriend who mom has not met. In addition, mom is concerned that Sue is sexually active and possibly indiscriminately promiscuous. Sue did return home on Sunday night and has attended school since her return home. Cheryl has grounded Sue for the remainder of the week, she will not be allowed to invite friends to their home while grounded. However, at this point, Cheryl advised that she will allow Sue to go out on the weekend.

Cheryl's issues regarding her children extended to the communication pattern between Sue and her nine-year old brother Brian. They argue constantly. Cheryl has expressed concern in that

she fears that Sue may hurt her brother. The police have been involved with a recent incident at their home. The incident aggravated Cheryl's fear in that Sue was babysitting Brian, mom went to Bingo, the police were called by neighbors who were alarmed with the noise level of the home, the argument and shouting spilled out into the street. Cheryl does not trust Sue to babysit anymore. Cheryl's solution to the babysitting situation is that she plans to ask Doug to babysit Brian in the future, either at his home or hers.

Mom stated that when Brian misbehaves and she applies consequences, Brian will go into her room to phone his father to complain. Brian states to his father that he is being unfairly punished. Cheryl feels that Brian shouldn't be calling his father when she is applying a consequence, because dad tends to overreact and agrees with Brian. Dad refuses to believe that Brian misbehaves, he views Brian as a "good" kid because Brian doesn't exhibit any misbehavior when dad is present. Cheryl describes the situation, telling her side of the story to Doug. On these occasions Doug tells her she does not know how to be a parent.

Doug has indicated to Cheryl that he blames Sue for their separation. Doug believes that Sue has always been against him and that mom listens to Sue's complaints in regard to Doug. He further stated that Cheryl takes her daughter's side. Sue has for many years, advised Cheryl to leave her stepfather and Doug is well aware of his stepdaughter's opinion of him. Sue's negative opinion is based on Doug's constant and consistent emotionally abusive put down of both mom, daughter and women in general.

Structural Assessment

The mother and children of the Hale family are enmeshed (Minuchin 1974) and have diffuse boundaries. This is experienced in the emotional closeness of mom with both of the children. Cheryl

has stated that she feels especially close to her daughter because she is Cheryl's firstborn. Cheryl has further stated that Brian competes for mom's attention with his older sister. Although the family is emmeshed, the closeness is between mother and daughter and mother and son. The closeness is not inclusive of mother, Sue and Brian but separated into dyads of closeness. The children are argumentative and have sparing matches on an everyday basis, where mom is placed in a position to choose between her children Cheryl avoids choosing one child over the other. Both children continue to compete for their mother's affection. Cheryl' strong coalition with Sue against Doug and Brian is evident in Sue's negative opinions of Doug and Brian.

The Hale family has a hierarchical structure which is defined as a single parent family with a peripheral father. The effect of a peripheral father is viewed as a negative because the behavior of the father continues to be verbally abusive to mom and the children. Cheryl, and her children, Brian and Sue live in one household, while father lives in a separate residence.

Mom does attempt to apply age-related consequences to her children for swearing and fighting, which she views as inappropriate behaviour. She has grounded Sue for staying out past her curfew. However, Cheryl has difficulty in carrying through with the grounding because she prefers to go to Bingo on weekend nights and will release Sue from her grounding.

Father is disengaged from the family unit. Doug is absent from the home and when he does become involved it is in a peripheral parenting role, which includes the view that he is the better parent. The absentee parent often express this opinion concerning the lack of ability of the primary caregiver. Dad does not agree with Cheryl's discipline of his son. He does not appear to have any involvement with the discipline of Sue, but he does express his opinion of her behaviour. He does not however, offer any options or engage in looking at solutions to the present situation in regard

to Sue running from home. When he does visit Brian, there is a dysfunctional emotional abuse issue between mom and dad during these visits. Cheryl believes that the reason for Doug's visits is only to continue the pattern of emotional abuse of both Cheryl and Sue, which existed while the family was intact. When Doug visits the family, his focus is primarily on what Cheryl has done wrong, he promptly states his opinion that she is punishing his son too harshly. Doug uses blaming language regarding Cheryl's parenting activities. Dad states his view to the children that Cheryl is a "bad" parent.

Mom's attempts to discipline Brian, but she is consistently sabotaged by dad, who does not make any attempt to understand the complete story. Dad reacts to the complaint and description of the events, which are described by son, Brian. A sequence of behavior develops when Brian phones his dad, directly after being given a consequence by mom after some action of misbehavior by Brian. Dad will then tell his son and will also tell mom that she is too harsh with Brian. Cheryl is told by dad and takes on the thought, that she is the bad parent and that her parenting is inappropriate. The situation is such that even though mom and the children have relocated to a separate residence, Doug continues to be involved in a peripheral parenting role. However, dad appears to continue to be a resident with the family, as a result of his opinion of mom's attempts to provide boundaries to her son's behavior.

> "There are many phases in a family's own natural evolution that require the negotiation of new family rules. New subsystems must appear and new lines of differentiation must be drawn. In this process, conflicts inevitably arise. Ideally, the conflicts will be resolved by negotiations of transition, and the family will adapt successfully. These conflicts offer an opportunity for growth by all family members. However, if such conflicts are not resolved, the transitional problems may give rise to further problems" (Minuchin, 1974, p.63)

The family has experienced a change in family composition when mom moved away from the father. Cheryl made the decision to move away from her ex-spouse based on regular and demeaning verbal abuse by Doug. However, the family continues to function as though dad is still in the home. The Hale family is attempting to adapt to the separation of the parents. This transitional developmental stage has not been adequately completed. The family remains in a state of flux and confusion regarding parental roles. The confusion is defined by the father's inclusion in disciplining of Brian.

The boundaries are diffuse in this family. Although the family has moved from the father's house, Doug continues to be included in the discipline functions. However, the flow of information does not travel directly from one parent to the other. Information flow is diverted or detoured through the son. The story of misbehavior is given by the son who will put a more positive slant to his description of his part in the event. Mom then bears the burden of being told by dad that she is not an adequate parent, that she doesn't know what she is doing. She is then berated and put down through the father's shaming, blaming language. Mom continues to hear the voice of the accuser, the voice of her oppressor within the relationship, which basically is saying and repeating the same words he used in their marriage. As stated by Kerr (1988) "The higher the level of chronic anxiety in a relationship system, the greater strain on people's adaptive capabilities. A person's adaptiveness has been exceeded when the intensity of his anxious response to stress impairs his own functioning or the functioning of those with whom he is emotionally connected" (Kerr, p.47). The mom has continued to be emotionally a part of the marriage although she has changed residence. She has not separated from her husband emotionally, as she is replicating the marriage situation, via the telephone. Mom has not adapted to the changes in her situation. Mom does appear to be capable

of dealing with her son's behavior in an appropriate manner. Cheryl appears to be responding to the chronic anxiety, which continues to be at the same level of stress which was present in the marriage. During the marriage Doug was in control of the household. Doug had established and maintained control over discipline. However, the son was not given consequences to inappropriate behavior by his father. The main disciplining strategy used by Doug was fear. According to mom, Doug yelled at the children and that was all that was needed when dad lived with the family. Mom has been quite comfortable to abdicate her parental role to the father. However, because of the change of family composition, dad is not considered to be a part of the family unit. The concern for mom at this time is that she feels she cannot maintain any from of discipline of her children on her own.

Goal of Therapy

Cheryl is aware of the need for discipline and the need for boundaries within the family. However, the father is an absent father who holds the belief that he is able to buy his son's affection at this time by being "soft" as a parent. Mom makes the rules, determines and carries out consequences. Mom also gives direction in the everyday lives of the children. Further to this, mom makes all major decisions. The goal of therapy is to establish emotional and responsibility boundaries within the family.

