SYSTEMIC FAMILY THERAPY WITH FAMILIES WITH CHILDREN AND ADOLESCENTS IN AN OUTPATIENT HOSPITAL SETTING

BY

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A Practicum Report
Submitted to the Faculty of Graduate Studies in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF SOCIAL WORK

FACULTY OF SOCIAL WORK
UNIVERSITY OF MANITOBA
WINNIPEG, MANITOBA

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ABSTRACT

The purpose of this practicum is to apply the Systemic Family Therapy while working with families with children and adolescents in an outpatient hospital setting. The setting is the Family Therapy Services at St. Boniface General Hospital. Families with children and adolescents face one of the critical periods in family life. Issues involved with developmental transition or unexpected life events could hinder the continuity of family evolution. They are families with children or adolescents and that the identified client is not necessarily the children or adolescents. This report highlights the use of techniques of systemic family therapy such as the feedback process during work with children and adolescents in their families. Two family case studies are used to illustrate the intervention process. The usefulness of systemic family therapy while working with families is discussed and professional learning goals attained during the practicum are highlighted.

ACKNOWLEDGEMENTS

Chapter One

Introduction

In my previous work with individuals and families in Hong Kong, my focus was on the relationship between family history and the individuals' current problems. While I adopted this cause-effect perspective and noted some improvement in the clients I worked with, the incurred change was short-lived. In systemic family therapy, the identified problem is maintained by the family's reciprocal interaction. The theoretical framework of systemic family therapy is based on the systems theory that the family is considered to be a system with a set of interrelated parts (Bennun, 1988). It is the combined force of the interrelationships among the various subsystems that guides family functioning (Bennun, 1988). In systemic family therapy, the problem is not viewed in a linear cause-effect fashion. It is rather seen as a circular causality between individuals and families. I am interested in the theoretical underpinnings of systemic family therapy and I decided to learn it by applying it in my practicum.

Families with children and adolescents experience the challenging task of fostering attachments and maintaining appropriate separateness. Families encounter problems during the developmental stage of childhood and adolescence. It is at these times that "the family experiences variations in the level of functioning of its members, testing its ability to accommodate as a system." (Combrinck-Graham, 1990, p.503) Other family life events such as divorce or the death of a parent has a considerable impact on the children's and adolescents' coping with structure and role changes within the family. Assisting families to solve problems associated with developmental transitions and

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unexpected life events are important for the children's and adolescents' adaptation in adulthood.

Objectives of the Practicum

In this practicum, I have five educational goals:

1. To apply the concepts of systemic family therapy in working with families with children and adolescents in an outpatient hospital setting;

2. To explore the usefulness of systemic family therapy as an intervention with children and adolescents in an outpatient hospital setting;

3. To provide feedback to families as part of the intervention process;

4. To increase and polish my clinical skills in working with families with children and adolescents in a supervised setting; and

5. To receive feedback on my intervention from the clients and my clinical supervisor to facilitate my professional growth and development.

Chapter Two

Literature Review

Introduction

Family is the primary context that has significant influence on children's and adolescents' behavior and mental health. Family has to learn to overcome problems incurred by the developmental transitions of children and adolescents into subsequent life stages. Situational events such as parents' divorce or the death of a parent could have an impact on the family's ability to continue fulfilling its responsibilities (Cornwell, Eggebeen & Meschke, 1996). Both parents and the children or adolescents have to make major adjustments in their lives. Based on the interrelationship between the children or adolescents and family life, it is important to understand the process of the interaction between individual and family development (Preto & Travis, 1985) while working with families with children or adolescents. In this chapter, I will present an overview of child and adolescent development and the interconnection of the individual and family development.

Child Development

Knowledge of child development assists me in a therapy session to discern what is age-appropriate behavior in a child's life (Breunlin, Schwartz & Kune-Karrer, 1992). It also gives me an idea of the interrelationship between family and child development in working with a family with children. Basically, the concept of self starts to develop from the beginning of infancy and continues throughout life (Weiner & Elkind, 1972;

Seifert & Hoffnung, 1994). Children become progressively aware of who they are through the development of basic trust, autonomy, competence and self-esteem.

Children develop basic trust through contact with the caretaker who, at the beginning of their life, is generally the mother. With improvement in their motor skills, children can move around on their own, try out new activities or behavior (Seifert & Hoffnung, 1994) which gives them a sense of autonomy. During the elementary school years, the child's interactions are limited not only to family but also with teachers and peers at school. Children who have successful experiences obtained from the things they learn both at home and school acquire a sense of industry and achievement (Weiner & Elkind, 1972). During the school years, children consolidate what they acquired in early childhood and prepare to move into adolescence.

Middle-years children start to distinguish between their emotions and other people's emotions. They are able to express complementary emotions in response to other people's behavior. A mature sense of self emerges and is consolidated in adolescence. As moral thinking develops, school-aged children around 8 to 12 years are able to "judge a person's misdeed according to the motives and intentions of the person who has perpetrated it" (Weiner & Elkind, 1972, p.121).

Peer interaction increases progressively with a child's age. During the middle years, they spend one half of their time at school with their peers. However, family still plays an influential part in children's development by providing psychological security.

Adolescence

An overview of adolescent developmental tasks is important for providing the

fundamental knowledge necessary for working with adolescents. Although there are different developmental theories such as Erikson's Psychosocial model (1968), Blos' Individuation model (1962), and Loevinger's Ego Developmental model (1976), they all recognize identity is a focal point in adolescent development.

Identity

According to Erik Erikson, there are eight stages of ego-identity development. Individuals have to work through the crises at each stage before they can proceed to the next stage. Resolution of these crises at each stage facilitates individual development at all succeeding stages (Cummings, 1995). The major task during adolescence is to develop a sense of identity (Moore & Rosenthal, 1993). "Identity is a coherent sense of self, based on a commitment to present and future roles, ideology and values regarding future relationships" (Moore & Rosenthal, 1993, p.30). During the identity-seeking process, adolescents differentiate themselves from the family and develop a new relationship with the social world (Tolan & Cohler, 1993). To facilitate successful individuation, families should allow adolescents the freedom to make their own choices, and provide them with consistent guidance if necessary (Cummings, 1995).

Sexuality

Sexual identity is another important developmental aspect of adolescents' identity consolidation (Moore & Rosenthal, 1993). Through the experience of a unique sexuality, adolescents gain a sense of who they are. Selverstone (1989) regarded adolescents' sexual behavior as one of the ways adolescents move toward independence (Moore &

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Rosenthal, 1993). If parents are comfortable discussing sexuality, they are more likely to convey their acceptance of their adolescents' sexuality (Preto & Travis, 1985). With this attitude, parents are able to set realistic limits on adolescents' sexual behavior (Preto & Travis, 1985). However, when parents fail to recognize or ignore their child's growing sexuality, the development of a positive sexual self-concept will be hindered (Preto & Travis, 1985). Without this positive sexual self-concept, adolescents have a higher risk of premature, excessive and self-endangering sexual activity (Preto & Travis, 1985).

Autonomy

Autonomy is one of the primary goals that adolescents wish to attain by establishing their own values, lifestyles, needs and expectations (Noller & Callan, 1991). Young people try to be independent of their parents in decision making on matters such as what clothes to wear and what kinds of friends to have (Noller & Callan, 1991). The need for autonomy among adolescents, however, does not mean that adolescents are totally cut off from their parents and family. Instead, adolescents are only physically cut off from their parents, but are not emotionally detached from them (Carter & McGoldrick, 1989). They still need their parents' support and encouragement when they experience difficult times (Carter & McGoldrick, 1989). Therefore, parents have to re-negotiate and re-balance their relationship with adolescents in this crucial stage. Parents can maintain an influential position with their children by providing support and maintaining minimal control over their children (Noller & Callan, 1991).

The Family Life Cycle

The utilization of the family life cycle provides basic ideas of what behaviors are generally expected during individual life stages. The family life cycle concept is useful in understanding and assessing family functioning in the therapy session (Liddle & Saba, 1983). Liddle and Saba (1983) cautioned that:

> Individuals interact with, influence, and are influenced by a variety of social systems – they hold multiple context memberships. Thus we must guard against an overly narrow interpretation of systemic thinking, or in this case systems evolution in the form of family life cycle, as the primary determinants of human behavior (p. 172).

The Childhood Stage in the Family Life Cycle

Parenthood is the stage filled with excitement, challenge and responsibility. Children challenge the stability of the marital relationship in that the couple has to learn how to parent, to work out the balance between work and family, and to share the responsibility of childcare and household chores (Carter & McGoldrick, 1989). Parents who have established intimacy with each other do not need children to sustain their marital relationship (Carter & McGoldrick, 1989). Parents will not likely be emotionally over-involved with their children if their own relationship is solid. An appropriate parent-child relationship facilitates the children's individuation and prepares them to transit smoothly into adolescence. Consistent child discipline enhances the parental subsystem without letting children form coalitions with either one of the parents.

A family crisis, such as divorce, has a long-term impact on family life and the

development of the children. Children of divorce have to master this unexpected life event as well as the common tasks of childhood (Seifert & Hoffnung, 1994). Divorce disrupts the family relationship and structure (Seifert & Hoffnung, 1994). Children have to deal with their feelings of love, anger and guilt towards the parents' divorce.

The Adolescence Stage in the Family Life Cycle

During this stage, both adolescent children and their parents are dealing with the turmoil they experience within the family system. Adolescent children are exploring their identity to discover who they are. They are challenging their parents' ideas, values and advice (Seifert & Hoffnung, 1994). They recognize that they are unique individuals and are different from their parents. Parents often feel frustrated when deciding what limits on autonomy they should impose on their adolescent children. Parents and adolescents need to renegotiate their relationships to maintain a balance of autonomy and responsibility. At the same time, parents may have to deal with the challenges in their careers. Mid-life crises may occur when the mother's use of time changes after the children leave home while the father may be dealing with a re-assessment of career, ambitions and accomplishments.

Unexpected family life events such as divorce and the loss of a parent at this transitional period have significant impacts on both the family and the adolescent children. The adolescents of a divorced family may have difficulty in establishing a secure relationship with others. They may feel a 'push and pull' in their loyalty to their parents if they spend more time with one of the parents. Adolescence is basically a time for independence and separation. When one parent dies, demands from the family may

be placed upon adolescents to meet the needs of the surviving parent (Lattanzi-Licht, 1996). This may hinder the adolescent's normal identity formation (Lattanzi-Licht, 1996).

Systemic Family Therapy

Assumptions and Concepts of Systemic Family Therapy

The theoretical underpinning of systemic family therapy is based on systems theory. The basic tenet of systems theory is that a system is composed of a set of interdependent parts with relationship among them and the whole is greater than its part (Stein. 1974; Miller 1978; Bertalanffy, 1968). It is the sum of the number of parts of the system plus the interaction between parts (Becvar & Becvar, 1993). Systems theory emphasizes wholeness, boundary, homeostasis and equifinality. Wholeness means that the state of each part within a system is constrained by the state of all the others (Goldenberg & Goldenberg, 1985). From this perspective, each part of the system is mutually responsive to every other part and a recursive relationship is thus formed. If there is a change in one part of the system, the whole system will also change. Every system has a boundary from which to separate in order to belong to the larger system. Within the boundary, a system is delineated into a hierarchy of subsystems. The regulation of the interaction between a system and the environment is determined by the rules established within the system. A system with more flexible rules, an open system, allows the exchange of information between the system and the environment. A closed system with rigid rules has limited interaction with the environment.

A system at times will be perturbed by stress or threats from the outside or within

the system. The homeostasis of a system is maintained through the feedback mechanism. There are two feedback mechanisms with one positive feedback leading to change and negative feedback to stability. Morphostasis and morphogenesis are two concepts to describe a system's ability "to remain stable in the context of change and to change in the context of stability (Becvar & Becvar, 1993, p.72). Bertalanffy (1968) defined equifinality as "the tendency towards a characteristic final state from different initial states and in different ways based upon dynamic interaction in an open system attaining a steady state" (p.46). This brings the focus of therapy on the "here and now" (Becvar & Becvar. 1999, p.21) interaction. Systemic family therapists are interested in asking "what" and "how" instead of "why" (Becvar & Becvar, 1999, p.21).

Family as System

From the perspective of systems theory, the family is similar to any system which is comprised of a set of parts with interdependence and hierarchical structure. Within the family system, different subsystems (e.g., the parental subsystem and sibling subsystem) are differentiated from each other by a boundary. Family rules and regulations guide the interactions between family members within and across the boundary of subsystems (Cox & Paley, 1997). Rules and regulations are implemented through the mechanism of family communications (Okun & Rappaport, 1980). Hence, a change in family rules and regulations will have an impact on family structure and organization.

Family Communication

A family's relationships are revealed, verbally or non-verbally, through

communication among family members. According to Watzlawick, Beavin & Jackson (1967), syntactics, semantics and pragmatics are the three levels of the communication process in human communication. When one family member receives a verbal or non-verbal message, he or she interprets the meaning and then reacts in response to the message. As time proceeds, with redundant rules of interaction, a pattern emerges among family members. Jackson (1965b) proposed that family members interact in repetitive behavioral sequences and the members settle on certain "rules" without utilizing other interactional alternatives (Goldenberg & Goldenberg, 1985). The family relationship is defined by the interaction pattern of the family. "Beliefs define the rules, roles, interaction patterns, and structure of the family" (Gunn & Fisher, 1999, p.356). People's beliefs give meaning to behavior in different contexts. Systemic family therapy emphasizes the family's relationship and one of the primary interests is to change the family beliefs which underlie the interaction pattern of the family (Bennun, 1988; Gunn & Fisher, 1999).

Family Structure

Patterns of interaction in the family can be observed from the structure of the family. Minuchin (1974) defined family structure as "the invisible set of functional demands that organizes the ways in which family members interact" (p.51). The structure of the family is characterized by the components of subsystem and boundary. The spousal subsystem is established when two people marry and form a family. Each spouse has his or her family background with different interaction patterns (Harway, 1996). They need to negotiate and balance the practical aspects of life together, such as

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relationship with in-laws, peers and money management, while preserving each person's differences (Haley, 1980; Harway, 1996). With the entry of the first child into the family, the parental subsystem is formed. The parents have to accommodate differences in parenting style, working together to nurture and guide the children. In order to differentiate the parental and the spousal subsystem, the parents have to maintain a satisfactory spousal relationship by maintaining their intimacy. Within the sibling subsystem, the children are allowed to be children and they learn to negotiate, co-operate and compete. (Becvar & Becvar, 1993).

The differentiation of identity and function between each subsystem is maintained by a clear boundary. Family members in each subsystem provide appropriate support for each other by allowing a certain degree of autonomy (Breunlin, Schwartz & Kune-Karrer, 1992). In an enmeshed family, the boundary between the subsystems is too diffuse so that there is excessive closeness among family members (Calapinto, 1991; Breunlin, Schwartz & Kune-Karrer, 1992). Family members can easily intrude into each other's subsystem and disrupt each other's family functioning (Breunlin, Schwartz & Kune-Karrer, 1992). In a disengaged family, the boundary between the systems is too rigid and members are isolated from each other.

Theory of Change

The basic principle of systemic family therapy is that family is a rule-governed system. Family rules and regulations affect the back-and-forth interaction pattern between family members. It is the family interaction pattern that defines family relationships (Goldenberg & Goldenberg, 1985). To recognize the operation of family

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rules, regulations and relationships, it is crucial to study family communication and structure.

Family structure shows how family rules and regulations keep the family system in balance. The structure indicates how family roles and responsibilities are defined. Over time, family members establish certain rules on mutual interaction. Flexible family structures allow family to adjust to changing circumstances as well as the rules that maintain order and stability (Goldenberg & Goldenberg, 1985).

There is an interconnection between family structure and communication. Becvar & Becvar (1993) stated that when we are talking about behavior, boundaries, change, relationships, we are talking about communication. The task of changing and negotiating rules and regulations is accomplished through the exchange of messages. Also, the interaction pattern is governed by a person's family beliefs which generally evolve in his or her family of origin (Becvar & Becvar, 1999).

Techniques of Systemic Family Therapy

Reframe

Reframing is used to alter the family patterns by redefining the meaning of a particular type of interaction. This provides alternatives and new responses (Broderick, 1993). As Watzlawick, Weakland and Fish (1974) noted, "successful reframing must lift the problem out of the symptom frame and into another frame that does not carry the implication of unchangeability" (p.102). However, the change in the meaning of the interaction must make sense to the family. Reframing is also used to defuse the blame of a particular family member and to relate the problem to the entire family. This fits with

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the assumption of systemic family therapy that the problem does not lie within an individual family member but is maintained by "the system of which the symptomatic behavior is an integral part" (Becvar & Becvar, 1999, p.88).

Task

Task is a useful technique for creating a framework for better family functioning. It can elicit the family's consciousness of alternative behavior which can be better than the old one. "Task has the restructuring potential" (Gerson, 1996, p.168). It is sometimes used to focus on the family structure rather than with the individual member's characteristics (Minuchin, 1974). This increases the family's awareness of the problem as embedded within the family rather than within an individual family member. "Task also has the function of uncovering assumptions about relationship reciprocity and it almost always follows an exploration of interaction issues" (Gerson, 1996, p.169-171). "Task can be action or simply thinking about something" (Breunlin, Schwartz & Kune-Karrer, 1992, p.300). It can be carried out in different ways such as role play, rituals or homework assignments. In order to make sure that the family members follow through the task, it is useful to have feedback from the family. Knowing what the family has successfully accomplished through the task releases information about change in the family's structure or relationship.

Reflexive Questions

Under the premise of systemic family therapy, the family is seen as constantly changing. The "tightrope walker must continuously sway to remain in balance" (Keeney

& Ross, 1985, p.36). With the view of an "evolving system" (Tomm, 1984, p.120), each family is unique with its own course of evolution. Reflexive questions are used to assist the families in generating alternative structures or interaction patterns in the course of their evolution. The role of the therapist is as a facilitator to "encourage family members to mobilize their own problem-solving resources" (Tomm, 1988, p.9).

There are different kinds of reflexive questions such as future-oriented or hypothetical questions, and questions about the differences in relationships, values, beliefs or perceptions (Tomm, 1984; Tomm, 1987). By introducing these differences as new information to the family, it enables the family to see things or events from alternate perspectives. The new information is the "difference that makes a difference" (Bateson, 1972, p.453).

Unexpected context-change questions are used to encourage the family to focus on seeing the complementary or opposite side of the problem (Tomm, 1987). Hypothetical or future-oriented questions are introduced in the therapy sessions to empower the family to think about alternatives and possibilities for change in the future. Hypothetical questions trigger the family members to think about future events, such as wishes, fantasies and hopes, and to bring them as part of the family interaction system (Penn, 1985). Future-oriented questions, in particular, are useful to help families with chronic illness to anticipate the change in family relationships when the illness is stable or following recovery (Penn, 1985). Future-oriented questions are also used to pose dilemmas or to introduce hope and elicit optimism (Tomm, 1987).