Mom is defining the family as including, Brian, Mom and Sue. Cheryl is excluding the father in her definition of the family. However, she continues to include father in the responsibility boundaries of the family with respect to the discipline role within the family. The boundaries within this single parent family include mom, Brian and Sue. Mom is experiencing some difficulty in integrating the new family composition into her definition of family.

As a goal of therapy, mom will need to take back her parenting function within her family.

Every move on her part to adapt to the new family composition will be counterproductive because of the intrusion of the former spouse. Although Cheryl states that discipline and control of the family situation is needed, there is a requirement that the family transition further, in becoming a single parent family. In addition the capabilities of Cheryl as the single parent mom need to be explored and honored by Cheryl.

Structural/Strategic Interventions

The triangulation exhibited within the Hale family is between Cheryl, son Brian and her ex-spouse Doug. A second triangulation is between Cheryl, her daughter Sue and her son, Brian. There is a third triangulation existing which is the triangulation between Cheryl, Sue and Sue's stepfather Doug. These triangulations represent a multitude of unhealthy alignments. These include Cheryl against Doug; Doug with each of the children against Cheryl; Cheryl with each of the children against the father. Cheryl's alignments are pivotal in all the relationships in the family.

The connections between Cheryl and her ex-spouse are based in conflict. While the connection between Cheryl and her son Brian is conflictual it is also overinvolved. This is the classic example of the overinvolved parent-child dyad with the peripheral parent. A Structural family therapy view of the dyad within the family system is expressed by Minuchin (1974) "the family system differentiates and carries out its functions through subsystems. Individuals are subsystems within a family. Dyads such as husband-wife or mother-child can be subsystems" (p. 52).

Cheryl's definition of herself is as a parent and a protector of her children. This could be viewed as a result of the verbal abuse, perpetrated by Doug, experienced by the children and Cheryl. Cheryl has stated that she sees the entire family, her children and herself as being victims of Doug

and his controlling behavior. As a result of her protectiveness and her feelings of love of her children, Cheryl has stated that her initial decision to leave her husband was the correct one.

The breakthrough point for Cheryl was in a later session where she spoke about the verbal abuse by Doug. A primary decision point for Cheryl was when her anger with Doug's verbal abuse was reinforced in her sphere of emotion, within herself; where she felt the reinvolvement of the feelings associated with the verbal abuse. This was created as a result of describing an event whereby she assisted a friend in an attempt to provide information in understanding the friend's present abusive situation. Cheryl was jolted into her own reality by her own remarks regarding the impact of verbal abuse on children. Cheryl stated she could clearly see how her friend's family was negatively impacted by verbal abuse by the father of that household. Based on Strategic therapy interventions, the therapist highlighted and validated her initial reasons for leaving her ex-husband. The therapist then introduced the discussion in regard to how she arrived at her decision. These strategies are initiated by the therapist to promote growth for Cheryl. At that point, Cheryl reaffirmed the decision to leave Doug, and her primary reason for leaving him was that she would not subject her children to any kind of abuse. She appeared to change in her position in her chair, in that she sat upright, her eyes brimmed with tears, and she appeared to motivate herself and become more animated in our continuing discussion regarding the impact of abuse on children. The therapist provided information regarding these impacts and Cheryl was very involved with this discussion, citing instances in her marriage where the verbal abuse was overwhelming. Cheryl reiterated the impacts of abuse on her own children; including lack of boundaries, low self esteem, the perception of solving problems through physical threat and controlling through fear.

Cheryl stated that her son, Brian uses the same words as his father, including referring to her

as his "slave" when he asks her to make him a sandwich. Cheryl stated that Brian idolized his father and Cheryl is concerned that her son cannot recognize and does not know his father's behavior is not respectful or the correct way to treat people who he says he cares about. Cheryl became very impassioned and she has resolved to stand up for her son to help him **not** to turn out like his father. She recognizes that Doug has modelled an example of a verbally abusive man for their young son. Cheryl stated that she did not want her children to continue to believe that they could solve problems through the use of control and fear. She stated that she could see a better, healthier world for them, if she could resolve to change some behavior of her own. She resolved at that time, to learn to communicate in a positive healthy manner with her children. She resolved to place boundaries and rules within her household which would be based on respect, safety and nurturance for her children. She further resolved that she would teach her children that there are consequences as a result of not following rules, at home and in the larger society. She reiterated her comment that children cannot learn how to interact within their family or within society if they are ruled by fear and control. Cheryl had created a new vision of herself as a teacher of a healthier communication style within her family system.

During the ending session, Cheryl stated she has begun to set some restrictions regarding Doug's visits to her home. She has told him to leave her home on at least two occasions when he was not respectful of her. When Brian asked his mother why she kicked his dad out of the house, she told him that dad was not respectful and further explained in an affirming way how people talk to people they care for. Brian appeared to understand her explanation and did not repeat the question "why" when she told his dad to leave during a second incident.

Cheryl has decided to speak with Doug every time Brian misbehaves. She plans to do so at

her home, while Brian is present. Cheryl has accomplished this on three occasions in the past week. Brian was initially surprised that his mother and father were discussing his behavior so openly, without shouting and without his father blaming his mother. Cheryl has decided to continue this manner of dealing with any misbehavior or perceived defiance on Brian's part. She believes that open communication is healthier for Brian. Cheryl also believes that open communication will curtail the aspect of Brian using one parent against the other. Cheryl's coalition with her ex-husband in regard to a co-parenting function has the potential of becoming a positive outcome for the Hale family.

The therapist has encouraged Cheryl's common sense approach to parenting. As a Strategic move, the therapist has presented a reframe for Cheryl. This reframe is the encouragement presented to Cheryl to view herself as an intelligent, intuitive, responsible, competent parent as in reality this is how she deals with her family interaction and behavior.

Impact of Low Income Status

Cheryl is a single parent mother of two children who is financially supported by provincial social assistance benefits. Cheryl has experienced difficult times especially in the area of providing birthday parties for her children. She plans her food shopping and is a creative cook in order to stretch her budget until month end. Cheryl states that she usually does manage to budget frugally. She states she does become stressed by money worries around Christmas season when she needs to be especially careful that food and necessities are provided for. At this time, her mother will buy presents for the children. She relies on her mother to provide some assistance, but Cheryl states her mother does not have any extra as she lives on a widow's pension.

Cheryl has refused to request financial assistance from her ex-husband because she feels that

since she lives in a separate residence she should be providing for her family. However, near the ending of therapy, Cheryl has recognized her anger at Doug for not helping her support his son. According to Cheryl, Doug parties every week from Friday to Sunday. She has stated that Doug has the money to spend on alcohol and drugs, therefore he should have some responsibility for providing some financial support for Brian.. Cheryl is beginning to reconsider her original decision, and plans to request financial assistance from Doug.

Evaluation: Fam III

Table 2:4

Subscale	Pre	Post
Overall Rating	62	53
Task Accomplishment	65	48
Role Performance	60	66
Communication	70	54
Affective Expression	64	43
Involvement	60	60
Control	55	55
Values & Norms	65	50
Social Desirability	32	42
Defensiveness	32	36

Mean=50:SD=10

Cheryl's pre test overall rating was 62, which reflects family dysfunction and is reflected in Cheryl's description of her family as a family in conflict. Cheryl stated that she is experiencing

conflict with her daughter, her son and her ex-husband. Cheryl's pre test score for four of seven subscales were within the problem range. These four subscales are task accomplishment, communication, affective expression and values and norms. (See Profile 2:3, Appendix A)

The overall rating for post test is 53, which falls close to midpoint suggesting only minor difficulties. Post test scores indicate that six of the seven subscales are within the average range which includes: task accomplishment, communication, affective expression, involvement, control values and norms. One subscale, role performance is within the family problem location. The post test scale (See Profile 3:3, Appendix A) indicates that problem resolution has occurred for Cheryl in five subscale areas, as the subscale control was in the average range at pre test.

Cheryl's pre test score for the subscale designated as task accomplishment was 65, which reflected a lower end of the problem area. The post test score was 48, which indicated an average range. These scores reflected movement out of the problem area. As indicated by Skinner and Steinhauer (1983) task accomplishment functions include "allowing for the continued development of all family members, providing reasonable security, ensuring sufficient cohesion to maintain the family as a unit, and functioning effectively as a part of society" (p.93). Cheryl has continued to develop as a parent, and protector or her children. At the breakthrough point, Cheryl visibly and emotionally became unstuck in terms of her own development. She reaffirmed her reasons for living as a single parent, and she validated her own decision. Cheryl was able to plan for further positive change for the family in the future. She revisited her decision to leave her ex-husband and restated her belief that it was the correct decision. Cheryl knows that she is able to provide a safe home for her children. At her decision point, Cheryl was reminded of why she moved from her ex-husband's home. The reasoning behind the move was still valid. Cheryl is cognizant that she is in a position

to provide security, safety and protection for her children. She only needed to remind herself of this and she has since taken some action to ensure that she maintains restrictions on her ex-husband and his control of the family through fear.

The Hale family has more opportunity to move from a dysfunctional family system to a healthier family system. This is a result of mom's renewed commitment to ensure that her children are not influenced by fear and control by their father in their own home. This family is moving into the direction of cohesion as a family unit based on Cheryl's recent actions which maintain open communication, clear boundaries and a identifiable and stable family structure. This stable family structure of a single parent family has been recognized by Cheryl and she has begun to change her thinking in regard to honouring her affirming decision in reclaiming her position in regard to parental executive functioning in this single parent family system.

Cheryl's pre test score in the subscale of communication was 70, which indicated a problem area for communication. The post test score was 54. These scores indicated that this subscale has shown improvement from the problem area to the average range.

The goal of communication is mutual understanding in that the message received is the same one as the message which was given. Cheryl has been remiss since her separation from Doug, in that she did not give him clear messages. She allowed him to intrude in the functions of her single parent family. Since she did not give him the clear message that discipline was now her function, Doug was under the mistaken assumption that his function as disciplinarian was still needed and he continued to function in the same fashion as he did when the couple were married. It is evident that Cheryl did not know how to be a single parent and that she possibly did not have the confidence to function as a disciplinarian. She appeared to give permission to Doug to continue in that role.

Through her actions and also through her non action, she abdicated her parenting executive functioning to her ex-husband. However, Cheryl, literally woke up to the fact that she was allowing her ex-husband to continue on in the same role as when they were living together as an intact family. Cheryl recognized that she could participate in a more proactive manner to establish her function regarding discipline in her single parent family. Added to this renewal of her function, she stated that she could probably be more effective in this parental function than Doug has been. Her belief in her capabilities stem from her internalized understanding that rules and consequences will teach her children how to better interact in the family context and further into the social and school context, in a more effective way than Doug's yelling and controlling manner. When Cheryl became more clear and more direct in restricting Doug's involvement with the family, communication within the family system improved and moved to a more open kind of communication for the family.

The area of affective expression indicates a pre test of 64, which is within the problem area. The post test score for this subscale is 43, which is within the average range. This reflects improvement in the area of affective expression for Cheryl Hale.

Affective expression may block or encourage facets of task accomplishment and efficient role integration. Some critical aspects of affective expression are, the content, intensity and timing of feelings which are involved in communication. Stress could have a negative impact on affective communication. Cheryl was under considerable stress as a single parent, and as a part of a family in transition. She was sometimes unable to identify her feelings, as a result of confusion associated with the transition from a nuclear family to a single parent family. Cheryl had not completed the transition to the new family definition of single parent family and therefore the required role integration was not yet complete. A year after separation from her husband, Cheryl has not yet

completed the process of integration to her new role because she could not connect with the fact of the redefined composition of the family unit. Cheryl had not yet emotionally separated from her husband. As a consequence of the incomplete role integration, Cheryl's executive functioning regarding task accomplishment was not clear to her. Cheryl was aware that she felt angry when Doug was intrusive in the functioning of the family unit. However, she did not know how to take action, because she still believed that Doug was better at keeping the children in control than she was. Cheryl's decision point to begin to make positive changes within her family involved her revisiting her original decision to leave Doug , recognizing that she had made this decision for all the right reasons, which included protection of her children. Cheryl reconfirmed her decision and began to view the possibility of positive changes occurring for her family. This possible new positive direction for the family was to include Cheryl's reclamation of her parental executive functioning role, which included discipline, clear boundaries and open communication.

The area of Values and Norms indicated a pre test score of 65. However, the post test score for this subscale was determined to be 50. The pre test score reflected that values and norms were in the problem area having a score of over 60. The post test score reflected a move to a healthier area of functioning, within the average range.

As a function of norms and values, the family rules are becoming explicit. In her marriage, Cheryl had indicated the family had implicit rules. However, as she begins to recognize her responsibility as a parent to educate and inform her children, she is more open to communicate to them the reasons why rules are implemented, and she is more readily available to discuss the necessity for family rules. Cheryl has indicated that she feels more comfortable in her relationship with her children to continually explain, express thoughts, and describe and inform as much as

possible.

An element of norms and values which is of importance to Cheryl as a mother is for her children to be allowed to develop autonomy, with direction from her. She is open to her daughter Sue developing her own attitudes and behavior. However, Cheryl is aware that Sue will require some direction and supervision from mom. The concern at this time is Sue's running and the possibility of this behavior becoming unsafe, and the potential for Sue to be taken advantage of.

Cheryl's clear improvement in the area of norms and values are demonstrated in her move toward more open and clear communication with her children. This includes the awareness of her overinvolvement with her children and her recognition of their need for independence, with some direction from her until they have reached a developmental stage where they will no longer require her direction

CHAPTER FOUR - Themes of Clinical Practice

Low income families have been the central aspect of my practice experience during practicum. The families who were seen in therapy were all within the definition of low income. This includes the Hale and Philips family who were on social assistance, and the father of the Strong family who is a student with a part time job with added assistance from his family on a monthly basis. These families experienced similar problems within their families. These themes of practice were identified as isolation, family life transition, triangulation and parental executive functioning.

Isolation in Low Income Families

A primary theme which was evident in all family cases was isolation. Low income families as described by Aponte (1976), have a unique position within society in that these families are excluded and powerless. "Families who are poor, and therefore often powerless, friendless, and excluded from the vital operations of society" (p. 448). The families were different in composition. Two were previously middle income families, one family having owned her own home, one family having a two-income productive lifestyle. The isolation theme played itself out in varying ways for each family.

One of the primary concerns regarding social isolation within a family is that the relationship between the parent and child is hampered. As stated by Garbarino (1982) "Social isolation can be a serious threat to adequacy in the parent-child relationship because those indirect links to resources are lacking. Like their parent, children need the skills, support and opportunities necessary to participate in the social environment" (p. 139).

The Strong Family exhibited isolation when the father isolated himself to accomplish his writing, or to complete tasks within the home. The father is isolated in his work and study schedules.