Feedback Process

The feedback process originated from the live supervision of family therapy practice provided by one-way mirror. Through direct observation, the supervisor (or the observer) provides immediate feedback to guide the therapist during each session. Subsequently, it was found that there was an increase in the effectiveness of the family treatment. Some family therapists such as Peggy Papp (1980) and the Milan group (Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1978) began to try an approach "where the observers could send messages directly both to the therapist and the family" (Breunlin & Cade, 1981, p.453). By doing this, the traditional training role of the supervisor (or the observer) behind the mirror changed to an interactive role in the therapeutic process. The intervention could be delivered from the supervisor to the family through the therapist. In some cases, the supervisor would enter the room to join the session.

A central premise of systemic family therapy is that families function as rule-governed systems. At the outset of therapy, the therapist is the person outside the family, an observer. However, when the therapist becomes the observed in the family system, the therapist and family form a "therapeutic system." (Breunlin & Cade, 1981, p. 454) This system is also rule-governed. The family tries to maintain its homeostatic state by counteracting the therapist's input through negative feedback (Breunlin & Cade, 1981). The strength of the observing group is being outside the family and the therapeutic system, "a meta-therapeutic system" (Breunlin & Cade, 1981, p.454). At the same time, the observing group provides input to the therapy. By doing this, the family cannot respond to the observing group's messages with negative feedback, which could produce potential change in the family (Breunlin & Cade, 1981).

Peggy Papp (1980) used the term "Greek Chorus" to describe the technique of live feedback format provided by the person or the consultation team behind the mirror (Cain & Markowski, 1993). The purpose of the consultation team is to induce systemic change by supporting, confusing, challenging and confronting the family (Papp, 1980). The consultation team is always invisible and remains at a distance from the family in order to keep the team's objective stance (Papp, 1980). By ending the session immediately after the message is delivered, the family is not given any opportunity to comment on or to dispute the message.

The Milan group used the two-team approach, the therapeutic team and the observing team, in therapist training. "The observing team is to observe and comment on the relationship between the therapeutic team and the therapist in the room. Only the therapeutic team can give the family a message" (Boscolo, Cecchin, Hoffman & Penn, 1987, p.26). The message from the therapeutic team is delivered through the therapist in a brief and concise way. The therapist usually avoids further interaction or elaboration with the family and the session ends shortly after the message (Tomm, 1984).

Tom Andersen (1987), a Norwegian psychiatrist, further developed the feedback process into a different format, the reflecting team. The role of the reflecting team is to create a context for the sharing of different views between the family, the therapist and the reflecting team. Team members behind the mirror first observe the conversation between the therapist and the family. After a designated amount of time, the family is given the opportunity to listen to the team's discussion by switching places with them (Freedman & Combs, 1996). It is anticipated that different views may provide a "magnifying glass" (de Shazer, cited in Johnson, Waters, Webster & Goldman, 1997,

p.59) to provide new perspectives on the problems and solutions for the family (Johnson, Waters, Webster & Goldman, 1997). The family would give their feedback about the team members' discussion after the family resumes their places in the interview room (Freedman & Combs, 1996).

The reflecting team generates ideas or alternatives based on the information obtained from the "family-interviewer" (Andersen, 1987, p.420) system. The observations or descriptions made by the reflecting team to the family should be presented as tentative speculation, so that the family knows that they have a choice to take it or not. Therefore, it is important for the reflecting team to use "both-and" statements rather than "either-or" (Andersen, 1987, p.420) statements to ensure that the team's ideas are only different perspectives and not recommendations about what the family should do (Parry & Doan, 1994). Through the process of searching for different alternatives, the family decides whether or not to choose the suggested alternatives as other ways of approaching the problems.

Summary

Systemic family therapy is based on the theoretical framework of systems theory that states the problem does not lie within the individual. It is, rather, embedded within the family in which the symptomatic behavior is an integral part. This tenet fits with the social work practice that an individual's problems or difficulties are better understood as dysfunctional transactions between systems rather than located within the individual (Hartman & Liard, 1983).

When a family with children or adolescents comes to therapy, the focus of therapy

is to assist the family to maintain the balance of change and stability between the subsystems and to enable the system as a whole to evolve into another state. Through reframing, task completion, reflexive questions and feedback to the family, the family is able to recognize the reciprocal influence among family members' feelings and interactions in sustaining the presenting problem. The ultimate goal of systemic family therapy is to help the family to "recognize the fact that we are all involved in each other's destiny and this requires behavior that is respectful, valuing and worthy of all, individuals as well as the whole." (Becvar & Becvar, 1999, p.116)

Chapter Three

Structure of Practicum

Setting of the Practicum

The setting for this practicum was the Family Therapy Services of St. Boniface General Hospital. The program provides services to couples and families with children or adolescents and training to social work students, residents in psychiatry, and other students. Families with children or adolescents are referred to the Family Therapy Services through many sources such as family doctors, other hospital departments, and community agencies. All client participation in family therapy is voluntary.

Initially, families were pre-selected by my clinical supervisor based on the criteria that they are families with children or adolescents and that the identified client would not necessarily be the child or the adolescent. With those criteria developed, I was given the opportunity to decide whether or not to take the family.

Once I selected the case, I reviewed the chart or referral form to gather all available information about the family. Prior to the first interview with each family, I consulted with my clinical supervisor regarding how to work with the family. Although there was some variation, I normally explained my role to each family that I was a student doing my practicum. I also explained the physical setting, the one-way mirror and the purpose of using the FAM-III scale and the Family Problem Checklist.

Types of Family

The client population was composed of young children or adolescents and their

families. During the practicum, I worked with eight families. Of these eight families, I worked with three families as the primary therapist, four families with my clinical supervisor as a co-therapist and one family as a reflecting team member. These eight families were referred by the social worker of the Ambulatory Care, the Inpatient Unit of the Psychiatric ward, the Manitoba Adolescent Treatment Center, the occupational therapist, the school and through self-referral.

Duration of the Practicum

The practicum started in January of 2000 with a break in July, 2000, and finished in September, 2000. My placement at the St. Boniface General Hospital was on a part-time basis: two days per week working with families, and one day per week observing a resident in Psychiatry working with families, for five months. As well, I also observed my supervisor working with other families behind the mirror on an irregular basis.

Supervision

My advisory committee consisted of Maria Cheung, Ph.D. (Social Work Professor at The University of Manitoba), Harvy Frankel, Ph.D. (Social Work Professor at The University of Manitoba) and Ellen Gordon, M.S.W. (Coordinator of Family Therapy Services at St. Boniface General Hospital). I had an interim committee meeting with the members to evaluate and provide feedback on my practicum.

My clinical supervisor, Ellen Gordon, provided live supervision by observing me behind a one-way mirror for each session. In addition, discussion and consultation with my clinical supervisor was done after each session. She provided her feedback to the

family and me at the end of each session, either with the family behind the mirror or in the same room. Some therapy sessions were videotaped and some were audio-taped for my self-review and for consultation with my clinical supervisor. All file recordings were read by my supervisor and all files were documented according to hospital procedures.

Measures of Evaluation

The measures that I used to evaluate the effectiveness of my intervention in the practicum were the General Scale of Family Assessment Measure (FAM-III), designed by Skinner, Steinhauer and Santa Barbara (1995); the Family Problem Checklist developed by the Morrison Center for Youth and Family Services in Portland, Oregon and the Client Feedback Checklist developed by Frank Cantafio (1989).

The FAM-III is a standardized self-report measure based on the norms of Canadian clinical and non-clinical populations (Trute, 1985). FAM-III consists of the General Scale, the Dydiac Relationship Scale and the Self-Rating Scale. I used the General Scale of FAM-III in this practicum. It is a reliable measure of family strengths and weaknesses as the test re-test reliability and internal consistency estimated is .93 for adults and .89 for youth (Skinner et al., 1995). The FAM-III General Scale (Appendix A) consisted of fifty statements to assess the overall family functioning such as task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms (Skinner et al., 1995). The FAM-III General Scale was administered to the family in the first and last therapy sessions.

The Family Problem Checklist (Appendix B) is a self-report measure of the family members' perceptions and attitudes towards their family system (Trute, 1985).

There are 22 specific areas of concern on the list in which family members record their levels of satisfaction. There are four levels of satisfaction: very dissatisfied, dissatisfied, satisfied and very satisfied. The Family Problem Checklist was administered to the family in the first and last therapy session.

The Client Feedback Checklist (Appendix C) consists of ten open-ended questions. Frank Cantafio (1989) developed the checklist and it was used to ask the family's opinions about the quality of the counseling services provided and the therapist's helpfulness such as "provides suggestions that are helpful" and "helps family to find own solutions". Verbal permission was given by Frank Cantafio to use the client feedback checklist in this practicum. The checklist was administered to the family at the last therapy session.

I developed the reflecting team feedback form (Appendix D) myself and it consisted of four open-ended questions to evaluate the effectiveness of the reflecting team from the family's perspectives. It was administered to the family upon the termination of therapy.

Chapter Four

Case Outcome Analysis

In this section, I provide the background information, intervention, feedback process, outcome of clinical measures and the overall evaluation on each family. The names and other identifiable information about all the families are changed in order to protect the identity of the family. Of the eight families I saw in this practicum, I used two families to illustrate in detail the systemic assessment, treatment plan, the intervention process and the outcome of the clinical measures. I chose these two families because I had worked intensively with them, being the primary therapist for the first family and a co-therapist with my supervisor for the second family. I also presented two other families in Appendix H and Appendix M to illustrate the application of systemic family therapy. A profile of the eight families is presented in Table 1.

Family One

Case Background

Family one was a single parent family with two children. It consisted of Rebecca, the mother (age 36), and her two children, Shaw (age 9) and Charlie (age 5). Rebecca was referred by the Manitoba Adolescent Treatment Center (M.A.T.C.) for family therapy because of Shaw's persistent lying, stealing and having enuresis. Before seeing the family, I reviewed the referral information and formulated a strategy for working with the family, in consultation with my supervisor.

Table 1

A profile of the eight families

Family	Source of Referral	Family Composition	Problem Identified by the Family	Number of sessions	Length of Therapy
One	Manitoba Adolescent Treatment Center	A single mother with two children	Communication	6	3 months
Two	Occupational Therapist	A single mother with two children	Parent-child Relationship	8	4 months
Three	Inpatient Unit of Psychiatric ward	A single mother with three children	Communication	7	3 months
Four	Ambulatory Care	A single mother with two children	Behavioral Problem	6	3 months
Five	Ambulatory Care	A single mother with two children	Behavioral Problem	5	2 1/2 months
Six	School	A family with three children	Learning Problem	2	2 months
Seven	Self-Referral	A single mother with three children	Behavioral Problem	2	2 months
Eight	Psychology Intern	A family with two children	Bereavement	3	2 months

Shaw's father, Joseph left the family about seven years ago. Charlie's father, John, told Shaw that he was not his biological father when he and Rebecca separated about two years ago. Rebecca worked as a clerk to support the family and the children were entrusted to the care of a babysitter.

At the first interview, the family was told that my supervisor, Ellen Gordon, would be behind the mirror every session. At the end of each session, she would join the family in the room and provide feedback.

In the first session, Charlie, made too much noise while playing and Rebecca only brought him to the first and last family sessions with me.

Rebecca complained that besides a lack of communication between her and her elder son, Shaw, there was an escalating conflict between Shaw and Charlie. Communication and family relationship were the main issues to be dealt with in this family.

Assessment

Rebecca identified Shaw as the problematic family member who needed to change. In this family, the repetitive communication pattern between Rebecca and her elder son, Shaw was yelling and screaming at each other. Shaw did not tell his mother his feelings as he did not want to upset her. Without showing his feelings, Shaw felt frustrated and easily displaced his anger on his younger brother by picking fights with him. Without mutual understanding about each other's behavior, a recursive interaction pattern was occurred and the family relationship was getting worse.

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Treatment Plans

1. To facilitate an open communication between Rebecca and her elder son, Shaw.

2. To help Rebecca and Shaw understand the reciprocal influence of each other's

    behavior in sustaining the communication problem.

3. To improve the relationship between Shaw and his brother, Charlie.

Intervention

Rebecca complained about the non-communication between her and Shaw. Rebecca felt that there was a role reversal and that she was the child when Shaw talked back to her. In order to monitor Shaw's behavior outside the home, Rebecca formed a coalition with her younger son, Charlie, asking him to tell her how Shaw behaved.

Through the process of communication, family members expressed their feelings to achieve mutual understanding (Skinner et al., 1995). Clear and direct messages are crucial to the communication process; in this family, communication was blocked because of the inhibition of sharing feelings between Rebecca and her elder son, Shaw. Mixed messages occurred in the communication between Rebecca and Shaw.

I used "what" and "how" to encourage Shaw to talk about missing his father. Using these prompts avoided blaming one particular family member and encouraged family members to continue their conversation in the sessions. I also asked Shaw a hypothetical question to anticipate his mother's reactions after telling her his feelings about his father. This is illustrated in the following excerpt:

Therapist: You knew that your mother was mad because your father wasn't there.

How did you feel?

Shaw: Don't feel anything. I don't care about my dad.

Therapist: Were you mad that your father was not around?

Shaw: Um-hmm.

Therapist: You never tell your mom. What if you told her, what would happen?

Shaw: Who knows?

Therapist: Yeah, who knows. But what do you think?

Shaw: Maybe get mad.

Therapist: Who?

Shaw: Mom. She doesn't like me to mention my dad.

Therapist: Rebecca, is it difficult for you to hear Shaw to talk about his father?

Rebecca: Ah, when he talks about him, no. When he tries to use him, bring his

            name up, I don't like that.

Therapist: When was the last time he mentioned his father?

Rebecca: Shortly after Christmas.

Therapist: What makes you stop mentioning your father?

Shaw: He's a bum. He blew up his mother's cabin.

Therapist: So, you saw him last Christmas. Do you still remember the time that you

            met him?

Rebecca: He likes him and he remembers his phone number.

Therapist: Um, you really missed your father!

Shaw: I asked her a few times about calling my father and she said no.

Therapist:	So, your mom knows that you really missed your father and you want to talk to him?
Shaw:	I don't know.
Therapist:	Would you like to ask her?
Shaw:	No.
Therapist:	You know about that, Rebecca?
Rebecca:	Now I do. The only problem is that his father does not tell the truth and he does illegal things for a living. I prefer my children far away from him.

Rebecca said she did not tell Shaw the reason for not letting him see his father until the session. Rebecca wanted Shaw to talk to her about his feelings but she did not want Shaw to mention his father. Through the intervention process, both Rebecca and Shaw could listen to each other's perspectives and understand the mutual influence on each other's behavior. Shaw was also concerned that his mother would be hurt during a fight with his mother's friend, Richard. He said it was hard for him to tell his mother about his worries. I asked him, "What would happen if you told your mother about your worries?" He said he did not know what would happen. It was hoped that this hypothetical question could be assimilated into his thinking some time later.

During the feedback, my supervisor asked Rebecca and Shaw to tell each other their feelings each day between the sessions. With the accomplishment of the task, I asked both of them, "What is the difference now? Before, you two seldom shared feelings and now you can talk to each other about how you feel." This 'now and then' question

was used to highlight the change to make "the difference that makes a difference" (Bateson, 1972, p.453). Rebecca remarked that there was a big improvement in both of their lives, emphasizing "both of their lives". This indicated that Rebecca was aware of the systemic linkage of the communication and relationship between her and her son (Fleuridas, Nelson & Rosenthal, 1986).

Though Rebecca started to share her feelings with Shaw, she usually shared good feelings rather than the bad. With the use of direct and comparison questions such as; "What made it so hard for you to share your feelings?" and, "What is the difference in the relationship between you and your mother/you and your son?" It provoked Rebecca to reflect on her own family's rules and interaction patterns in her controlling the communication pattern between her and her son (Barnes, 1998). Rebecca realized that she learned from her mother not to share her feelings with others, and she was repeating the same interaction pattern with her son.

The Feedback Process

My supervisor complimented Shaw, telling him that he did a lovely job of talking with his mother about the things he wanted to talk about. Rebecca responded that she was shocked to know about her son's concern. With regard to the conversation about Shaw's feelings towards his father, my supervisor remarked that Shaw was a very loving and concerned son and he was very respectful of how his mother felt. In regard to Shaw's feelings about his father, my supervisor wondered whether both Rebecca and Shaw were caught in their individual dilemmas. Shaw wanted to see his father and it

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seemed that he also worried that his mother would be mad at him for talking about his father. Rebecca was concerned about Shaw's safety, but she also hoped that Shaw would know his father better. Shaw nodded. My supervisor then directed Shaw's concern to Rebecca. This led Rebecca to tell Shaw that she was not mad at him for talking about his father. Rebecca told Shaw that she only got mad when Shaw did not talk to her.

In regards to the increased fighting between Shaw and his brother, Charlie, my supervisor speculated that it was hard for Shaw to show his feelings, and so sometimes he took things out on his brother. Shaw nodded. My supervisor remarked that it was easier to pick fights with people in the family than it was to talk about feelings. She also observed that Rebecca seldom showed her feelings. Rebecca acknowledged her private personality and she admitted that she never showed her true emotions or feelings to her children. My supervisor asked Rebecca to think about the reasons for not showing her feelings, and what it would be like if she started to show more of her feelings. At the end of the feedback, Shaw said he felt much better.

One of the functions of task is to alter the family interaction pattern (Gunn & Fisher, 1999). The willingness of the family to complete the task indicated their readiness to change (Gunn & Fisher, 1999). My supervisor asked Rebecca and Shaw to tell each other one feeling each day between the sessions. They were quite ready to change as evidenced by the family's feedback after performing the task. Both Rebecca and Shaw looked relaxed and happier than before. Rebecca reported a change in the sibling relationship. There had been less bickering between Shaw and his brother. He did not exhibit any stealing or lying behavior. He had been more involved with his

friends at school and tried to improve his reading and writing. They were asked to continue the task of sharing feelings with each other, but they had to tell each other one good feeling and one other feeling such as being worried, sad, frustrated or upset.

A systemic change was occurring in the family. With the improvement in the relationship between Rebecca and Shaw, Charlie started acting out to draw his mother's attention.

Outcome of Clinical Measures

The FAM-III Profile

According to the FAM-III manual, children age 10 or above may complete the FAM (Skinner et al., 1995). As Shaw was under ten, he did not have to do the FAM-III scale. Interpretation of the family functioning on the FAM-III scale was categorized into family strength, average range and family problem in terms of the range of the scores of family members (Skinner et al., 1995). The average range of family functioning should fall between the scores of 40 and 60. Scores outside 60 indicates the family member has a problem in family functioning and scores below 40 indicates the family member has effective family functioning (Skinner et al., 1995). However, the validity of the scores on family functioning is affected by the scores on the social desirability and denial scale. Scores above 50 on the social desirability and/or denial scale indicate the possibility of distortion of the responses to family functioning. Family members may minimize their problems in family functioning. In scores below 40 in the social desirability and/or denial scale, the family member may maximize the problem.