He is a student who is the self described house husband, responsible for cooking and cleaning, who has stated he enjoys household tasks. He also enjoys the stay at home role, providing consistency and support for his children.

The mother in the Philips family isolated herself in that her only social contact was her mother. There are no other friends or acquaintances. Linda's only contact with adults, other than her mother, was when she spoke with the teachers at her son's school with regard to Lewis' behavior at school. As stated by Garbarino (1982), if the parent is lacking the opportunities for linkages to resources, the children will also be deficient in social interaction with their parents as well in school, recreational activities and all spheres of their lives. "Social isolation can be a serious threat to adequacy in the parent-child relationship because those indirect links to resources are lacking. Like their parents, children need the skills, support and opportunities necessary to participate in the social environment." (p. 139). This is a concern regarding the Philips family, as identified by Linda Philips.

Isolation within the Hale family was evident when mother, Cheryl, isolated herself when she would draw the curtains and lie on the couch. She would shut out the outside world. Cheryl complained of migraine headaches which would be alleviated only when she blocked out light. However, Cheryl would also draw the curtains when she was tired, or when she experienced "bad" days. These bad days, as identified by Cheryl, resulted from an argument with family members such as her ex husband Doug or the children.

Family Life Transitions

Structural and Strategic Family Therapies both take life transitions into consideration. The three families as described in the case studies of this report were all struggling to adjust to life

transitions within their families.

The Strong family was attempting to adjust and cope with two life transitions. The first area being that of a blended family. This blended family situation was further complicated for the children in that the father's new partner was a friend of their mother, Jill.

Secondly, daughter Beth was beginning the stages of adolescence. She was beginning the changes from daddy's little girl to becoming an autonomous individual. The father was feeling somewhat confused by this change, he was unclear of possible new boundaries which were required for this stage of development. However, David felt that he should not be taking any notice of changes which were occurring with his daughter, as he stated this teenage time of Beth's life will "run its course," with the hope that if he doesn't do anything Beth's behavior will revert back to what it was in the past. Beth's behavior in the past was predictable and generally passive. Information regarding adolescent development was shared with David to assist him to understand that this stage of his daughter's life required adjustment by the parent

Triangulation

Communication and interaction within families are triangular in nature. The Strong, Philips and Hale families experienced areas of triangulation which were not effective. Triangulation within the family can be reflective of a third person being drawn in when two people are in disagreement.

The Strong family was triangulated in a few ways, with one of these triangles being David, daughter Beth and his ex-wife Jill. This triangulation served a purpose to pass on negative messages from Jill to David and from David to Jill (the divorced parents). Even though David had indicated that Jill alone was the sender of negative messages through the children, he became aware of his own use of the children to send threatening messages to Jill. Another area of triangulation was with

David, Beth and Jenny. Beth became caught up in making negative comments toward Jenny, which Jenny and David did not know how to deal with. The third triangulation was between David, Beth and Joe. David provided activities for his children, however he stated he always made allowances for Jenny's son Gerry, in that David would invite him. However Jenny and Gerry would make their own plans in an effort to allow David and his children time together.

The Philips family triangulation was taking place between Mom, Lewis and the grandmother. Mom depended on the grandmother to help her financially with Lewis needs. The Grandmother also treated Linda and Lewis to meals at McDonalds, which were extras that Linda could not afford. Mom also relied on her mother to provide gifts for Lewis on birthdays, Easter and Christmas. One other triangle which occurred was between Mom, the therapist and Lewis. Mom would threaten Lewis that she would tell Gwen when he was misbehaving Linda stated that Lewis told her several times not to tell, creating a fearfulness for her son that someone else would know of times when he misbehaved. The therapist cautioned Linda not to use the therapist as a threat to her son. There was a danger then in that Linda's scheduled session times would become threatening times for Lewis.

The Hale family was triangulated in similar ways as the other two families. The primary triangulation was between Mom, ex-husband Doug and their son Brian. This triangulation was one of negative communication in that when mom placed consequences on her son. He would immediately phone his father to, in effect, report on mom. This reporting would begin a circulatory interaction which would be a domino effect for the three people involved. Brian would misbehave, mom would place an appropriate consequence, the son would telephone dad, and dad would berate mom for being a terrible parent. Mom took some action in remedying this situation in that she locked her phone in her bedroom. The consequence for misbehaviour was adhered to, however with

some frustration from Brian. Mom continued to block Brian's access to the telephone and he began to accept the responsibility for his own actions.

Parental Executive Functioning

There appeared to be a commonality among the family cases in that parental executive functioning was a factor in all families described. The parents in varying degrees in effect, have abdicated their responsibility for parenting their children. The areas of rules, boundaries, discipline, clear directives and empowerment of their children were lacking in these families.

The father of the Strong family lacked a directive approach regarding the 12 year old daughter Beth. The father appeared confused, in that he stated what happened to his little girl. He was more concerned that he had lost his little girl, than concerned for the fact that she was creating the emotional boundaries within the home. Beth was allowed to make negative statements to Jenny without being told that she was being disrespectful. Dad allowed Beth to create an uncomfortable atmosphere for dad and Jenny, resulting in tension within the home. When the therapist questioned him regarding who was the parent, with a statement that "if he did not parent his daughter, who will?", this forced David to look at his own parenting role. He decided to become more proactive regarding the increasingly negative remarks which Beth was making to Jenny. David reported during our ending session that he is more enlightened regarding his parental duties. He is now aware that he is the parent, that he should be taking care of situations as they arise. He has taken action to take back his parental executive functioning role as parent to his children. David also has a commitment to knowing more about his daughter and keep the lines of communication open.

The Philips family was a situation whereby the mother had allowed her son to become the parent of the family. Lewis directed the parent in that he set his own bedtime, decided what

television programs he would watch and told mom what to do. There was no clear parental direction, mom was so concerned with allowing Lewis to express himself that she was not aware of the potential damage she was inflicting on her son. In addition, Lewis was drawn into his mother's adult world when mom included him in financial concerns and other adult conversations. It is significant that in the ending session Mom stated that Lewis is not a grown up. He is not to be treated like an adult or that adult concerns should not be discussed with him. Mom began to take back her role as parent, therefore to effective reclaim her parental executive functioning role.

The Hale family lacked parental executive functioning in that even though Cheryl was separated from her husband, she allowed him to become intrusive to the family and to provide discipline within the family. Doug displaced her as the executive functioning parent. Cheryl had stated in the initial session that her ex-husband Doug could deal better with the children when they misbehaved. She was not adjusting to the reconfigured family composition in that she continued to allow Doug to be the disciplinarian which resulted in her weakened position in regard to executive parental functioning. Cheryl allowed Doug to continue to weaken her function as a parent further by accepting his criticism of her in that he consistently stated she was an ineffective parent to her children.

CHAPTER FIVE - Summary and Conclusions

The practicum experience at New Directions for Children, Youth and Families was for the most part, a positive one The workers within the agency were unfailingly helpful and respectful. The Family Therapy department of New Directions displayed a wonderful spirit of co-operation and support for students.

As a place of learning, the agency provided well situated and well maintained facilities, such as session rooms, observation rooms, cameras and equipment for taping. The equipment was always in good working order, with extra video tapes on hand to take into account any lapses in memory in those instances when the student may have forgotten to provide a video tape for a session. Session rooms were readily available for student use.

The Family Therapy Program was organized and maintained with humour and offered an air of tranquillity by the capable, efficient, administrative support worker Marge Ritchie. Thanks to Marge and her commitment to the smooth operation of the Family Therapy Program in the many efforts she puts forth to students, staff and families.

The practicum was well organized as a result of the co-operative efforts of workers, supervisors and staff within New Directions, Family Therapy Program. The problem which did arise during the practicum was one which was completely unforeseen and unexpected.

The writer believes there may have been incidents of a reversal of bias, that is bias from the client to the therapist. The writer is an Aboriginal woman of Cree descent and there is a perception by the writer that the clientele of New Directions appeared to be somewhat surprised that an Aboriginal woman would be providing service to families. Although there are other visible minorities providing service to families, being Aboriginal within the agency, and especially within

the Family Therapy Program was a unique situation in that the writer was the first Aboriginal woman to plan a clinical focus practicum within the Family Therapy Program at New Directions

The agency is presently undertaking to educate all staff toward a cultural competency base. These are exciting times for the New Directions for Children, Youth and Families agency in that they are beginning to solidify a perspective in providing service to Aboriginal clients. The Family Therapy Program has exhibited a respect for clients coming into the agency. There is belief by the writer that this respectful work with families will continue within the Family Therapy Program and within the agency.

Evaluation of the Experience

The practicum fulfilled primary learning goals as stated at the beginning of this practicum report. The primary learning goal was accomplished in that Structural and Strategic therapies were successfully applied and integrated. This integration was occurring through the stages of assessment, recognition of goals of therapy and the intervention phases of therapy.

In addition, the supervision of practicum was accomplished with a view to completion through case discussion with clear, directive feedback from the supervisor of practicum. The theoretical discussions, with references to current literature for practice was informative and relevant to practice.

As a part of working with families, the writer also became aware of how the use of confrontation within sessions can be gauged and applied without a threat to the family or the therapist relationship. There was an identification of a renewed belief in confrontation as healing, rather than confrontation as only conflictual. There were two occasions within practicum where this proved to be true.

The first instance was when the time was opportune to confront David in his perception of how a parent accomplishes the goals of parenting. This was his turning point and decision point to become father as teacher for his children. The second occasion intervened with Linda to confront her with the statement that she is responsible for changing her own behavior in order to facilitate a change in her son. She came to New Directions expecting the counsellor to fix her son. She hung on to this perception until near the end therapy. In the ending session she internalized the notion of parental responsibility and executive functioning.

During the practicum, this counsellor experienced a transition of my way of thinking in regard to positive change within families. This practicum was an opportunity to transition from a supportive function as a counsellor to becoming an active agent of change as a counsellor. In the many discussions with the practicum supervisor, especially at the beginning of practicum, there was some difficulty experienced in letting go of the notion of a self defined function as a supportive counsellor. Several months into the practicum the recognition dawned on me that I was evolving toward a positive, life affirming agent of change. The awareness came ever so precipitously that I was in a more knowledgeable position to facilitate and guide families to accomplish their self-identified need for change within their families. Also, to incorporate into my way of thinking the vision in which portions of the theory, technique and interventions of Structural and Strategic family therapy have the potential to be blended with Aboriginal healing strategies of traditional time could be my vehicle to accomplish this sometimes illusive task.

During past work experience I had a belief that I was a helper to my people, the Aboriginal people. However, upon reflection, there was definitely an element of effective helping, not a complete, integration of understanding how this assistance could effectively produce a positive

journey toward natural evolution of the reclamation of strength within families. Although, I could acknowledge that I did accomplish respectful, effective, positive change within families as an Aboriginal social worker and I held a belief of becoming an agent of positive, life affirming change.

However, as a result of practicum, there now exists a vision of what my future as helper possibly could be and a possibility of how this could be accomplished. The practicum at New Directions and the work toward integration of Structural and Strategic Family Therapy has provided the writer with a direction that may include the possibility the Structural and Strategic Family Therapy becoming further integrated into Aboriginal focus practice.

The following two examples will describe a few of the ways of thinking which were offered by Structural and Strategic therapy as strategies which the writer feels should be highlighted to incorporate into practice with families.

The first aspect is the idea of sequences of behavior, which has evolved from the structural approach, but which also can be seen in the Strategic Problem Solving method. These two ideas were considered for various reasons. The first element, sequence of behavior is a very common sense way of thinking. The second aspect, which is joining, was identified because it is also a common element of most therapy interventions. The writer is highlighting joining because joining is critical to accomplish and essential to all work with families.

The notion of viewing circularity in defining repetitive sequences of behavior has revisited the idea of life as a circle, and as a repeating circle, as defined a sequence of behavior. However, after defining the repetitive sequences of behavior there is the added dimension of knowing where to designate the area on the circle where the point of intervention will begin.

Behavior is not only a cause and effect happening, there are also the sequential patterns

which need to be explored. In knowing the sequence of behavior, the therapist will then be aware of the most effective point to intervene which will begin change for the family system.

Upon entering into therapy, the family has an expectation and rightfully so , that the therapist will be providing effective information , opportunities and direction toward change of dysfunctional behavior. According to Minuchin (1974) "change is seen as occurring through the process of the thrapist's affiliation with the family and his restructuring of the family, in a carefully planned way, so as to transform dysfunctional transactional patterns". (p.91) The writer has been aware of the importance of establishing a working relationship between the helper and the family from the beginning of practice with families. Since that beginning, ten years ago, the writer has viewed the trust relationship between helper and the family as the major prerequisite to providing effective interventions.

As an aspect of the Structural approach, joining is a significant element. Joining is as succinct as the name implies, this function of structural therapy joins the therapist and family. The function of the trust relationship carries the therapist throughout the therapy with families. This trust relationship provides a beginning point for the family to **believe** that interventions will facilitate positive change within their family . The therapist's life work is to provide relevant , creative, effective treatment for family with the goal of therapy to guide the family toward a positive outcome for the family.

This is also the basic right of the family. As a counsellor or therapist, the writer has recognized early in practice, that joining is a crucial aspect of every therapeutic intervention. Joining is a basic ingredient to functioning as a therapist and should be undertaken in a respectful, emphatic, open and honorable manner, always keeping in mind that the family has the right to be honored,

respected and treated on the grounds of equality as a fellow human being.

Reflections

The majority of my work experience during the previous ten years as a social worker has been with Aboriginal families within the City of Winnipeg. It was a privilege to assist and to provide much needed front line, counselling interventions to help my own people to begin our journey of healing.

The primary focuses of service to families, involved advocacy toward for return of Aboriginal children apprehended by the mandated Child and Family Service agencies within Winnipeg and Aboriginal children apprehended by rural and/or Northern Native agencies such as Cree Nation Child Caring Agency, Anishinabe Child and Family Services or Awasis Agency.

Secondary in terms of service to families, were emotional, affective and instrumental supportive services to families. This service included locating resources within the community. In addition, the service provided support for families involved with the larger system such as the courts, schools, and as previously stated those families involved with Child and Family service agencies. The primary aspect of the work was to provide a culturally relevant assessment of Aboriginal families. In addition to a culturally relevant assessment, there were many opportunities to educate and inform the non-Aboriginal professional community of social workers, police, lawyers, court systems and especially the Child and Family Services workers in regard to the positive, life affirming way of life of Aboriginal people.

A significant area of services which were provided to families was the counselling of primarily, single parents. A high number of the people requesting service were victims of intergenerational sexual, physical, mental, emotional or institutional abuse which are consequences

of a prolonged history of cultural assimilation attempted by larger systems (church and state) to interrupt the lives of Aboriginal people. The impact of abuse affects many areas of everyday functioning. Some areas affected by abuse are self perception, parenting functioning, community wellness, standards and levels of income.