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Rebecca completed the pre-and post-test of the FAM-III (see Figure 1 and 2) and the scores are presented in Table 2. At the beginning of therapy, Rebecca had a score beyond the average range in the area of control. This matched the way she controlled Shaw's behavior. Rebecca scored far beyond the average range in the area of role performance and communication, consistent with her verbal reports about role reversal and lack of communication with her son. The result of Rebecca's post-test indicated there was a positive change in communication and control but the scores were still above the average range. During intervention, there was more talking between Rebecca and Shaw about their feelings and this could affect the way Rebecca exercised control. However, the score of role performance was the same as in the pre-test, which was still above normal range. In the post-test, her scores are beyond the average range in the area of affective expression, involvement, and values and norms. It was likely the result of Rebecca's recognition of the problem of learning from her mother (norms and values) of not showing feelings (affective expression), and her affected interaction with her son (involvement). Nevertheless, the identified problem would be exaggerated by Rebecca in view of her denial score (28) in the post-test. With a score lower than 40 on the denial scale, there is a greater chance of her maximizing the problems.

The Family Problem Checklist

Rebecca was "dissatisfied" with handling anger and frustration, dealing with matters concerning sex, relationships between children, relationship between parents and children, and situation at work in the pre-test (see Table 3). These were relatively similar to her responses in the FAM-III scale. She did not show her feelings and she might feel

Table 2

Family One: Pre/Post-Test Scores on FAM-III General Scale

Family Member	Rebecca	
	Pre	Post
Overall Rating	64	64
Task Accomplishment	58	58
Role Performance	74	74
Communication	78	64
Affective Expression	58	64
Involvement	60	66
Control	72	62
Values and Norms	52	62
Social Desirability	42	42
Defensiveness	46	28

Figure 1

FAMILY ONE FAM-III PROFILE
PRE-TEST

Figure 2

FAMILY ONE FAM-III PROFILE
POST-TEST
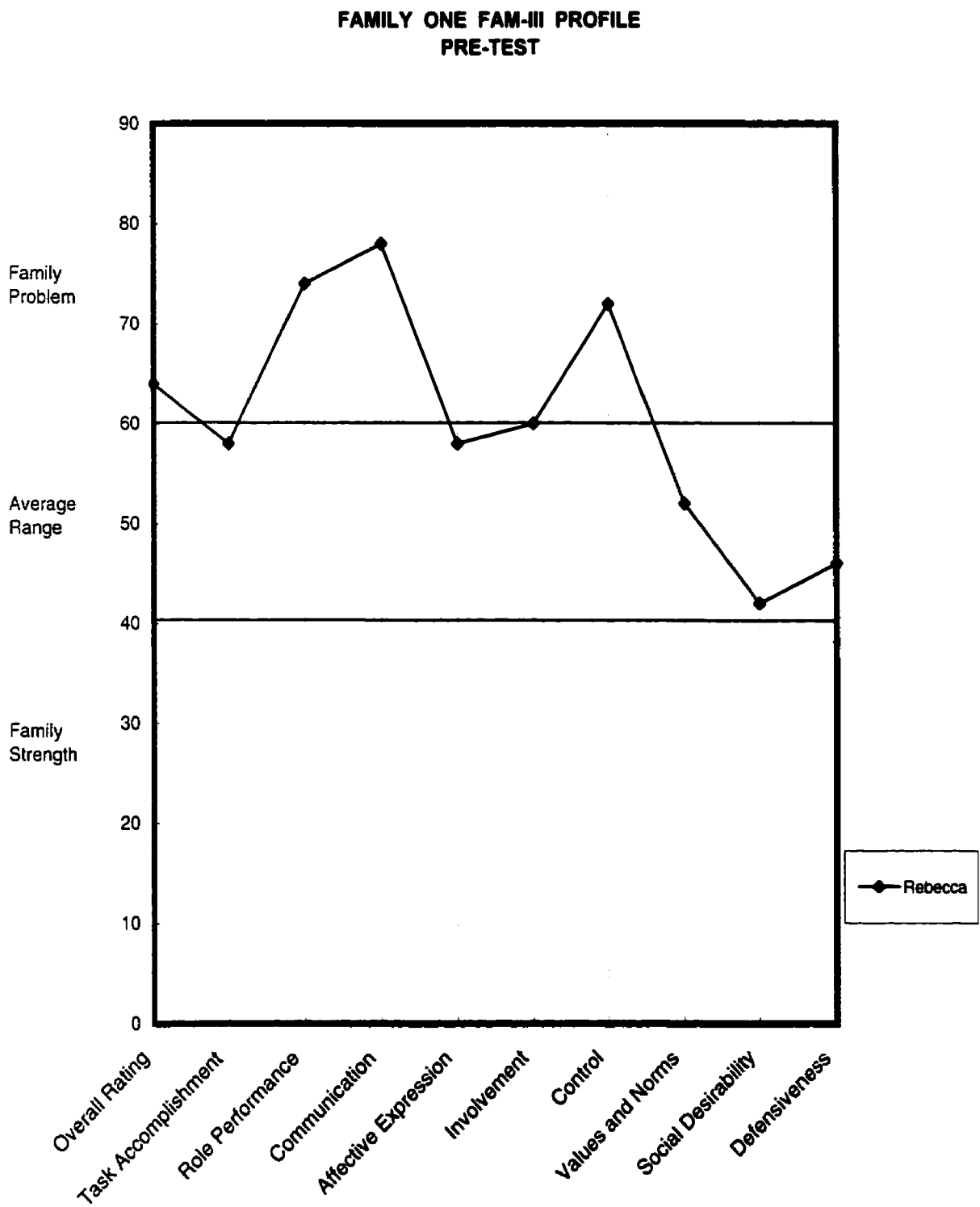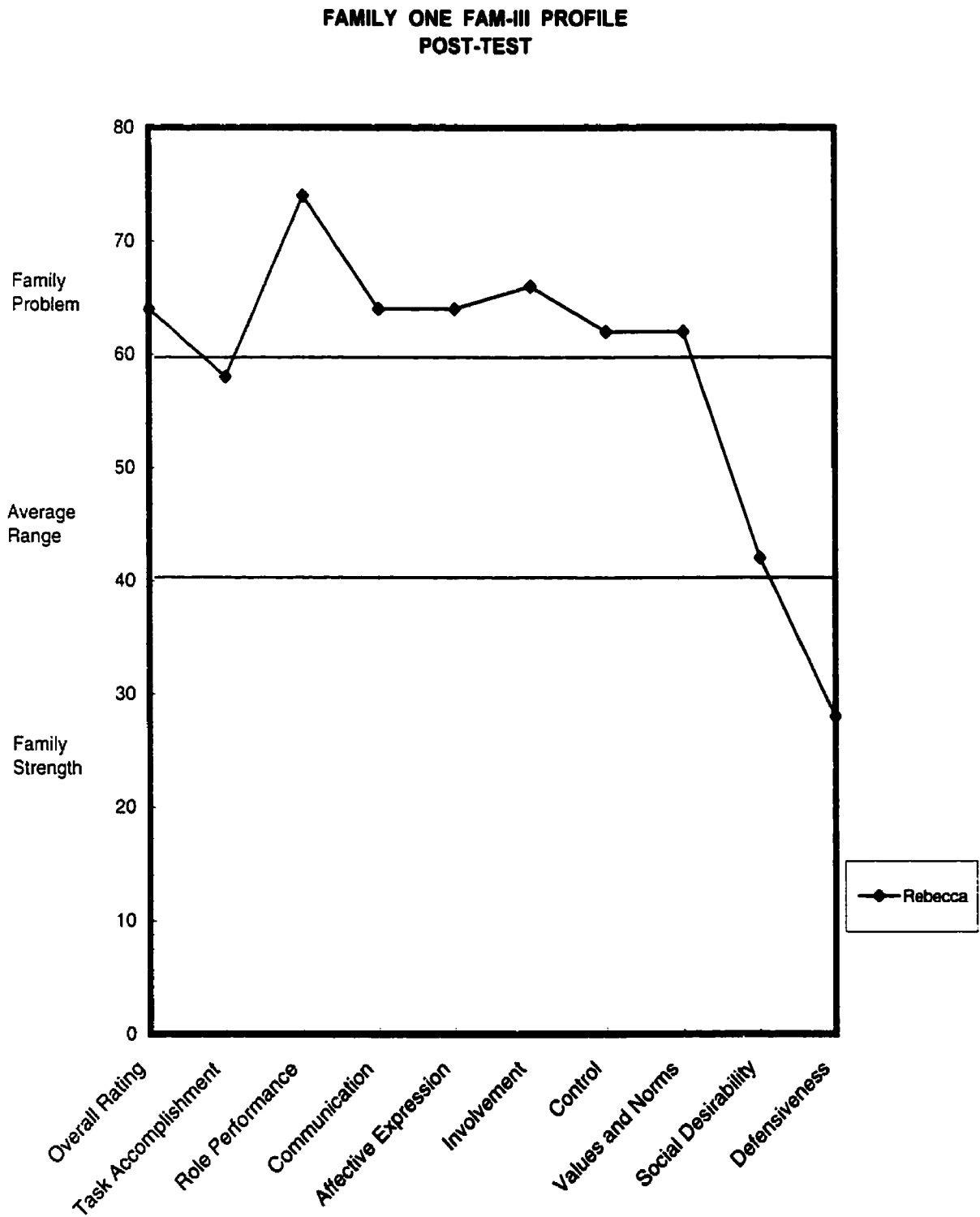
Table 3

THE FAMILY PROBLEM CHECKLIST REBECCA (PRE-TEST)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family			X		
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities			X		
7. Handling anger and frustration		X			
8. Dealing with matters concerning sex		X			
9. Proper use of alcohol, drugs				X	
10. Use of discipline			X		
11. Use of physical force				X	
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents			X		
15. Relationship between children		X			
16. Relationship between parents and children		X			
17. Time family members spend together			X		
18. Situation at work or school		X			
19. Family finances			X		
20. Housing situation			X		

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself			X		

frustrated and impatient and get mad at herself easily. There were escalated fights between Shaw and Charlie which explained the unsatisfactory relationships between the children. The parent-child relationship was not satisfactory because of non-communication between Rebecca and Shaw. Rebecca mentioned the stressful situation at work in the sessions. In the post-test (see Table 4), Rebecca was "very dissatisfied" with the situation at work and with family finances. She indicated "dissatisfied" in the pre-test with the relationships between children and the relationships between parent and children and put these under "in between". These are relatively consistent with her responses in her FAM-III profile, in which she had positive changes in communication and control. Because of Shaw's age, I did not make him do the Family Problem Checklist.

The Client Feedback Checklist

Rebecca was very satisfied with the counseling services provided. She found that the suggestions were helpful and did not impose on her and her family. She felt warm and relaxed in the sessions. The feedback checklist is shown on Table 5.

Overall Evaluation

There is positive change in the family communication as evidenced by the clinical results and verbal feedback from the family. I observed that both Rebecca and Shaw were able to understand and talk about their feelings with each other in the latter course of therapy. During the feedback process, sharing of feelings between Rebecca and Shaw was further enhanced, and issues of family beliefs were revealed. I speculated about Rebecca's negative responses in the area of affective expression, values and norms, and

Table 4

THE FAMILY PROBLEM CHECKLIST REBECCA (POST-TEST)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings like joy, happiness, pleasure, etc.				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family			X		
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong			X		
6. Sharing of responsibilities				X	
7. Handling anger and frustration			X		
8. Dealing with matters concerning Sex			X		
9. Proper use of alcohol, drugs			X		
10. Use of discipline			X		
11. Use of physical force			X		
12. The amount of independence you have in the family			X		
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents				X	
15. Relationship between children			X		
16. Relationship between parents and children			X		
17. Time family members spend Together			X		
18. Situation at work or school	X				
19. Family finances	X				
20. Housing situation					X

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family			X		

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself			X		

Table 5

CLIENT FEEDBACK CHECKLIST (REBECCA)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to Appointments and time commitments					X
Communicates clearly					X
Demonstrates an understanding of our family				X	
Demonstrates acceptance				X	
Provides suggestions that are helpful					X
Demonstrates a sense of humor					X
Provides a relaxed atmosphere					X
Helps family to find own solutions				X	
Provides information in a way that is not imposing					X
Demonstrates warmth					X
Helps family to see things differently or in a new way				X	
Overall quality of service					X

Any additional comments:

involvement. They are likely the result of Rebecca's acknowledgement of the problems after intervention. Charlie's acting out behavior indicated the systemic change in the family after intervention. I believed I had developed a trustful relationship with the family during the course of the therapy. At my last session with the family, Shaw drew a picture of my supervisor and me to show his appreciation. As the family needs to sustain their positive change in communication, they continued therapy with my supervisor when I left.

This family demonstrated the principle of systemic family therapy that a change in one part of the system can induce change in other parts as well. The improvement between the mother and the elder son induced a positive change in sibling relationship. There was positive change in the identified client's behavior in the larger system as well.

Family Two

Case Background

This family consisted of the mother, Anita (age 49), her two sons, Patrick (age 17) and Spencer (age 12). Anita's husband, Roy, died in an accident about five years ago. Patrick was diagnosed with diabetes at the age of 11. He was admitted to the hospital because of his debilitating illness. During his stay in the hospital, Patrick requested counseling to relieve the stress that he experienced with his mother at home. He participated in a self-management group while he was having family therapy. My supervisor and I were the co-therapists for this family for a total of 8 sessions. The reflecting team was used in 4 sessions.

In adolescence, Patrick tried to gain independence by taking care of his health and schoolwork. Patrick complained about his mother's nagging over his medication and schoolwork and this made him feel stressed. He was concerned about his illness and he thought that the stress from the family could aggravate it. Because of his deteriorating health, he had a private tutor to help him with schoolwork at home as he could not attend a regular school.

Assessment

Communication and boundary issues were presented in terms of Patrick's developmental needs. Patrick demanded autonomy by yelling and screaming at his mother's intrusiveness. Because of his illness, Anita became over-involved, treating him like a child. She had developed an enmeshed boundary with him. The family also had difficulty in expressing and sharing their feelings about the father/husband's death.

Treatment Plans

1.   Assist Anita to establish a clear boundary with her two children.

2.   Assist Anita and Patrick to renegotiate their relationship to maintain a balance of autonomy and responsibility.

3.   Help the family to communicate feelings about the loss of the father/husband.

Intervention

Patrick was an articulate adolescent who did not show affection to his family members. He always interrupted and angrily criticized them. Patrick tried to strive for

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autonomy by doing things such as his schoolwork and taking care of his health. His illness had influenced his mother's view of him. She treated him like a helpless child. Anita was assigned to allow Patrick to do his own schoolwork. Nevertheless, Patrick angrily reported that his mother not only kept bothering him at his schoolwork but also told him to cheat on the exam at home. Anita burst into tears because she felt that Patrick misinterpreted her care and concern as criticism. The issue of autonomy was highlighted in the reflection and there was a significant change in the relationship between Patrick and his mother.

Communication about feelings is inhibited in the family, as typically there is often a breakdown in family communication when people are reluctant to talk about the deceased or death (Sedney, Baker and Gross, 1994). The family acknowledged that they had difficulty in sharing their feelings about the loss of their father.

Patrick was mad at his mother for telling her boyfriend, Peter, to do the lawn. Patrick was asked to tell his mother that he did not want to lose the memory of helping his father with the lawn. When the family talked about their emotions when they went to the cemetery on Father's Day, Patrick said he learned from his uncle and friends that a man should not show his feelings. My supervisor told him that anger would take over by hiding his feelings and he acknowledged having had the same experience.

The Feedback Process

The reflecting team was used in the feedback process in this family. The team member included my supervisor, Dr. Jocelyn, a resident in Psychiatry, and myself.

In response to the issues of Patrick's schoolwork, Dr. Jocelyn thought that Patrick

was talking about trust. She wondered if maybe Anita was not ready to trust Patrick in doing well in his schoolwork and getting well. My supervisor wondered whether Anita was overly worried about Patrick and he felt he was not trusted. Without mutual understanding and seeing each other's perspectives, both Anita and Patrick misinterpreted each other's behavior. My supervisor also wondered what would help them see each other's perspectives differently. She suggested the family think about a solution rather than being angry with each other. The family had no comment about the reflection.

The reflection did have an impact on the interaction between Patrick and Anita. Patrick was less angry in the following session and he saw his mother's concern differently. He said he would give up fighting with his mother because he found that she also nagged her boyfriend about his medication. Rather than getting locked in a battle with his mother without a resolution, Patrick turned to spending time chatting with his friends over the Internet, something which he could control. Though Patrick's friend teased him when he went to school with his mother, he defended his mother when his friend criticized her.

In this reflection, I reframed Patrick's giving up as a different way to relate with his mother by making peace with his mother. Maybe he tried a positive way to relate with his mother instead of giving up. I also speculated about the reason why Anita was concerned about Patrick's schoolwork. She knew that Patrick had to deal with his illness for his whole life. This made her worry about Patrick's future if he did not have a good education.

Dr. Jocelyn agreed that Patrick's illness had prevented him from being more

independent. At his age, adolescents are becoming more independent or getting their driver's licenses. Dr. Jocelyn thought Anita really cared for her children and she worried about Patrick's future and his prospects for an education. But that concern caused great conflict because her way of showing or caring was to be over-involved and Patrick perceived that as being intrusive and controlling. Perhaps she didn't know a different way to show her care for him. Dr. Jocelyn believed Patrick knew at one level that his mother cared for him because he didn't like his friend criticizing his mother.

The family had the following comments after the reflection:

Anita: I liked it when the doctor said, "She cares about him in one way and shows it in another way".

Patrick: I liked, "When my friend trashed my mother, I defended her".

Anita: I thought you meant giving up your schoolwork (to Patrick).

Patrick: That's what I want to clarify with her [refers to me] about giving up. She misunderstood what I meant by giving up. I meant stop yelling, stop the madness so I finally can deal with it my own way without involving her [refers to his mother] this time. When I said give up, I meant when she's on my back at a certain point, I'll leave. I'll also use the Internet to isolate myself and to make some friends and she [refers to me] said I'll find a constructive way to deal with it. Oh! One thing that I forget I can get my driver's license until the doctor says.

The reflection had a significant impact on Patrick gaining his independence. He was less angry when he talked to his mother in the subsequent family sessions. He

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started preparing for the written test for beginners and he asked his mother to help him with it.

In her reflection, Dr. Jocelyn said she noticed that Patrick was moving on, becoming more independent, which was something we talked about in regard to the driver's license. She suggested Patrick might take on other kinds of responsibilities such as looking after his clothes and not expecting other people to do things for him. Dr. Jocelyn also thought it was important for Patrick to take on more responsibilities by going to school and making plans for his education.

I wondered whether the family had a very hard time showing their feelings about their father's death. My supervisor pointed out that Patrick asked for his mother's help and she really helped him with that. This indicated the family was working hard and was trying to work things out.

Although the family did not have any comment about the reflection, it triggered further change in the relationship between Patrick and his mother. Anita had more confidence in Patrick's ability to do things for himself. She was surprised at Patrick's good driving skills and she was not as nervous about Patrick's driving as she thought she would be. Moreover, Anita tried to show her care and concern for Patrick in a different way. She helped Patrick practise his driving and she tried to pull herself back from being too involved with Patrick's schoolwork. Besides, Patrick finished all his schoolwork of his own accord.

With regard to sharing feelings about the loss of the father, Patrick said he was the only one who mentioned missing his father. Spencer seldom mentioned his feelings about his father. Instead, he wrote about his feelings in an autobiography. The family

had more understanding about Spencer's feelings after they read the autobiography. Anita felt torn between her boyfriend, Peter, and her children. Patrick acknowledged his fear that Peter would take over Patrick's father's position. Spencer did not allow his mother and Peter to show physical affection for each other because Peter was not his father.

In the reflection, Dr. Jocelyn said she noticed that the family talked more about the loss of the father and husband and the effect of including a new person, Peter. She thought Anita and the children did not want to forget the father/husband because he was still present in their lives. Dr. Jocelyn showed her understanding towards Anita's struggle for a relationship balanced by the need to show her care and concern to her children. My supervisor responded that she could understand how hard it was for the children to see their mother involved with another man. She really appreciated how the family tried to come to terms with these situations and tried to struggle with these. My supervisor wondered whether the children might worry that their father would be forgotten. She also appreciated that Spencer started talking about some of his feelings in the session and she encouraged him to find a way to sense what was going on with him and to talk about his feelings. Dr. Jocelyn agreed that Spencer seemed to have little trouble sharing his feelings and had a tendency to let other people to speak for him so it was an important step for him to speak for himself in the session.

The impact of reflection was further shown in the last family session. Anita reported that Patrick was showing more independence by taking on more responsibilities such as keeping his room clean and doing his laundry. He even wrote down the things he had to do and he did them.

Outcome of Clinical Measures

The FAM-III Profile

The scores of the FAM-III scales are presented in Table 6. The family completed the pre-and post-test of the FAM-III scale (see Figure 3 and 4). In the pre-test, Anita might maximize the family problems because she scored 36 on both on the social desirability and denial scale. She identified task accomplishment, role performance, affective expression, involvement and control as the family problems. Obviously, Anita controlled her children's activities such as doing homework and preparing for tests (control). She was over-involved with Patrick by checking his schoolwork and opening his jewelry box (involvement). She also failed to adapt to the change in Patrick's developmental transition (role performance) and did not give her children the opportunity to fulfill their developmental tasks (task accomplishment).

Anita acknowledged she did not share her feelings with the children about the loss of their father (affective expression). Upon termination of the therapy, Anita had significant changes in family functioning. She showed her care and concern for Patrick by allowing him to get his driver's license (task accomplishment) and to let him take responsibility for his self-care (role performance). She gave Patrick more personal space to do things such as going out with friends (involvement) and she did not interfere with his schoolwork (control). She started sharing some of her feelings with her children in the sessions (affective expression). With all these changes, Anita did not identify the task accomplishment, role performance, control, involvement and affective expression as family problems in the post-test. One limitation on the interpretation of her positive changes in the family functioning might be inflated in considering her score was over 50

Table 6

Family Two: Pre/Post-Test Scores on FAM-III General Scale

Family Member	Anita		Patrick		Spencer	
	Pre	Post	Pre	Post	Pre	Post
Overall Rating	67	53	76	67	60	55
Task Accomplishment	78	54	86	72	68	52
Role Performance	66	60	78	74	64	64
Communication	60	54	74	74	58	52
Affective Expression	64	50	78	60	64	60
Involvement	68	46	70	58	54	50
Control	76	56	72	68	60	52
Values and Norms	60	52	76	66	54	58
Social Desirability	36	52	36	46	42	46
Defensiveness	36	50	32	42	40	46

Figure 3

FAMILY TWO FAM-III PROFILE
PRE-TEST

Figure 4

FAMILY TWO FAM-III PROFILE
POST-TEST
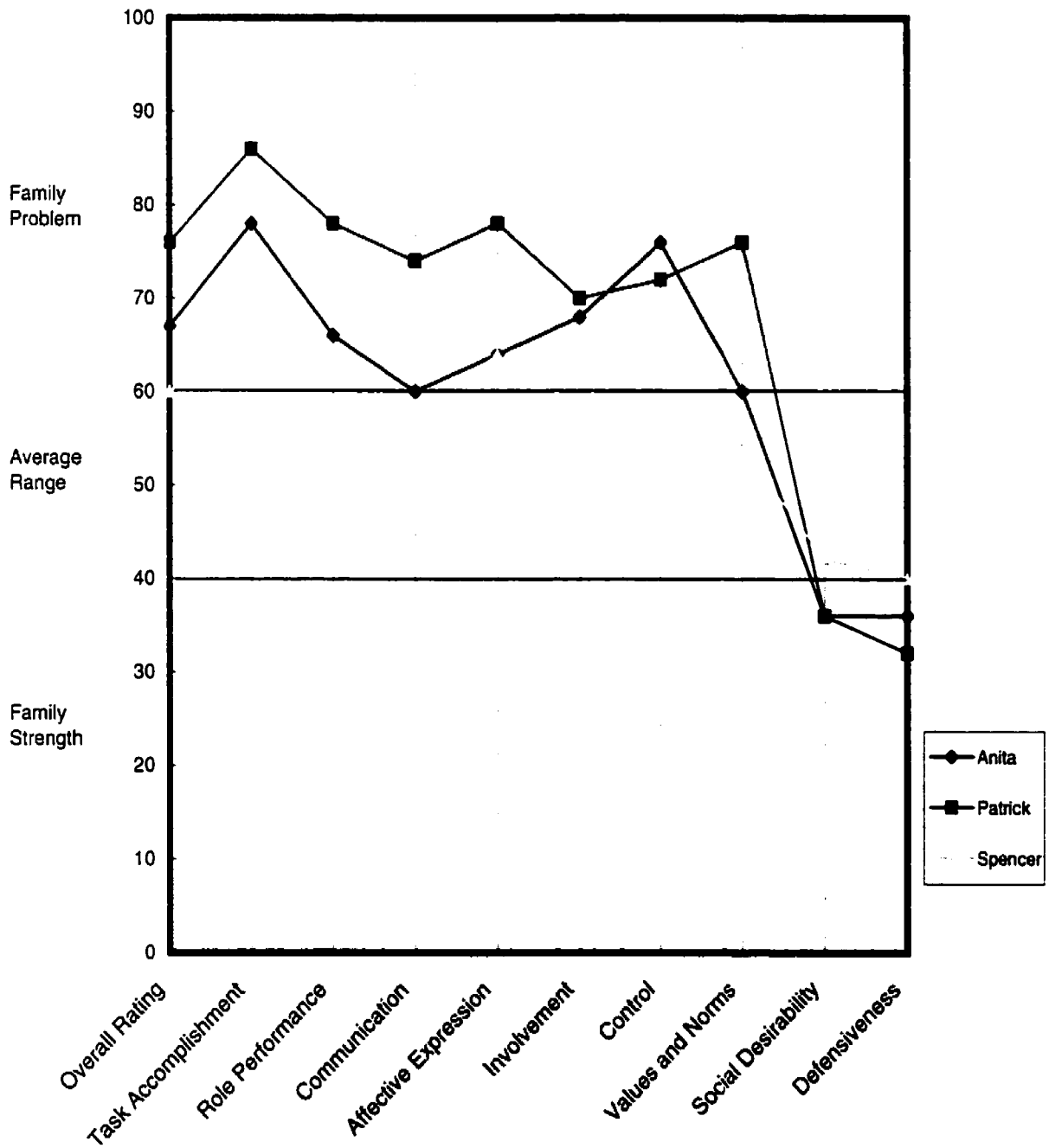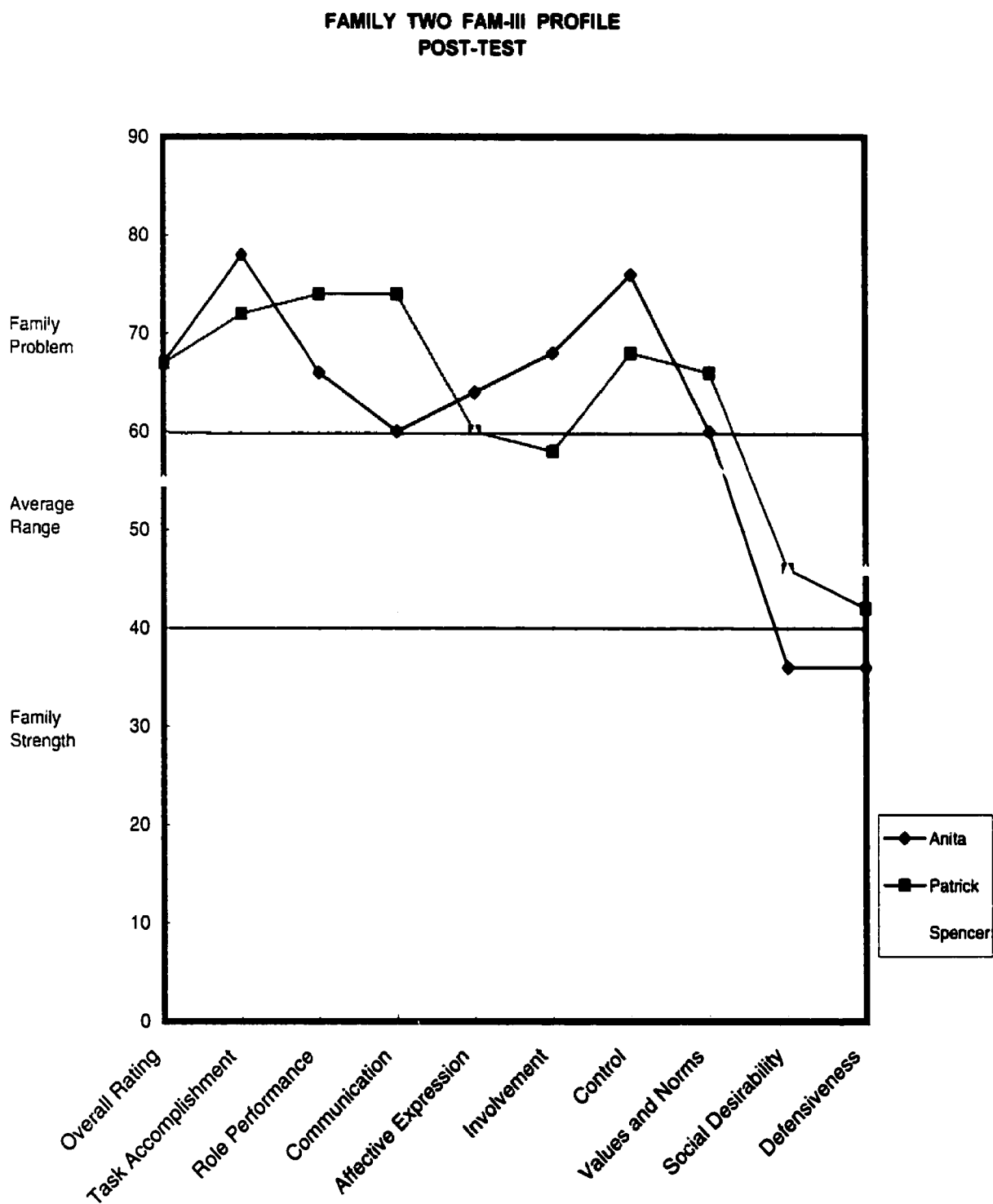
on the social desirability scale.

All areas of Patrick's family functioning in his FAM-III profile fell beyond the average range in the pre-test. He might maximize the problems because his scores on the social desirability and denial scales were below 40. Besides, Patrick's scores were extremely elevated beyond the average range as compared with other family members. The intensity of Patrick's anger could be high at the time of completing the scales which could affect his scores on the FAM-III scales (Skinner et al., 1995). Patrick was affected by his family's belief that he should not express his feelings and emotions (values and norms). With a change in the gender belief that a man should not show his feelings (values and norms), he had a better understanding of his own emotions and feelings. Besides, through the reflection, Patrick took a different way to show his autonomy by getting a driver's license (task accomplishment). He also started taking up more responsibility in the family (role performance). Although family communication was one of the focuses of the family session, it placed more emphasis on expressing feelings among family members (affective expression). Patrick had an angry attitude towards his mother and brother in the early phase of family therapy. After using the reflecting team in the feedback, Patrick was calmer and less angry towards family members (involvement). Among the positive changes, Patrick's scores in the areas of task accomplishment, role performance, control, and values and norms are still beyond the average range in the post-test. He had the same score in communication in pre-and post-test.

Spencer identified three problematic areas in his family functioning: task accomplishment, role performance and affective expression. Spencer was not able to talk

about the death of his father at the beginning of the therapy. As the therapy progressed, he was able to talk about his feelings towards this loss (affective expression). Spencer asked his mother not to interfere with his schoolwork and he successfully refused to take a pre-test at home (task accomplishment). Spencer is an adolescent and he might also start recognizing his developmental needs such as developing autonomy. Although Anita related differently to Patrick's developmental needs after intervention, she might not necessarily make the corresponding change to Spencer's developmental needs. Hence, Spencer still identified role performance as the family problem in the post-test. Within the average range, there was a higher score in values and norms after intervention. Spencer might start to impose different demands on his family because of his developmental growth. He might find some of the family rules are unreasonable and inflexible.

The Family Problem Checklist

In the pre-test, Anita was "very dissatisfied" with the amount of independence she had in the family (Appendix E). Anita was over-involved with her children, especially Patrick; she seldom took some time for herself. She was also "very dissatisfied" with the sharing of feelings, sharing of responsibilities and use of discipline. These were similar with her results in her FAM-III profile that she had problems in affective expression, role performance and control. In the post-test, she was generally satisfied with most areas of family concerns in the checklist (Appendix F).

At the beginning of therapy, Patrick had similar responses in the problem checklist (see Table 7) and FAM-III profile. In the checklist, he was "very dissatisfied"

Table 7

THE FAMILY PROBLEM CHECKLIST PATRICK (PRE-TEST)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family	X				
4. Making sensible rules	X				
5. Being able to discuss what is right or wrong	X				
6. Sharing of responsibilities	X				
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex	X				
9. Proper use of alcohol, drugs	X				
10. Use of discipline	X				
11. Use of physical force	X				
12. The amount of independence you have in the family		X			
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents				X	
15. Relationship between children	X				
16. Relationship between parents and children		X			
17. Time family members spend together			X		
18. Situation at work or school				X	
19. Family finances			X		
20. Housing situation			X		

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family			X		

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself				X	

in sharing problems with the family, discussing what is right and wrong, and making sensible rules (communication). He was also "very dissatisfied" with sharing responsibilities (role performance), handling anger and frustration (affective expression), use of physical force (control), use of discipline, dealing with matters concerning sex, and the relationship between children. Upon intervention, Patrick made positive changes in expressing feelings instead of becoming angry he undertook some family responsibilities, and did his schoolwork of his own accord. However, he was still "very dissatisfied" in the sharing of responsibilities in the post-test (see Table 8).

Spencer was "very dissatisfied" with the sharing of responsibilities in the pre-test (Appendix E). In the post-test, he was "dissatisfied" with the sharing problems with the family, making sensible rules, and the sharing of responsibilities (Appendix F). These might relatively correspond to the area of role performance and values and norms in his FAM-III profile.

The Client Feedback Checklist

The family felt accepted in the therapy and they found the therapists provided helpful suggestions. Patrick found that the therapists helped the family to see things in a different way (see Table 9). Anita was satisfied with the counseling services (Appendix G). Spencer found the therapists helped his family to find solutions to their problems and understood his family situation (Appendix G).

Reflecting Team Feedback Form

As the family did not return the reflecting team feedback form to me, I could not

Table 8

THE FAMILY PROBLEM CHECKLIST PATRICK (POST-TEST)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **NOW** in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family				X	
4. Making sensible rules		X			
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities	X				
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex		X			
9. Proper use of alcohol, drugs					X
10. Use of discipline			X		
11. Use of physical force				X	
12. The amount of independence you have in the family			X		
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents				X	
15. Relationship between children		X			
16. Relationship between parents and children			X		
17. Time family members spend together		X			
18. Situation at work or school			X		
19. Family finances				X	
20. Housing situation			X		

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself					X

Table 9

CLIENT FEEDBACK CHECKLIST (PATRICK)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments				X	
Communicates clearly			X		
Demonstrates an understanding of our family				X	
Demonstrates acceptance				X	
Provides suggestions that are helpful					X
Demonstrates a sense of humor					X
Provides a relaxed atmosphere					X
Helps family to find own solutions					X
Provides information in a way that is not imposing					X
Demonstrates warmth					X
Helps family to see things differently or in a new way					X
Overall quality of service					X

Any additional comments:

evaluate the effectiveness of the reflecting team from the family's perspective.

Overall Evaluation

Before using the reflecting team, the change in the parent-child relationship was not significant. Patrick stuck with his way of having his independence by asking his mother not to interfere with his life. The reflecting team helped Anita and Patrick to see things more from each other's perspectives. The team also introduced alternative views of seeing the parent-child relationship. Patrick then started using a different way to strive for his autonomy such as getting his driver's license and taking on more responsibility. Also, through the process of preparing for the driving test, Anita started to change her view of Patrick's ability. She had more confidence on Patrick's doing things and was able to be less involved with him.

Through direct intervention, Spencer shared his feelings about the loss of his father in the latter course of therapy. In the sharing, the family members realized each of them had a different way to do their grieving. Though there could be some input for Patrick's change from his self-management group, I believed that the family therapy had a significant impact on the overall changes in this family.

This family provided me the opportunity of understanding the reciprocal influence of their behavior towards each other. Also, I experienced the effect of reframing the meaning of an event or problem among family members, and leading to changes in family interaction.

Chapter Five

Introduction

In reviewing the families I had dealt with in this practicum, the usefulness of systemic family therapy, the feedback process and the attainment of my professional goals are presented in this chapter. Also, the implication of the practicum to me as a minority therapist is also discussed.

Evaluation of Practicum

Evaluation of the Usefulness of Systemic Family Therapy

Family Communication

All four families had problems in communicating feelings and in sending clear and direct messages to family members, causing conflicts in the parent-child relationship. Without clearly defined roles through open communication, the family fails to attain its basic family tasks (Skinner et al., 2000). With improvements in family communication, there were corresponding changes in role responsibilities and family relationship.

Boundary

Boundary was another focus of the therapeutic work in this practicum. It was found that parental over-involvement with a child in one of the families created tension either in the parent-child or sibling subsystem. By re-establishing an appropriate boundary in the parent-child system, it was observed that there was improvement in the parent-child relationship.

Task

Task can be used to restructure family boundaries and change family communication patterns. Due to limitations in my interviewing skills, I did not use task to work with all four families during this practicum.