A number of the families who required service were low-income families who were involved with larger systems. The practicum proposal presented to this committee was based on a target population similar to the Aboriginal families to whom services were provided during my ten years of service to the urban Aboriginal community which included, but were not exclusive to low income families.

Bibliography

Aponte, H.J. (1976). Underorganization in the poor family. In P. J. Guerin (Ed.). Family Therapy. (pp. 432-447). New York: Gardner Press.

Aponte, H.J., & VanDeusen, J.M. (1981). Structural family therapy, In A. S. Gurman & D.P. Kniskern (Eds.), Handbook of family therapy (pp. 310-360). New York: Brunner/Mazel

Carter, E.A., & McGoldrick, M. (1982). The family life cycle. (pp.219-230). In F. Walsh (Ed.), Normal Family Processes. New York: Guilford

Colapinto, J. (1983). Beyond technique: Teaching how to think structurally, Journal of Strategic and Systemic Therapies. 2 (2), 12-21

Erickson, E.H. (1950). Childhood and society New York: Norton

Garbarino, J., (1982). Children & families in the social environment. New York: Aldine de Gruyter

Guerin P.J., (Ed). , (1976). Family therapy: Theory and practice. New York: Gardner

Gurman, A.S., & Kniskern, D.P. (Eds.). (1981). Handbook of family therapy. New York: Brunner/Mazel

Haley, J. (1976). Problem solving therapy: New strategies for effective family therapy. San Francisco: Josey-Bass.

Haley, J. (1980). Leaving Home. New York: McGraw-Hill.

Hoffman, L. (1976). Breaking the homeostatic cycle. In P.J. Guerin Jr. (Ed.), Family therapy: Theory and practice (pp. 501-519). New York: Gardner Press.

Jackson, D.D. (1977). Family rules: Marital quid pro quo, In P. Watzlawick & J. Weakland (Eds.), The interactional view. (pp. 380-415). New York: Norton.

Kerr, M. E. (1988, September). Chronic anxiety and defining a self, The Atlantic Monthly, 35-58

Kilpatrick, A.C., & Holland, T. P. (1995). Working with families: An integrative model by level of functioning. Boston: Allyn & Bacon.

Klippenstein, B., (1999). Boundaries. Unpublished manuscript

Madanes, C. (1981). Strategic Family Therapy. San Francisco: Josey-Bass.

Madanes, C. (1984). Behind the one-way mirror: Advances in the practice of strategic therapy. San Francisco: Josey-Bass.

Minuchin, S., Montalvo, B., Guerney, B.,Rosman, R., & Schumer, F. (1967). Families of the slums. New York: Basic Books.

Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press

Minuchin, S., & Fishman, H. C. (1981). Family therapy techniques. Cambridge: Harvard University Press.

Minuchin, S. (1984). Family kaleidoscope. Cambridge, MA: Harvard University Press.

Minuchin, P., Colapinto, J., & Minuchin, S. (1998). Working with families of the poor. New York: Guilford Press

New Directions for Children, Youth and Families, 115th Annual Report, 1999-2000

Nichols, M. P. (1984). Family therapy: concepts and methods. New York: Gardner

Nichols, M. P., (1999). Inside family therapy: a case study in family healing. Boston: Allyn & Bacon.

Nichols, M.P., & Schwartz, R.C.(1995). Family therapy: Concepts and methods. Boston: Allyn & Bacon.

Skinner, H.A., Steinhauer, P.D., & Santa-Barbara, J. (1983). The Family Assessment Measure. Canadian Journal of Community Mental Health. 2. 91-105.

Social Planning Council, Report on Poverty in Manitoba, 1999

Stanton, M.D. (1981). An integrated structural/strategic approach to family therapy. Journal of Marital and Family Therapy. 8, 427-439

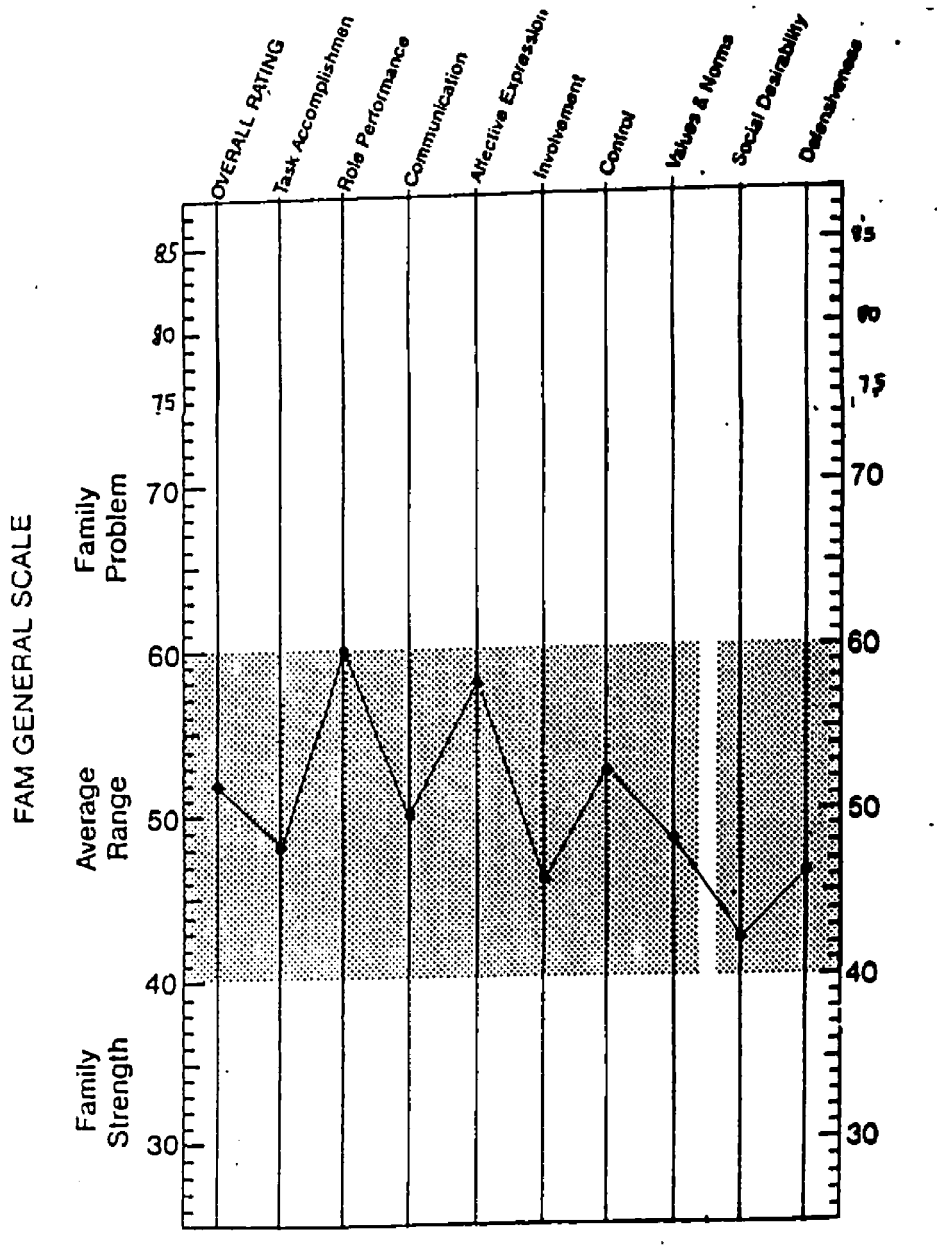
Walsh, F. (1993). Normal family processes. New York: Guilford Press.

Weakland, J. (1977). Communications Theory. In P. Watzlawick & J. Weakland, (Eds). The Interactional View: Studies at the Mental Research Institute. NewYork: Norton

Appendix 'A'
TABLES

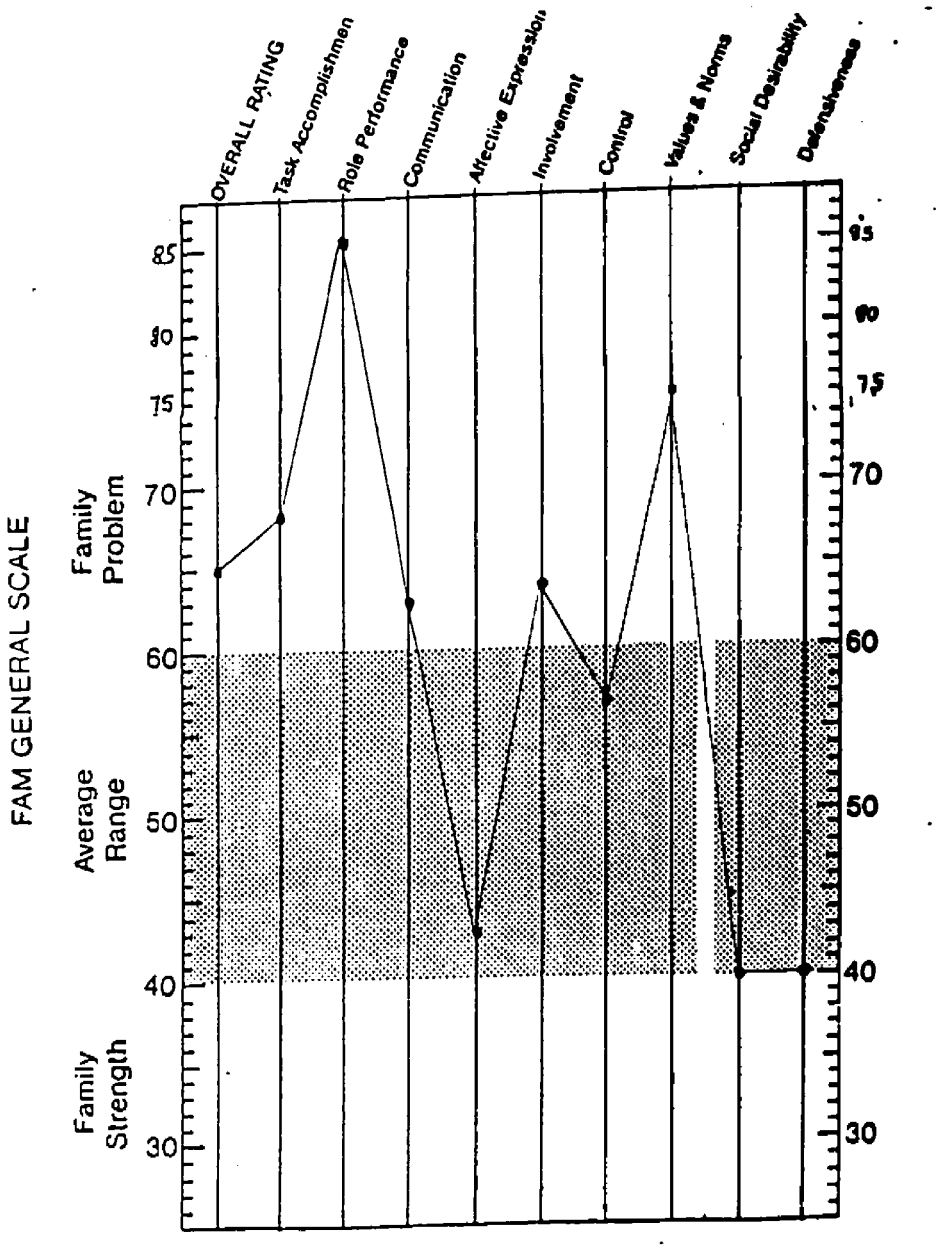
Profile 2:1

STRONG FAMILY PRE TEST FAM III PROFILE



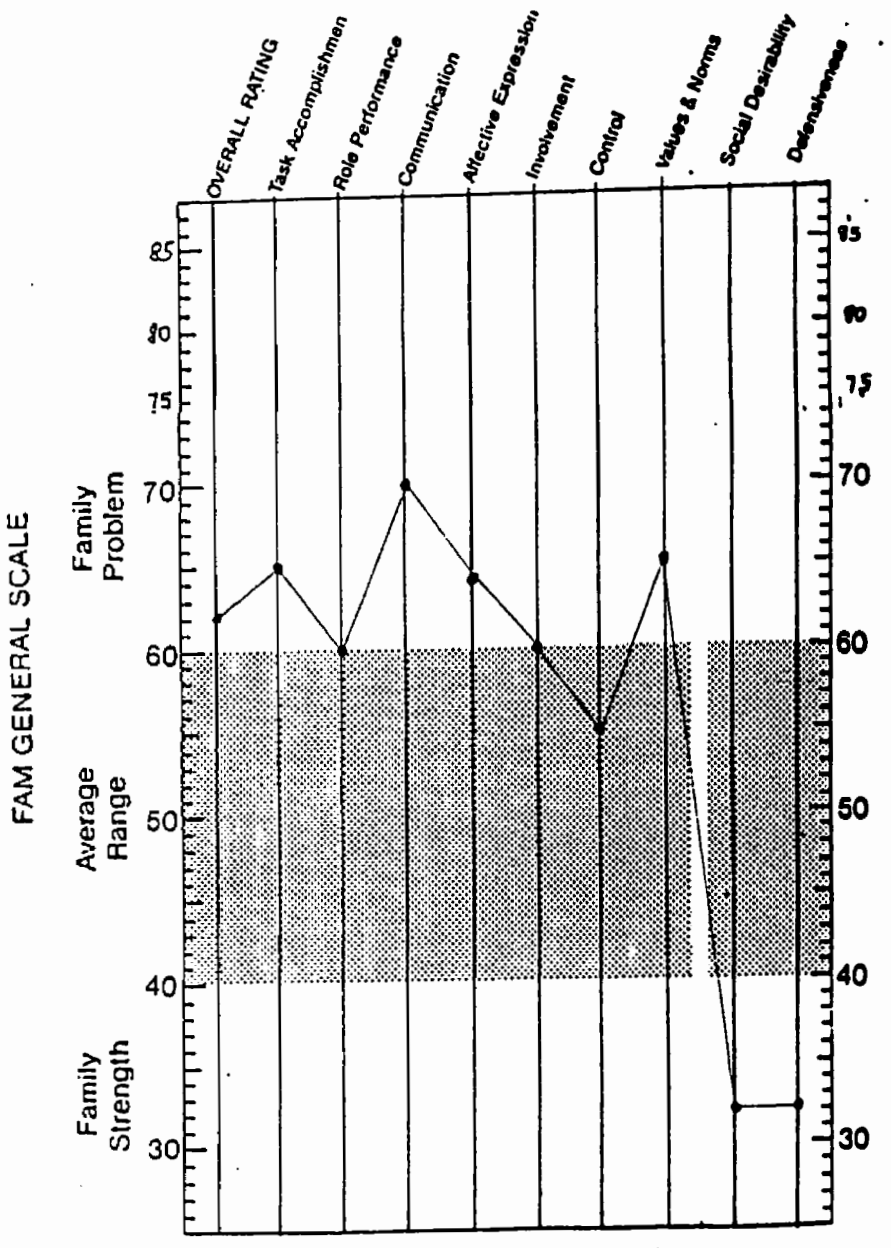
Profile 2:2

PHILIPS FAMILY PRE TEST FAM III PROFILE



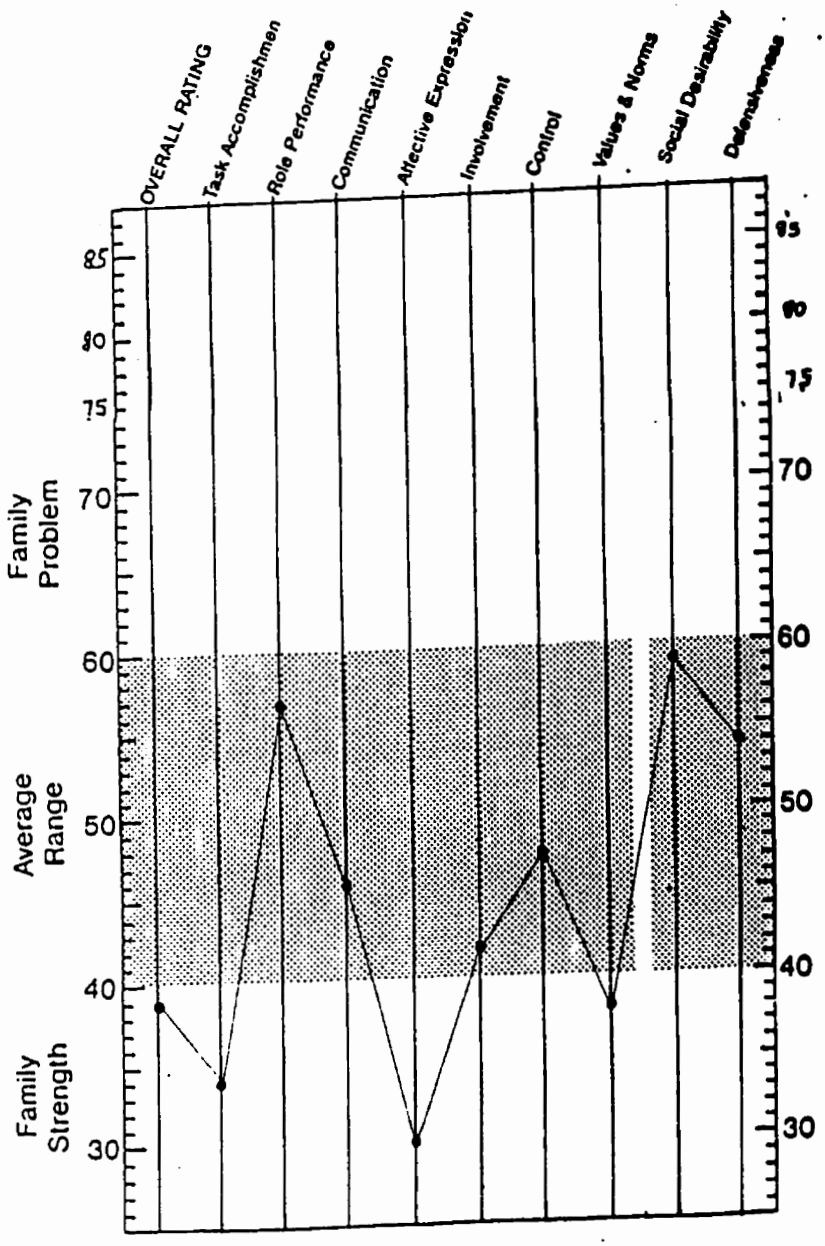
Profile 2:3

HALE FAMILY PRE TEST FAM III PROFILE



Profile 3:1

STRONG FAMILY POST TEST FAM III PROFILE



Profile 3:2

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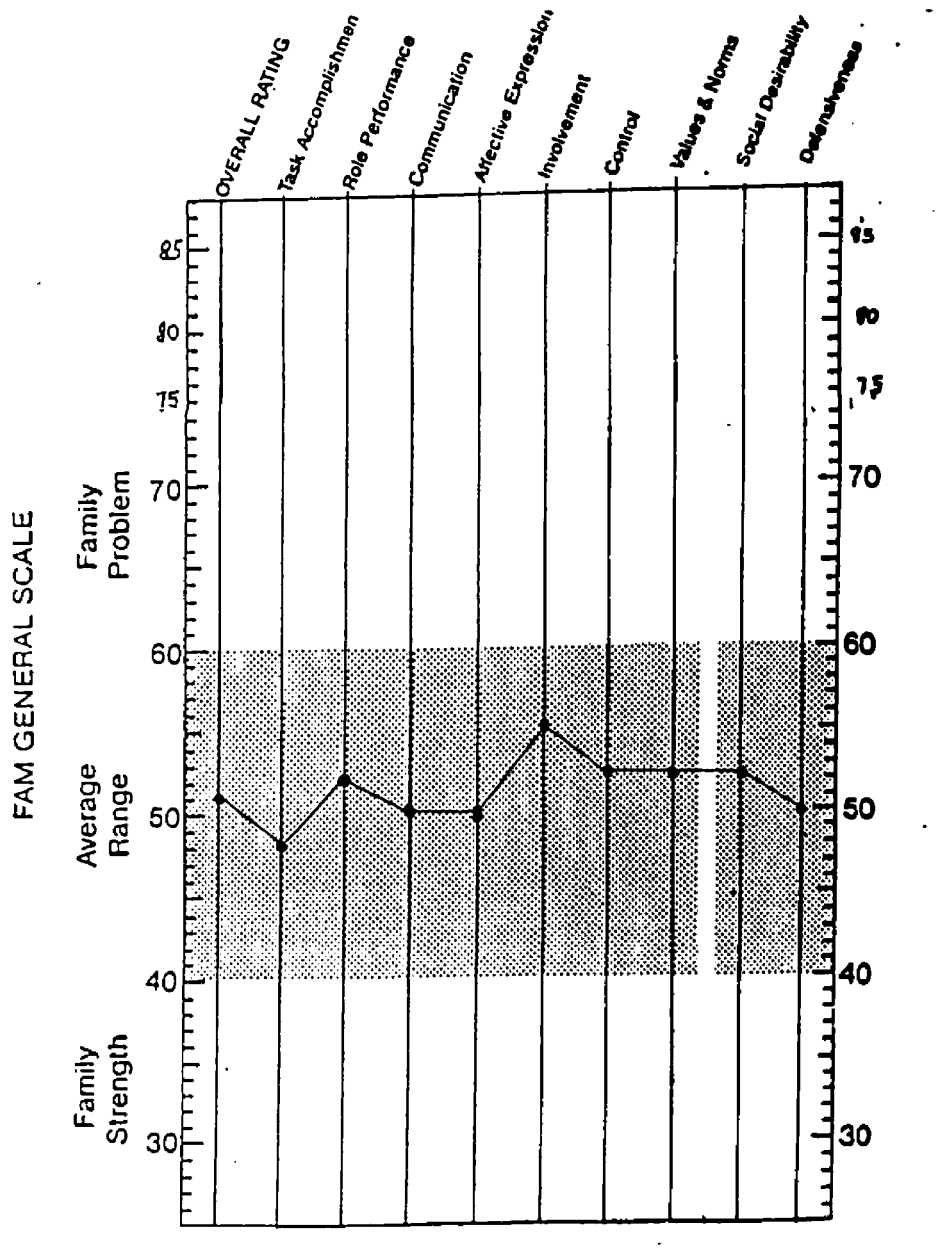

Profile 3:3

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