Reflexive Questions

Reflexive questions are helpful in revealing a family's structure such as enmeshment in the parent-child subsystem. With the creation of new boundaries around family subsystems, family role responsibility was clearly defined. In addition, the use of "how" and "what" engaged family members in conversation to express their perspectives on problems and solutions. Further, comparison questions were used to sustain positive change in the parent-child relationship. However, I found that hypothetical questioning with children was not very useful in my work with Family One. I used this technique to encourage the elder son to think about what possible changes could occur in the relationship with his mother if he could openly express his feelings. He could not think of any possible change. In Family Four, I asked the younger son to think about what positive changes he could wish for in his relationship with his mother but he could not come up with his wishes for positive change.

Evaluation of the Effectiveness of the Feedback Process

In systemic family therapy, feedback is one of the means to increase the effectiveness of therapy. Families readily accepted suggested tasks provided in the feedback by my supervisor. By posing questions or dilemmas to families, they were

stimulated to think through and process alternatives for their problems. Families' strengths were emphasized and complimented to encourage them to work together as a unit on solving problems. Blaming any particular family members was defused. As a result of the feedback process, positive changes such as communicating and sharing feelings were observed in the family.

The reflecting team was used to give feedback to the family in this practicum. After introducing the reflecting team, there was positive change in Family Two. It was noticed that family members attended more to the positive comments from the reflecting team. By providing the family with alternatives to view their situations, it unlocked their struggle with each other in solving their problems. However, in considering the inconsistent reflecting team membership in some sessions with Family Four, it posed a limit on the usefulness of the reflecting team. The elder son of Family Four took the positive comments from the reflecting team as non-constructive in helping his family. His comment could not fully account for evaluating the effectiveness of the reflecting team as he only attended one session with the reflecting team. I also noticed that the younger son of Family Four did not pay much attention to the team discussion. This made me wonder about the effectiveness of the reflecting team in working with different people of different age groups.

Similar feedback was provided by my supervisor and the reflecting team. Both emphasized the family's strengths and offered tentative suggestions. The only difference was the reflecting team provided more ways of solving problems. Also, feedback provided by an observer or a team behind the mirror was both helpful to the therapist and the family. Feedback supplemented the therapist's intervention and also reinforced the

positive changes in the family.

Evaluation of Professional Goals

I had a new and challenging experience doing therapy with family of a different culture. I learnt to use appropriate words or phrases when asking questions. For example. I did not know the difference between, "What was that like for you?" and, "How do you feel?" I found live supervision very useful as my clinical supervisor would provide direction and gave me immediate feedback when I did not know what to do in the session. I also found the supervision session was very helpful for me to think of different perspectives to work with family. It also gave me the opportunity to reflect on my own personal life experiences, culture and family background in relating my work to the family. My clinical supervisor also noticed that I was not very sensitive to changes in the emotions of family. This made me realize that I was uncomfortable in dealing with the emotional aspect in my own family.

Participating in the reflection was a valuable learning opportunity. Though I read some literature on the reflecting team, it was helpful to have practical experience to supplement my conceptual knowledge. In addition, I found that the feedback from the reflecting team not only provided different alternatives but it also gave me insights in considering other way of working with families.

During training, I had the opportunity to see my clinical supervisor at work and to exercise my involvement providing feedback to the family. Through this, I learned how to pose questions and how to choose appropriate words. Also, observing other professionals or therapists behind a one-way mirror provided me with the opportunity to

learn the different styles of professionals and therapists and different theoretical approaches with families.

In my training, I implemented systemic family therapy concepts in my work with families. I learned to see systemic interactions and relationships among family members in maintaining the problems. Also, I experienced how families easily attributed a problem to one particular family member. This demonstrated the feature of "change and stability" in families. They illustrated "we have this problematic member who must change, but as family, we are fine" (Tomm, 1984, p.115). Clinical measurements such as FAM-III and the Family Problem Checklist helped me to assess the family and facilitated the process of relevant intervention with each family. For my professional growth as a therapist. I learned to polish my interviewing skills and questions on working with family in a systemic way. Through my training, I realized that one of my weaknesses was to focus on the content instead of the therapeutic process. Also as a therapist, I found that it is very important to realize that my personal qualities such as values, life experiences, culture and beliefs have an effect on the way I work with family.

I felt that I connected and had rapport with each family. From the Client Feedback Checklist, all families were satisfied with my qualities as a therapist and the services provided.

Implications of the Practicum to the Therapist

Of the eight families that I worked with during the practicum, there were two families from a minority group and six families came from the mainstream society. As a minority therapist, I understood more about the family's concerns such as the use of the

one-way mirror and the reflecting team. In some cultures, family does not feel comfortable in sharing their family issues with people outside the family. This could inhibit the use of the reflecting team in working with some minority groups. Although the majority of the family in the practicum was from the mainstream society, I noticed that trust is an important element despite the cultural differences between therapist and family. I also found that it was a good opportunity to learn the mainstream culture with a Caucasian supervisor. We shared and incorporated our cultural differences on working with families from different ethnic groups. This not only enhanced my professional knowledge but also facilitated my work with family.

My practicum experience in a hospital setting also enabled me to learn how the file was documented. In consideration of the ethnic differences between other professionals and myself in the hospital setting, I found that all of us are dedicated to the goal of helping people.

Conclusion

In conclusion, the use of systemic family therapy is a viable approach in working with families with children and adolescents. Systemic family therapy conceptualizes the family as unit with mutual and interactive relationships among family members. Concepts such as boundary, communication and family beliefs were found to be helpful in working with families during this practicum. Through the techniques of systemic family therapy, each family member is able to see the circular connections to their behavior (Israelstam, 1988), to try out change in the family through task accomplishment, and to focus on the family's strength. Through the feedback process, the family has the

choice to decide their own course of change. In addition, the use of feedback, such as the reflecting team, further strengthened or complemented the therapist's work with family. When I applied the use of systemic family therapy in my practicum, I did not set some specific goals with the family after the first session. I consider each session as a new entity "because the family tells a different story in each session" (Boscolo & Bertrando, 1992, p.122).

In assessing my skills as a therapist, I still get caught in the content and lose track of interaction patterns in the session. However, I am confident that with practice, I will be able to see myself as a skilled and effective family therapist.

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APPENDIX A

FAMILY ASSESSMENT MEASURE (III): GENERAL SCALE

Directions: On this page and the reverse side, you will find 50 statements about your family as a whole. Read each statement carefully and decide how well the statement applies to your family. Make your response by circling one of the provided answers ("strongly agree," "agree," "disagree," or "strongly disagree"). Circle only one response for each item. Mark an answer for every statement, even if you are not completely sure of your answer.

1. We spend too much time arguing about what our problems are.

2. Family duties are fairly shared.

3. When I ask someone to explain what they mean, I get a straight answer.

4. When someone in our family is upset, we don't know if they are angry, sad, scared or what.

5. We are as well adjusted as any family could possibly be.

6. You don't get a chance to be an individual in our family.

7. When I ask why we have certain rules, I don't get a good answer.

8. We have the same views on what is right or wrong.

9. I don't see how any family could get along better than ours.

10. Some days we are more easily annoyed than on others.

11. When problems come up, we try different ways of solving them.

12. My family expects me to do more than my share.

13. We argue about who said what in our family.

14. We tell each other about things that bother us.

15. My family could be happier than it is.

16. We feel loved in our family.

17. When you do something wrong in our family, you don't know what to expect.

18. It's hard to tell what the rules are in our family.

19. I don't think any family could possibly be happier than mine.

20. Sometimes we are unfair to each other.

21. We never let things pile up until they are more than we can handle.

22. We agree about who should do what in our family.

23. I never know what's going on in our family.

24. I can let my family know what it is bothering me.

25. We never get angry in our family.

26. My family tries to run my life.

27. If we do something wrong, we don't get a chance to explain.

28. We argue about how much freedom we should have to make our own decisions.

29. My family and I understand each other completely.

30. We sometimes hurt each others feelings.

31. When things aren't going well it takes too long to work them out.

32. We can't rely on family members to do their part.

33. We take the time to listen to each other.

34. When someone is upset, we don't find out until much later.

35. Sometimes we avoid each other.

36. We feel close to each other.

37. Punishments are fair in our family.

38. The rules in our family don't make sense.

39. Some things about my family don't entirely please me.

40. We never get upset with each other.

41. We deal with our problems even when they're serious.

42. One family member always tries to be the center of attention.

43. My family lets me have my say, even if they disagree.

44. When our family gets upset, we take too long to get over it.

45. We always admit our mistakes without trying to hide anything.

46. We don't really trust each other.

47. We hardly ever do what is expected of us without being told.

48. We are free to say what we think in our family.

49. My family is not a perfect success.

50. We have never let down another family member in any way.

APPENDIX B:

THE FAMILY PROBLEM CHECKLIST

THE FAMILY PROBLEM CHECKLIST

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)					
2. Sharing feelings like anger, sadness, hurt, etc.					
3. Sharing problems with the family					
4. Making sensible rules					
5. Being able to discuss what is right or wrong					
6. Sharing of responsibilities					
7. Handling anger and frustration					
8. Dealing with matters concerning sex					
9. Proper use of alcohol, drugs					
10. Use of discipline					
11. Use of physical force					
12. The amount of independence you have in the family					
13. Making contact with friends, relatives, church, etc.					
14. Relationship between parents					
15. Relationship between children					
16. Relationship between parents and children					
17. Time family members spend together					
18. Situation at work or school					
19. Family finances					
20. Housing situation					

21. Overall satisfaction with my family					

Make the last rating for yourself:

22. Feeling good about myself					

APPENDIX C

THE CLIENT FEEDBACK CHECKLIST

CLIENT FEEDBACK CHECKLIST

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments					
Communicates clearly					
Demonstrates an understanding of our family					
Demonstrates acceptance					
Provides suggestions that are helpful					
Demonstrates a sense of humor					
Provides a relaxed atmosphere					
Helps family to find own solutions					
Provides information in a way that is not imposing					
Demonstrates warmth					
Helps family to see things differently or in a new way					
Overall quality of service					

Any additional comments:

Note: Permission to use this checklist was given by Frank Cantafio

APPENDIX D

THE REFLECTING TEAM FEEDBACK FORM

REFLECTING TEAM FEEDBACK FORM

The following questions provide information about what was helpful, what was not helpful on the use of the reflecting team in the counseling services you and your family received.

1. How does the reflecting team work for you in the counseling process?

2. How useful is the reflecting team for you and your family who come here for service?

3. How is the reflecting team different from other counseling sessions that do not have a reflecting team?

4. Any other suggestions or comments for the reflecting team?

APPENDIX E

THE FAMILY PROBLEM CHECKLIST: FAMILY TWO (PRE-TEST)

THE FAMILY PROBLEM CHECKLIST (ANITA)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, Sadness, hurt, etc.	X				
3. Sharing problems with the family		X			
4. Making sensible rules		X			
5. Being able to discuss what is right or wrong		X			
6. Sharing of responsibilities	X				
7. Handling anger and frustration				X	
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs					X
10. Use of discipline	X				
11. Use of physical force					X
12. The amount of independence you have in the family	X				
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents					X
15. Relationship between children			X		
16. Relationship between parents and children			X		
17. Time family members spend together		X			
18. Situation at work or school					
19. Family finances			X		
20. Housing situation					X

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself			X		

THE FAMILY PROBLEM CHECKLIST (SPENCER)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family				X	
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities	X				
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs					X
10. Use of discipline			X		
11. Use of physical force				X	
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents				X	
15. Relationship between children			X		
16. Relationship between parents and children					X
17. Time family members spend together				X	
18. Situation at work or school			X		
19. Family finances					
20. Housing situation					X

21. Overall satisfaction with my family				X	

Make the last rating for yourself:

22. Feeling good about myself				X	

APPENDIX F

THE FAMILY PROBLEM CHECKLIST: FAMILY TWO (POST-TEST)

THE FAMILY PROBLEM CHECKLIST (ANITA)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family				X	
4. Making sensible rules			X		
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities				X	
7. Handling anger and frustration				X	
8. Dealing with matters concerning sex					X
9. Proper use of alcohol, drugs					X
10. Use of discipline				X	
11. Use of physical force					X
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents					X
15. Relationship between children			X		
16. Relationship between parents and children				X	
17. Time family members spend together					X
18. Situation at work or school					X
19. Family finances				X	
20. Housing situation					X

| 21. Overall satisfaction with my family | | | | | X |

Make the last rating for yourself:

| 22. Feeling good about myself | | | | X | |

THE FAMILY PROBLEM CHECKLIST (SPENCER)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family		X			
4. Making sensible rules		X			
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities		X			
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex			X		
9. Proper use of alcohol, drugs					X
10. Use of discipline			X		
11. Use of physical force					X
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents				X	
15. Relationship between children			X		
16. Relationship between parents and children				X	
17. Time family members spend together			X		
18. Situation at work or school			X		
19. Family finances					
20. Housing situation					X

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family			X		

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself				X	

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APPENDIX G

THE CLIENT FEEDBACK CHECKLIST: FAMILY TWO

CLIENT FEEDBACK CHECKLIST (ANITA)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments			X		
Communicates clearly			X		
Demonstrates an understanding of our family			X		
Demonstrates acceptance				X	
Provides suggestions that are helpful					X
Demonstrates a sense of humor					X
Provides a relaxed atmosphere			X		
Helps family to find own solutions			X		
Provides information in a way that is not imposing			X		
Demonstrates warmth			X		
Helps family to see things differently or in a new way				X	
Overall quality of service				X	

<u>Any additional comments:</u>

CLIENT FEEDBACK CHECKLIST (SPENCER)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments			X		
Communicates clearly			X		
Demonstrates an understanding of our family				X	
Demonstrates acceptance				X	
Provides suggestions that are helpful					X
Demonstrates a sense of humor					X
Provides a relaxed atmosphere				X	
Helps family to find own solutions				X	
Provides information in a way that is not imposing			X		
Demonstrates warmth			X		
Helps family to see things differently or in a new way			X		
Overall quality of service				X	

Any additional comments:

APPENDIX H

FAMILY THREE

Family Three

Case Background

Betty was admitted to the hospital the day after her husband's death. Her hospitalization was prompted by the stress she was feeling about the death of her husband. The family was referred for family therapy because of the need to deal with the recent loss of the father/husband and the current crisis of Betty's hospitalization. The family was seen for a total of seven sessions.

The family consisted of the mother, Betty (age 46), her daughters, Sally (age 20), Cindy (age 14) and Kristine (age 10). Rick had spent a year prior to his death either in hospital or sick at home. Betty had individual therapy and family therapy at the same time. I met with Betty and the referring social worker in the hospital. I gave Betty a brief introduction to my practicum as well as a general explanation about family therapy.

The first interview was scheduled and used to engage and develop rapport with the family. The family was told that my clinical supervisor, Ellen Gordon, would be behind the mirror during each session. At the end of each session, she would join the family and in their presence, she would give her feedback. Betty talked in a calm and peaceful tone. She showed physical affection to Cindy but not to her other daughters. Cindy was expressive at times but Kristine seldom expressed her feelings or thoughts. Mostly, she listened. I regularly elicited feedback from Kristine to allow her to express her feelings and concerns about family issues. Sally always interrupted conversations or spoke for other family members, giving me the impression that she was the dominant person in the family.

Intervention

Issues of family communication emerged during the conversation with the family about Betty's hospitalization. The second daughter, Cindy, remarked that nobody shared their feelings and things were swept under the carpet. Betty always assumed that the children knew what her limits and expectations were. She believed that her daughters knew her limits and would cooperate with each other. In this regard, I suggested that Betty tell her daughters directly about her limits and expectations. She stated her expectations were that the daughters keep routines working and that at least they would do major housework such as laundry.

The communication problem between Betty and her children was further evidenced from a flooding incident in the family's basement. She was worried about having another crisis in the family and she expected the children to help clean up after the flood. She got mad at Cindy for not helping during the clean up. Without talking with Cindy about her uncooperative behavior, Betty displaced her anger towards Sally. Betty said, "I threw my anger to Sally but I was mad at Cindy." To initiate direct communication between Betty and Cindy, I repeated what Betty said, "So you were mad at Cindy." This prompted Cindy to ask her mother what she was mad about.

While Betty spent most of her time with her husband in the hospital last year, Sally helped her mother by joining with her in the executive subsystem. Sally assumed her mother's role by making notes telling other siblings to do the household chores. In the session, Cindy was surprised to find out those notes were not from her mother. The boundary between Betty and Sally was not clearly defined. Therefore, both Cindy and Kristine felt that Sally was their mother's favorite child. Further, Cindy stated that she

did not like to take orders from Sally because she was her sister and not her mother. This was a clear message to Betty about the confusion in role performance between her and Sally. Since Betty had difficulty in structuring family time with Cindy and Kristine, I asked Betty to negotiate with her daughters so as to empower her parental authority and to clearly differentiate a parent-child subsystem. The following excerpt illustrates the intervention process:

Therapist: Betty, is that true that you find this is a problem?

Betty: Yeah. They are watching TV and not helping at suppertime. I prefer suppertime as the family time.

Sally: And then they are grouchy because they are so tired.

Therapist: Betty, have you talked about it with them?

Betty: I think they all know. You know that, Cindy?

Cindy: You didn't say anything.

Therapist: So what you are saying your mom has not talked to you about that?

Cindy: I remember she shut the TV off and then did not say anything.

Betty: I told them two hours for TV. Sometimes Cindy watched after 9 and she is always on the phone.

Therapist: (To Cindy) So, what would you say about your mom's suggestion regarding about TV?

Cindy: I would like three hours for watching TV.

Sally: So 4:30 to 5:30 and 7:00 to 9:00.

Therapist: What would you prefer, Betty?

Betty:	No TV at suppertime, maybe an hour before supper and an hour after supper.
Therapist:	Maybe you can talk to Cindy about arranging the time for watching TV.
Betty:	Yeah, I would like to know the time.
Cindy:	How can I let you know every day because it depends on what show's on.
Betty:	I want to know what you are doing in between. I don't see you doing any homework and I don't see you doing any extra chores.
Sally:	Maybe she is abusing the TV time or not doing something. You can take a half-hour off or one hour the next day.
Therapist:	But what would be your suggestions, Betty?
Betty:	That she tells me what show she wants to watch on TV.
Cindy:	I'm not watching TV all the time.
Betty:	It's only five days a week. Friday, Saturday and Sunday are flexible. I'll buy the TV Guide on Saturday and you're going to tell me what you're going to watch.

Due to the loss of the father, the family was in the grieving stage. My role was to assist the family to work towards grief resolution. As Lattanzi-Licht (1996) noted, "the family adjustment process of adapting to the death of one of its immediate members is to allow the mourning process to occur" (p.228). And, open communication among family members is essential to the mourning process (Tyson-Rawson, 1996). I encouraged the family members to express their feelings and emotions related to the loss of the father/husband. This helped the family to understand that each of them had different responses and each person was allowed to express their feelings and emotions through

open communication.

Another issue that emerged during the family conversation was about the nightmares that Cindy, the second daughter, was having every night. These nightmares were about her father. Cindy talked about her trouble sleeping and her feelings about her father. By using "how" and "what" questions, I encouraged Cindy to think about the meanings of her nightmares and to work through the emotions associated with nightmares. She felt that she did not have a good relationship with her father when he was alive and now she did not have a chance to make it up with him. She always argued with her father because of his unreasonable demands. I reframed her argument with her father as standing up for herself in response to his unreasonable requests. The elder daughter, Sally, commented that her father was hard to talk to because he was the man of the house. During the sharing of feelings between Sally and Cindy about their father, Betty came to realize that it was hard for the family to grieve because of their mixed feelings towards Rick when he was alive. I observed that there was less bickering between Sally and Cindy when they shared feelings about their father. Betty started to talk about her grieving in the latter course of the therapy. She started crying more at home. Also, Cindy had fewer nightmares by the time therapy terminated.

The Feedback Process

My supervisor emphasized the family efforts to overcome the father's death and the mother's abrupt hospitalization. The family might have felt a lot of sadness because of the difficult things that had happened but they did not talk about them. She felt that the family was trying to sort out how to start working as a family again and how to cope

together. Betty responded that the family could get over problems in the last few years because of their love. She believed that love would always pull them together and keep them strong. That was how they got over in the last few years.

Based on the idea that the family is a system, my supervisor reframed Sally's parental role as her wish to work as a team with her sisters to help their mother. By reframing, this did not blame Sally for taking over the mother's position but, rather, said that she needed her sisters' help to lessen their mother's burden. The feedback provided the background for Betty to clearly and directly communicate with Cindy. Betty thought that her daughters knew she loved them as much as she could. She did not think she loved one more than the other. She then asked Cindy, "Do you think that?" Cindy replied "Yes". Betty responded that her daughters had different personalities and they were growing and changing and she was also changing.

Without Betty's involvement, the daughters took my supervisor's suggestion to work out a list for sharing household chores. To reinforce a clear role definition in the family, my supervisor hoped that Betty would understand the importance of continuing to have her daughters help her with household chores and not fall back into the old habit of doing it all herself. Due to the father's death, Sally and Cindy had lagged behind in their schoolwork and they worried about failing in one of their exams. My supervisor asked Betty to talk to her daughters' school principal about the family loss. This reinforced Betty's parental role in the family.

With regard to the family's grieving, my supervisor emphasized the strength of the family in that each of them was very thoughtful and insightful in her own way. This was a good quality and the family was therefore able to look at their circumstances and

try to understand their feelings and reactions to these circumstances. She wondered what Cindy would like to say to her father if she had the opportunity. My supervisor also pointed out to the family that the grieving process is sometimes not as straightforward with some families. The family should know that there is a process they have to work through. My supervisor thought it was good for Betty to cry because of the loss of her husband. By doing so, she was not keeping everything inside herself. Because her daughters worried about her, it was also important for them to know that their mother was grieving. My supervisor wondered whether it might be helpful for the daughters to show their feelings about their father or their worry about their mother.

Outcome of Clinical Measures

The FAM-III Profile

The family completed the pre- and post-test of the FAM-III scale and the scores of the FAM-III scales are presented in Appendix I. In Betty's pre-test, she scored above the average range in all seven areas of the family functioning of the FAM-III profile. She rated communication and affective expression as the most disturbing areas in family functioning. Betty did not have direct and sufficient communication with her children and this matched with the results of the clinical scale. She always assumed her children knew what she expected from them. Though she showed physical affection to Cindy, she seldom showed emotional support to the daughters (affective expression). Betty was weak in parental control (control) to implement rules in the family and she was not fully involved in implementing family rules (involvement). She did not clearly clarify the parental and children's role in the family (role performance) and did not tell the children

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to fulfill their family responsibilities (task accomplishment).

In Betty's post-test, her scores in all seven areas of family functioning fell within the average range. With more open communication, she learned to be assertive in exerting her parental authority (control) and in expressing her expectations to her children (role performance). This was done through negotiations between Betty and her children in structuring family time. With clear role differentiation between Betty and her daughters, the latter knew their family duties (task accomplishment). At the same time, the boundaries were clearly differentiated between Betty and her children. Betty allowed her daughters to work out the household list among themselves (involvement). However, she still needed to stand firm with her children by expecting them to do the household chores. She had started to resume doing some of the daughters' chores in the latter course of therapy.

There are limitations on interpreting Betty's positive change in the family functioning of her FAM-III profile. The positive changes in her family functioning might be partly due to the individual therapy she was having along with the family therapy. Also, she had a score of 52 on the scale of social desirability. This means that Betty might minimize the family problems and thus present a more positive change in family functioning. Nevertheless, the therapeutic intervention could partially account for the positive changes in Betty's situation.

Sally scored above the average range in role performance and communication in her pre-test. However, she might have maximized her problems because her denial score was below 40. Without clear delegation of authority from the mother, there was no mutual understanding between Sally and her younger sisters to work as a family in

sharing the household chores (communication). Instead, Sally took up her mother's share of responsibility for getting the siblings to do the household chores (role performance).

In her post-test, she had a lower score in role performance but was still above the average range. While Betty was able to claim her parental position in the family, it could have had an impact on Sally to move out of the parental subsystem and to resume her appropriate role in the family (role performance). In the post-test, Sally identified task accomplishment, communication and affective expression as the family problems. In the last two sessions, Betty disclosed that there was no communication between Sally and Cindy, and they clashed with each other (communication). This would suggest that Sally and Cindy did not share feelings or talk about their problems or frustrations (affective expression). Without any cooperation from her sisters, Sally found it was difficult to work with them in accomplishing basic family tasks (task accomplishment). In the post-test, because the denial score was below 40, Sally might still maximize the presented family problems.

In their pre-tests, both Cindy and Kristine scored within the average range in all seven areas of family functioning at their FAM-III profiles. By the time therapy had terminated, Cindy was doing some of the basic family tasks. This explained the lower score in her post-test which was within the average range in task accomplishment. However, within the average range, there was an increase in value in the areas of role performance, communication, affective expression, involvement and control. Cindy did not fulfill her role in the family and this was evidenced by not participating in helping when flooding occurred in the home (role performance). Although Cindy was able to talk about her relationship with her father, she said she did not talk to anybody about her

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feelings, not even her mother (affective expression).

For Kristine, her score on the denial scale was above 50 in her pre-test and she might not have recognized some problematic areas in family functioning. Nevertheless, in the post-test, Kristine identified affective expression as the disturbing area in her family functioning. This might be explained by her willingness to acknowledge and report the existence of the problem (Skinner et al., 1995), as reflected by her score in the denial scale which fell to 50 in her post-test. Within the average range, Kristine had a lower score in role performance and involvement in her post-test. With a clear distinction in parent-child system structure, Kristine was able to fulfill her appropriate role. Besides, the negotiation in TV time between her and her mother enabled Kristine to be more involved with the family. For the rest of the family functioning scale, Kristine's scores were still within the normal range.

The Family Problem Checklist

In the pre-test (Appendix J), Betty was "very dissatisfied" with sharing problems with the family, and handling anger and frustration. She was "dissatisfied" with sharing feelings like anger and sadness, making sensible rules, discussing what is right and wrong, and spending time with family members. Without clear and direct communication with the children, it is doubtful whether Betty could share her problems and feelings with her family. She was weak in performing her parental role. She had difficulty making sensible rules, and discussing what is right or wrong with her children. Also, she could not handle her anger and frustration appropriately as indicated by the flooding incident. Instead of taking out her anger on Cindy, she deflected her anger and

directed it towards Sally.

Betty could not spend much time with the children because of the time required to take care of her husband in the hospital before he died. Upon the termination of therapy, Betty was satisfied in most areas of family concerns in the checklist (Appendix K). She was "satisfied" with sharing problems with the family, making sensible rules, discussing what was right and wrong, spending time with family members and with the situation at school. Obviously, she was verbalizing her expectations to her children, exerting her parental power and spending more time with her children.

In the pre-test (Appendix J), Sally was "very dissatisfied" with sharing of responsibilities. She felt that her siblings did not do their share of housework and she explicitly expressed this in the sessions. She was "dissatisfied" with sharing feelings like anger and sadness, sharing problems with the family, and handling anger and frustration. In the sessions, Sally seldom talked about herself, feelings and relationships, which is an indication of the absence of communication between her and her family members (Olson & Wilson, 1986).

In the post-test (Appendix K), there was one area that Sally was "dissatisfied" with in sharing problems with the family, but she was "satisfied" with handling anger and frustration. She put "in between" for sharing of responsibilities and sharing feelings. There was a contradiction in Sally's response to her sharing problems with the family and handling her anger and frustration. Without a positive change in communication with family members, Sally might have problems in handling her anger and frustration appropriately.

In the pre-test, Cindy was "dissatisfied" with sharing problems with the family,

and handling anger and frustration (Appendix J). However, in the post-test (Appendix K), she put "in between" for sharing problems with the family, and handling anger and frustration. These are contradicted in her scores in the FAM-III scale as she rated affective expression as the most problematic area in family functioning after intervention.

In the pre-test (Appendix J), Kristine was "very dissatisfied" with handling anger and frustration. This could be explained by the communication problem in the family. She was also "dissatisfied" with sharing feelings, and sharing problems with the family. This means she did not talk with her family about things that bothered her. In the post-test (Appendix K), Kristine put "in between" for sharing her feelings and handling anger and frustration. These matched with her responses in the FAM-III scale. She put "satisfied" for sharing her problems and this was inconsistent with her response to the subscale of communication in the FAM-III scale.

The Client Feedback Checklist

The family was, overall, satisfied with my work with them. They felt warm, relaxed and accepted in therapy. The family found therapy helped them to find their own solutions and to look at things in a different way. Sally appreciated my concern and gentle approaches in helping her family. The family's feedback checklists are shown in Appendix L.

Overall Evaluation

Overall, there are some positive and negative changes in response to the therapeutic intervention in Family One. Obviously, since I focused more on working

with Betty's problem by strengthening her parental role and boundary, she had more positive change in family functioning. Besides, through the feedback process, Betty was further reinforced in maintaining a clear boundary and better communication with her children. I believe that the positive changes in Sally's role performance and Cindy's task accomplishment were brought about by the changes in Betty.

During the feedback process, the importance of sharing feelings among family members was highlighted to the family. However, there was no change in sharing feelings among the siblings. I also noticed that all three daughters had a higher score in the area of affective expression after intervention. They might not have wanted to upset their mother by sharing their problems or frustration. I should have focused on the family as a whole and strengthened the siblings' communication and sharing of feelings. This may account for no, or negative, responses in some areas of the daughters' family functioning after therapy.

APPENDIX I

FAM – III SCORES: FAMILY THREE (PRE- AND POST-TEST)

Family Three: Pre/Post-Test Scores on FAM-III General Scale

Family Member	Betty		Sally		Cindy		Kristine	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Overall Rating	66	54	55	57	51	53	54	54
Task Accomplishment	68	58	54	64	58	52	58	58
Role Performance	66	56	80	70	48	52	56	52
Communication	74	46	70	74	48	52	52	52
Affective Expression	72	58	58	68	56	60	52	64
Involvement	64	54	34	34	54	58	58	54
Control	66	52	46	46	48	52	52	52
Values and Norms	64	56	48	48	50	46	50	50
Social Desirability	42	52	42	46	42	46	44	44
Defensiveness	40	46	32	36	42	46	54	50

Figure 5

FAMILY THREE FAM-III PROFILE
PRE-TEST

Figure 6

FAMILY THREE FAM-III PROFILE
POST-TEST
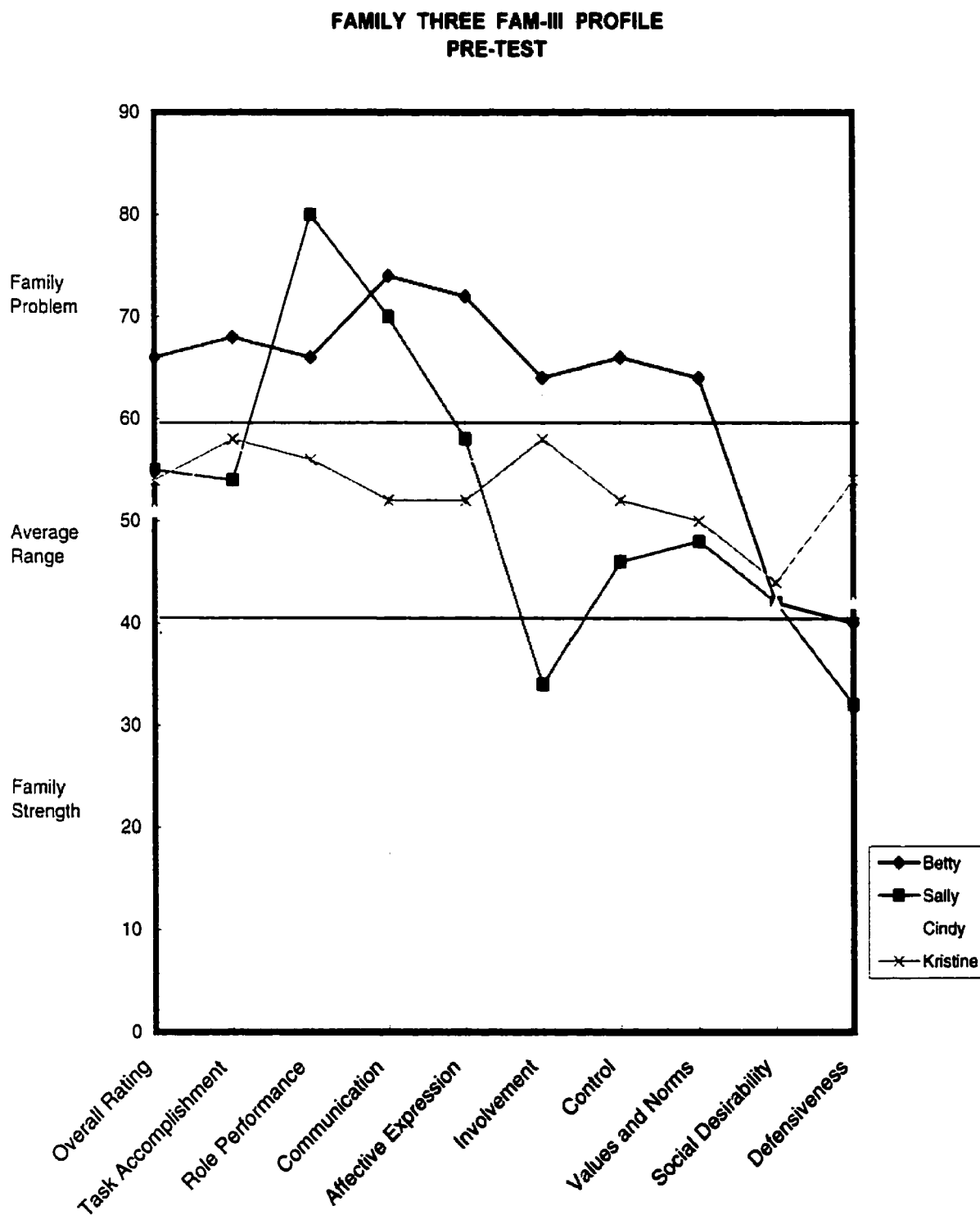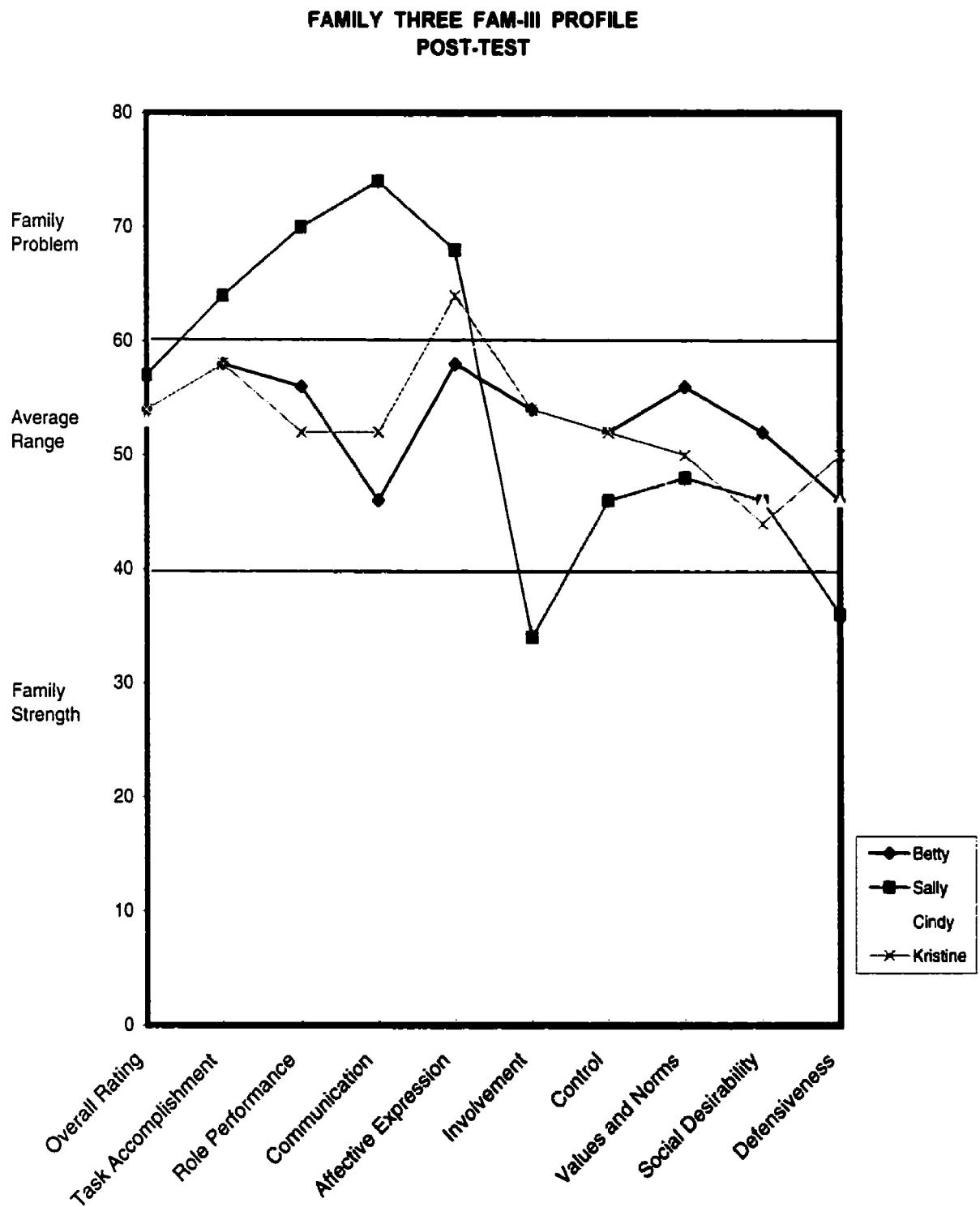
APPENDIX J

THE FAMILY PROBLEM CHECKLIST: FAMILY THREE (PRE-TEST)

THE FAMILY PROBLEM CHECKLIST (BETTY)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family	X				
4. Making sensible rules		X			
5. Being able to discuss what is right or wrong		X			
6. Sharing of responsibilities			X		
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs					X
10. Use of discipline				X	
11. Use of physical force				X	
12. The amount of independence you have in the family			X		
13. Making contact with friends, relatives, church, etc.			X		
14. Relationship between parents			X		
15. Relationship between children			X		
16. Relationship between parents and children			X		
17. Time family members spend together		X			
18. Situation at work or school				X	
19. Family finances					
20. Housing situation				X	

| 21. Overall satisfaction with my family | | | X | | |

Making the last rating for yourself:

| 22. Feeling good about myself | | | | X | |

THE FAMILY PROBLEM CHECKLIST (SALLY)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family		X			
4. Making sensible rules			X		
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities	X				
7. Handling anger and frustration		X			
8. Dealing with matters concerning sex			X		
9. Proper use of alcohol, drugs					X
10. Use of discipline			X		
11. Use of physical force					X
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents					X
15. Relationship between children				X	
16. Relationship between parents and children					X
17. Time family members spend together				X	
18. Situation at work or school			X		
19. Family finances			X		
20. Housing situation					X

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family					X

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself			X		

THE FAMILY PROBLEM CHECKLIST (CINDY)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family		X			
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong			X		
6. Sharing of responsibilities				X	
7. Handling anger and frustration		X			
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs				X	
10. Use of discipline				X	
11. Use of physical force					X
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents				X	
15. Relationship between children				X	
16. Relationship between parents and children				X	
17. Time family members spend together			X		
18. Situation at work or school				X	
19. Family finances			X		
20. Housing situation				X	

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family					X

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself		X			

THE FAMILY PROBLEM CHECKLIST (KRISTINE)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family		X			
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong			X		
6. Sharing of responsibilities			X		
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex			X		
9. Proper use of alcohol, drugs					X
10. Use of discipline			X		
11. Use of physical force					X
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents					X
15. Relationship between children				X	
16. Relationship between parents and children				X	
17. Time family members spend together				X	
18. Situation at work or school					X
19. Family finances			X		
20. Housing situation				X	

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself			X		

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APPENDIX K

THE FAMILY PROBLEM CHECKLIST: FAMILY THREE (POST-TEST)

THE FAMILY PROBLEM CHECKLIST (BETTY)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family				X	
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities			X		
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs				X	
10. Use of discipline				X	
11. Use of physical force					X
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.			X		
14. Relationship between parents				X	
15. Relationship between children			X		
16. Relationship between parents and children				X	
17. Time family members spend together			X		
18. Situation at work or school			X		
19. Family finances				X	
20. Housing situation				X	

21. Overall satisfaction with my family				X	

Make the last rating for yourself:

22. Feeling good about myself				X	

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THE FAMILY PROBLEM CHECKLIST (SALLY)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family		X			
4. Making sensible rules					X
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities			X		
7. Handling anger and frustration				X	
8. Dealing with matters concerning sex					X
9. Proper use of alcohol, drugs					X
10. Use of discipline				X	
11. Use of physical force					X
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.			X		
14. Relationship between parents					X
15. Relationship between children				X	
16. Relationship between parents and children					X
17. Time family members spend together			X		
18. Situation at work or school				X	
19. Family finances				X	
20. Housing situation					X

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself				X	

THE FAMILY PROBLEM CHECKLIST (CINDY)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness. hurt, etc.			X		
3. Sharing problems with the family			X		
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities			X		
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs				X	
10. Use of discipline				X	
11. Use of physical force				X	
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents				X	
15. Relationship between children				X	
16. Relationship between parents and children				X	
17. Time family members spend together				X	
18. Situation at work or school				X	
19. Family finances				X	
20. Housing situation				X	

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself				X	

THE FAMILY PROBLEM CHECKLIST (KRISTINE)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (x) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family				X	
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong			X		
6. Sharing of responsibilities				X	
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex			X		
9. Proper use of alcohol, drugs					X
10. Use of discipline				X	
11. Use of physical force					X
12. The amount of independence you have in the family					X
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents					X
15. Relationship between children					X
16. Relationship between parents and children					X
17. Time family members spend together					X
18. Situation at work or school				X	
19. Family finances				X	
20. Housing situation				X	

21. Overall satisfaction with my family				X	

Make the last rating for yourself:

22. Feeling good about myself				X	

APPENDIX L

THE CLIENT FEEDBACK CHECKLIST: FAMILY THREE

CLIENT FEEDBACK CHECKLIST (BETTY)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments					X
Communicates clearly				X	
Demonstrates an understanding of our family				X	
Demonstrates acceptance					X
Provides suggestions that are helpful				X	
Demonstrates a sense of humor				X	
Provides a relaxed atmosphere				X	
Helps family to find own solutions				X	
Provides information in a way that is not imposing				X	
Demonstrates warmth				X	
Helps family to see things differently or in a new way				X	
Overall quality of service				X	

Any additional comments:

CLIENT FEEDBACK CHECKLIST (SALLY)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments					X
Communicates clearly				X	
Demonstrates an understanding of our family					X
Demonstrates acceptance					X
Provides suggestions that are helpful				X	
Demonstrates a sense of humor			X		
Provides a relaxed atmosphere					X
Helps family to find own solutions					X
Provides information in a way that is not imposing					X
Demonstrates warmth					X
Helps family to see things differently or in a new way					X
Overall quality of service					X

Any additional comments:

Thank you Jenny. I really appreciate all the help and concern you gave us. You were very gentle in your approaches to help.

CLIENT FEEDBACK CHECKLIST (CINDY)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments				X	
Communicates clearly				X	
Demonstrates an understanding of our family				X	
Demonstrates acceptance				X	
Provides suggestions that are helpful				X	
Demonstrates a sense of humor				X	
Provides a relaxed atmosphere				X	
Helps family to find own solutions					
Provides information in a way that is not imposing				X	
Demonstrates warmth				X	
Helps family to see things differently or in a new way				X	
Overall quality of service					X

Any additional comments:

CLIENT FEEDBACK CHECKLIST (KRISTINE)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments					X
Communicates clearly				X	
Demonstrates an understanding of our family				X	
Demonstrates acceptance					X
Provides suggestions that are helpful				X	
Demonstrates a sense of humor			X		
Provides a relaxed atmosphere				X	
Helps family to find own solutions				X	
Provides information in a way that is not imposing					X
Demonstrates warmth					X
Helps family to see things differently or in a new way					X
Overall quality of service					X

Any additional comments:

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APPENDIX M

FAMILY FOUR

Family Four

Case Background

This was a single parent family with three children: the mother, Grace (age 49), divorced her husband, Denny about five years ago. She had custody of her two sons, Kevin (age 17) and Bruce (age 12). Grace was born in Indonesia. She was diagnosed with major depression. She worried about Bruce's angry outbursts at home and she did not know how to discipline Bruce. Grace was referred to the family therapy program by the social worker in Ambulatory Care. Other professionals involved with the family were the parent aid worker and the social worker at Ambulatory Care.

Grace was contacted over the phone for the first time in April. She said she was not comfortable having people behind the mirror. I explained to her the purpose of the mirror and she said she would try to come. On the day of the scheduled session, she called and left the message with my supervisor that she had changed her mind and was not coming. Grace was referred to the family therapy program again in May. According to the information on the file, Grace identified that Bruce had difficulty adjusting to his classes because he had skipped a grade and had few friends. He was jealous of his older brother, Kevin, who had more privileges. The family was seen for six sessions and the last session did not include the reflecting team. Kevin only attended two sessions, the second and the last.

In the first session, I did not precisely specify to the family about the format of the feedback because I was not certain whether or not there would be a team for the

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subsequent sessions. However, I told the family at the beginning of each session about the kind of feedback I was going to use in the session. It turned out that the 'reflecting team' format was used for five sessions but not the last session. I stayed with the family behind the mirror during each reflection. The team members varied for some of the sessions. Before each reflection, the family members met with the reflecting team members.

Intervention

Communication was a problematic issue in this family. Grace did not tell Bruce the reason for coming to therapy. To encourage direct communication between Grace and Bruce, I suggested that Bruce ask his mother why they came for family therapy. Bruce confronted Grace about driving his brother to his girlfriend, Michelle's, place when Grace refused to drive him to his friend, Aaron's, place for a sleepover. Grace was prompted to tell Bruce her reasons for not letting him attend the sleepover. This is demonstrated in the following excerpt:

Therapist: So why do you think he raises these differences?

Grace: It's a very good point. I have not thought about it.

Therapist: Is there any difference between driving to Michelle's place and driving to Aaron's place?

Grace: Yes, Michelle's place is further.

Bruce: But she does the long one and not the shorter one.

Grace: If he had been going to school regularly like in these past few days, I

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wouldn't make such a fuss over the sleepovers.

Therapist: So, it's not the driving distance.

Grace: No. If he did not get enough sleep at sleepovers, he could not get up

in the morning for school.

Through open communication, family members shared their feelings with each other. Grace acknowledged Bruce's good work on doing the dishes, but she had not shown her appreciation of his efforts. I asked Grace to compliment Bruce. Grace told Bruce that she was really impressed by his efforts in doing the dishes. Bruce appeared to be happy to hear that.

Grace and Bruce blamed each other for their problems in their relationship. They said they had problems trusting each other. I used a hypothetical question to prompt Grace and Bruce to think about what would happen if they could trust each other and had a better relationship. However, both Grace and Bruce could not anticipate any possible change. Obviously, they could articulate their problems; however, they found it difficult to think of any solutions. I shifted focus and asked about a time when Grace and Bruce did not have conflict. They were able to identify some good times in the past and they were more relaxed during the conversation. I then asked Grace what was the difference between the good times she had with Bruce and the bad times they had. This question was to induce them to think about "the differences that make a difference" (Bateson, 1972, p.453). Grace stated that when she would sit with Bruce to get his schoolwork done there was no stress or friction. Nevertheless, Bruce could not think of the difference between the good times and bad times he had with his mother.

The Feedback Process

In this family, the reflecting team was used to provide feedback to the family. Dr. Jocelyn, a resident in Psychiatry, thought that on the one hand, it was not easy for Bruce to tell his mother how he saw things, but on the other hand, Grace let Bruce talk about the things that bothered him. This reinforced the communication between Grace and Bruce. My supervisor wondered whether the family had only talked about a small part of the family's problem. It seemed to her that there were lots of things going on in their family life which complicated it as well. The family looked very sad in some ways but they did not touch on them very much. Grace responded that the family had a long and complicated story.

Grace was incongruent in her verbal and non-verbal messages in disciplining her two sons, leading to their frustration and mistrust. Kevin was upset about his mother's gut feelings when she agreed to let him to spend the night at his girlfriend's place and later changed her mind. Grace acknowledged giving in to the children easily and she changed her mind when she had second thoughts about her earlier promise. Also, she felt pressured by Bruce's persistence in asking to do things even when she explained to him why he could not.

In reflection, my supervisor showed her understanding towards Grace's struggle as a single parent. My supervisor said children who were 12 years old could be very persistent and they need explanations in a different kind of way. A parent would sometimes just say, "Well, please leave me alone", even though it was not very helpful. At this time, I noticed Bruce was smiling even though he did not have any comment after the reflection. Also, my supervisor could understand that it was difficult for Grace to

parent a 17 year old son. Thinking as a parent, was he making the right decision, was he getting into a relationship too early? This was a certain kind of pull and push trial.

Dr. Kelleher, a resident in Psychiatry, wondered how Kevin managed his role transition from adolescence to adulthood and to take up the role of the father figure in the family as well. This remark did not have an immediate impact on Kevin until the last session. Kevin felt ambivalent about taking on his father's responsibility. He felt his family was not complete without his father. After the reflection, Kevin said the team spoke of his family in a positive way. Grace commented that she found it difficult to relate to her children because of her isolated childhood. She did not know what kinds of things would hurt or embarrass them.

The reflecting team also focused on how Grace and Bruce could trust each other to improve their relationship. My supervisor observed that both Grace and Bruce were very upset and that they were locked in a battle with each other. Dr. Jocelyn wondered what things got in the way of trusting each other and what needed to be changed. She could see both Grace and Bruce tried to present their points of view but without truly listening to each other. Dr. Jocelyn suggested the family try a few small trial trust activities. Dr. Cheung, my faculty advisor, wondered whether Grace had to deal with the differences between her culture and the Canadian culture in parenting. Did she have any difficulty dealing with the differences?

In the subsequent session, Grace acknowledged her cultural background affected her parenting. She had seen harsh parenting in her own family and she did not know what parenting was appropriate for her children. In her reflection, my supervisor recognized how Grace overcame her difficult life such as her abusive childhood and

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marital relationship. My supervisor asked Grace what she needed to do to start believing in herself as a parent and to use her good judgement in dealing with her son. After the reflection, Grace thought she would try to be firm with Bruce in discipline and she had the occasional success with him.

In the last reflecting session, my supervisor commented how nice it was to see some closeness between Grace and Bruce and that the family did something together. My supervisor also thought that it was nice to hear that Grace had a good time going fishing with her siblings. In regard to the sleepover, my supervisor could understand that Grace was very concerned about the fact that Bruce did not go to school and do his work. She confused herself on how to negotiate with Bruce about what things she would let him do or not do. Dr. Jocelyn showed understanding in how hard it was for Grace to give Bruce a clear message about going school and having sleepovers. In her feedback, Grace said she was happy to hear the part about letting Bruce stay up as long as he could go to school. But, she asked the team, if Bruce could not get up in the morning, what could she do?

Outcome of Clinical Measures

The FAM-III Profile

The scores of the pre- and post-test of the FAM-III scale and the FAM-III profiles are presented in Appendix N. In the pre-test, Grace identified all areas of family functioning in the FAM-III profile as problematic except the area of affective expression. Grace's profile might be artificially inflated because of her score below 40 on the scale of social desirability. Grace always hesitated to tell her sons directly her reason for

discipline (communication). Since the role performance of each family member is carried out through clear communication among all the members, this made it difficult for her to clarify clear family role to her children.

Grace's cultural background had an influence on her parenting, such as inconsistent discipline and consequences (values and norms). Without a change in family rules corresponding to the children's developmental needs, Grace could not negotiate with her children about accomplishing basic family tasks (task accomplishment). Because of her weak parental subsystem, she used restrictive control to make Kevin help her with the household chores without allowing him to see his girlfriend (control). At the post-test, Grace had a lower score within the average range in all areas of family functioning except in role performance, where she had the same score. She still failed to delineate a clear role definition to her children by her placing inappropriate responsibility upon Kevin to spend more time with Bruce. By reinforcing her parental position through the reflection, she realized she could stand firm when she came to discipline Bruce (control). Grace started to have appropriate involvement with Bruce as she pressed him less to do things such as getting a haircut or taking a shower (involvement). She had the same score in the area of affective expression in her pre-test.

In the pre-test, Kevin scored beyond the average range in task accomplishment, role performance, involvement and control but he might have maximized the problematic areas considering his score on the social desirability (28) and denial scale (32). Kevin would step in to protect his mother when Bruce got abusive with her (involvement), and this led to the unclear role differentiation (role performance). He was frustrated by his mother's inconsistent discipline (control). After intervention, he had the same score of

72 in task accomplishment. In the last family session, Kevin felt he was not given an opportunity to negotiate with his mother about accomplishing family duties (task accomplishment). But he might maximize task accomplishment as a family problem because he had a score below 40 on the social desirability scale.

There are some contradictions between Kevin's responses to the clinical scales and his verbal reports in the last family session. Kevin scored within the average range in role performance and control in his post-test. However, he expressed ambivalence about being a father figure to his brother, Bruce (role performance). He also complained while his mother acknowledged his independence, she imposed limits on him and changed them frequently (control). Kevin showed appropriate involvement by suggesting his mother spend time with Bruce and this matched Kevin's score in involvement within the average range in post-test.

Bruce had a score of 28 and 32 on the social desirability and denial scale in the pre-test. Hence, his responses to the sub-scales in the FAM-III might not be a true reflection of his family functioning. In the pre-test, Bruce scored 90 and 76 in the area of task accomplishment, and values and norms. Bruce was reluctant to negotiate with his mother to reach compromises such as doing his schoolwork and spending time on other activities (task accomplishment). He also complained about family rules such as the rigid bedtime (norms and values). In the post-test, Bruce had a score within average range in the area of task accomplishment. He only identified values and norms as a family problem. Although there is no change in the area of involvement in the pre- and post-test, Bruce did not answer two questions in the area of involvement and this might invalidate his corresponding scores. Also, he had a score of 36 on the denial scale which

could possibly maximize the values and norms as family problem.

The Family Problem Checklist

In the pre-test (Appendix O), Grace was "very dissatisfied" with the sharing of responsibilities, handling anger and frustration, housing situation, situation at school, and relationship between parents and children. Without clear communication, Grace had difficulty in getting her sons to fulfill their share of the responsibilities. Grace was frustrated with Bruce's angry outbursts and she could not get Bruce to attend school regularly. Without the children helping with the household chores, she could not keep the house clean. In the post-test (Appendix P), Grace was "very dissatisfied" with the housing situation and family finances. As she mentioned in the last session, she felt ashamed of the messiness of the house. Grace put "in between" for handling anger and frustration as she felt less stress and frustration disciplining Bruce. She shifted from "very dissatisfied" to "dissatisfied" in sharing of responsibilities.

Kevin was "very dissatisfied" with handling anger and frustration in the pre-test (Appendix O). In his post-test (Appendix P), he was "very dissatisfied" with sharing of responsibilities, use of discipline and the housing situation. He complained about his mother's inconsistent discipline in the last session. Kevin also felt that his mother did not take responsibility for her side of things and she relied on him to take care of Bruce.

With the Bruce situation, he was "very dissatisfied" with sharing of responsibilities, handling anger and frustration, use of discipline and relationship between parents at the beginning of therapy (Appendix O). Bruce was frustrated and got angry with his mother's inconsistent discipline. He expressed his anger in an aggressive way.

He was also angry at his mother because he believed she had broken her marriage vows. In the post-test (Appendix P), he was "very dissatisfied" with the relationship between his parents and the situation at school.

Reflecting Team Feedback Form

Grace remarked that she felt much more comfortable and able to be herself without the reflecting team (Appendix Q). This was indicated by her refusal to come for therapy the first time. However, she remarked that the reflecting team was useful most of the time. She suggested the counseling sessions end earlier so that she did not feel rushed and had enough time to respond at the end of the session. She found it frustrating when there were different reflecting team members who made comments and had not been there for the previous session. She preferred the same reflecting team members throughout the course of therapy in order to have continuation.

Kevin found that the reflecting team was fairly useful and he was happy to hear positive views about his family (Appendix Q). He assumed that the feedback from the reflecting team facilitated healing as compared to other counseling sessions without a reflecting team. Nevertheless, he suggested the reflecting team would be more effective in helping his family by providing some 'constructive criticism' or suggested solutions. There was no feedback from Bruce with regard to the reflecting team as he did not return the feedback form to me.

The Client Feedback Checklist

Grace was generally satisfied with the counseling services (Appendix R). Grace

felt that the therapy provided helpful suggestions without imposing on her family. Kevin was satisfied with the quality of the counseling services provided (Appendix R). He remarked that a more direct method of helping would result in a more direct change in his family. Bruce did not find the therapy very helpful overall (Appendix R). He did not find that the suggestions provided were very helpful. Besides, he did not feel relaxed in the sessions. This was consistent with his concerns about the video taping and family file raised in the session. Overall, the family felt that the therapist could not communicate very clearly, nor demonstrate an understanding of their family situation.

Overall Evaluation

Grace was helped to openly express her reasoning in disciplining her two sons. Despite the use of reflexive questions such as hypothetical and context changed questions, there was no significant change in the relationship between Grace and Bruce. Though the clinical results indicated Grace had positive changes in some areas of family functioning, the family therapy could not fully account for those changes because of her individual therapy. Also, the discrepancy between the clinical observations and results may have been due to the time lag between the actual and the observed change. As I mailed the clinical scale to the family a month after their termination of therapy, some positive changes could have occurred in the family at the time of completing the scales. Although Grace and Kevin did not find the reflecting team effective in helping their families, there was some positive impact on the family. Through reflection, Grace realized she had the ability to standing firm in disciplining Bruce and she had success in doing that before. She was also induced to think about how to negotiate with Bruce

about daily routines such as bedtime. Moreover, it seemed that Bruce was given the choice to decide about things such as getting a haircut or taking a shower. The reflection also triggered Kevin to think about his feelings of taking up his father's responsibility in the family.

Due to the restraint of the availability of the same reflecting team members, it could have increased the family's frustration by having different people behind the mirror. The family may have wondered whether the reflecting team clearly understood their situation. This perhaps influenced the family's acceptance of the reflecting team members' suggestions.

In communicating with the family, I found that sometimes what I actually said was not what the family heard. This might explain the family's feelings that I did not understand their situation and could not communicate clearly with them. I did not rule out the possibility that I did not know how to use the appropriate words or phrases in communicating with the family. Grace terminated the therapy prematurely as she felt things were going fine in the family and Bruce was attending school regularly.

Overall, the family had made some positive changes in family functioning as evidenced by the results of the clinical scales.

APPENDIX N

FAM – III SCORES: FAMILY FOUR (PRE- AND POST-TEST)

Family Four: Pre/Post-Test Scores on FAM-III General Scale

Family Member	Grace		Kevin		Bruce	
	Pre	Post	Pre	Post	Pre	Post
Overall Rating	69	60	60	54	64	52
Task Accomplishment	74	58	72	72	90	48
Role Performance	80	80	64	56	60	48
Communication	74	60	52	48	58	58
Affective Expression	54	54	60	56	48	48
Involvement	64	60	62	50	54	54
Control	72	56	64	56	56	52
Values and Norms	70	56	50	46	76	62
Social Desirability	32	40	28	36	28	40
Defensiveness	46	46	32	42	32	36

Figure 7

FAMILY FOUR FAM-III PROFILE
PRE-TEST

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Figure 8

FAMILY FOUR FAM-III PROFILE
POST-TEST
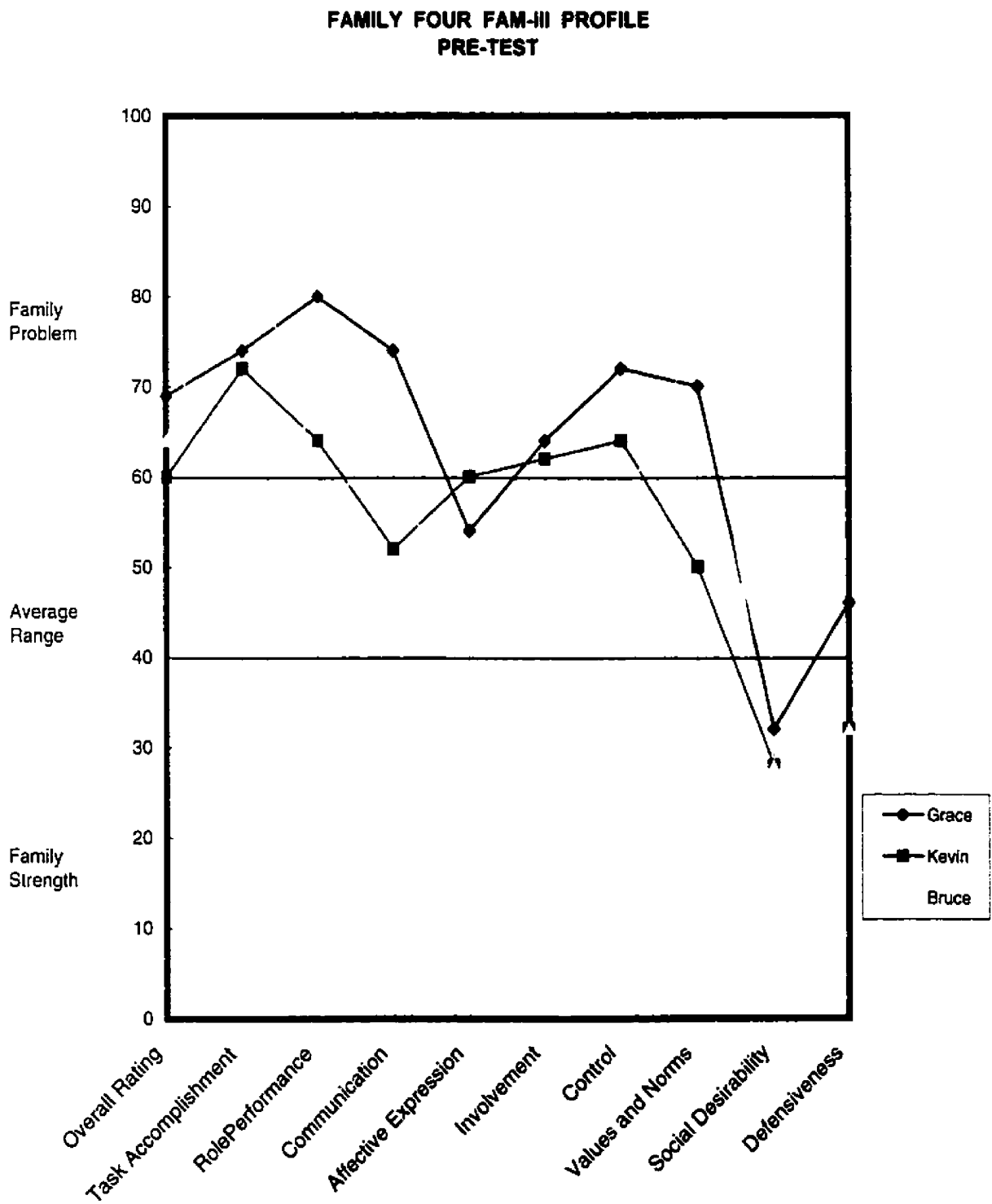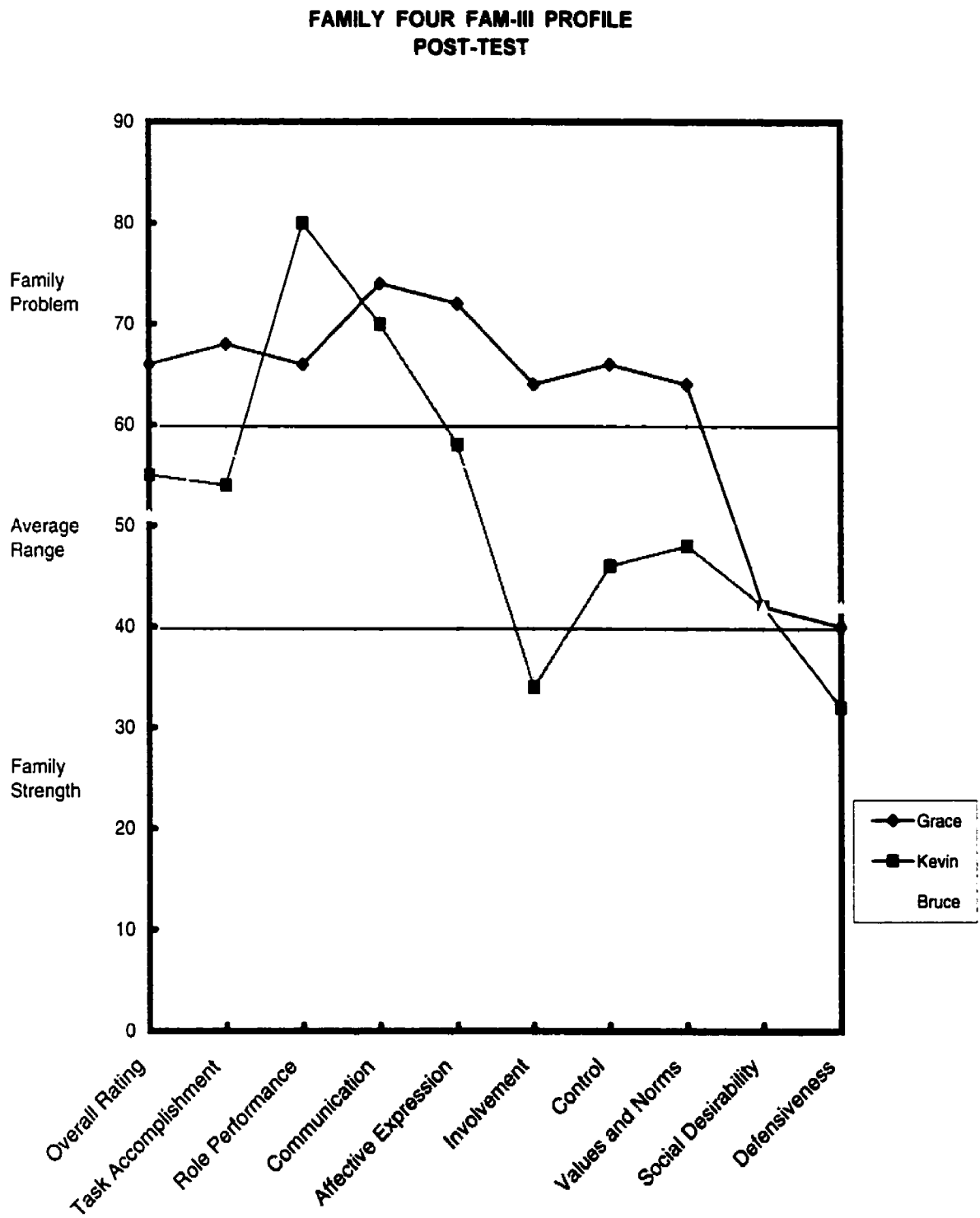
APPENDIX O

THE FAMILY PROBLEM CHECKLIST: FAMILY FOUR (PRE-TEST)

THE FAMILY PROBLEM CHECKLIST (GRACE)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family		X			
4. Making sensible rules			X		
5. Being able to discuss what is right or wrong		X			
6. Sharing of responsibilities	X				
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex		X			
9. Proper use of alcohol, drugs					X
10. Use of discipline		X			
11. Use of physical force			X		
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.		X			
14. Relationship between parents					
15. Relationship between children		X			
16. Relationship between parents and children	X				
17. Time family members spend together		X			
18. Situation at work or school	X				
19. Family finances		X			
20. Housing situation	X				

21. Overall satisfaction with my family	X				

Make the last rating for yourself:

22. Feeling good about myself	X				

THE FAMILY PROBLEM CHECKLIST (KEVIN)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.				X	
3. Sharing problems with the family			X		
4. Making sensible rules		X			
5. Being able to discuss what is right or wrong			X		
6. Sharing of responsibilities		X			
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex					X
9. Proper use of alcohol, drugs					X
10. Use of discipline		X			
11. Use of physical force			X		
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.					X
14. Relationship between parents		X			
15. Relationship between children			X		
16. Relationship between parents and children		X			
17. Time family members spend together		X			
18. Situation at work or school			X		
19. Family finances			X		
20. Housing situation		X			

21. Overall satisfaction with my family					

Make the last rating for yourself:

22. Feeling good about myself			X		

THE FAMILY PROBLEM CHECKLIST (BRUCE)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family			X		
4. Making sensible rules		X			
5. Being able to discuss what is Right or wrong			X		
6. Sharing of responsibilities	X				
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex					
9. Proper use of alcohol, drugs					X
10. Use of discipline	X				
11. Use of physical force					X
12. The amount of independence you have in the family		X			
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents	X				
15. Relationship between children				X	
16. Relationship between parents and children			X		
17. Time family members spend together		X			
18. Situation at work or school				X	
19. Family finances			X		
20. Housing situation				X	

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family		X			

Make the last rating for yourself:

22. Feeling good about myself					

APPENDIX P

THE FAMILY PROBLEM CHECKLIST: FAMILY FOUR (POST-TEST)

THE FAMILY PROBLEM CHECKLIST (GRACE)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.			X		
3. Sharing problems with the family			X		
4. Making sensible rules				X	
5. Being able to discuss what is right or wrong				X	
6. Sharing of responsibilities		X			
7. Handling anger and frustration			X		
8. Dealing with matters concerning sex			X		
9. Proper use of alcohol, drugs				X	
10. Use of discipline		X			
11. Use of physical force				X	
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.			X		
14. Relationship between parents					
15. Relationship between children				X	
16. Relationship between parents and children				X	
17. Time family members spend together			X		
18. Situation at work or school			X		
19. Family finances	X				
20. Housing situation	X				

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family			X		

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself			X		

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THE FAMILY PROBLEM CHECKLIST (KEVIN)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			X		
2. Sharing feelings like anger, sadness, hurt, etc.				X	
3. Sharing problems with the family		X			
4. Making sensible rules			X		
5. Being able to discuss what is right or wrong			X		
6. Sharing of responsibilities	X				
7. Handling anger and frustration		X			
8. Dealing with matters concerning sex					X
9. Proper use of alcohol, drugs					X
10. Use of discipline	X				
11. Use of physical force				X	
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents			X		
15. Relationship between children				X	
16. Relationship between parents and children		X			
17. Time family members spend together		X			
18. Situation at work or school					X
19. Family finances		X			
20. Housing situation	X				

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
21. Overall satisfaction with my family				X	

Make the last rating for yourself:

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
22. Feeling good about myself				X	

THE FAMILY PROBLEM CHECKLIST (BRUCE)

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing <u>NOW</u> in each area. Put a check (X) in the box that shows your feelings about each area.

	Very Dis-satisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)				X	
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family		X			
4. Making sensible rules		X			
5. Being able to discuss what is Right or wrong		X			
6. Sharing of responsibilities		X			
7. Handling anger and frustration		X			
8. Dealing with matters concerning sex					
9. Proper use of alcohol, drugs					X
10. Use of discipline		X			
11. Use of physical force					X
12. The amount of independence you have in the family				X	
13. Making contact with friends, relatives, church, etc.			X		
14. Relationship between parents	X				
15. Relationship between children				X	
16. Relationship between parents and children			X		
17. Time family members spend together		X			
18. Situation at work or school	X				
19. Family finances		X			
20. Housing situation				X	

| 21. Overall satisfaction with my family | | | | X | |

Make the last rating for yourself:

| 22. Feeling good about myself | | | X | | |

APPENDIX Q

THE REFLECTING TEAM FEEDBACK FORM: FAMILY FOUR

REFLECTING TEAM FEEDBACK FORM (GRACE)

The following questions provide information about what was helpful and what was not helpful on the use of the reflecting team in the counseling services you and your family received.

1. How does the reflecting team work for you in the counseling process?

   I felt quite self-conscious and uncomfortable. I don't like the feeling of being watched. I would have preferred not have met the reflecting team except for Ellen.

2. How useful is the reflecting team for you and your family who come here for service?

   I found it quite useful most of the time. I found it frustrating, however, when someone made comments who had not been there before, and I did not have enough time to comment. I felt rushed.

3. How is the reflecting team different from other counseling sessions that do not have a reflecting team?

   I feel much more comfortable and I am more able to "be myself".

4. Any other suggestions or comments for the reflecting team?

   Perhaps the counseling session could end earlier and more time is given for clients to respond. I would have felt much better if the reflecting team had always been the same people in order to have continuation.

REFLECTING TEAM FEEDBACK FORM (KEVIN)

The following questions provide information about what was helpful, what was not helpful on the use of the reflecting team in the counseling services you and your family received.

1. How does the reflecting team work for you in the counseling process?

    It works for me well. It gives me a breather and allows someone else, without me, to talk about our situation.

2. How useful is the reflecting team for you and your family who come here for service?

    It is fairly useful because only positive views are heard. It feels good to hear my family and myself talked about in a positive way.

3. How is the reflecting team different from other counseling sessions that do not have a reflecting team?

    I have never been to other counseling sessions but I would assume that it would feel like a lack of feedback and consequently hinder healing

4. Any other suggestions or comments for the reflecting team?

    Although the positive remarks are comforting, they make me think. How can a human being have only positive thoughts on a grin situation? He/she cannot. I would appreciate some "constructive criticism" to alleviate any fear that you people are super human. I would also appreciate more suggested solutions instead of letting us find them out. We're a smart family, we know talking is the key but what we don't know is what notches to cut on the key.

APPENDIX R

THE CLIENT FEEDBACK CHECKLIST: FAMILY FOUR

CLIENT FEEDBACK CHECKLIST (GRACE)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments				X	
Communicates clearly			X		
Demonstrates an understanding of our family			X		
Demonstrates acceptance					X
Provides suggestions that are helpful				X	
Demonstrates a sense of humor				X	
Provides a relaxed atmosphere					X
Helps family to find own solutions				X	
Provides information in a way that is not imposing					X
Demonstrates warmth					X
Helps family to see things differently or in a new way					X
Overall quality of service				X	

Any additional comments:

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CLIENT FEEDBACK CHECKLIST (KEVIN)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful. Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments				X	
Communicates clearly			X		
Demonstrates an understanding of our family			X		
Demonstrates acceptance					X
Provides suggestions that are helpful			X		
Demonstrates a sense of humor				X	
Provides a relaxed atmosphere					X
Helps family to find own solutions					X
Provides information in a way that is not imposing					X
Demonstrates warmth				X	
Helps family to see things differently or in a new way			X		
Overall quality of service				X	

Any additional comments:
A more direct method of helping would result in a more direct change.

CLIENT FEEDBACK CHECKLIST (BRUCE)

Below is a list of questions concerning the counseling services you have received. These questions provide information about what was helpful, what was not helpful, and how the services you received could be more helpful.   Put an (X) in the box that best describes your opinion about the services your counselor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Keeps to appointments and time commitments				X	
Communicates clearly			X		
Demonstrates an understanding of our family			X		
Demonstrates acceptance				X	
Provides suggestions that are helpful			X		
Demonstrates a sense of humor			X		
Provides a relaxed atmosphere			X		
Helps family to find own solutions			X		
Provides information in a way that is not imposing				X	
Demonstrates warmth				X	
Helps family to see things differently or in a new way			X		
Overall quality of service			X		

Any additional comments: