STRATEGIC/ ECOSTRUCTURAL FAMILY THERAPY: A THERAPY OF SOCIAL ACTION

BY JUDITH ELAINE MORROW

A PRACTICUM REPORT

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ABSTRACT

Families with school-aged children face a range of difficulties. This practicum report describes a model of strategic "brief" therapy integrated with ecostructural family therapy to address those difficulties. Techniques and concepts from structural and solution-focused "brief" therapies are woven into the strategic model used in this report. The historical context of family therapy as well as key assumptions and emphasis of strategic, structural, solution-focused and ecostructural models of therapy provide a knowledge base. The ecostructural model pays special mention to unique aspects of working with a population of "the new poor," where underorganization is chronic. Therapy, of necessity in these situations, moves beyond the boundaries of treatment "in office" into the ecology of the family.

One case example illustrates the use of "in office" clinical strategies. Two other cases, exemplifying multiple stressors with a minority population, show both the utility of work on personal issues, and a method of extending into the larger systems that intersect with the family.

Practice is evaluated through a variety of measures. Client self-scaling scores, school reports of behaviour and school grades, the FAM General Scale, and Problem Checklist were used. Results suggest that the elements of brief models can be effectively employed by therapists in some situations, and that expanded interventions are effective in others.

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INTRODUCTION

The practicum report is divided into six chapters. Chapter One states the objectives of the practicum. The historical context of family therapy is examined. To provide greater clarity in understanding their basis, the origins of structural, strategic and solution-focused family therapy are traced. Research about the extra familial system - the ecosystem - and its impact, particularly on families of 'the poor,' keeps our view on the larger system, away from pathologizing the individual, and able to focus on effective treatment. Although clinical work remains treatment focused, drawing from this knowledge leads to better prevention possibilities. Exploration of a treatment modality in the climate of the 1990 must include a comment on outcomes. This chapter of introduction and overview concludes with details of research on the effectiveness of family therapy which lends support to the idea that multifaceted approaches are best.

'Brief Therapy' is a loosely coined term. In general, there is an underlying conceptual framework assumed by those familiar with this approach. These presuppositions are identified in Chapter Two. Material for this framework is derived from sources encompassing the literature of Jay Haley and Cloe Madanes (Haley 1973; Haley 1980; Haley, 1987; Madanes 1981; Madanes 1990; Madanes, 1994; Madanes, 1995); Salvador Minuchin (1974, 1996); and Steve De Shazer (De Schazer1985, De Shazer1988; Berg & Miller, 1992). These clinicians originated the brief therapy models of intervention chosen for this practicum.

Chapter Three describes these three models from the 'brief' spectrum - structural, strategic and solution-focused - and an ecostrucural model which is compatible with these,

but which adds an additional dimension. The ecostructural model of Harry Aponte (1994), with its focus on the unique aspects of the poor of today, ties a clinical version of social action into family therapy. No reality or school of thought is 'right'. The complex problems brought to therapy require diverse strategies and techniques. Chapter Three also highlights the concepts, strategies and techniques identified with the framework used most frequently in the particular schools.

Chapter Four explains the elements related to the organization of the practicum. This includes supervision, setting, duration and evaluation procedures.

Three cases, spanning various states of organization, class, and socio-economic background, serve to test practice against theory in Chapter Five.

Chapter Six concludes the report with commentary on the value of the models and the practicum itself.

CHAPTER 1: OVERVIEW

OBJECTIVES

In full-time practice as a clinical social worker in inner city schools for the past seven years, I felt gaps in my knowledge of family therapy and a strong desire to refine my skills. I chose a practicum in family therapy which would offer:

- Supervision and consultation from different perspectives.
- Learning and skill development of practical relevance for my work situation.
- Planning and reflecting time for individual cases to optimize learning and service. This becomes more possible as a limited number of cases are taken into a practicum. Supervision in the specialized area of family therapy was more available.
- Improved skills in evaluation of outcomes, primarily through the use of single system design measures, but also through gaining familiarity with more formal measures.
- Directed reading to inform and guide my practice.
- Skill development as a strategic therapist.
- Integration of knowledge traditionally used in the field of community development, with clinical skills.

HISTORICAL CONTEXT

In the 1960s and 70s clinicians became more aware that an explanation of human motivation could be found in the social organization of the individual. The focus moved from the individual to the organization of the work group, the nuclear family and the extended kin.

Family structures began to be delineated. Problems were seen as occurring in the social context of a family with problem members rather than the individual. Behaviour was viewed as adaptive to structural problems of the organization within which the individual was functioning. Schools of thought emerged which focused on the family to help these problems. Family therapy evolved (Haley in Madanes, 1981). Children's emotional and psychological problems were understood as rooted in their relationships with family members.

Systemic thinking marked a paradigm shift at the time. Social workers have always made the family and its environment the focus of intervention. Concepts of circularity and relationship patterns are now widespread. Virginia Satir; Carl Whittaker; Murray Bowen; John Weakland, Paul Watzlawick and Richard Fisch of the Mental Research Institute; Steve De Shazer; Salvador Minuchin; Jay Haley; Milan school with Maria Selvini Palazzoli were key pioneers in family therapy who have been successful in utilizing this conceptual shift (Minuchin, 1996). Today's practitioner has much to learn and incorporate from these diverse teachers.

Just as human behaviour needs to be examined in its social context, so does the development of knowledge. The clinicians and practitioners who became famous in

breaking new ground and establishing themselves as teachers to other clinicians, found their roots in the work of others current in their social field of the day. A glance at these roots will serve to illuminate material in Chapters Two and Three.

Gregory Bateson

Since the 1930s Bateson, a cultural anthropologist, searched for ways to describe and explain social systems as something more than the sum of their parts (Gurman and Kniskern, 1991). A grant from the Rockefeller Foundation enabled Bateson to conduct extensive studies in human communication. Jay Haley, Don Jackson, William Fry and John Weakland were employed to work with him. As the work of these men progressed, they found that systemic thinking provided a powerful tool for explaining behavior in a way that deemphasized the internal workings of mind or instinct.

Milton Erickson

Bateson introduced members of the project to Milton Erickson. It was Haley's writings, in later years, which played a large role in bringing Erickson's work to the public (Haley, 1973). Erickson was "the prototypical Brief Therapist". He tailored treatment to each patient, broke rules constraining most traditional therapists and quickly resolved the patient's presenting complaint.

MRI

Don Jackson, John Weakland and Jay Haley with others including Virginia Satir went on to found the Mental Research Institute in the late 1950s. Ten years later several of the associates had become disillusioned with family therapy. Increasing interest in the brief hypnotic therapy of Milton Erickson led Jackson to establish the Brief Therapy

direction of Richard Fisch. Original members included Jay Haley, Paul Watzlawick and John Weakland.

Structural

During the time period of the Bateson project, Salvador Minuchin was developing concepts of structural family therapy. Minuchin had been raised in Argentina in conditions not replicated in today's North American society. He describes himself as coming from a family which lived in a town of 4000 people "forty aunts and uncles and approximately 200 cousins" (Minuchin, 1996). Minuchin's way of describing the family system, his techniques and way of approaching work provide a solid base for understanding the family. His concepts are commonly used today.

Strategic

Haley left the Brief Therapy Centre to join Minuchin in 1967. He and Minuchin commuted to work together and "shared hours of daily informal seminars" (Minuchin, 1974). In 1975 Haley and Madanes opened the Family Therapy Institute of Washington, D.C. Although strategic therapy in its simplest terms means that interventions are planned, Haley and Madanes are identified most closely with the model called 'strategic therapy'.

It was an exciting era. The discoveries of systemic and cybernetic ways of viewing human behaviour were new and different. This schema viewed people as having the resources to resolve their own problems, once they were released from circular self-defeating methods of unsuccessful attempts to find solutions. Human potential was seen as having expanded capacity, greater than the roles people generally inhabited.

Solution-focused

Erickson was a formative influence on Steve De Shazer as much as he was on members of the MRI. De Shazer marked a first stage of his search to decipher Erickson with his writing of Keys (1985). He practiced strategic hypnotherapy modeled after Erickson for twenty years before its writing. As a contemporary of Haley's, De Shazer refers extensively to Haley's work, as well as the Bateson and the MRI people. Insoo Kim Berg, Eve Lipchik, Wallace Gingerich, Ron Kral, Elam Nunnally, and James Derks were among the team mates of De Shazer's in Milwaukee in the early 1980s. Their collective effort assisted in forming the Brief Therapy Institute in Milwaukee. By 1992 these colleagues had moved to other locations. Scott Miller and Larry Hopwood had replaced them as the primary clinicians at the Institute. Yvonne Dolin and Michelle Weiner-Davis added their names to the expanding proliferation of authors on "Solution-Focused Brief Therapy". De Shazer deconstructed concepts to make them teachable. The techniques of this form of Brief Therapy are relatively simple to learn and have become popularized.

The brief therapists touch on my own background which is in part hypnotherapy, visualization and neurolinguistic programming. Probably it is for this reason I was intrigued by the quick and effective approaches taken by Haley and Madanes, and embraced the solution-focused approached developed by De Shazer and his colleagues.

Extra Familial Factors - ECOLOGY and SOCIAL SUPPORT

It is known that the most significant factor affecting treatment outcomes is the extra familial system and the influences on the family outside the therapy room (Duncan, Hubble, Miller, 1997; Roy & Frankel, 1995). While clinicians evolved family therapy and absorbed available research, community psychologists and researchers continued to study the effect of larger systems on families.

Multiple personal and environmental stressors experienced by parents are barriers to successful treatment (Dumas & Walher, 1983; McMahoon & Forehand, 1984; Patterson, 1982 in Chamberlain, Rosicky, Gilbert, 1995). Wahler and colleagues conducted studies that examined the relationship between families with socio-economic disadvantage and social isolation, and treatment outcomes (Dumas & Wahler, 1980; Wahler & Dumas, 1987 in Chamberlain et al, 1995). The probability of treatment failure increased steadily as a function of low socio-economic status, social isolation, or both (Webster-Statton 1985 in Chamberlain et al., 1995).

Inclusion of components to enhance social support appears to increase the effectiveness of family treatments (Dadds, Sanders, Behrens, & James in press, Dadds, Schwartz & Sanders, 1987; Griest et al., 1982; Miller & Prinz, 1990 in Chamberlain et. al. 1995). The impact of stress is ameliorated if the parent has a relative or close friend from whom they can seek social support. A study of single parents with conduct-disordered youngsters found that maternal perception of social support was the best predictor of treatment responsiveness (Dadds and McHughn 1992 in Chamberlain et al., 1995).

Social support can be defined as the provision of resources over ties. Social support mediates the effects of stress. It can come in the form of emotional feedback, material resources, or companionship. It may flow over formal or informal lines. Social support provides a crucial ingredient for good health. Social support consists of positive social interactions that validate a person's feelings, fears and thoughts (Hobfall, 1988). Social support is necessary for people because it provides feedback, validation and a sense of mastery of one's environment. As well as material resources which may be lacking, it provides information about being loved, esteemed, and valued (Cobb, 1976 in Hobfall, 1988).

Studies in the 1980s recognized that intimate, socially supportive relationships from family and friends are a crucial ingredient in maintaining mental and physical health (Lazarus & Folkman, 1984; Cohen & Syme, 1985). The presence of even one or two intimate individuals can make the difference between healthy stress resistance and breakdown (Lazarus & Folkman, 1984).

People with a sense of community believe they have some influence in the group to which they belong, and believe their needs are being met. They are happier and have a sense of well being that leads to greater health (Davidson & Cotter, 1981). Having a sense of community motivates and empowers people to cope actively with a range of setbacks.

Warren (1978) found that communities differ in the amount of social support available. Certain neighbourhoods are less likely to provide intimate and socially supportive relationships. Social isolation and lack of external support characteristic in these neighbourhoods placing families at high risk for child maltreatment. Such an

environment is found in some inner city neighbourhoods of Winnipeg (Lugtig & Fuchs, 1992).

Parents who are at risk for abuse of their children tend to have either small, sparse, unsupportive networks or small, dense networks which reinforce negative child rearing values and maltreatment. "Child abuse and neglect are associated with isolation of the parent-child relationships from the nurturance and feedback provided by pro social support systems" (Garbarino, 1980).

These most impoverished of communities tend to be inhabited by those in the lowest socio-economic range. Harry Aponte (1994) describes the magnitude of the stress that poverty places on the individual and the family in our current North American culture. Disintegration of community, with its natural support mechanisms, and the impact of commercial values create a poverty of spirit as well as body. This impacts most heavily on the poor, because they lack the financial resources to protect themselves. While the building of community supports and networks is one approach familiar to community workers and social workers, Aponte models an ecostrucural approach to families in therapy. This model provides the clinician with a framework to address the broader ecological issues. Ecostructual therapy works with the family ecology. Where institutions intersect with the family, the clinician may diagnose an appropriate point of intervention.

EFFECTIVENESS of FAMILY THERAPY

Roy and Frankel suggest, "the task of the next generation of researchers and practitioners is to begin to ask the hard questions about why family therapy works and how effective it is" (Roy & Frankel, 1995 p. 5). This practicum report deals with families of school-aged children, elementary to junior high.

Roy and Frankel (1995), in their book, How Good is Family Therapy? identified the following studies of families with school-aged children:

I. Academic, behavioural or hyperactivity problems of children

- Santa-Barbara and associates 1979 on academic and/ or behavioural problems feature outcome studies showing that 79% of families registered moderate or great improvement. One of the better methodological studies, this study left little doubt about the benefit of treating the whole family when academic, and or behavioural problems were involved (Santa-Barbara, J.,Woodward, C., Levin, S., Goodman, J., et al. in Roy & Frankel, 1995).
- Ritterman in 1978 on hyperactivity found a multifaceted approach most effective. Family therapy appears to have a key place in the treatment, although on its own, its value was not found to be significant. Medication on its own had even less value. Family therapy in combination with ritalin had best results. She concluded that "complex medical problem" required a multifaceted approach.
- Wells and Egan in 1988 on oppositional children found that while structural family therapy provided improvement, parent training groups showed superior results to family therapy alone. (It should be noted that no research has been done on the

family therapy alone. (It should be noted that no research has been done on the recently developed model of treatment at the Washington Family Therapy Institute for Oppositional Children (Keim, 1994). This has incorporated a psycho-educational model as part of the treatment plan.)

- A study in 1972 on children being treated for improvement in school grades and school behaviours found information feedback and parent counselling were effective, while individual counselling with the children was not effective. Children in upper socio-economic levels responded better with information feedback. While children in lower socio-economic groups responded better to family counselling. Child therapy alone resulted in lower grades across all socio-economic groups. Improvement gained at the point of termination did not continue over time (Love, Kaswan, and Bugental, 1972).
- Szapocznik and associates in 1989 on behavioural problems with children found group training for parents showed superiority over behaviourally oriented family therapy (Szaponcznik, J., Rio, A., Murray, E., Cohen, R., et al., 1989).
- Fisher in 1989 tested brief family therapy and no treatment groups. He showed unequivocally that treatment groups fared better than no treatment. Outcome seemed unrelated to the length of therapy.

On the whole, of studies reported by Roy and Frankel in the area of children and family therapy, family therapy is superior to no treatment. In only two studies is it clear family therapy is superior to other treatments, especially behavioural interventions.

II. Delinquency Problems and Adolescents

Outcome studies on delinquency are more rigorous and more conclusive about the effectiveness of family therapy.

- Alexander and Parsons in 1973, showed that there was significantly less recidivism (twenty-six per cent) in families receiving functional family therapy. Functional family therapy works to improve communication skills with a goal of changing proximity - the distance and closeness in relationships (Alexander, 1973). Again in 1977, Klein, Alexander and Parsons found functional family therapy was associated with lower rates of sibling involvement (half as much) as with non treated families. They noted specific interactional qualities associated with delinquency must be targeted. An eclectic version of family therapy was not found to be useful.
- Bank and associates in 1991, tabled a study indicating that although family therapy produced positive results, parent training programs for certain situations produced results which were as good as family therapy. Parent training programs actually showed results more rapidly (Bank, Marlowe, Reid, Patterson, Weinrott, 1991).
- Henggeler, Melton, Smith in 1992 report on multisystemic therapy. This is also termed "family-ecological treatment" and based on the same concept as an ecostructural approach and it relates to functional familly therapy. This model includes problem-focused interventions with families, peers, schools, and other systems. It emphasizes child development variables. Interventions are individualized, based on comprehensive assessments, and they often include

behavioral as well as systemic techniques. This model showed significant superiority over other typically used services. In addition, families in this treatment group showed increased cohesion (Henggeler et al., 1991). Lack of cohesion is a key family variable linked to delinquency (Hanson, Henneggeler, Haefele, and Rodick, 1984). Peer aggression also decreased in the multisystemic group.

In general terms, these studies highlight that when complex problems are involved, the effectiveness of family therapy can be improved with a multi faceted approach or an ecological approach. This research on effective interventions with school, academic and behavioural problems, hyperactivity and delinquency informs the choice of family therapy as an intervention with the three cases presented.

CHAPTER 2: BRIEF THERAPY

INTRODUCTION

As research accumulated into the exploration of human behaviour, drawing threads from the older art of hypnotherapy, the focus moved from the individual to the social context and social organization within which the individual functions. Individuals became viewed not as social isolates, but as acting and reacting members of social groups (De Shazer, 1985; Haley, 1980, 1986; Madanes, 1981; Minuchin, 1974). This is common ground with some community psychologists and social researchers.

While clinicians from these schools reached into the family, extended family, and important aspects of the system outside the family, they refined a clinical expertise in personal change. For want of a better name, 'brief therapy' as it is used in this report, refers to therapies which come from this understanding of social context and interaction with the environment.

Undertaking this practicum, I set out to develop expertise in family therapy. In particular, my objective was to gain a better understanding of the knowledge base and assumptions of strategic 'brief' therapy. In the process, I discovered it necessary to become more familiar with structural therapy. My earlier interest had been in solution-focused therapy. It became clear to me that the roots of this model were intertwined with the former two. Seeking clarification of "what works, how it works, why it works" led me to explore all three in more depth.

The inner city community and its minority population have distinct characteristics. As I worked with this population, I found it necessary to expand into a framework that specified the distinct nature of the population. The concepts of ecostructural therapy are valuable in defining this uniqueness. The ecostructural therapist may use all the skills, techniques, and strategies of the brief therapists but keeps a strong focus on the profound impact of socioeconomic and cultural circumstances on the individual. This model could have been included as a "Brief Therapy", but it draws more specifically on this impact and interventions to address it. I have kept it separated for this reason.

This chapter highlights fundamentals of a conceptual framework underpinning strategic, structural and solution-focused therapy which are referred to as "Brief Therapies". In each of these models, the unit of analysis is the relationship of two or more, regardless of the number of people presenting for an interview (Madanes, 1982). They are present focused and expect change to occur rapidly. The therapists recognize themselves as part of the system of interaction. Concepts of resistance and change come from a cybernetic model. Clients are not labeled "resistant". The term refers to those self-protective mechanisms which become activated when the therapist has not correctly identified the client's world view or goals. Natural resistance to change is used deliberately by the therapist to facilitate the change desired by the client, often in paradoxical directives; Therapists assume responsibility for establishing a cooperative relationship. To do so, a therapist takes responsibility for understanding the client's world view, within the context of the person's ecology. This includes using the client's own language, tonal qualities, pacing, internal representational structure in the non verbal

as well as the verbal sphere. Failure to establish a cooperative relationship is known to cause failure in the therapeautic process.

Much of this thinking can be traced to Milton Erickson's work and the work from Bateson's research project. Details of this conceptual map are provided in the next section of this chapter.

KNOWLEDGE & PRESUPPOSITIONS

Given the understanding than an individual interacts with their social system, a view of pathology resting in the individual is not acceptable (Brossi, 1986; De Shazer 1986; Haley, 1987; Madanes, 1982; Minuchin, 1974). What the individual experiences as real depends on both internal and external components. The view of the individual can be recognized, while, "like a technician working with a zoom lens" the focus can move out for a broader focus (Minuchin, 1974).

People have a view of the world which is based on their history, experiences and personality factors. They experience the world based on their perceptions.

> *"People experience the world based on the categorization of objects of perception into classes. These classes are mental constructs and therefore of a totally different order of reality than the objects themselves. Classes are formed not only on the basis of the physical properties of objects, but especially on the strength of their meaning and value for the person."* (Watzlawick, Weakland, Fisch & 1974, p. 98)

Once an object is conceptualized as a member of a given class, it is extremely difficult to see it as belonging to another class. This class membership of an object is

called its "reality" (Watzlawick et al., 1974). This conceptualization, referred to as a frame, a world view, or a perception is reality for the person who holds this view.

Causality within systems is non linear. Circular processes which reflect the reciprocity of social interaction through time are at work. The behavior of an individual cannot be fruitfully isolated from the social context that gives it meaning (De Shazer, 1986; Haley, 1987; Madanes, 1982; Minuchin, 1974). Characteristics of the whole system cannot be deduced by knowing the characteristics of the single parts to the system. They are qualitatively different.

Phenomena in systems are explained in terms of the stable patterns of interaction which evolve among their component parts. Therapeutic intervention is "directed at the basic organizational structure. As that changes so do other factors." (Haley, 1980, p. 29). Behavior keeps repeating and so forms an organizational structure of habitual responses.

Behaviors which cause problems for the client are brought about by the client's world view that the behavior they chose was the right, logical, best or only choice (De Shazer, 1985). Problems are maintained by the client's idea that what they decided to do about the original difficulty was the only right and logical thing to do. Therefore, they behave as if trapped into doing more of the same (Watzlawick, Beavin and Jackson in De Shazer, 1985). A small change in one part of the system can bring about change in another part. Small changes amplified can lead to significant change (De Shazer 1985; De Shazer, 1988; Haley, 1986).

Much of the motivation which causes behavior, and much of the perceptual frame which leads to these behaviors, is outside of a person's awareness. People orient themselves in terms of visual and auditory cues. A shift in these cues can change a

person's orientation (Haley, 1986). There is more emphasis in metaphors of communication rather than insight.

People are viewed as capable of solving their own problems. There are positive forces in the person's unconscious. People have untapped potential. The potential can be freed for their development by having people behave in new ways (Haley, 1986; Minuchin, 1996).

The therapist's expectations influence outcome. The therapist's expectations of change are manifest in the way information is elicited, and in the way the therapist speaks and acts. As the therapist's views affect outcome, professionals who label people with deviant behavior are believed to create problems. Techniques will not replace genuine respect for the client and a willingness to understand their world view, but a number of techniques can assist in establishing this "joining" process. Use of the client's own language, awareness and matching of the client's patterns, and developing a fit of interventions with the client's world view are basic categories of these techniques. Setting goals which are on track with the client's goals is crucial to effect change. Setting goals which are not on track with the client's goals may activate resistance and make the problem worse.

All human behaviour is communication. It is impossible not to communicate. Much of behaviour is not conscious. Therapists use a variety of techniques to tap into the potential of the unconscious, viewing it as a resource. It is believed that it is not possible to be non directive in the therapeutic relationship. Directives are embedded in the therapeautic relationship, for example, not nodding sends a message. Therefore directives are used consciously. Brief therapists define the types of directives which they bring under

their conscious control: 1. Compliance-based or straightforward directives which are used with an explanation as to why they fit; 2. Indirect directives are those embedded in such things as voice tones, pacing, or phrasing of the language e.g. "Would you rather change quickly or slowly?"; 3. Metaphorical and paradoxical directives are used without an explanation provided to the client.

Commenting and providing insight into how the therapist sees the interaction is sometimes considered to be counterproductive. When feedback does occur, it is often framed or reframed in a benevolent manner which captures a respect for whatever the client is doing well.

Goals are generally stated in very concrete, behavioral language, although the therapeutic alliance is formed by arriving at more broadly defined goals. It is the therapist's responsibility to help a client elaborate and clarify a goal. People are viewed as having resources to solve their own problems. The therapist's responsibility is seen as freeing the person from the blocks which prevent them from accessing their own resources.

SKILLS & TECHNIQUES

A successful therapeutic alliance, defined as broad agreement on goals and approaches, established early in therapy, is more predictive of success than techniques or diagnosis (Duncan, Hubble & Miller 1997). The skill of establishing the therapeutic alliance is recognized to such a extent by these "brief therapies" it merits elaboration.

Skill in identifying and matching the client's tone, pacing, view of the world, internal transactional patterns, affect, style, language and body language are crucial to hypnotherapy. They underpin the work of these therapists.

Minuchin uses words like mimesis, tracking, and accommodation. He writes, "I try to assimilate the family's language and to build metaphors using the family's language and myths...These methods....are accommodation techniques, which are vital to the process of joining" (Minuchin, 1974, p.122).

Sensitivity to the client's verbal and non verbal cues, and paying close attention to the client responses to what the therapist is saying or doing, assist in forming a co-operative relationship. This may also be referred to as establishing therapeutic rapport. Supporting and complimenting the client's accustomed pattern, affirming and supporting the individual's strength and potential in such a way as to enhance the possibilities for an expansion of self generally add to this therapeutic alliance. A "yes set" will often be noted when the therapist is successful in establishing this rapport.

Joining the client's world by sensitive use of the above techniques, requires therapists to be skilled in framing and reframing a situation from different points of view. Usually this would be framed in a benevolent way. Minuchin (1974) used Carl Whittaker as an example. To describe what some would see as a domineering dynamic by a wife over a passive husband, he would say, "Tell me, Dad, do you resolve her coming up so strong by being easy and quiet?"

The therapist must be sensitive to the verbal and non verbal feedback given by the client. If one way of gathering information in not working, the therapist must shift to another approach. Haley (1987) suggests the behaviours of the therapist must range from

reflective to confronting. The therapist must be able to assume the posture of expert while also being able to express ignorance when appropriate; must know when to encourage and soothe; and know how to join with individuals in a family while avoiding inadvertently siding with one member against another.

In conclusion, an axiom guiding in brief therapy has to do with utility. If it works, then use it. Therapists are challenged to grow and be open to diverse ideas. Therapists can borrow from all models of therapy and develop their own style by a absorbing what fits for them. To do so, clinicians need to be familiar with different schools of therapy (Madanes, 1981; Minuchin, 1994).

CHAPTER 3:

BRIEF & ECOSTRUCTURAL CLINICAL MODELS OF INTERVENTION

INTRODUCTION

Brief therapists touch on my own background which is in part in hypnotherapy, visualization, and neurolinguistic programming. Probably for this reason I am intrigued by the quick and effective approaches taken by strategic therapists, Jay Haley and Cloe Madanes and the solution-focused approach developed by Steve De Shazer and his colleagues.

Prior to beginning an exploration of clinical skills, I gravitated to inner city communities, doing a variety of community organizing and community development activities. This work was exciting and empowering for both me and the people in whose community I was employed. Currently a school social work clinician, I remain in an inner core neighborhood. Situations faced are often life ruining if not life threatening. The powerful clinical interventions of the brief therapists which go beyond conventional techniques can be very effective in the face of serious situations. Experience also taught me that informal networks of peer support, and group training opportunities can make the difference between lonely despair and hope. They can make a the difference in clinical intervention between success and failure in changing family dynamics. Cases selected for my practicum were in part from inner city schools. Being introduced to the work of Harry

Aponte (1994), as I concluded my practicum, brought the fragments of these experiences together.

Haley and Madanes are identified with strategic therapy. Their approach refines a way of conceptualizing problem family patterns. They have developed a number of interventions which are suited to the multitude of complex and serious problems brought to therapy (Madanes, 1990). Minuchin's structural concepts are embedded in most of family centered social work practice today. Structural Family Therapy contributes a comprehensive and easily understood explanation of family from a systems view. Boundaries, subsystems, systems survival (homeostasis and flexibility), functional and dysfunctional patterns (disengagement, enmeshment, triangulation) are some key concepts from the structural school. Steve De Shazer is most clearly identifiable as an origniator of solution-focused therapy although a wide range of colleagues were involved in the development of solution-focused thinking and solution-focused publications. De Shazer has isolated components of effective techniques which are readily teachable in a short time. He has simplified powerful interventions, making them more accessible to larger numbers of clinicians, through processes of setting concrete, specific, behavioral goals; eliciting what already is working in the client's pattern; and amplifying what the client is already doing that works.

The term "ecostrucural" family therapy is used in the ecological approach written about by Aponte (1994). Aponte adds a comprehensive identification of the differences in families of the poor - specifically the underorganized poor, to the clinical expertise and techniques of the above therapists. These poor, he says, have never developed the structures needed to realize their potential. He articulates methods of intervention

required where the larger systems interface with these families and promotes team approaches in addressing the needs of these families.

STRATEGIC FAMILY THERAPY

Strategic family therapy has been selected as the unifying model for this practicum. Strategic therapy, as understood in this report, in essence is a model of therapy in which the clinician takes responsibility for identifying a hypothesis for the cause of the presenting problem, and then takes responsibility for designing an intervention to correct the problem (Haley, 1986; Madanes in Morrow, 1996). Personal acceptance by the therapist of responsibility links this clinical model to social action.

In order to form a hypothesis, the clinician must make an educated guess. This guess comes from concepts the clinician holds and from data gathered. Sensitive monitoring via feedback through verbal and nonverbal channels occurs continuously throughout the process of therapy. If feedback indicates the hunch is not useful, it will be discarded. It does not matter if this hypothesis was "reality." What does matter is that the hypothesis is 1) benevolent and that 2) it leads to actions/interventions which work to solve the problem (Keim, 1995). In order to sift through the tremendous amount of data available in a client assessment, and to formulate an action plan, it is necessary to simplify. Key variables are selected by a strategic therapist to arrive at a hypothesis and an intervention plan. Appendix A provides a sample of procedure notes from the Family Therapy Center in Washington, D.C. Madanes offers these to clinicians who receive training from her.

A synthesis of the key variables and the techniques follows. This material has been extracted from: My exposure to Madanes at a two day workshop in Winnipeg, and exposure to Cloe Madanes, Jim Keim and Dinah Smelser during a four day small group training seminar at the Family Therapy Institute in Washington; Madanes' books Sex, Love, and Violence , (1990), Strategic Family Therapy (1981), The Violence of Men New Techniques for Working with Abusive Families: A Therapy of Social Action (1995), The Secret Meaning of Money How It Binds Together Families in Love, Envy, Compassion or Anger (1994); Madanes audio tape Metaphors and Paradoxes The Strategic Therapy of Cloe Madanes; and Haley's books Problem-Solving Therapy Second Edition, (1987), Leaving Home The Therapy of Disturbed Young People (1980), Uncommon Therapy: the Psychiatric Techniques of Milton Erickson (1973); exposure to Haley's ideas through numerous training seminars with psychologist Michael Valentine; a paper by Jim Keim Panorama des Therapies Familiales (1995).

Variables Selected in Therapist View

Love /Protection

Strategic thinking identifies bonds of love as the primary motivator in families. Much of what occurs in families can be understood through this theme. "Think about a child's life from birth," Madanes suggests, "Survival depends upon its parents (Madanes in Morrow, 1996). The infants' mechanisms of interaction are connected to an awareness of what is occurring to those people on whom its survival depends. Awareness of love as a primary motivator links to ideas about protection and containment. Ideas about containment, Madanes says, separate strategic from other therapies (Madanes in Morrow,

1996). Containment introduces the idea of responsibility. The person who has more power in a situation, whether it be a parent, employer or leader has responsibility to protect and to hold those who depend upon them. Love with containment is essential for children. Where children are concerned, change in serious problem behavior is only considered possible when the threat of expulsion is settled. A strategic therapist makes a commitment to stay with the client, and see them through their difficulty, when they enter a therapeutic contract (Madanes in Morrow, 1996). If a client does not keep an appointment, the strategic therapist takes responsibility to call and inquire as to the reason for the missed appointment. If it was something in the therapist's actions that led to the disengagement, the therapist is expected to apologize and find out if they can change to correct the problem.

The social organization of the workplace is seen as mirroring that of a family. The person at the top of the hierarchy in a healthy functioning organization has an essential responsibility to demonstrate protection for those under them who depend on them. In assessing where to direct support in an organization, the belief is that if the person at the top of the hierarchy is not supported, they will inevitably take it out on those under them. If a supervisor puts down a therapist, it will affect the way the therapist deals with the client. If the parents in a family are not supported, they will take it out on their children. Given the view that love and protection are central to families, symptoms are often viewed with the idea that one member of the family is protecting another member of the family from something. Love elevates the themes of the sordid that often mark difficulties in human interaction. Violence or complaints are frequent human concerns. Using love themes, we draw upon higher values.

The motivator for the behavior of the person in the family is seen as benevolent while the choice of actions may be dysfunctional, as in the case of an acting out child. Finding a benevolent motivation for behavior assists in creating a more benevolent situation amongst people. Drawing out positive, loving themes creates an atmosphere of safety. Finding these assists the therapist in gaining the cooperation of the family.

Unit

The lens used to view problems includes a social network wider than the family, particularly involving professionals who have power over the person with the presenting problem (Haley, 1986; Keim, 1995; Madanes, 1982). When the problem does not get solved with the members present, the therapist might give consideration to expanding the people involved (Madanes 1981). This lens unifies the models discussed in this report. All systems thinking reaches beyond the individual to look at the impact of the social factors. The basic construct of strategic therapy is the unit of three. This unit is large enough to allow for the description of coalition (Haley, 1980), it allows for hierarchy (Keim, 1995), and it is simple enough for practical use. This does not mean three members must be present, only that the therapist thinks of the situation in this context.

Hierarchy/ Network

All members of a grouping do not hold equal power. Parental roles and responsibilities differ from that of children. Therapist roles differ from client roles. The head of an organization has a different position than the employees. Power and hierarchy can be benevolent. Power is the authority to nurture and protect as well as to control. There is a "soft" side of hierarchy as well as a "hard" side. Providing reassurance, soothing, expressing love and empathy, and providing the good things and good times are

the soft side of power. Makings the rules, determining and carrying out the consequences, telling others what to do, and making the major decisions are the hard side of the hierarchy. Keim suggests Santa Clause is a good example of a person who occupies a high place in the hierarchy. While he is the giver of good things, he would be obeyed if he made a request (Keim 1996, in Morrow, 1996).

Madanes (1995), in her most recent work with families of abusive men, has shifted to include a view of family as a self-help group. As society has changed, so has the value of hierarchical structure. A networking model, that links clusters of people, has evolved in many families. Networks suggest egalitarian relationships. Networks are about empowering and nurturing. In many families, parents do not function in the executive capacity. Madanes suggests that although a family appears to be a traditional hierarchical organization with parents in charge of children, it is in fact, rarely organized in this way. The therapist should recognize this and sometimes use strategies which recognize the children as the caregivers for the parent. This analysis of power is useful in all social organizations.

Life Cycle

Certain human problems are inevitable based on the way a family develops over time (Haley, 1973). Goals of therapy are often related to helping clients move from one stage of life to another (Minuchin, 1974). Sensitivity to the life cycle of a family is important. This lens again moves away from looking at pathology in the individual. Many difficulties can be reevaluated when one understands the context of time. A child entering grade seven will face difficulties very different from the child entering grades one or nine. Haley (1987) noted that a particular concern is the period of time when a young person is

leaving home. Successfully launching a young person into an independent life is a task which may be sabotaged by a families need for homeostasis. A family with young children will be in a very different place than a family with children who have left home.

Sequence

To gather data and assess who is important in the presenting problem - e.g. who plays which role in the hierarchical or network structure of the family, and to plan intervention - e.g. how the love themes may be introduced, the therapist observes the sequence of interaction. Who speaks to whom, who nurtures whom, who sets the rules, who looks at whom are the type of sequences of communication that will be noted. A mother who says she can't get her son to accept her nurturing, indicates that she does not hold sufficient power in the hierarchy.

Metaphor

A fifth variable which can be selected to understand the strategic therapist's way of thinking is metaphor. I found this useful at times, although not with the same consistency and unifying features of the other variables. Actions send a message. Sometimes the action is consistent with the message. Sometimes a message can be a metaphor for another message. An interaction between two people can be a metaphor for another action (Madanes, 1990). A goal of therapy may be to introduce more complex alternatives into repetitive sequence, or, in other words, to change the communicative behavior of the person. There are several interactional functions of metaphors. They may be to communicate, to displace, or to promote closeness. When communication is metaphorical, problems are difficult to solve because messages do not refer to what they ostensibly do. There may be incongruities in the communication. For example, a wife

expresses helplessness, requests help, but does not allow the help to be given. This makes her more powerful, while at the same time appearing to be less powerful.

Symptoms can be thought of as a contract between two people. They may be a metaphor. For example, hyperactive or ADD behavior may be a child communicating something about a chaotic situation. A suicide attempt in a child may be communicating that another family member (usually a parent) is feeling suicidal. It follows that treatment of the child will be most successful if efforts are made to address the situation of the other family member.

Techniques and Process

Strategic therapy began with the exposure of Haley to the strategic therapy of Milton Erickson. Haley incorporated Erickson's work with knowledge of human communication and learning (paradox, metaphor, homeostatic function of symptoms) gained in the Bateson Project (Keim, 1996). Interconnected with Minuchin for many years at the Philadelphia Child Guidance Clinic, Haley and Madanes are intimate with the conceptual framework of structural thinking. Strategic therapy is rich in diverse strategies, many designed for specific types of problems. Currently, for example, the Family Therapy Institute in Washington, under the direction of Cloe Madanes, has designed specific strategies for working with violent and abusive men, with sex offenders and with oppositional children.

Earlier, in her publication of 1990, Sex, Love and Violence, Madanes is specific about four different dimensions of family interactions, characteristic metaphorical behaviors and strategies to address problems in each of these dimensions. Problems of

domination and control in family interaction are manifest in behaviors such as delinquency, violence, some forms of drug abuse and bizarre behavior. She identifies therapeutic strategies for this problem of family interaction as correcting the hierarchy, negotiation, changing benefits and introducing rituals and ordeals.

In the second dimension family interactions are motivated by a desire to be loved. These interactions are characterized by excessive demands and criticism. Typical problems are psychosomatic symptoms, depression, anxiety, phobias, eating disorders and self-inflicted violence. Strategies for this dimension include changing the way parents are involved with their children, prescribing the symptom, prescribing a symbolic act and prescribing the pretending of the symptom.

A third dimension evident is when people motivated by the desire to love and protect others, act with intrusiveness, possessiveness, domination and violence. Typical problems are suicide threats and attempts, abuse and neglect, obsessions, temper tantrums, and thought disorders. Strategies Madanes identifies are reuniting family members, changing who is helpful to whom, empowering children to be appropriately helpful to their parents, and orienting people toward the future and deeds of reparation.

In the fourth dimension the main issue between family members is to repent and to forgive. Typical problems are incest, sexual abuse, and sadistic acts. Communication is sparse and centers around secrecy. People behave like victims and predators. The therapist introduces metaphors of spirituality and unity, emphasizing symbols of compassion and higher emotions, to elevate the person to gain unity with the rest of humanity. Finding protectors for the victims in the family, and eliciting repentance are therapeutic strategies (Madanes, 1990).

Special attention is given to the techniques of providing directives. It is perhaps the unusual nature of tasks which are sometimes prescribed which have caught the attention of clinicians, and lead to the school being described as unorthodox (Keim, 1996). Directives are an important part of the intervention. They are designed to get clients to experience and adapt to new ways of interacting.

Directives come in several forms. The straightforward directive is one form. Indirect and paradoxical directives are other forms which are used to break through impasses in changing problem behavior. For instance a person experiencing extreme, debilitating anxiety reactions, may be directed to have the symptom in a certain location and time. The symptom is involuntary. Prescribing when or where to have the symptom places it under voluntary control. When the directive is followed, the symptom comes under control of the person. A paradox, or seemingly contradictory situation, is created. The symptom can not be both voluntary and involuntary at the same time. Placing an involuntary symptom under voluntary control prompts a change in behavior.

Madanes states that beyond technique, the corrective experience of therapy occurs through establishment of the "human bond" (Madanes in Morrow, 1996 p. 6). The tone of therapy is warm and respectful. The therapist starts with the view that the clients are competent, or capable of being competent if the social context will allow it. It is the ability to get into the world view, or the ecological frame of the other, which in essence establishes the connection to healing. In her training seminars, Madanes tells stories of her colleague, R.D. Laing. Laing exemplifies a clinician who moves beyond technical expertise to a psychic connection with the dimension of the human spirit which is not subject to scientific analysis (Madanes in Morrow, 1996).

In the process of strategic therapy there is an initial focus on preparation. This involves instilling hope and optimism. Establishing cooperative relationships between important persons, primarily by drawing out and elevating clients through the use of love themes is also helpful preparation for change. This process must be maintained throughout the therapy. In the problem-solving stage, different tasks and directives are used. The final stage of termination works on consolidation. The therapist and client develop an explanation of how they have solved the presenting problem. Ideally the description is in the client's own language and empowers clients to handle problems on their own (Keim, 1996). Therapy begins with the therapist in an expert role and ends with a more egalitarian role (Haley, 1986).

STRUCTURAL

Minuchin's writing provides the most thorough understanding of the family unit as a system. These concepts of family systems are embedded in social work language. This section will provide a short review of these ideas as they are described, first, in 1974 in Families and Family Therapy, and with consistency to Minuchin's last published book of 1996, Mastering Family Therapy Journeys of Growth and Transformation.

Minuchin defines a family as a group of people, connected emotionally and/ or by blood who have lived together long enough to have developed patterns of interaction and stories that justify and explain these patterns of interaction. In structural thinking, the conceptualization of the family as a system provides a framework for assessment of family

functioning and therefore directions for intervention. These concepts are in the therapist's thinking as they form a hypothesis and plan strategies for intervention.

Concepts selected in structural view

In their interactions with each other, family **members construct** each other. This complementary construction means that family members are always underfunctioning. There are aspects of self that are not activated in the family's rules and patterns, and that is a loss. The gain is that the comfort of predictability and the sense of belonging are provided (Minuchin, 1996).

As family members adapt to the family rules that allocate their roles and functions, functioning is enhanced. It also means that grooves can become ruts, and spontaneity and growth can be curtailed. It can mean becoming trapped in molds. There are always possibilities for expansion in such a system (Minuchin, 1996).

To analyze the **transactional field** of the individual and family the therapist looks at such questions as "What role does the individual play? What implicit rules might be operating which create behaviors? Is the content of the verbal communication supported or contradicted by the family's behavior?"

Answers to these questions paint a family map. This map is the **structure** of the family. Family structure is the invisible set of functional demands which organize the way family members interact. A family is a system in that it operates through transactional patterns. Repeated transactions establish patterns of how, when, and to whom to relate.

These patterns underpin the system. The family is a system which **constantly receives** and **sends** inputs to and from the extra familial. The family undergoes **development**, moving through a number of stages that require restructuring. The family system needs to be flexible enough to adapt to changed circumstances so as to maintain continuity and enhance the psycho social growth of each member. The structural map is painted by the picture of interactional patterns and evaluated by using concepts of family **shape** and family **development**. Family shape refers to the demographics of a family - is the family traditional, nuclear, blended, gay. Family development is rooted in the fact that cultures prescribe different behaviors for individuals at different stages of the life cycle (Minuchin, 1996).

Universal rules govern these transactions. There should be a power hierarchy in which parents and children have different levels of authority. There should be a complimentarity of functions with husband and wife accepting interdependency and operating as a team.

Idiosyncratic rules are also involved. These involve mutual expectations of particular family members. The origin of these expectations is buried in years of implicit and explicit negotiations. The patterns remain as a matter of mutual accommodation and functional effectiveness. Thus the system maintains itself and offers resistance to change beyond a certain range.

The **continued existence** of the family as a system depends on a) a sufficient range of patterns b) the availability of alternative transactional patterns and c) the flexibility to mobilize them when necessary. Since the family must respond to internal and external changes, it must be able to transform itself in ways that meet new circumstances, without

losing the continuity that provides a frame of reference for its members. One of the main functions of the family is to support its members from extra familial stress.

Every family comprises a number of **subsystems**. Age, sex, and generation mark subsystems. The family differentiates and carries out its functions through subsystems. Each individual belongs to different subsystems in which he or she has different levels of power and learns differentiated skills. For example a child may be a daughter (parent-child subsystem) and also an older sister (sibling subsystem).

Subsystems are surrounded by boundaries with varying degrees of permeability. **Boundaries** are the rules defining who participates and how. The function of boundaries is to protect the differentiation of the system. The development of interpersonal skills in these subsystems is predicated on the subsystem's freedom from interference by other subsystems.

In families which function well, subsystem boundaries are clear but flexible enough to allow contact. The functions are not as significant as the clarity of the boundaries. The lines of authority and responsibility need to be clearly drawn. Minuchin (1974) describes two extremes of boundary functioning.

Enmeshment is one extreme in which families turn upon themselves to develop their own microcosm. The differentiation of the family system is diffuse. The system may become overloaded and lack the resources necessary to adapt and change under stressful circumstances. The heightened sense of belonging requires a major yielding of autonomy. Stress in one member reverberates through the system.

Disengagement is at the other extreme. It describes overly rigid boundaries and communication across subsystems. The protective functions of the family are

handicapped. Autonomy may be high, at the cost of a sense of belonging and loyalty. Only a high level of individual stress can reverberate strongly enough to activate the family's supportive systems.

Operations at either continuum may indicate pathology. Problems occur when adaptive mechanisms to boundary problems are evoked. These may become chronic boundary problems. Dysfunctional sets occur if one subsystem always uses the same nonmember to diffuse subsystem conflicts. **Triangulation** occurs when such alignments occur over time and are fueled by resentments.

Families are systems composed of individuals who view the world from their own perspectives. These points of view keep the family in a state of balanced tension. This tension is between belonging and autonomy. Tensions are activated in every interaction. There is always negotiation in even minor decisions.

Some issues of disagreement are so difficult the family tends to create blank spots, experience which is sealed. The result is that the family life is impoverished. While hierarchy can be necessary and useful, naked power as a way of imposing solutions is maladaptive.

Processes and Techniques of Structural Family Therapy

An assessment formed from these concepts suggests interventions. Since the family system is viewed as homeostatic, therapist's probes are used to unbalance the system, opening the way for transformation. The family is viewed as having the resources to solve its own problems, once its resources are freed up and available to its members. The therapist challenges the process without attacking the motivation, offering

interpretations that underline mutuality. Minuchin (1996) says that it is the task of the therapist to help the client by facilitating the transformation of the family system. The therapist must join the family, assess the underlying structure, and then create circumstances that will allow the transformation of the family structures in the direction of the goals which have been identified.

Minuchin is so proficient in the changes which can be created by having the grouping of the family together, he places a high emphasis on family members being present in the interview whenever possible. Demands are high on the therapist's use of self. To transform the family system, the therapist has to unbalance it. When the therapist unbalances the family system by joining with one member, the other members experience stress. The therapist must have the capacity to join, to imbue the family with a strong sense of respect for each of them as individuals, and to provide them with a strong sense of the caring given them by the therapist. Minuchin's supervisees describe feelings of anger, humiliation and frustration elicited as part of their growth with him. Each felt this forced them to be more open to growth and at a critical time, it increased their potential (Minuchin, 1996).

The structural therapist challenges perceptions of reality. She supports the family members, suggesting that there is something beyond what they have perceived. A strategy might be for the therapist to use themselves to join and form coalitions with one or the other party at different times as part of this process.

Techniques might include actualizing family transactional patterns; marking boundaries; escalating stress; assigning tasks; utilizing symptoms; manipulating mood; supporting, education guiding, or working with the family at its interfaces with society.

SOLUTION-FOCUSED

'The most minimal of minimalists,' the solution-focused clinician does not analyze family functioning. Problems can be seen to maintain themselves because of the context in which they happen (De Shazer, 1988). The symptom is conceptualized as "just bad luck" which serves no function. The solution is different than the complaint (De Shazer, 1986). Clinicians can use the solution-focused model with a limited amount of training. This makes it a very practical model. A solution-focused approach provides formulas to look for the keys which the clients carry to the solution. Skills central to the solution-focused clinician are those of: 1) Knowing how to break the problem into solvable bits - specific, behavioral and easily acted upon. This often begins with an introduction of a version of the "miracle question" (see below). 2) Eliciting what the client is doing or has done which are part of the solution picture. This primarily involves a focus on finding exceptions to when the problem is occurring. 3) Amplifying successes through such techniques as complimenting and scaling.

Understanding the problem is not considered important. Attention is directed solely to finding what the solution, or the miracle picture looks like from within the day to day details of the clients life. A "crystal ball" hypnosis technique led to the "miracle question."

> *"Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? How will your wife know things are different?"*

A variation of the miracle question, as a tool to define the picture of the solution, features in most first session interviews of the solution-focused approach. (See Appendix B for a Solutions Focused Work Sheet First Session). Solution-focused therapists have found that there are almost always are times in the client's life when the problem is not occurring. Details of these exception times are elicited through a variety of questioning techniques. Questions which highlight pre-session change *"So how have you managed to cut down on your drinking since you called for our appointment"*; or which enhance existing and past successes through questions such as *"so on the days you are not drinking, how do you do it ?"* are typical types of questions.

Material presented below is drawn from: A week training seminar at the Brief Therapy Institute in Milwaukee with Steve De Shazer, Insoo Kim Berg, Scott Miller and Larry Hopwood; two follow-up workshops and small group seminars with Miller and Hopwood in Winnipeg; two day training workshops with Yvonne Dolin and later with Michelle Weiner-Davis; De Shazer's books Keys (1985) and Clues (1988); a joint publication of Insoo Kim Berg and Scott Miller called Working with the Problem Drinker a Solution-Focused Approach (1992); and articles in The Family Therapy Networker by Scott Miller in collaboration with others, and an interview with Yvonne Dolin by Duvall and Rockman (1996).

Concepts selected in solution-focused

The therapist analyzes how the client describes the problem. This provides the best indicator of the kind of intervention to use. There are three types of patterns in the way clients describe problems. These are viewed as three types of interaction occurring

between client and therapist. Drawing from a belief that therapy is only effective when a cooperative relationship is established, that the responsibility for developing this cooperative relationship rests with the therapist, and that entering the client's world view, ecology or structure of thinking is the only way to do this effectively, De Shazer (1988) frames his conceptualization of these relationship types to mirror the structure of the client's view. A formula of interventions to fit these patterns of relationship are then designed. The therapist is responsible for reading the client's description patterns, accurately assessing the nature of the client-therapist relationship, and planning intervention or task assignment accordingly.

A **visitor-type** relationship exists when the therapist and client have not jointly defined a goal. The client may indicate that there is no problem requiring treatment, or that the problem belongs to somebody else. In this relationship, the therapist's task is to find out what the client really wants. Intervention will be to give frequent positive feedback on what the client is doing that is helpful. No task assignment is possible.

A **complainant-type relationship** exists when therapist and client jointly identify a goal, but clients do not see a connection between the problems and their own role in the solution. The therapist's task is to shift the client perception of the problem and solution so they can understand steps they can take. The interventions would focus on complimenting and giving credit to the client for what they have done. This intervention mirrors the observing pattern.

A **customer-type relationship** occurs when the goal has been identified jointly by client and therapist. The client sees themselves as part of the solution and is willing to take steps to solve the problem. In this type of relationship, the therapists needs to

identify, with the client, what might be the first active step the client needs to take. Frequently, with this type of client, there will already be a number of pre-sessions changes and deliberate exceptions which the therapist needs to reinforce. In customer relationships, the major task of the clinician is to support and reinforce the work the client is doing. This could be just being able to survive when things are not in the exception state.

Messages and tasks replace directives in solution-focued terminology. Messages and tasks are arrived at through formulas which analyze the structure of the client interaction or client description of the problem (De Shazer, 1988): 1. When exceptions "just happen" without an idea of how, symptom prescription and reframing are useful. 2. When spontaneous exceptions are found, assigning the task of noting the difference between exceptions and the complaint would be helpful. 3. When a person is complaining about their own behavior they might be assigned a task of *"Pay attention to what you do when you overcome the urge to...."* 4. When client's describe something as happening to them that they do not control, a task which substitutes a more beneficial symptom might be assigned e. g. *"Between now and next time we meet, we would like you to observe, so that you can describe to us next time, what happens in your (family, life, marriage, relationship) that you want to have continue to have happen"* (De Shazer, 1984; Molnar and De Shazer, 1987). 5. Or when client's have a problem in which they are oscillating between yes and no, the formula would be to deliver a double bind or counter double message may be used. A Both/And construction is substituted for and Either/Or construction. This intervention message mirrors the image of the problem, yet the therapist creates alternative maps to the double bind maps with this substitution.

6. In situations where a client has multiple problems and is unable to focus on a goal or a task, the therapist could suggest, "*Make a list of what goes well in your life that you would like to see happen again and again between now and the next time we see you.*" 7. When the client is ambivalent, a message that is split two or three ways would be useful e. g. *part of the team think that...and part of the team think that...*" 8. When introducing a prediction frame is desirable a coin toss might be used. "*If its heads, pretend the miracle has happened, if its tails pretend everything is normal...pay close attention to what difference it makes.*" Techniques of predictions seem to work based on an assumption that the idea you expect to happen is more likely to happen. The expectation that things can get better is the central presupposition behind all therapy. Once the process leading up to this expectation is in motion it can lead to having a better day. No matter what guess the predictor puts down, the idea that he might have a good day is bound to cross his mind. Having a good day is what he really wants and therefore a self-fulfilling prophecy might develop and this might prompt "better day behavior" the next day (De Shazer, 1988, pp. 129).

Techniques and Processes

Establishing goals which are stated as the presence rather than the absence of something and which are small enough to be achieved is a significant part of the process of solution-focused therapy (Berg & Miller, 1992). When there are multiple clients, the negotiation of treatment goals becomes more complex. Berg and Miller (1992) use the example of negotiating a goal when the husband wants to stop his wife's drinking and the

wife wants to get the husband to stop policing her. As the solution was refined, each identified a desire for a better social life and to "talk more, go out more often".

Techniques most frequently used are reframing, as it is used in both structural and strategic; providing of affirmations or compliments which amplify what the client doing that is good for him or herself; acknowledging and agreeing with the client's goals.

Deconstructing the frame is used in all brief models. De Shazer (1985) provides the most complete description of this process. Deconstructing the frame involves: 1) accepting the person's frame even when it is unserviceable 2) searching for a piece of the person's frame upon which a solution can be built, and then 3) attempting to introduce some doubt about the global frame.

Scaling techniques numerically measure goals. This assists in deconstructing the frame and breaking goals into specific, quantities. *"Suppose 10 stands for where you want your life to be at when you are finished with therapy, and 0 stands for where you life was at when you first started with therapy, where would you say you are at today?"*

While the miracle question departed from the formal use of trance from which it originated, the therapy sessions of the solution-focused therapist remain hypnotic in design. Most initial therapy sessions begin with the client describing the complaint or problem. This phase has become very short. The therapist begins construction of a solution by initiating a search for exceptions. No matter how much the client tells the therapist about the complaint, the conversation will be brought back to when it is that the complaint does not happen. Then the therapist will switch to working with the client to describe a vision of the future when the complaint is resolved.

Sessions are forty-five minutes, with a break for 5 to 10 minutes. During the break, the therapist goes back to consult with the team (or on his or her own) and constructs **the therapeutic message**. This break creates "response attentiveness." The client looks to the therapist for direction. This produces *"the"* moment to introduce a therapeutic suggestion or a reframe. The team behind the one way mirror offers the weight of "we". In delivery of the message the therapist speaks in a slow and deliberate manner. Components of the message generally include:

- Compliments which include statements about the difficulty of achieving the chosen goal. Some of these will be based on the exceptions and be about the progress toward the goal and the general viability of the goal. In later sessions, the main focus of he compliments tends to be on the progress toward the goal.
- As much as possible the client's own words and problem construction are used. This is a joining technique and builds a "yes set".
- Agreement with the client's goal phrased in a positive way *"we agree that your burning desire of....is difficult but worthy of strong effort...."*.
- Emphasis the goal will be difficult to accomplish and compliments for having tried many things and to be *"hanging in there"* when it would have been easier to just give up.
- A rationale or explanation for suggesting homework which makes sense from the clients framework. *"I agree that you worked hard to...and because you have tried things which....I would like you to come back next week"*.

Directives and tasks are essentially designed to be posthypnotic suggestions. Questions asked in the sessions following the first one (after the building of the miracle picture) are to explore the week in detail to uncover what is better, eliciting and amplifying the exceptions further. *"What's better?"..."How did you do this?"...."What else?" "Oh wow!"."What do you have to do to stay on track?"* (See Appendix C, Solutions Focused Worksheet Later Sessions). If a relapse occurs, the therapists role is to help the client see successes prior to the setback and point out that the important task is to return to the original goals as soon as possible.

Although easily taught and multiple in number, the range of solution-focused techniques are like any other therapy techniques in that the therapist's use of self and sensitivity to verbal and non verbal communication remains the determinant of the usefulness of the techniques (Dolin in Duvall & Rockman, 1996).

ECOSTRUCTURAL FAMILY THERAPY

This section highlights the ecostructural approach of Harry Aponte. Although a Puerto Rican American, living in New York, he writes about the experience of poverty familiar to the Canadian context of Winnipeg's core area. The research of Fuchs and Lugtig (1992) confirms this. Aponte's work fits well with both the clinical skills of the brief therapists, and the breath of work by community workers and psychologists. He articulates the rationale behind working with families directly at their interfaces with society.

Aponte (1994) writes of "the new poor". The poor of North America today are distressed more by want of spirit than want of bread, Aponte says. At the core, they suffer from a poverty of despair that robs them of meaning, purpose, and hope. Conditions of extreme socioeconomic disadvantage and marginalization required more than "in office" therapy. Aponte offers conceptual maps to differentiate when simply having exemplary clinical skills is not enough. Working with today's marginalized members of society, the "new poor", clinicians need to also have the insight of the social scientist and the drive of the community activist.

This section provides a short review of Aponte's concepts and approach as it is described in Bread & Spirit Therapy with the New Poor Diversity of Race, Culture, and Values (1994). While encountering the writing of Harry Aponte recently, my experience at Neighborhood Services Center in the 1970s and Broadway Action Community Council in the 1980s lend his theory personal experience.

Concepts selected in the ecostructural view

Therapy only works when it **joins with the indigenous forces** of culture and faith in people's lives. Forces in society have led to the breakup of the community, impacting on the family. The emotional and relationship problems of the "new poor" require understanding within their socioeconomic and political contexts. Aponte articulates three assumptions underlying therapy with the poor:

1. Options and power
2. Purpose and Meaning to life
3. The personal ecosystem's multilevel structural organization

Brief therapists have articulated that therapy is about providing options and power. Erickson demonstrated that providing a purpose and meaning in life was a key to recovery. Aponte ties knowledge of the social researchers into therapy with his third assumption.

Chronic deprivation of socioeconomic **resources** and cultural **supports** to an ethnic group undermines the infrastructure of its communities, families, and personal psychology. These crippled communities result in families which lose their cohesiveness; their members fail to develop roles and relationships that work or healthy internal psychological structures. They feel incompetent and lack self confidence. These individuals, families, and communities need help organizing among themselves. Solving personal emotional and relationship problems among the new poor calls for **mobilizing** the full **resources** of their ecosystem (Aponte, 1994).

Common to all cultural, ethnic, and racial minorities who fill the ranks of low-income people of America are the effects of radical damage to the cultural roots of their communities. Many in these groups have known poverty for generations. Many suffer deficiencies in education. Some lack the experiences to navigate society successfully. They lost their ancestral cultural and spiritual roots and have not absorbed the dominant society's values. An impoverishment of spirit lends a devastating quality to their economic poverty.

Undertaking the effort to restore the basic structures of their personal and community lives does not mean replacing their ecosystems with new services and thinking. It means **working in partnership** with the community that exists. People and families

come into being, develop, and are sustained by their personal traditions, structures, and beliefs - not by services.

In the poor, professionals face a diversity of racial, ethnic, cultural, and religious values that may well contradict their own beliefs about family structure, sexual mores, and social hierarchy. As therapists, we can best relate to the weave of the personal, family, and community lives of the poor by working with them on the specific, concrete problems they present. The poor live in the struggles of daily life. There is a soul in each client that calls for nourishment, support, and even challenge.

Therapists who counsel individuals and families from these groups have to deal with much beyond economic deprivation. Their client's emotional struggles intertwine with low self-esteem, anger, and suspiciousness. Their lives show the effects of fractured family and community life. In the face of the deprivation of life's material necessities, they have little else to sustain and motivate them. Spiritually, they have little reason to try their hardest, to endure the sacrifice of discipline, and to trust themselves to enduring, committed love.

The specific phenomenon of the 'new poor' is underorganization. This is not so much an improper or chaotic organization as a structure that had never fully developed. These structures have not achieved the constancy, differentiation, and flexibility they need to meet the demands of life. Underorganization is part of the family environment in which children grow up and, like an infection, shows in the undeveloped psychological structure of the family's individual members.

Underorganization in different degrees, characterizes the communities - destitute and dangerous - in which these children and families live and develop. The

failures of the new poor to develop their potential does not come from neurotic defenses, but from families and communities that did not nurture, teach or form in them the mechanics or spirit for successful family relationships. It is important to diagnose the extent of the damage caused by poverty.

Children from these relationships long to attach but fear to trust. They look for safety, but live in fear. They naturally incline to openness but close up. They want to love but live with anger. They look for social cues about family life but face confusion. They try to make it outside home but home is not there to give them a start in learning and coping. The world outside, in the neighborhood and the school, is difficult and dangerous. The adults in their lives seem to care but somehow keep letting them down.

Social destitution in the absence of a strong sense of self and cohesive familial and social network can injure the fundamental structure of the individual's psychological development, the formation of family, and the vitality of community. Individuals may fully develop neither their intellectual and emotional capacity, nor the ability to form intimate and committed personal relationships, nor their potential to perform effectively in society. Families may fail to serve as stable, safe, nurturing nests for their members. People may not learn to live in community where they learn to depend on one another. Life becomes difficult, painful, and even frightening.

For the therapist, it is vital to diagnose the extent to which poverty's injuries have handicapped the poor person or family seeking help. Poverty attacks people's sense of self and their familial structure and social network. These are their emotional and social immunological defenses. Once poverty breaches these defenses, people are vulnerable to all sorts of personal problems.

Techniques and Strategies

Enactment, or creating changes in the session with the family, and acting them out, must accompany talk therapy. In the ecostructural approach, each intervention in a sessions flows out of a progressive series of diagnostic hypotheses. There are a progression of interventions that build upon one another from intervention to intervention. This building progresses through the entire course of treatment.

Therapy is conducted in the present under the premise that the forces creating the problem are all active in current behavior and transactions. Basic steps are to:

1. Identify the issue of the moment.
2. Consider it in terms of goals, resources, and choices of the client.
3. Develop diagnostic hypothesis in relation to immediate goals.

Clinicians must determine how to unravel the threads of the ecosystem's dynamics that converge into the problem. They must identify the focus. Links to the various levels of the client's ecosystem behind the issue can be absolute or very complex so that multiple intervention is required. A child's school problem may be resolved by resolving problems in the parent's functioning, or there may be multiple issues which converge adversely into his life - the home situation, school's failure to teach, and no safe place to go after school until his mother is home from work.

Therapists may intervene by working directly hands on with various subsystems linked to the problem. There may be meetings with the school, for instance. Or they may intervene indirectly by going after a dysfunctional structural pattern in one or more

accessible and workable subsystems to affect one or more related subsystems of the client's ecosystem (Aponte, 1994).

Home-based services, professionals who work with a family in their own home for many hours a week, available twenty-four hours a day, are an effective tool in working with families who do not respond to traditional in-office services. Therapists may choose to work with families who would not otherwise use services, in their natural environments.

The ecostructural perspective targets the relationships among individual, family and community. The structural base of the model looks at the relational framework common to all levels of the ecosystem, the structure. The model speaks of family and community in the common vocabulary of boundary, alignment, and power, emphasizing the meaning that culture and values give human experience.

The ecostrucural model assumes that the family is not alone in the problems it brings to treatment. While viewing the entire ecosystem, they work for change at the most personal level of people's experience, targeting the convergence of the forces that generate the issue. Solutions lie in the rich context of the individual, family and community. Just as it is axiomatic that children are mirrors for both the contentment and distress of their families, the harmony or disharmony of the family as a whole will also affect every relationship within the family, facilitating or impeding connections among family members. The social conditions of a community will support or undermine families and their individual members. The ecostructural therapist sees these micro and macro forces in an ecosystem converging in a family to generate a problem. The therapist intervenes in the balance and configuration of these forces to free and strengthen people (Aponte, 1994).

With their poverty as well as personal problems, these families often fail to function successfully on their own. They become dependent upon a multiplicity of helping institutions. Family **boundaries become porous** to the institutional environment in the form of agencies that assume responsibility for and care of these families. Often the service provider network does not coordinate its efforts and becomes another disorganizing force in their lives, draining the control of families and communities and inadvertently substituting its policies for a family's and community's values.

Aponte (1994) provides some detailed description of the **family-school interview** as part of an ecostructural approach. A session is conducted to discover the exact nature of the precipitating problem, the relationship among all involved with the problem, and what is needed to achieve change. Common goals of family and school are identified to build the positive assets of both school and family to create a solutions. The aim is for practical outcomes.

School personnel should remain in control of their role in the partnership and must experience themselves as active partners in the process, understanding how their involvement gains them the results they seek. The therapist's focus is narrow, focusing primarily at the emotional well-being of the child rather than educational goals. They do take the school's educational aims into account.

In other areas **teams** of clinicians, community specialists, and agency administrators organize flexibly to contend with the complex family and social circumstances faced by families today. Our future as therapists lies in being able to understand the relationship of today's society to family life and in being able to intervene effectively in the relationship between the two (Aponte, 1994).

The damage of chronic stress to their communities, families, minds, and souls has so hardened the situation of those in poverty, that they need well planned, consistent assistance from society. That help must take into account the full ecosystem. Beyond the individual, family and community, that includes the economics, the political, the cultural, race, ethnicity, and spirituality. The poor need their own leadership and strength. The spirit is their ultimate resource.

Economic, political, and social circumstances do not of themselves combine to give or take away meaning and purpose. The resource the poor can claim is the spirit of community cooperation, family loyalty, personal self-respect, and religious belief. When they come to share their lives with us in therapy, the poor bring these resources with them in some form. Given what life has been like for them, they may not know what they have. It is for us to recognize their strengths, cultivate their potential, and join them in partnership.

For us to do this, we need to look first at ourselves. We need to recognize what gives meaning and purpose to life for us. We need to think about how our own views hinder or help our understanding and ability to relate to people and their struggles. When it comes to our work, we need our clients in our own spiritual growth. "It will require that we see ourselves not as proprietary experts on the subject, but as companions on a journey, their journey".

Summary

Strategic therapy refines concepts of hierarchy, and further develops views, such as love and containment, life cycle and metaphor, which simplify a hypothesis about the cause of problems. Strategic therapy presents a rich range of interventions in a variety of problem areas. Structural therapy provides a way of understanding the family as a system and provides options for transforming patterns so that the individuals within families realize their potential. Solution-focused therapy provides useful types of questions which lead to formulating solution pictures and uncovering existing solutions within the client's repertoire. It suggests formulas for task assignments to enhance the solution-creation process. Clinicians practicing ecostructural therapy draw from models such as these and also hold a sensitivity to the socioeconomic factors in the family ecology. They are comfortable with a team approach, recognize the need for twenty-four hour types of service when possible, and meet with the larger systems where they interface with the family, whenever these appear to be the most strategic points of intervention. In theoretical base and in practical use, the techniques and strategies of each are compatible. For example, solution-focused types of questions designed to amplify and compliment what the client is doing well can comfortably used within a structural framework. Strategic ways of hypothesizing can find a pure solution-focused line of questioning elicits the most cooperative relationship and may use these questioning techniques. When dealing with the poor, an ecostructural approach can be added to any of the other approaches.

CHAPTER 4: DESCRIPTION OF PRACTICUM

SUPERVISION

My Advisory Committee was an important part of my practicum process. They met with me at the beginning, middle and end of the process, offering group consultation and feedback to guide my direction. Throughout the process they individually provided consultation, supervision, information or whatever form of support requested.

Dr. Harvy Frankel of the Faculty of Social Work, University of Manitoba, was my program advisor, and served as my practicum committee chair. He guided me in course selection, indicating choices of courses which fit best with the learning I wanted; directed my reading activity, guiding me in my writing of two selected readings courses and the practicum; identified and arranged the most appropriate placement for my purposes under the direct supervision of Mr. Bernie Klippenstein. Mr. Klippenstein, provided the kind of flexiblity and availability combined with experience and expertise which was invaluable for this type of practicum. In addition to weekly consultation and supervision time behind the one-way mirror, he was on call during and after office hours as needed. Professor Don Lugtig, the third member of my Committee, provided telephone consultation on request and was my instructor for a course in social support. This course helped consolidate the strands of knowledge in the report, leading to a recognition that straightforward emotional and social support are as healing as skillful therapeutic techniques.

All members of the Committee were extremely flexible and supportive. They demonstrated interest in my work and encouraged me, offering fresh perspectives drawn from their expertise, and guiding me to new material they believed useful to my practice. Their diversity of expertise created a dynamic opportunity for the practicum.

SETTING and DURATION

This practicum was completed at New Directions for Families, Children and Youth from October, 1996 to June, 1997. New Directions was my placement of choice for several reasons. While it serves a range of client's, it specializes in the client population at greatest socioeconomic disadvantage. It has a long history of developing innovative service responses. There is an ability to deal with extreme social problems while maintaining an informal and friendly, "family like" atmosphere.

I continued on a 5/6 position at the Child Guidance Clinic. I was hopeful that some cases from my school practice could be referred to New Directions. I hoped to access the supervision of a professional family therapist while accessing a more controlled environment. This would make my practicum most relevant to my day to day work situation. My tentative hopes turned out to be a cornerstone of the practicum. A bureaucratic tangle could have prevented this from occurring. What did occur centered around client needs and my needs for learning. The pragmatism of Mr. Klippenstein cut through potential difficulties. Accepting clients from one system to another proceeded smoothly.

The process for accepting cases at New Directions from the Child Guidance caseload was twofold. First, Mr. Bernie Klippenstein reviewed a case with me as to its appropriateness for selection into the practicum. Second, the clients were given a choice and an explanation. If they choose to be seen at New Directions, they came in to the office of this agency and went through normal procedures of registering as clients of New Directions. They were given FAM form, problem checklist form, and the permission for video taping. A file was opened at this agency. Two external systems to the family were now involved. The relationship to the therapist was the primary connection for the clients. Agency requirements still had to be satisfied.

A case which becomes active with a staff member from Child Guidance Clinic must go through a referral process. This may begin quite informally, with a school counselor consulting with the clinician about a difficulty and then asking the family if they would like to speak with the clinician. If the family and the clinician agree that this is an appropriate referral, the next step is a formal process in which the case is brought to a school support team. This team consists of school resource teachers, school counselors, school administration and the school social worker, psychologist and reading clinician. Once accepted by the a Child Guidance Clinic for service, a file is opened on the family at this office.

My time at the schools is limited. Often, within several sessions of solution-focused and behavioral intervention, the symptoms of the presenting problem are reduced and the situation shows marked improvement. Demands on time then draw attention to the next problem situation. Problems may resurface and a crisis situation may have occurred before my attention is again called to the case. This practicum was an

opportunity follow cases while occupying a different role. In selecting cases into the practicum, we considered: 1) Did the family need more intensive and ongoing family therapy than I would have the ability to provide through my Child Guidance Clinic role alone? 2) Would a referral to another service to provide this be unlikely to work? Relationship and comfort established with one professional may not be transferable. The situation may not quite fit other service criteria. 3) How did the case fit with my learning objectives? 4) Which school situations provided reasonable control of therapeutic goals?

My discipline supervisor, and my area service director, from the Child Guidance Clinic met with me to review the process. The practicum proposal was approved. I had been given a one day leave of absence out of the six day school cycle. The understanding was that time spent at New Directions on these practicum cases came out of my day per cycle that was not paid employment. Schools were informed if a case was also being seen by me at New Directions for Children, Youth and Families.

Seven cases were seen under the supervision of Bernie Klippenstein. In preparation for each case, we reviewed intake information and discussed what might be occurring to lead to these types of problems. I used the Notes of Procedure sheet from the Brief Therapy Institute in Washington to organize my approach (Appendix A). Five of the cases came directly from my practice as school social worker. Two came directly from New Directions intake. An additional two were given me through the intake process of New Directions, but the clients had already found other services by the time the referral was reviewed.

The overlap between families served by New Directions and the Child Guidance Clinic is notable. Of the two cases which entered my practicum from New Directions

referral sources alone, was a family whose children attended a school I served. The year prior, our Reading Clinician had attempted to have the school refer the case to school social work. The family agreed to the referral, but had been seeing a family therapist from the Health Sciences Centre at the time. The need for my service was unclear and the school did not agree to the referral to their clinician (myself) at this time.

In the Child Guidance Clinic cases, there are automatically multiple clients. The referral source is usually the school. Although the service is voluntary and parental consent must be obtained, the mandate is to deliver services to the school. "The school" may consist of individuals within a team of teachers, administrators, and school counselors, each of whom have goals and an interest in the outcome in addition to the child and parents. In a school system, it is quite possible for different players to become active in a case an set different goals for intervention. Because the clinician is in part accountable to the school, school staff such as counselors, teachers or administrators, may attempt to set the therapeutic agenda for the clinician. Recognizing the social context, Haley (1987) talks about the need for the therapist to be in charge of the therapeutic goals when there are multiple systems involved. Karl Tomm writes about one of his worst failures, a suicide, resulting from the different goals of different players outside of the family (Tomm in Coleman, 1985). Only situations where I felt reasonable control over therapeutic goals could be maintained, were selected into the practicum.

The challenge in such a system is how to establish a coordinated "team approach" using the "hidden clients as resources rather than blocks (Berg and Miller, 1992). When goals are not those selected by the client, the element of social control exists. A non-cooperative relationship can form. Skill must be used to negotiate goals and bring the

players to some form of agreement. The importance of this became extremely clear. When a situation was improving, different members of this "team approach" contributed. In a "team approach", it is not possible to say which variables, or who among the team players, have made a difference to the client situation. The whole is bigger than the sum of the parts.

I found it invaluable to have the distance and perspective of another system, as well as the opportunity to receive supervision in family therapy and integrate these practices into my regular work setting.

EVALUATION PROCEDURES

New Directions for Children, Youth and Families uses the Family Assessment Measure III (FAM 111) (Skinner, Steinhauer & Santa-Barbara, 1983) as the primary outcome measure (See Sample of Items from FAM III Appendix D). When possible, this instrument was administered to client families as a pre- and post test. The FAM III is a self-report measure based upon Canadian norms. It was developed to provide an operational definition of the constructs in the Process Model of family functioning. This 'Process Model' focuses on family functions. A key assumption is that the family's ultimate goal is to successfully perform a number of tasks. To accomplish these tasks, the family assigns roles to members which they must be willing to perform. This is Role Performance. Communication is another aspect measured. Affective Expression Affective Involvement, Control and Values and Norms are also measured. FAM III has internal consistency, reliability, and moderately high correlation with social desirability and

defensiveness. If social desirability scores are high, the scores may be elevated. If defensiveness if low, the scores may actually be lower, because people tend to be self critical. The overall reliability of the General Scale used is .93 for adults and .94 for children. As a whole, FAM III has excellent validity and reliability (Trute, et al., in Balchan, 1994). It has shown to discriminate between clinical and non-clinical families (Skinner et al., 1983).

A second measure, the Problem Checklist (Appendix E), was completed by the family at the beginning and end of therapy. The Problem checklist provided a self-report from all family members about their levels of satisfaction with various dimensions of family life. The Problem Checklist while not high in reliability and validity provided a mechanism for supplementing the results of FAM III. It looks at the subjective level of satisfaction individuals have about various aspects of their family experience. There is no guarantee that positive changes in the various sub-tasks of the General Scale in FAM III will lead to a concomitant increase in the level of satisfaction individuals have about their family experience. Improvements in the everyday functioning of the family is a hoped for by-product of positive changes in the sub-tasks of the General Scale. The Problem Checklist provided a client's perspective on the impact of the intervention.

Other measures more idiosyncratic to the individual cases were used in my evaluation process. Self scaling measures, as described in the solution-focused techniques, are therapeutic as well as a additional measures. They look to evaluate the client's internal feelings about successes toward their goal. They assist the client in breaking into measurable quantities, these successes. School feedback on behavior and school marks are additional measures to check validity.

CHAPTER 5: CASE STUDIES

INTRODUCTION

Three cases from my practicum are discussed in this chapter. These cases were selected because they represent a diversity of family forms, socioeconomic, and cultural backgrounds. A modification of the strategic format presented during my training at the Family Therapy Institute of Washinton, D.C. is used to present the situations. A title identifying an essential point in the hypothesis, and a brief description of the family are provided. A simplified statement of the presenting problem, overall goals, and a statement of the hypothesis for the cause/ maintenance of problem follow. Some explanation is given as to how the hypothesis was selected.

The essentials of strategic therapy are that it involves forming a hypothesis about the maintenance/ cause of the presenting problem and a plan for intervention. The therapist takes responsibility for the direction of the therapy and for the outcome (Madanes in Morrow, 1996). It does not matter that other hypothese are possible. As long as the hypothesis is benevolent, what matters is that the one chosen is manageable enough to focus an intervention useful in solving the presenting problem (Keim, 1995). In the process of therapy, continuous monitoring of verbal and non verbal feedback occurs to ensure that the hypothesis is useful. Attention is given to establishing and maintaining a cooperative relationship with the client (Haley, 1987). The cooperative relationship is

built by selecting clear goals consistent with what the client wants and by being attentive to the client's view. If feedback indicates that the approach taken is not useful, or is endangering the cooperative relationship, it will be discarded and another one selected (Madanes, 1981). Formulation of the hypothesis in this manner sets the cases in a strategic framework.

Session one for each case is described in detail, often with direct quotes to provide the flavor of the session, and with techniques chosen and comments about the reason for selection of different techniques and directions chosen. Observations on sequence of interaction, observations on hierarchy and a statement about the strategy for change selected follow session one. These ways of analyzing data are from the conceptual framework of the strategic school. The course of the case is documented with a review of session two and beyond. Discussion and evaluation of outcome conclude each case write up. Conceptual thinking, variables selected to view the cases, and strategies are drawn from structural, strategic and solution-focused brief models and from an ecostructural model.

The first case uses techniques more from the 'strategic' and structural model; the second a mixture of strategic, structural, solution-focused, and ecostructural strategies. The last case concludes with primarily solution-focused techniques used within an ecostructural assessment. Monitoring of client non verbal and verbal responses is continuous, and techniques are selected according to these responses.

The Warden Family

Blocking Intrusion of the Extra Familial System

This family came directly from intake at New Directions for Children and Youth. Their first session was two hours, with a break in the middle. Subsequent sessions were generally one hour sessions, with a ten minute break toward the end. An intervention message followed this break. The parents of this family attended six sessions, over a five month period. I selected a hypothesis concerning extra familial factors and their impact on the family at a vulnerable point in time. I chose to strengthen the family by working to challenging beliefs that blocked their potential, and by shifting the roles they had defined for each other. As a technique to change patterns which were causing problems in the present, some attention was given to explorating a past traumatic incident.

This case illustrates how the extra familial system can exacerbate developmental adjustments and contribute to dysfunctional adaptations. Parents with young children entering school are without the experience of raising children. This comes by the time their children have reached later adolescence. The school is a powerful system which may have different expectations about use of time and behavior than the children have confronted before. It is a time of adjustment and change. Well intentioned professionals can inadvertently send messages which impact the family in unforeseen ways. Children's behavior is shaped by the expectations and actions of parents and teachers in combination once the child enters school. Cohesive expectations and supportive communication

between the professionals and the parents assist the child in making the adjustment to this new setting.

Brief Description of the Family

The Wardens, Steve and Ann, met shortly after graduating from University; dating several years before marriage. Both are from an Irish, German, Scottish background of second and third generation prairie Canadians. Five years after marriage, their first son, Alex was born. Three years later son Michael arrived. Parents of both spouses are living and maintain regular contact. Steve has a white collar job in the computer industry and Ann works three quarter time in a retail business. Their boys are currently aged eleven and fourteen.

Presenting Problem

Michael had been identified by the school as a behavior problem. His parents shared concerns about their boy's academic and social future. His mother, was concerned about Michael's "intense, impulsive, easily provoked moods." She felt that Alex took pleasure in provoking Michael, and this was a concern to her.

Ann stated an additional problem surrounding an incident of possible "sexual interference" when Michael was four and a half years old. This involved a suspicion that his then seven and a half year old brother, had gotten him to put his penis in his mouth. Although an investigation concluded the incident had not happened, the description of this incident featured largely on the intake form. Mother quoted the worker as saying "red flags" had been raised by Michael's drawings used in the investigative process.

Hypothesis

The mother was ambiguous in her expectations of her son and did not have the confidence necessary to succeed in enforcing some necessary behavioral expectations of her boy. The parental system was not functioning to strengthen her and to support these expectations.

This was surmised primarily from information gained on intake. On the intake form the mother's language was clouded with psychological jargon, not straightforward common sense. Mother described a need to learn better how to "coax him out of his dark moods" when he hit his brother, slammed doors, and left the school grounds mid class. In regards to the siblings, she described Michael as "easily provoked" by his older brother, and she was concerned Michael "saw himself as a victim". There was an ambiguity about the emotionally charged incident around sexual interference which undermined her confidence. She had "questioned" the boys about "the incident" in the past months and invoked a response from Michael that "it was hard to remember" but he was "trying to remember." To Alex, she suggested he could be "angry" about the incident. This sends an implicit message that the school viewed the problem as a psychological concern. The school had referred the family to the Child and Adolescent Treatment Center which specialized in mental health concerns. CCATS referred back to New Directions as the more appropriate service.

Overall goals

My goal was to strengthen the parents' ability to work together and to define the problem more precisely, in their own terms. They needed to correct the hierarchy, and

find more effective ways to address concerns surrounding their sons' school behavior and academic performance (Valentine, 1988).

First Session

The first session with the Wardens was scheduled to coincide with my progress review with Dr. Frankel at the New Directions site. He and Mr. Klippenstein operated as my team for this session. The style of our committee and work relationship is based on informality. For the rest of this report, I will use their names as I would in common usage. This better conveys the atmosphere of the sessions.

Reframing, agreeing, complimenting, use of metaphor, bringing implicit messages out so they can be challenged, orienting to cues, drawing out love themes, amplifying strengths, freeing untapped potential by challenging interpretations and limiting role definitions, manipulating mood, supporting and educating are all used at different times.

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Since I had not done the intake, I began the session by reviewing information on the form with them. The style was conversational and the content led to a sharing of our roots - the historical and ethnic background of our grandparents.

Exploring the school issues - hypothesis testing

As I glanced through the reason for referral, I asked, "Are you coming in, in good part in response to concerns school about the boys, and you are being responsible parents?"

"Yes. This year the teacher is having a heck of a time," Ann answered.

"What's the teacher like?" I began. By bringing in a larger lens focus, the ecology of the classroom, frames of pathology were implicitly challenged.

"Last year he had a very good year. His teacher was really well organized." Ann paused, "I don't know what is happening to him now."

As I provided affirmation to the mother for the stress she was feeling, tears started to roll down her cheeks, and continued throughout her description of the school situation. This non-verbal cue indicated that the school experiences did have a powerful impact on the family. Details unfolded. Parents were feeling blamed. The teacher was frustrated and had failed to establish a common strategy with the parents. The patterns were self-defeating. Michael's behavior had gotten worse.

Attributing benevolent motivation to the teacher, while affirming their view, I hypothesized, "Even if she doesn't mean to blame you, even if she is feeling overwhelmed and is just looking to you for help, it can hit you like a ton of bricks. It is tough. It is really tough when you have a year like that..."

They were listening intently to what I was saying. "It sounds like Michael does have some special learning needs, and does need extra structure to function well Your family is concerned and responsive....and it is tough, especially when you have a kid with some special needs..."

Ann's eyes brimmed with tears again. She told more about her struggles. The oldest boy was diagnosed ADD when six years old... dealing with school teachers and administrators year after year...trying to get the school to adapt...Michael's clash with the teacher."

The parents used the words "fragile" and "sensitive" to describe Michael. They were implicitly siding with him. In regards to correcting Michael's misbehavior, this served to undermine their own wishes. Their protective instincts were activated by the approach used by the school and the poor rapport established. I chose to address these implicit messages, agreeing with them so I could bring it to their attention and work toward deconstructing a frame which was not useful to them.

"So you feel that they are injuring him in some way," I said.

"But I don't feel like blaming the school," Ann quietly added. She calmed down, drying her tears.

"It is an overwhelming situation," I commented.

"It seems overwhelming at the time," she said.

This strategy appeared to be shifting her emotions, so I decided to continue, using support and agreement, then reframes to shift the role they had assigned Michael.

"But this is a grade five boy who has the teacher pulling her hair, and the principal. He rocks the whole system. This very fragile boy has everyone going. Even the principal and teacher together, are defeated in the face of Michael's strength of will to do as he chooses," I affirmed Michael, while challenging their interpretations.

"Do you see him as fragile, Steve?" I asked.

"Sensitive," Steve replied.

This seemed to imply a fragility. I used a metaphor of strength to emphasize that while Michael could be very sensitive, he could also be strong. I also wanted to make it evident that I saw Ann as strong, despite her tears. " Sensitive people can also be very

strong. Look at Ann. As a mother, she is very sensitive, but if anyone threatened her sons, she would be ferocious."

As the mood shifted from raw vulnerability to more reflective content, Ann commented that she felt it was time "to discuss the family". In this segment, what she actually described was interaction with herself, Michael and his Resource teacher.

When Michael was "having a bad day," he went to the Resource teacher. He told this teacher that his brother and friends were mean to him. The Resource teacher then became concerned about the home situation and spoke to her about these concerns. There appeared to be a coalition with Michael and this teacher. The mother linked this back to the possible sexual molestation issue, and felt that is what the teacher alluding to when she shared her concerns.

Rather than empathize and follow the direction of looking at the pathology of the possible sexual molestation issue, I stayed focused on the present. I chuckled and made a soft comment, "That would make it pleasant to have a bad day."

Ann stopped her story and sat upright, "So the school's being taken in by that too," she said. Her breathing became more even and her tears stopped. This was a verbal cue that indicated she had accepted some of my reframe.

Ann began to express her grief about her sons' fighting, Alex's apparent pleasure in bugging Michael, and Michael's view of himself as a victim. I listened, nodding, not commenting. "Yet Michael seems to start it by teasing," she added.

I nodded at her insight, then to amplify this direction, I asked, "So how are you going to get ahead at figuring things out, with this very smart boy?"

She was struggling with being caught in the middle of her sons' fights, trying to refrain from being drawn into a coalition. I affirmed her work. She had moved from siding with Michael to attempting to take a neutral position. "You must be doing a good job, if you can get both sides mad at you." I elicited strengths and exceptions to the fighting.

The phone rang

"You are going to fast. She is doing all the talking." Chagrined, I became aware of my pacing. The frames were being challenged with rapid speed. The family spoke in a slow, careful speed. I tried to refocus, slowing my pace, and drawing Steve in more.

His concern was miscommunication with the school, and his son's attitude to homework. Michael didn't like doing homework, and he didn't care if he was successful or not. We looked at solutions. Ann said that as of today, the teacher had agreed to use an agenda book each day. The teacher had refused her first request, arguing that it was inappropriate because the teacher felt that a grade five a student should be more independent. I pointed out that although it had taken five months, the teacher had come to the plan Ann had known would work in the beginning.

Second phone call

"You are going too fast. Remember, this has been going on for a long time." The session had been an hour at this point. We negotiated another forty minutes and took a break. During the break Harvy suggested, "Think about how the problem came to be this way." School issues are territory which was too familiar for me. His comment helped shift my thinking to focus on relationship. I entered the session with a plan to fit the mother's frame of underlying psychological problems by exploring history, and look for

the aspects in the relationship between husband and wife that might have contributed to their being vulnerable to the intrusion of others. It became natural to fit the couple's slow and careful pace.

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Telling the story

"I think that I need to know a little more about how it came to be this way. When did you start feeling that there were things not going the way you needed them to?" I asked, in a slow, halting manner.

The session took on the quality De Shazer describes as hypnotic rapport in. There is "focused attention" and all the participants pay close attention to what the others are saying (De Shazer, 1988, pp. 12). In this state spontaneous metaphors might develop which leave a naive observer puzzling about what is going on because the terms of the metaphor remain undefined but agreed upon. In this instance, the metaphors which developed was not used until subsequent sessions.

They began recounting their story ...halting...with Ann providing most of the detail and Steve adding words.

"The first was with Alex acting up in school. I guess the first with Michael was...I guess about five... the Day Care called. He and another little boy were playing with a male doll and he had put its penis in his mouth....when the Day Care asked Michael why he had done this, I guess he said something about...his brother had shown him to do it...or made him do it....they told us they had been obliged to report...Someone from Child and Family Services interviewed Michael. He said he couldn't come to any definite

conclusions, but there were some "red flags." Ann's tears continued to flow as she halted through the story.

"I think that Michael has a good vocabulary. He comes across as philosophical. He has so much knowledge beyond his years...this put the fellow off....He interviewed Alex at school...took him out of class....there was a report was made that about Michael and this is in his school board file...they put a report on Alex's school board file...there was no evidence to support that anything had happened to Michael...It is in the School Board file. It is in Alex's file...Beyond that letter that is on the file with the School Board, CFS didn't get back to the day care to tell them what had become of the investigation. He said that is the end of it. It would be on Alex's file in case anything ever came up again."

"We always had that doubt," they moved into the present. "Michael says Alex and his friend do terrible things to him...whenever he does, that possibly comes up. I am convinced nothing ever happened to him, but he said something like that to his teacher. She didn't know the story, we don't think, but Michael said Alex doesn't treat him well. She was immediately concerned and in the first parent teacher interview we had, she brought this up and asked, was there any kind of problem at home - any abuse? Any time Michael does act up there is a concern from the Resource teacher...the one he likes to talk to. I don't know ..."

Steve added, "What was said to the teacher you could take in many ways. I'm not sure if we didn't take it automatically the wrong way because of the Day Care incident. I am not sure when the Day Care called if we got the connotation right, or if we were putting a connotation on it. Our family was in turmoil. We were talking to Alex and Michael and getting upset over things. I'm not sure if we were putting the wrong

connotation on it. It was not a good time for Alex. I got the impression nothing had ever occurred. Yet we are still not sure. We were not sure." Tears continued from Ann as Steve spoke.

The rest of the session continued with exploration into their history as a young couple, the good times, the vitality, the struggles of accommodation, and the birth of their children.

Beyond the Story - Life Cycle & Gender

"What was happening for you during this time?" keeping the tone warm and interested. Michael's "dark drawings" may have reflected the state of someone in the family, most likely his mother. "How old were you?" I asked to orient them to that other space and time. "What was it like for you, when the kids were little. These early years, when Michael was five, four, three, two.." leading them back to that time.

"Thirty-six. We curled...we didn't go out together much, we weren't jogging as much..." Steve said. "Running back and forth to day care."

Sometimes these changes occur without the individuals realizing what is occurring. A life cycle perspective is useful. Gender issues may surface. Women tend to take on more of the role of caregiver and homemaker. A woman at this age who has been used to freedom and who finds this freedom curtailed can feel trapped.

"Yes, these times when the kids are small become very busy. Sometimes your social life gets cut off," I said.

"Me more than Steve," Ann added.

. "Sometimes women experience a little depression. Were you?"

"Lonely, easily irritated, cry at the drop of a hat. I've been taking anti depressants for two or three years. Now I'm more stable." she said. "There's a difference between being depressed and having something like that happen, which is crushing." "When I had the birth of my son, I was home for the first six months, depressed," Ann said.

"Did you understand what was going on when she was depressed and crying at the drop of a hat?" I wanted to join with Steve.

"Ann finds I don't respond," Steve said, indicating he accepted a view that he was incompetent. Gender differences contribute to these aspects of affective communication. If they shared this view of him as "not responding," it would limit their possibilities.

"He doesn't talk," Ann said. Her view was the accepted version.

"Do you find it difficult to respond in ways she is going to feel are responsive," I asked Steve. The statement implied it was not that he was uncaring or defective, but that he was different. That he may respond, but in ways she was not able to interpret. It empowered her by suggesting she had responsibility for being aware of the difference.

We continued to reflect on the early years of accommodation as newlyweds, with its vitality and struggles. Steve had felt intimidated at the idea of becoming a father. "He kept saying he wasn't grown up enough," Ann said.

"I could hardly handle myself, how could I be responsible for someone else," Steve added.

"How do you see it now?" I asked. It was time for him to recognize the change.

"There is really no foremost expert. You are your own expert," I was impressed with the careful way he expressed his thoughts.

Complimentary Roles - freeing the father's potential

To Ann I said, "So, do you think he is ready to be a father now?" I had picked up some underlying beliefs. To question Steve's efficacy directly implied that is was possible he was functioning adequately.

"Hunh...Yes." she faltered. "He doesn't spend enough time with the kids," she said, articulating the undercurrent that seemed implicit in their earlier comments.

"You think she's right about that," I turned to Steve.

"Yes. I keep working on it. I don't spend enough time with them. I spend time at home. I'd like to get out of the house with them." He was "working on it" and the kids were nearly grown. Viewing himself as not quite making it limited what he could offer. I wanted to unbalance this.

"Maybe it's just my idea," Ann said, picking up on the implications that acceptance of this view was not a given..

"Ya, I've got to admit, that is her idea," Steve said.

"Maybe its my idea. I like to get out. He likes to stay home and be on the computer," she said. "I think it's important to get out of the house and do different things, physical things, different things. He like to stay in the house and be on the computer, and, I forget what else he likes to do."

"I am interested in what you think, and what you are doing now, that is what you feel a father should be doing," I said. For Steve to be able to support Ann at this time, they would have to see him as a capable father. Asking direct questions would serve to bring out implicit messages which had trapped them. Words can come before actions. Sometimes making a clear statement will proceed acting upon it Madanes says (Madanes

in Morrow, 1996). Obtaining a clear statement about his capabilities as father would bring these qualities out in stronger form.

"I'm at home, on the computer with them, play the guitar...Alex plays the guitar and we jam together, help him pick up a few tunes...but I remember my Dad used to take me fishing. I sure got good memories about fishing with my Dad...so I think I should be taking them fishing more,." he began to talk.

"Yes, that is a nice thing to do too," I agreed, with a soft emphasis on the last word. It's kind of nice to have memories of jamming with your dad," I mused.

"Oh. I didn't do that with my dad," he replied automatically, "I went fishing with him."

In speaking so automatically, he had accomplished the break I hoped for, separating that he was different from his dad. The place he had given his father was inverted, with him at the top.

"Probably you didn't do computer with your dad," and in a softer voice, "so that's a memory your son's will have of you. It's probably nice to have memories of playing on the computer with your dad."

"So what kind of a Dad do you think your are?" I asked.

"Well, I'm kind of pleased with the way it's going," Steve said. This came slowly, less rote that the first statements about "should be doing more".

"Tell me about some of the things your are pleased with," I said.

"I get along with them very well," he said.

"Hmm," I said, "that's special to get along with them in their teen years. So you talk with them about things?"

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"Michael is too deep for us," Ann said.

"Andrew has deep philosophies about life," Steve added.

"Did these just arrive on Michael's shoulders, or did they have something to do with his family? There has been some development that shows he has got depth to his thinking, " I asked, attributing positive characteristics to them, making it clear I thought they were quite capable of handling the depth of their eleven year old son.

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"So, do you agree with Steve's definition of himself?" I asked Ann. It would be hard not to give verbal agreement. Saying it would bring her feelings to the surface.

"Pretty much," she said hesitantly, "I guess I have to think about...I guess sometimes when dealing with the school....I feel like...I feel like I'm on my own a lot. But he's right...I am doing it on my own. But he's right he does help the kids out...." Gender issues between them appeared to have allocated Ann a role which she felt burdened with. It was an assumed, rather than a negotiated situation.

"So what do you think about this business of Ann dealing with the school?" I asked Steve, using language that could serve to externalize the school issues.

Questioning the roles and responsibilities in this manner identified them as external to the person, and opened them up to negotiation.

"I trust her way of handling things and saying things. I like being in on the teacher meetings with Michael. I will go when it involved Michael," he said. It was comfortable to have no awareness that this 'trust' was a problem for his wife.

"What do you mean, you trust her?" I probed.

"I don't know if I could do as well," he said. Other messages must be involved. What message was being sent that placed him in the less than fully competent role?

"Is she an expert?" I asked, remembering in his language he had negated the existence of an expert about parenting. "Is she more expert than you?"

"Yes," he said.

"And are you looking for an expert to do this?" I queried. "You also know there are no experts." This thinking required the complicity of his wife to continue. She must be sending messages at one level that kept her in charge, keeping herself trapped in an arrangement that was not working for her. The tone was very attentive. Ann's crying had stopped. "She's saying that she feels alone in that," I said, "She looks kind of - how do you think she is looking when she talks about her interaction with the school?" To Ann I asked, "How is that, when you want help from him - how does he know that you want help?"

"I don't know. Cause I don't really say when I need help."

"Why is that?" I asked.

"I don't know," she hesitated.

"Is he available to you if you tell him you need it?" I wanted to find out if this was her double bind, or if there were some responses of Steve's which led her to adopt this role.

"If you told him you couldn't handle dealing with the school right now, what do you think he would do?" Opening the door to a new possibility.

"I don't know. I'm...I think maybe it's a question of I don't trust his ability," she was able to articulate, surprising both of them.

"Yes, I'm picking up on that," I said. A mother so protective of her son will take on this extra responsibility. She was overfunctioning and the father was being shut out. Mother

was feeling alone, struggling with the school and the feelings of guilt and incompetence the teacher stirred up in her, and viewing the father through a lens of deficit. The system needed to create some room for the father to function better for her and for Michael.

"So now I know where I get that feeling," Steve said.

"He'd say, 'Oh yes...'" she started to elaborate.

"He'd handle it his way, wouldn't he?" I said. 'His way' implied different, not inferior. "Are you ready to negotiate that?" Looking at roles and opening up beliefs, the therapist gives direction through the kinds of questions asked.

The phone rang

At this point the team must have realized I was considering moving in to put closure on the emerging perspectives. "She has been that way for a long time. She is not ready to shift so fast." It was time to conclude the session. "I get the feeling we shouldn't be here. We don't have really serious problems," Ann said. My efforts to give them another view of themselves as quite functional and capable were working, but this warned me that the pacing could still be too fast to adapt to her internal structure.

I provided a message was a statement of optimism, with a recognition of their current difficulty. No task was assigned because I felt we were just completing the exploration phase at this point. "There is pain here. You have some very good skills to handle things. Your family is intact, provides structure and an organization that can work for it. Work with you goes fast and I think we will be successful. Certainly, it is a pleasure for me to work with a family that has good strengths and needs only a small amount of help."

Ann asked if the boys should come in to the next session. We agreed. I marked a boundary, "We are talking about adult things right now."

Observations of Sequence of Interactions

Ann was in a bind over the task of meeting with the school about her son. She felt isolated and alone. She felt Steve was not responding adequately to the boy's needs, yet she did not trust that he could handle the school as well as she could. Therefore, she felt compelled to handle the school difficulties. This weakened the parental support to each other and weakened the hierarchy.

The situation which was unresolved around the incident of possible sexual touching created another bind. On the one hand, she did not want Michael to see himself as a victim. In regard to the incident, she felt sure nothing had happened. On the other hand, she felt a need to exercise extra caution in her protection of Michael in case "something had happened". Michael elicited protective responses from mother around his older brother and from both parents around the school. While Ann no longer so quickly responded by siding with him during the sibling conflicts, he expected it was his due, and become angry with her when she didn't intervene to punish Alex. The Resource teacher's alignment with Michael made this neutrality much more difficult. Michael was free to be less responsible for his behavior - bugging his older brother and then receiving support for the consequences of this.

Observations on Hierarchy

There was an incongruous hierarchy. Ann cried during much of the interview. She presented herself as weak and unsure, feeling alone, isolated, overwhelmed with the stress of dealing with the school, needing more support. She was taking medication to control depression. She expected more support from her husband. She needed more support in dealing with his son's

behavior problems and the school. At the same time, she viewed him as incompetent and would not allow him to take this role. This maintained her superior position.

Michael had an elevated place in the hierarchy. While parents wished to support the school teacher, division between teacher and parent left Michael with more power than he was capable of handling. The teacher would not agree to the mother's behavior plan for most of the school year to support her, saying he was too old for it. He continued to behave in a way that showed he needed this support. He was in charge of, whether or not he did homework, whether or not he remained in the classroom, and what kind of behavior he could do when his moods altered.

In terms of systems hierarchy, it could be argued that the teacher needed to show more respect to the parents for their knowledge of their son's needs. The parents were placed on an inferior level in the hierarchical organization. Collateral structure would function best in the planning for Michael.

Strategy for Change:

1. Bring to a closure the unresolved history around the possible sexual molestation. Revisiting these old messages could open them up to different interpretation. This would help free the mother's common sense so she could deal with Michael more effectively in the present. Both parents could share this process and come to a unified understanding of what had occurred during this traumatic time and strengthen their way of working together in the face of adverse circumstances.

2. Open alternative ways of defining each other to husband and wife, to free the untapped potential and limiting responses in the relationship between the mother and father.

Session Two

To resolve the history, I brought the story forward, using metaphor, and stacking paradoxes. I discussed their expectations of sexual development of their children, educating and informing them about the dynamics of sexual abuse and equipping them with appropriate responses. I asked them to face their worst fears and consider that the worst they feared might have happened, really had happened, removing the message that nothing had happened, and freeing their common sense to deal with it. The metaphor of a sandstorm causing sand in the gears was chosen.

To address the relationship bind, which appeared to be set up by Ann, I used a metaphor which drew on their sexuality and vitality as man and woman. She had spoken of his not "getting out of the house" enough with the boys. Yet her husband and the boys apparently did not feel dissatisfaction with this arrangement. It was likely a metaphor for her own craving. The metaphor of a woman trapped in a tower seemed to fit.

I began the interview with saying there were two things I wanted to address.

Sand in the gears

"The first one is a bit of history I'd like to clear up. If you go out in a sandstorm with a new machine, it might get sand in the gears. And this sand can cause damage if it isn't cleaned out. The first thing I wanted to do was to clean up the sand in the gears. I think it might be a good idea to take the machine apart, piece by piece and clean it up. So, the incident spoken about last week was a long time ago, and I don't think things have been cleared up. I keep getting two messages...this caught you off guard as a young and vulnerable couple. It was a crushing, beyond depressing experience. I think it has taken a little of your strength away. So to clear it

up, let's start with what are you sure never did not happen. I am not sure what the it is that never happened. On the one hand you said, "We are sure nothing never happened," but on the other you are not sure that nothing never did not happen. You said, "we have always had that doubt".

This was done slowly with a mild trance induction effect.

Next, I asked what they though might be normal exploration play with boys as they turned five and eight, and what might not be acceptable, but might occur anyway. I spoke about the sexually charged society of today, families and values. I talked about the social hysteria of the 1980's, in which the pendulum swung from repression of sexual abuse to an exaggerated emphasis on searching for it, in some professional fields (Peters, 1996). I asked them to assume that Alex really had asked his younger brother Michael to put his penis in his mouth. I asked them to consider "What would they do then?" and provided analogies with other behaviors which were not so emotionally charged to activate practical responses to children's behavior. I asked what they thought sexual abuse was, then detailed the dynamics of power and powerlessness, secrecy, defining self as an object, and provided examples on the continuum of sexual abuse, telling them stories about the most extreme situations of people I knew, pointing out that even in the most extreme situations survivors can go on to do quite well.

Then, drawing from the words they had provided, I reflected the emotions I was experiencing. "This situation has the feel of an abusive dynamic. A young family is vulnerable to that crushing situation, powerless...It takes a little of your strength away.... It is very murky... It is unclear. This feels like the dynamics of abuse. I'm not sure what didn't happen."

Steve said, "We never got answers that way."

"Let's assume it did happen," I said, "even prisoners have a statute of limitations. How long does this something that you don't think ever really happened go on affecting things? There has not been any evidence since that time of anything occurring."

Enough is enough

"Enough is enough," Ann said. "I asked the boys about it again a few months ago, trying to clear it up. Michael said he was trying to remember, but he could not remember anything. He told this to the counselor too, and she said, "well then assume there is nothing to remember". It could be if he tries hard enough, he will create a memory."

We walked through how to handle such incidents with young children, providing a safety message. Then, as Ann cried, I affirmed that they had indeed been conscientious. Eliciting how they knew they had been conscientious, the parents then presented a picture of boys who presented well to other adults and who showed compassion and friendliness to others.

This led to conversation about the present picture of Alex and his group of adolescent male friends. Current frustrations Ann was feeling about her boys and her husband were brought forward. "I always did as I was told," Ann said, "I was afraid not to." She was surprised to learn that Steve, much like his sons, was quite the opposite. His attitude to work had been very lax in school. He had cut corners, flaunted rules, and was told in high school that he would never make it to University.

This provided an opportunity to raise issues of gender and relationship. I joined with her in a view of how difficult it would be like for a very feminine woman to live in a household of very masculine men. And I pointed out to the couple that it was these very differences that attracted the couple to each other in the first place. His masculinity and her femininity.

Although I wanted to begin to address their relationship in this session, I had decided to go slowly and not risk minimizing the extent of the mother's concerns about the psychological condition of Michael. I went back too put closure on "the incident". "Have we addressed that trauma? Are we starting to put it to rest?"

The central concern the parents felt at this time was regarding the practical issue of the file on Alex's school history which documented these suspicions. "I feel like I am going to do something," Ann said. The tears had stopped.

I used a visualization of the incident and the file on the incident going into a cabinet and waiting until they choose to review it to be taken out again.

Break

At the break Bernie reminded me that this was a six year legacy. "Go one step at a time." We planned an intervention message which was a simple summation and an affirmation that they had taken steps needed to ensure that even if something did happen, their child was safe.

Session 3

Things are smoother

"Things seem to be smoother at school and that carries through at home," Ann opened the conversation by reporting. The affect of the couple was better. Ann spoke more clearly. Ann did not cry at all from this session on. Her face was brighter and she spoke with assertiveness.

Homework was getting done. The agenda book idea, which I again pointed out that Ann had asked for in the fall, was in operation and was making a difference. Things in the home felt brighter. Although this lent itself to a classic "What's better solution-focused session, I chose to

follow the plan of going more slowly and matching the frame of psychological difficulties. I wanted to check that resolution had occurred around "the incident", rather than pursuing a solution-focused approach. I went back to the issue, again delivering a message laden with paradox, using an Ericksonian stacking technique. I concluded with a two way split technique, as they were uncertain about what direction to take next.

"I am hesitant to bring this up, because things seem to have improved already, but because it was a concern for such a long time, I want to check that the legacy of the story that the child of eight and a half might have encouraged his younger brother to touch his penis is resolved. The five and a half year old might have been encouraged to put it in his mouth. It's not clear that happened. It is clear that a number of people thought it might have happened. It is clear that if this incident did occur, it was very time limited. And it was of such a time limit it didn't leave a lasting memory on the children, because even when they try, they can't remember it.

They were smiling by this time, but following intently what I was saying..."So the only tangible memory that was left appears to be a letter that was written by the investigator that concluded nothing had happened. Now the jury seems to feel that there could be an incident that could happen at some future point in time - some unspecified incident. And therefore concluded that the letter specifying nothing happened should be kept on the file in case something were to happen in the future."

It turned out that while Steve had not thought about "the file" since our last meeting Ann had been thinking of talking to a lawyer and had been delving into the situation again with Alex. The emotional difficulties were no longer at the foreground. Both parents were concerned about its implications and possible effect on Alex, as well as their feeling that the school staff had access to this information and looked at their family differently as a result. Ann was beginning to focus

more on steps to action concerning the file's existence. The couple focused on what to do about the file, and made several suggestions, looking to me for direction. I did not wish to become caught in a problem-solving exercise around this type of issue. They had the resources to deal with the situation and their decision about what to do would be best coming from within their own values.

I reflected, using the two way split, that after discussing it with my team, one view was that the letter on the file meant nothing. The other part felt it was really awful, and a legal issue which should be addressed. That it caused the parents not to feel as confident in dealing with the school because of the possibility they might have read what was on the file, that they were entitled to feel comfortable, and that if going to a lawyer would help this, they should do so.

Ann had talked to Michael in the past week, suggesting that perhaps the incident was normal developmental exploration. His accepting, "Oh" surprised her. She still felt compelled to talk to Alex to "see how he felt" and if he was resentful, it would help her be motivated to pursue the file issue with a lawyer. I did more probing into her thinking about this. The hierarchical blurring concerned me. We discussed the school concerns, with Ann again reviewing how the school had made it an issue by raising implications about it every time there was a behavioral concern with the boys. Then we went back to reflecting on how the problem got solved. Ann thought, "Maybe it started out badly at the beginning of the year because she (the teacher) had this feeling, she had the excuse and was more concerned about this than what he was doing at school."

I added, "Her concern landed on fertile ground because you weren't real clear before."

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The parents shared their concerns about Michael's attitude and how difficult it was to get him to do homework. They had to sit out several nights with him while he refused to do it. They still worried about his emotional state. "He is very powerful," I commented. Ann laughed, accepting this reframe. "How long do you predict that he will be able to defeat you?" I agreed that it was difficult to raise a child who didn't like homework. We agreed to bring the boys in for the next session, to work on getting a more cooperative dynamic in the home.

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You've had a lot of experience with professionals, I commented.

"Unfortunately," Ann replied. "It left us more confused.

"You came in saying things were better. I'm not sure if we should have talked about this. Is it sealed off, and are we ready to move on?"

"Yes, I think we can deal with it in a more comfortable and confident way. Yes I can move on."

Steve asked a specific question about an action he planned to take about contacting Child and Family Services in regards to the troublesome file. I asked Ann if they felt Alex needed to be involved. "I don't think so." she replied. Ann had concluded by herself that she no longer needed to turn to Alex for input about resolving her concerns about the situation.

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It was time to move to the second part of my goals - addressing the relationship issues. I had decided that, in this context, of a woman in a household with three males, the gender issue might be addressed by drawing on the sexual vitality of the couple, using romantic metaphor to frame the double bind that left the wife unable to depend on her husband's support.

"One of the ways your wife might befuddle you...I don't think she has any idea of how she befuddles you because she is a woman. She expects you to know. She is like a princess in a tower. Think of her trapped in a tower. She has a moat around that tower and she is throwing arrows at you when you try to get through it. It is not easy. She is not going to let it be easy. You have to break through and capture her. Get her out of the house. Honor her feminine self."

Ann was crying and laughing by this time.

"You don't know when she is throwing out complaints, she is saying she needs something from you. Because she is not conditioned to ask, "I need to get out of the house and do something different. Buy me flowers, perfume." She can't say that. Because of her conditioning she won't. She is passive. Nice. She expects you to know these things. And if you don't, she'll make you pay for it"

"It's the poor me self, I hate," Ann filled in.

"She feels trapped , isolated. You can't fumble around. That will make her very angry. You are strong and she needs you strong and aggressive. She picked you because of these very qualities she wanted. Don't let her fool you with her disguises. She chose you for that. Push right past all of the excuses she throws at you. Just take her out of he house. Get her to do something."

"Take her to the home show, or something," Steve's translation into his version of what might be something different and exciting fit with their lifestyle.

Ann continued to be cry, smiling though the tears.

"That is the excitement and vitality. That's the way you know she is a woman. She cries. She can't tell you what she needs. She would die first."

I doubted that Steve was motivated enough to recognize he needed to do something different. His wife was feeling the discomfort. This didn't create greater discomfort for him, but by painting the picture and adding an absurd "She can't," statement, it opened a door to Ann of what she could do.

Session Four

Due to external factors and the feeling of the family they were no longer stressed, there was a gap of nearly a month before our next meeting. Contact over the phone indicated that the situation was continuing to be much smoother at school and at home. They decided they didn't need to bring the boys in for our follow up session. Due a variety of factors, there was a long space between session three and four, and then each of the others. Each session was planned to be our last, but more aspects came up in their relationship and we took time on those. We focused on aspects of the couple's relationship and communication. Ann was assigned the task of telling Steve what she wanted. Steve's task was to do something exciting with Ann.

Session Five

"We were just discussing this on the weekend, if we had done our homework...I have tried to express things that have come up. Steve has been quite receptive."

"Unbeknowst to me," Steve said.

"He is listening. He doesn't just immediately turn to the computer."

***

"Do you notice anything Ann is doing differently?"

"I hope so, because this will be the key to our continuing," Steve replied.

"I don't feel alone. We are working more as a team. I feel more like a member of a team. That makes me less vulnerable to problems with the kids. Steve is more involved." Steve had initiated and conducted a meeting with the school, while Ann took a secondary role.

The rest of the session was spent on amplifying this change, drawing out the incidents in which this difference was noted, and extracting how it was accomplished.

"Before you didn't view him as competent. Now you can allow him to express himself. What loosened up for you Ann?" "What shifted for you that you stepped in Steve?"

Session Six- Termination

The boys concerns at school moved into the background. A school psychologist assessed Michael and found nothing to be concerned about, further validating the current direction. At our termination meeting, Ann commented, "Now if I could just get them to do housework."

I said that the job of therapy was to move them to a place where "they have no more problems than the therapist." We discussed marriage encounter programs, and strategies for getting equalization of tasks to occur without nagging.

Conclusion

Pretest scores on the FAM showed Ann in the problem zone on task accomplishment, and on the borderline in role performance and communication (See Appendix E, Pretest Scores). Affective expression was very close to borderline range. She intersected with Steve on involvement, within an average range. Control and values and norms were within the average

range. Defensiveness and social desirability were within the average range, indicating validity of the other scores.

Posttest, task accomplishment was found well within the average range, communication dropped from its borderline position to lower, as did affective expression (See Appensix F, Posttest Scores). Control and values and norms remained the same. Role performance, usually tied to task accomplishment, rose into the problem range.

Steve's pretest was within the average range for all scores. Posttest he moved to a position closer to strength on affective expression and involvement.

Task accomplishment improved from Ann's point of view. This could be in regards to the presenting concern of the school issues and sharing responsibility for these, which was the goal we worked on together. The presenting problem had been primarily from an external system. We were focused on addressing these issues and the couple's way of handling them. As these resolved and moved away from stressful emotional entanglements which had been sapping the energy, it is likely Ann became more able to look at aspects of household functioning. The men in the household were not interested in the same standards of housekeeping as she was. She was beginning to focus more attention on her personal well-being in this regard. The fact that communication, affective expression and involvement were well within the average range by the end, could mean that this problem would be resolved by the couple themselves.

On the problem checklist, Ann moved from five "dissatisfied" scores to two. Remaining in the "dissatisfied" scores were 'sharing of responsibilities' and 'handling anger and frustration'. 'Sharing of responsibilities' had not been noted by her on intake. 'Sharing feelings', 'sharing problems', and 'making sensible rules' and 'situation at work or school' were no longer areas of "dissatisfaction" as they had been on intake.

The Marsh Family

Containment, Boundaries and Ecology

Madanes (1990) identifies that the main issue for human beings is whether to love, protect, and help each other, or to intrude, dominate, and control. The problem is compounded, because love involves intrusion, domination, control and violence She suggests that different kinds of emotional and spiritual development correspond to specific types of problems brought to therapy. For each dimension, there are strategies of choice to solve the problem. Reuniting family members is a strategy she suggests when the motivation behind problem behaviors comes from a desire to love and protect. This is particularly important in families of the poor, where self-esteem of the parents is an issue. Parents may want to expel a child because they do not feel they can be good parents. Efforts must be directed to containment.

This dimension and a review of some key concepts in the ecostructural model (Aponte, 1994), are helpful in understanding this case. Aponte notes that when there is chronic deprivation of socioeconomic resources and cultural supports, the infrastructure of its communities, families, and personal psychology are undermined. In such situations families lose their cohesiveness. Their members fail to develop roles and relationships that work, or healthy internal structures. Aponte refers to this as underorganization. Family members feel incompetent and lack self confidence. The phenomenon of underorganization is not so much an improper or chaotic organization as a structure that never fully developed.

Underorganized families appear chaotic. People talk over one another. Roles are neither clearly defined, nor consistently assigned. Relationships lack a constant, coherent, and flexible structure. With constancy, family members trust what to expect from one another. In a family that is underorganized, alignments, power and boundaries may be unreliable or poorly defined. The spirit that motivates a family's transactions may be more demoralizing than inspiring (Aponte, 1994).

This underorganization is part of the family environment in which children grow up. Underorganization in different degrees characterizes the communities, destitute and dangerous, in which these children and families live and develop. "Children from these relationships long to attach but fear to trust" (Aponte, 1994, p. 20).

In the following situation, the mother gave her son up, when she felt incapable of correcting behavior problems. Our goals were directed to establishing her position as mother - a form of containment for the boy. Their family life was marked with roles which were not consistent or clearly defined, and relationships which were neither constant or coherent. Part of the strategy was to establish boundaries.

Lyle Longclaws (Longclaws 1996 in Longclaws, 1997), proposes an additional lens to sharpen the focus of assessment of this family. He proposes a model specific to Aboriginal people, which considers the extent of the family's involvement with their spiritual and cultural traditions: Traditional families have kept their language and maintained their spiritual and cultural traditions; New Traditionalist families have gone through a period of lost values and traditions, but who have found and now practice traditional ways; Universalist families practice traditions from their culture and also from the dominant culture; Assimilated families do not have their traditions and have absorbed

those of the dominant culture; while the Anomic family has neither tradition nor value from either culture.

Alice March, a young woman of twenty-eight, had taken herself "off the streets" from drug addiction and prostitution. When aged sixteen, turned to Child and Family Services to place her under their guardianship. She had been in therapy for two years to assist herself in recovery from the effects of a family of origin history which included alcoholism, and sexual abuse. She was currently enrolled in a job training program for Aboriginal women. Alice had recently reunited with her son, after having left him six years earlier, at the age of six, with his father whom she thought would be the better parent.

Our work together built on her many strengths. We were able to address the personal structures of her family and their convergence with the school system as a focal point of intervention. This son, her oldest, was the identified patient.

Alice and I met for seven sessions at an office in New Directions, over a period from December to June. The second last of these sessions included her two sons, her daughter, and her sister. She and I met with the oldest boy and his teachers at school three times. The case overlapped with my role as a school social worker. Attendance at school team meetings, school support team meetings and consultation with his teachers occurred regularly. I met three times individually with the boy at school. As our year's work progressed to different goals at the end of the school year, she accompanied me to a concert in a park with several school teachers. We arranged a home visit to meet with another parent.

Brief Description of the Family

At the time of intake, twenty-eight year old Alice was living with her three children, Elijah, aged 12, Rose aged 9, and Jack aged 6; her fifteen year old pregnant sister, Jane; her boyfriend Mark, and his brother Daniel.

Geneogram:

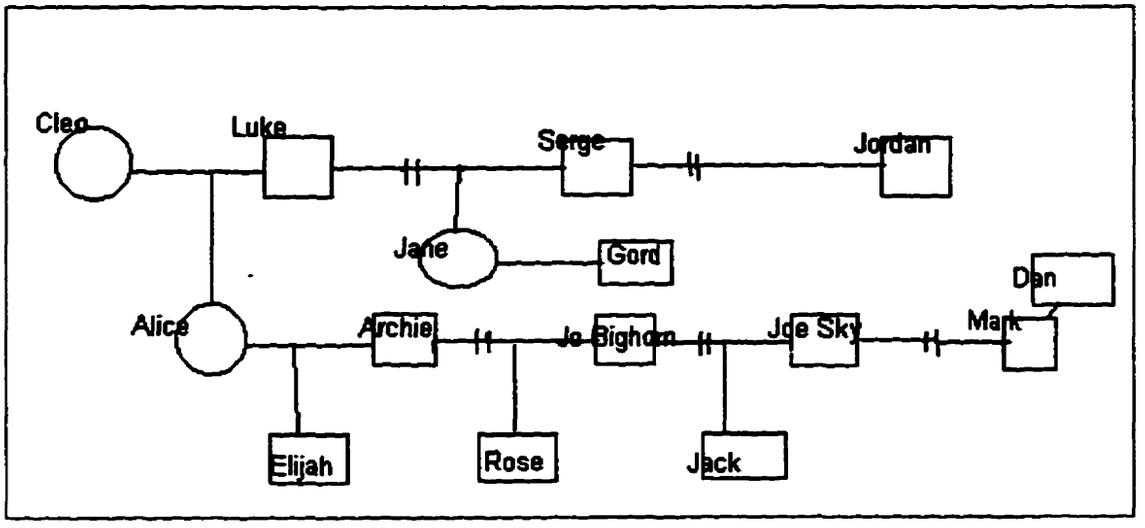


Fig. 1

Her relationship with Mark was two years old. Elijah referred to him as Dad. Alice's mother was Treaty Indian, and her father was Hungarian. Alice was taking legal steps to adopt her sister, Jane, so that she would be protected from the difficulties Alice had faced. Jane maintains a relationship with the father of her unborn child. These two hope to live together eventually.

Presenting Problem:

Elijah's teacher identified serious academic and social concerns. Eliajh was receiving Special Education Supports, but was taking no risks academically and refused

to do work. Reading and math levels were three grades below level. His teacher believed Elijah was capable of much more. She felt that Elijah appeared to be 'emotionally withdrawn from his peers. He didn't "open up", and didn't trust.

Elijah's mother also said that he did not open up and trust. She was concerned because he didn't play with friends, was destructive when he got mad and he intentionally hurt others. She felt he had issues to deal with concerning his father, whom he did not wish to see. She felt he needed "healing".

Elijah had been prescribed ritalin by the psychiatrist since grade one. Alice did not want him on the medication, but was unsure about this diagnosis, and wanted to determine Elijah's needs in this regard.

The process of referral was school initiated. On first contact by myself as school clinician, Alice reported that things were going fine with Elijah. She said Elijah's relationship with Mark was positive, that Mark helped with his schoolwork homework, and that the school was giving no negative reports. At this time of first contact Alice said she had too much on her hands to be able to be involved with Elijah. Her youngest was showing behavioral difficulties, and she was full time in school

The teacher requesting my involvement was informed of this contact. She met with Alice and spoke in strong terms about her concerns, recommending Alice call me for assistance with Elijah. The phone call came the next day. Alice was upset, felt guilty and was ready to contract for service.

Hypothesis for Cause of the Problem

The mother lacked confidence in herself and in her ability to parent. There was chronic underorganization in the family system, extending from previous generations. There were missing pieces to her pictures of being a mother, and of being in healthy, nurturing relationships.

Elijah had many valid reasons for acting withdrawn and for not feeling secure. The child was in an unstable situation even now. Trust was not possible for him until he felt security. This could best, and perhaps only, be provided by his mother.

During intake, Alice reported that things at home were "not really stable". She felt "crushed" because Elijah told her that he wanted to live with his stepfather when she fought with stepfather. Alice thought Elijah had a lot to deal with concerning his father whom she said, used to make him keep secrets and physically punish him.

Overall goals:

A stable family pattern was in the beginning stages of emerging. To increase the cohesion in the family, mother needed to take a central role. Alice needed the clarity of confidence and respect for herself to be able to recognize clear roles and boundaries in her family relationships. Elijah needed to feel her commitment to him to feel secure.

School goals for Elijah - homework completion, closing the differential in grade level functioning, comfort with peers and social activities of school - could come next, after the relationship with his mother gave containment for Elijah. The process of improving these school goals would serve to strengthen their bond.

Session One

January

In my first meeting with Alice I concentrated on following her stories, picking up threads which could serve to focus the direction of our relationship. Alice talked rapidly, filling in innumerable details about her life situation. She moved from one topic to the next, sharing details of the past in a very complete and detached fashion. Listening and tracking the varied concerns she raised; using metaphor and reframing to affirm her and to build her internal sense of self and confidence whenever opportunity presented; continuing to draw focus on her role as mother; and affirming her importance in this were techniques used in this session and throughout the following sessions to work to the overall goals.

In this session, the concerns of the moment focused on her sister Jane, and her boyfriend. Mark. Currently she was trying to gain legal custody of Jane. Her dad was not willing to give up guardianship. According to Alice, this Dad was alcoholic and provided no rules and no structure. It was difficult to follow which 'Dad' was being described. Her fear was that this sister would experience the life she had experienced following the birth of her Elijah. Between the ages of fifteen and eighteen, Alice was a ward of Child and Family Services. Alice was determined to do everything in her power to protect her sister from the life she had experienced.

Her difficult relationship with Mark and the many nuances of this took the rest of energy. The communication between Alice Mark and Elijah was problematic. Mark would deal with Elijah in one manner. She would deal with Elijah in another. Yet, she felt "Elijah will do anything that Mark says...Mark takes more responsibility than he is entitled to. He didn't want it, but he takes it. Now he is attached to the boys."

I chose not to follow the threads of the working out of her relationship with Mark, and maintain a focus on Alice and her son. She said that she had been worried, lost, and confused about whether or not she was ready to take Elijah back. She felt guilty for what she saw as her failure to bond with him in his early years. To form this conclusion, she drew from her perception that she had not been able to physically hug him affectionately since he was little, and she had used physical discipline. She had spanked him "till it no longer hurt". Child and Family Service intervention had been necessary for her to learn to use 'time out'.

When Elijah had entered school, he was diagnosed as Attention Deficit Disorder. The school phoned often about his problem behavior. "What was I supposed to do?" she said. She had two small kids, was a single parent, her life was in turmoil, and she decided the only solution was to give him to his father. Over the course of time, she began to feel that the father's care was not good. She described it as "abusive, emotionally and physically'. During a dramatic scene in the psychiatrist's office last year, she took Elijah and said he was never returning to his father. Elijah's father and current stepfather came to blows during this scene and police were called.

Alice tended to use phrases like "he needs lots of healing," when describing Elijah. She said she would become more involved with his school work "if he cooperated". In the process of working to formulate goals with her, a number of concerns surfaced:

- Being clean from cocaine was a first priority. It was her "One Year Birthday" of being clean.
- She did not wanted to hook again. Knowing that she was in a business training program, and wanting to draw from this in introducing a new metaphor, I

suggested that this might mean she wanted to gain better control over her finances. The activity of hooking became less demeaning, and more a choice of financing. I then asked, "was being in control of her finances the direction she wished to head?". Being in control of finances is an activity of the organized. Being able to state her goal in these terms brought her one step closer to entering that place of the 'organized'.

- There was a theme of self protection. I used this as an opportunity to discuss the difference between her now and "then". I suspected she was still vulnerable to remaining in an abusive situation. She needed stronger markers to affirm her present state. We discussed the ways she knew when abuse was occurring; the things she had tolerated before that she would no longer tolerate; and affirmed the tremendous growth she had attained, so that protecting herself was now automatic to her.
- As the interview progressed, she stated a goal for herself as "learning that I am at the centre of myself." I was surmising the extent of diffuse boundaries in her system. She was a big sister, who was trying to be a mother to her fifteen year old sister, who was about to become a mother, and was challenging the girl's father to do so. She was very attuned to Mark, what Mark thought, whether or not Mark was feeling she was supportive enough. All this concern when she herself was trying to make it in a new environment, full-time in school, with three young children to parent. I provided metaphors of putting herself at the centre of her universe, being strong and at centre.

- She said another goal important to her was to have "good structure, good rules" at home. This statement came after discussion and might have been indirectly framed by the discussion, although it seemed to arise spontaneously.

She talked about the sense of an internal critic. What she did was never right or good enough. I told her about "Aunt Ninny" the inner-voice of self condemnation. We began to work with techniques to alter this and move toward a state of inner-confidence. My focus throughout was to strengthen the sense of herself in the situation, to define clearer boundaries. Towards the end of the interview, she said, "It's up to me how I chose to live my life."

Although it took effort to direct the conversation toward Elijah's needs, I did not want to end the session without raising the topic of Elijah again, to obtain her sense of goals for him. She said, "he feels very unsafe," and chose a goal of having him feel safe. I pointed out that her confidence as a mother was going to be very much tied up with Elijah's feelings of security and safety.

Using the scaling technique, I asked her to tell me on the scale of 1 to 10 just how safe Elijah feels and drew a "Elijah Feels Safe" scale. At the bottom of the scale was "vulnerable, uncertain of his future, not trusting". Then I did the same for her "Feel sure and Confident of self as a Mother." At the bottom of her scale was "self doubt, questioning everything" (Aunt Ninny).

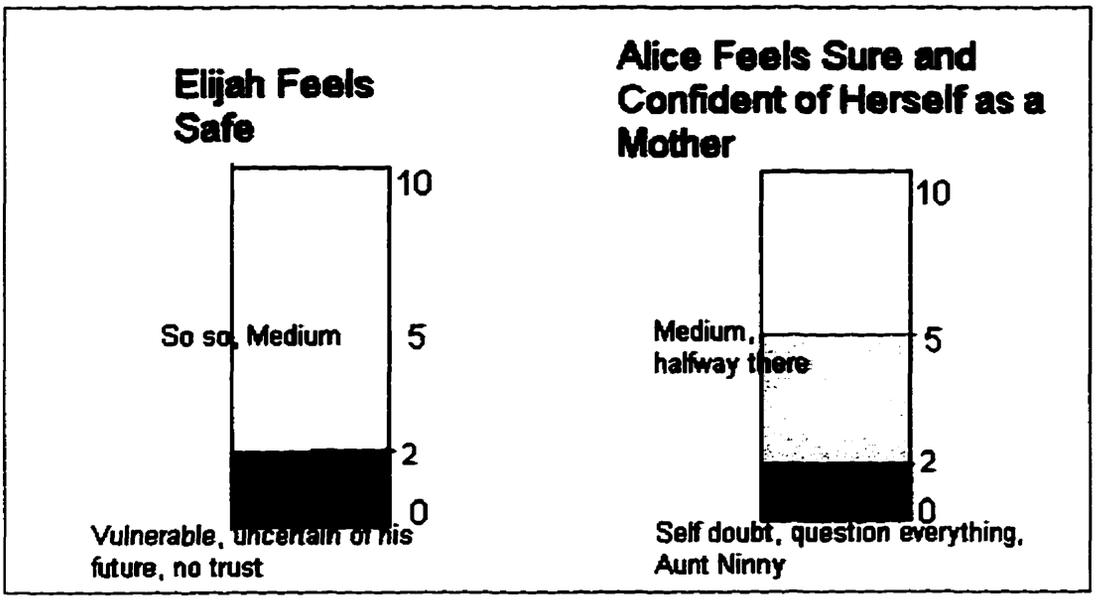


Fig. 2

She placed Elijah at a two on that scale. She said, when she came in to the session, she was about a two, but now, at the end of the session, she said she felt at a five.

Observations of Sequence of Interaction:

When called initially by a school personnel, mother presented a positive picture. After meeting with the teacher, a very negative picture was presented. On the one hand, Alice described her situation as one of being "too busy" to help Elijah in school, and felt more comfortable if her boyfriend were left in charge of helping Elijah. On the other hand, she felt guilty and insecure about her relationship with her son, feeling quite badly that he said he would like to live with Mark if they separated. Although the boy was seriously at risk academically and she left Mark in charge of this area, she had taken strong action when she felt Elijah was at risk emotionally and physically. She identified her main concern as Elijah's feelings of security. Confidence in her role as mother, poor

communication with the school system and a lack of awareness about what was needed in her role would contribute to these unclear sequences.

Observations on hierarchy:

Alice is the boy's mother. Mark is a new boyfriend who has never been a father. She attributed all kinds of ability and power to him. Alice and Mark were not in a parallel positions in regards to decisions about discipline of her newly returned son. Yet from her description, "He does things his way, and I do it differently," and "The kids listen to him better than they do to me," she placed herself lower place in the hierarchy.

When her six year old son misbehaved she felt she was unable to do anything except give him to his father. She was not sure if Elijah "wants to do his schoolwork" and if he didn't, felt there was nothing she can do about it. She pursued a theme of "Elijah needs healing," language which tended to distance herself from the solution.

She gained custody of her sixteen year old sister to protect her from her stepfather. She was attempting to be a parent to this sister. This is further complicated by the fact the younger sibling is about to become a parent. There is some confusion about hierarchy and boundaries.

Strategy for Change:

1. Alice needed to trust herself to be a less than perfect parent and recognize the skill of being herself to her son. This was what he most needed from her. I would see Alice individually until her sense of herself was more solid. Direct teaching, guidance, affirmation and reframing techniques would be part of this process. Her relationship with

Mark verged on abusive. She would make decisions about this relationship as she was ready. It would be most constructive to stay focused on Alice's personal needs.

2. Meetings with the teacher would focus on problem solving Elijah's behavior concerns. These meetings would be collateral in style. The teachers involved would provide practical information. Alice needed to know how to help. Over time, a series of meetings would build relationships which would serve as a network of support to Elijah and his mother in this aspect of their lives. Recognizing herself as a respected member of the team with a group of professionals, would serve also to address her confidence level. I would act as the first link to this process.

Second session

January

Aponte (1994) reminds us that with the underorganized, the world outside, in the school as well as the neighborhood, is difficult and dangerous. I began preparation for Alice to meet with parts of this outside world as a full participant. Throughout this process, her concepts of herself would be addressed. I used solution-focused techniques and some direct guidance.

Alice came into this session needing to talk about her father and mother. "I still carry a lot of anger," she said. She described parents who gave five year old Alice the responsibility of deciding which parent she would live with, an alcoholic mother, a father who did not maintain contact and protect her after he left, and a stepfather who sexually abused her.

Taking an idea from a book, she had confronted both parents several months ago as a step to resolving her anger. She had spelled to them her feelings about their failure to protect her. She saw this as a way to free herself from a fantasy. In her fantasy, she wanted parents who were better. I reinforced the idea of her "no longer looking for the fantasy parents," and added that she did not have to be the perfect parent. I added, "Her parents were not perfect and she turned out someone they could be proud of." I worked to have her think from different viewpoints, asking, "What do you want from the grandfather of your children?" I wondered if, at his age, he would be able to respond to his daughter in the manner she was requesting. "What do you want from him?" I asked.

"I want my Dad to know I appreciated him," was an answer that surprised me. She had begun her speaking of confrontation. What she really wanted was to express her love. "I haven't seen him for six years...He never would talk about feelings...I still have a fantasy that we will have a relationship...I sent him a letter that said in one month if he didn't respond I would cut him off."

Although there were threads I could have picked up, it felt to me more like I was being told a story that only needed to be listened to. When she turned the focus on her sister. I asked " What does a big sister do?" "How is this different from a mother?" I looked for opportunity to follow the theme of "How was she doing so well?" The focus of the session was reinforcing the many strengths she demonstrated. She was able to say that she was a good mother. We externalized her self talk, referring again to 'Aunt Ninny' as she said, "I question everything I am doing. How do my kids feel about me. I am full of guilt. I feel it is too late. Elijah is uncomfortable with praise, doesn't play with friends."

The focus shifted from pathology and "healing" to pragmatic tasks which were hindering Elijah's development - his school performaance. Having used the first part of the session to establish rapport and build trust, I was now able to be directive.

I wanated to use an ecostructural approach to both address Elijah's current behavioral needs and build an alliance with mother and teachers to strengthen her role as protector and caregiver for son. I felt confident of the range of supports provided by these teachers. Being in a position of trying to raise children without positive supports is high risk. The teachers had a lot of expertise to share about her boy's needs. This was an existing community support system for her son.

I introduced the concept that because she was his parent she could expect him to do his schoolwork, whether or not he was motivated. I said that if the issue in learning was attitude, it was her responsibility as much as the teachers. I suggested that both parent and teachers must be working on this and she would need to become informed about his school situation. This was said over time, paying careful attention to her cues. I asked, "Would she like to meet with his teachers to find out what his learning needs are, and what she could do at home that would make a difference? I said this could not be left to Mark, but must come from her. She was comfortable with our initiating a meeting about Elijah at the school.

First meeting with Teachers

I met with each teacher to get a sense of what they felt needed to happen with Elijah. The Special Education teacher who had initiated the referral was very dedicated to her students, would serve as the first link to Elijah's other teachers. She was close to

Alice and myself in age, and placed her concerns about Elijah at the center of what she wanted to achieve.

I arranged to have us meet in the staff room, and began very informally. Alice had experienced the school as a blaming and unfriendly place, a stronghold of middle class values against which she judged herself and came up with a failing grade.

The first part of the meeting was spent on socializing. Different of Elijah's teachers dropped by to add their bits of information. Elijah had been doing 'no work,' until very recently, his teachers reported. He was getting 0's. But he was taking great pride in filling an agenda book. He did use it as an organizer, but its central purpose was to show his mother what he had done in school. He would only let the people he knew would write positive things sign it. He had developed a practice of going to the Vice-Principal because he knew she would say something nice about him. The school saw this as a first step, and encouraged its use even in this way. Elijah was part of the process. He was surprised to be invited to the staff room, surprised to find his mother having tea with his teacher, surprised to find them getting along. It created a different atmosphere for him to have his various teachers drop by to chat with his mother.

Once the climate was comfortable, I guided them to concrete goals. A very moderate plan was put in place to get Elijah to work on task. The plan was made in consultation with Elijah. He was using his agenda book as an organizer already. He was to keep that up and when he did his work, he could get the teacher to write a comment so that he could show his mother. The behavioral plan was simple. Elijah now knew that his mother spoke to his teachers, and what he did at school would eventually get back to her.

Session three

January

Alice said, "The situation has become abusive. He hit me again last week. When he is around I am not as organized." She said, "He is very jealous. He has been using marijuana around the house." Alice had packed up her boys and moved, out following this incident.

Following my approach as before, I kept the focus on her and her boundaries and on her son. The turmoil in her life could serve as a surface distraction. She was resourceful in dealing with these situations. I wanted to do something focused on the underlying structure of her thinking about herself.

She talked about her difficulties with Elijah. "Elijah tends to take on more responsibility for his brothers. He tries to parent them. They all constantly bicker. Sometimes Elijah breaks their toys," she said.

When I drew out "what was better," she identified that she now knew where her son was. She felt things were stable for him. She said she was talking to him. In her view he felt safe. On the "Feels Safe" scale, Alice placed Elijah at a seven or an eight this day.

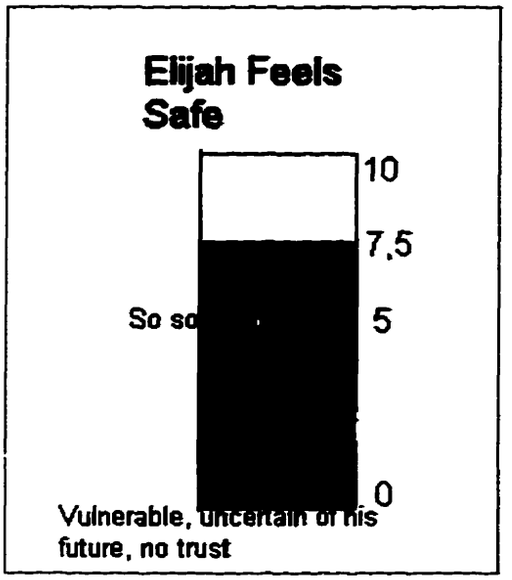


Fig. 3

Keeping focused on this goal, by the close of the session, she said "Either way I am going to make sure he is secure. I want to reassure him that I am here. Even if I separate from Mark. I will let him know I need him too. It is slowly coming to me because I am seeing it. I am starting to take more responsibility for my life."

I used a meditation, picking three of the strongest statements about her goals and herself. The task was to repeat these three times each, three times a day.

"I am Alice Marsh." "I am warm and gentle with my children."

" I love myself, and I am happy and at peace."

Alice began talking about the spiritual dimension of her life. She had discovered her native roots. "I want to be a more spiritual person." This was a very important strength.

Marijuana was used continuously in the home. She had discussed its use with Elijah. She said she was 'addicted' to it but, "I'm going to get under control." She didn't

like the fact that Mark and his brother, or his friends did it in the house. They suggested she was a hypocrite if she didn't want it used in the house. I affirmed, respecting her right to set her own standards. It was OK for her to have a problem with grass and still forbid others to come to her house and smoke up. I emphasized this in several ways as it was a major shift in taking control. It would require her to centre on her own boundaries and enable her to be in charge of her own home to protect her children. Her goal became one of being able to have control of who came in to her home. We worked with visualizations to create a picture of the kind of environment she wanted for her son.

Consultation with school team

January

By the end of January, Elijah's Special Education teacher was using words like 'ecstatic' to describe her feelings. Elijah had gotten 65% on both Math and LA exams, up from 0%. She and other teachers reported his 'attitude' had changed. They said he was working hard and interacting more with people at school.

Session 4

February

Steps to Letting Go of Those Not in Recovery

Alice held a book in her hand, "Daily Meditations for Those in Recovery". I asked her to share what she had been reading. She read a passage about darkness on the side of the bridge "where there were those not yet ready to take the step" and "light and warmth" on the other side of the bridge. The passage captured a frame for her transition. We read it several times and I worked with the metaphors throughout this session.

She had decided to leave Mark. He continued not only to use marijuana, but use it in the house. In the past week she felt he had been verbally rude and abusive. Comments such as, "Why didn't you get my coffee, a-- h--?" stuck in her memory. One day he harassed her, demanding, "Where's my f--- money?" He had gone to her office, demonstrated angry, jealous behavior, then told her that he 'nearly spit on' the secretary. She described his jealousy and her fear of him as an ongoing part of their dynamic. She disclosed that Mark used her money to buy drugs. That did not leave her enough for the boys. On the other hand, she had spent a lovely day on Sunday, going to church with her sons and a friend, then swimming in the afternoon. I amplified and elicited more details about this. The contrast of a day of light and warmth highlighted the darkness in aspects of her life.

As before, I did not comment directly on the direction she chose to take in this relationship. I focused instead on "What will it be like for her when she is on the other side of the bridge," building and creating a picture of this.

"More in control of my home. Who comes into my home. How I discipline them. How I spend time with them...There will be friends from school, positive people. We will talk about books, where we are going, inside things about their feelings and grown up, real talk, not bullshit," she said. Thoughtfully, she struggled to build her world as it will be 'on the other side,' "Walking around... quiet... by myself... productive with homework...not afraid...relieved... good... happy... safe... constantly growing."

I directed her attention to the details as they would concern the children, "Discipline... I'm not as firm with the kids as he is. He yells. He punishes them more." Her ideas of what discipline and bringing up children is were exemplified by Mark even though her natural reactions were against this. "When I'm alone they don't listen to me," she said, exposing her fear and insecurity about herself. She did not believe in her right and her ability to be in charge.

As a way to address this, I chose to look at her fears of being alone, "Do you have any women friends who are alone and who do a good job of raising their children." Installing a model of the world was important. I searched for an existing model from which to draw.

"Not really," she said, "I am better than any of my friends." The model from which I would draw would be that internal structure of what she wanted things to be like. I drew back on the Sunday and elicited details of the kinds of activites she had done with her boys in the past.

"We go swimming, do physical activity, like walking," she said.

She led the conversation back to Mark, "I think Elijah will choose to live with Mark. He seeks Mark's approval. I don't know Elijah well." She did not yet see herself

as capable. Addressing these images by asking questions from different viewpoints, invoking the strength of the roles, I continued, "What does Elijah think is right to do? How does he feel about the way Mark treats his mother."

We concluded with a meditation and visualization of her future, created by the words she found most powerful. I induced a trance using the words we created.

"I am proud of who I am."

We prayed. The atmosphere was very peaceful. I asked her to score where Elijah was today. Elijah was an 8 out of 10 in feeling safe and secure, in her perception, despite the turmoil of the past week.

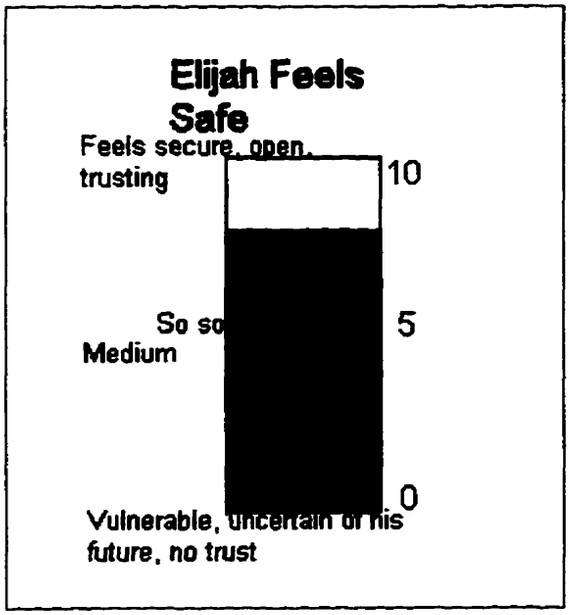


Fig. 4

She could see herself, on her own, very successful. Meditations were part of her operating style from the exposure she had in therapy and in her AA group. I assigned her a daily affirmation.

Haley (1987) refers to Erickson's use of a technique of building memories in someone who does not have good memories. This woman read. She had been involved with many caring professionals. She was in school where there were a number of people providing support. Although she was living successfully and presented well, she had not installed an image of herself as someone who really did belong with independent, secure, confident individuals. The visualizations, affirmations, amplifications were all techniques to install this picture of herself. An ecostructural approach, utilizing community supports would continue to solidify this and add to missing pieces of her experience. We planned another meeting with Elijah's teachers at school.

Session with Elijah - Initiated at his request

"Can I talk to you," Elijah asked, waiting by my office. This was a surprise. Elijah had never initiated contact. Once inside my office, he began, "Teachers have been phoning my parents and saying I'm hanging out with gang kids.". His parents were not happy about that. "It's not true," he said.

I told him that I had spoken with his mother, and passed on information given me by his teacher, that he was spending time with a particular student. This student was a declared member of the Indian Posse street gang. He was young enough that he was peripheral, but had bragged to me about his ability to recruit girls into prostitution. Elijah and I discussed the individual. Yes, Elijah knew of the boy's involvement. "Silly girls. He calls them bitches."

I alluded to how kids like these boys could benefit by a friend who understood them. Elijah became excited telling me the story about how he had dissuaded a friend

from being involved with "the gang". I commented on how impressive Elijah's help had been to the student. He told me the story twice.

Second Meeting at School

February

At this meeting, Elijah's home room teacher reported how good he was. Two other teachers talked about recent misbehavior. Alice was able to tell them about the home disruption. She was in the process of moving as she was following through on her plans to end the current living arrangement.

This time Alice felt relaxed. What she could do was clear. Elijah saw a positive interaction between his mother and teachers. She requested reports from the teachers of how he was doing on a regular basis.

Session 5

March

I'm giving up on dealing with him

Three weeks had elapsed since our meeting at the school. Difficulties at home, Elijah's fighting with his brothers, and especially his Aunt Jane were frustrating Alice. Changes had taken place, but they were fragile. They needed onging support to maintain and strengthen them.

"I'm letting Mark deal with him (Elijah). I'm giving up on dealing with him," were her opening words. She felt she could not care for her son on her own. "I don't want him to have ownership over me," she said, referring to Mark.

The therapist role became pragmatic. I referred back to the successes. I asked what was happening. After exploring her frustrations of the moment, she said, "Sometimes I forget myself because I have so many roles."

She restated earlier goals, "Setting rules in our home. I control my own home." "I am being more myself now." The relapse had occurred, but the rapid speed of returning to a position of strength indicated changes were becoming more solid. We referred back to the self scale on her confidence in herself as a mother. This, she said, was now seven out of ten.

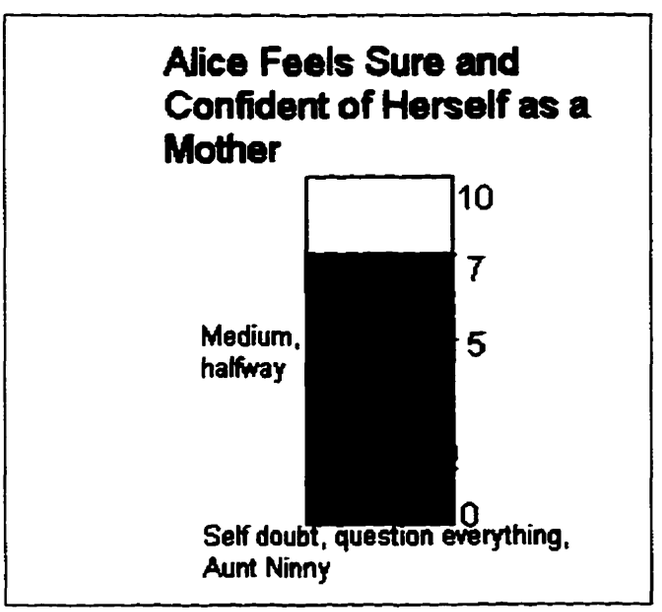


Fig. 5

She was the only one who would provide the role of mother for her son. My goal was to foster in her the confidence to recognize this. Elijah would act out in more serious ways if she did not invest time on this responsibility now.

Session 6

March

Who is in our family?

The tension between her sister, Jane and Elijah currently featured as a major stressor. Bringing the whole family in seemed appropriate at this time. The session was revealing. Alice was pulled in many directions. Jane wanted Alice's attention. She was jealous of attention given to Elijah by Alice, yet she demanded Elijah treat her with the respect of a person higher in the hierarchy and call her 'Auntie.' The little ones were drowned out by Jane.

We created a family map, detailing who was who to whom in the family. I played guide and arbitrator, working to give a voice to the children when Jane tried to silence them, while providing an opportunity to her to say what she felt. The structure was filled with confusing messages to the children. Providing them a chance to articulate what their family looked like affirmed their sense of belonging to a family structure.

I appreciated the responsibility Alice had taken on herself. It was more than the average person would have taken. I offered her a frame of herself as the matriarch of the household to help balance the demands her sister placed on her and commented on the incongruity of the demands - first to treat her as an adult, and second to treat her as one of her children.

School Year Ending Activities

Julian Rappaport (Rappaport, 1987) comments that empowerment is most complete when the helpee becomes the helper. Alice's experience is common to others in her neighborhood. I saw her as resource to her school community.

Elijah's progress socially and emotionally was on track. Teachers were happy with his progress in this way. He became more open, asked to go on field trips and special events at the end of the year. Teacher reports of his work habits and attitude in class fluctuated. Towards the end of the year, again the amount of work he was producing was minimal. His final grades reflected this - they stayed in the D to F range. With a special needs student such as Elijah, improvement will be measured in years. Close connections will be needed between his parent and his teachers for some time to come. Issues around suitable programming are often concerns.

The sequence of building these connections began with an introduction to the school, then as familiarity increased, it was time for the more challenge. Our next school meeting included a teacher who was quite negative. I coached Alice in how to work with the situation. The meeting went well. Working together, Alice and I pointed out Elijah's successes and worked toward realistic goals.

Alice's last visit in the school deserves special mention. We met in the classroom of his Special Education teacher. Elijah had to prepare for a test for the next day. He demonstrated the study habits that would ensure failure. He didn't have the notes he needed to study from, and he had idea of what would be involved in studying.

The teacher and Alice worked as a team. Alice smiled and said, "Well where are the notes? The teacher offered the board they needed to be copied from. Alice said, "O.K. Lets copy them."

Startled, Elijah said, "Here? Now!"

"Yes," Alice took charge, "I'll do a page and you do a page." And sat down at a desk beside him. He grinned as they negotiated which page each would do. The teacher smiled. The feeling of nurture was tangible.

Conclusion

Reviewing the FAM scores, it can be noted that Alice's score in defensiveness are low at the outset of therapy (See FAM III Pretest Scores - Marsh, Appendix G). This might tend to pull her other scores down. Defensiveness relates to internal thinking or self talk that suggests she is doing a bad job (Aunt Ninny). A number of times I found myself wondering just how "bad" Alice had been. Feelings could jump quite rapidly, from "I'm giving up on him" to "things are really an 8 out of 10" when just a small amount of support was provided.

Nonetheless, certain events in her life were undeniable. The FAM indicated significant changes (See Posttest Marsh, Appendix F). Task accomplishment, affective expression, control and values and norms made the biggest change, dropping from problem range to well within the normal posttest.

One factor which may account for the significant shift in the values and norms scale had to do with the removal of Mark from the home. His persistent use of drugs while the boys were in the house and his rough language were not within Alice's values.

Overall, the FAM scores confirm the self-scales and the school comments on behavior. There was significant improvement noted in affective expression and control.

On the Problem Checklist pretest there were eight areas of dissatisfaction in the family. These were: Sharing problems with the family; being able to discuss what is right and wrong; handling anger and frustration; relationship between parents; relationship between parents and children; time family members spend together; family finances; and the housing situation.

At posttest time five areas have become new areas of satisfaction. These were: Showing good feelings; sharing feelings like anger, sadness, hurt; making sensible rules; and proper use of alcohol and drugs. Two items moved to being areas of "Very Satisfied". These were "being able to discuss what is right and wrong" which moved three columns from "Dissatisfied" to "Very Satisfied". The second item was the use of physical force which moved from "satisfied" to "very satisfied". On the post test, only family finances remained in the problem range.

Epilogue

Two weeks into the fall term, Alice arranged a meeting at the school with myself and Elijah's teacher after receiving a phone call from the teacher about several late arrivals to class. Elijah had not been coming home directly after school. Teachers reported seeing him with friends who were connected to gang activities. Elijah said he was late because of trying to hurry his friend up, and that he no longer spent time with friends who were involved with "the gang". The teacher assured Alice that there was a

significant change in Elijah's attitude to people and to his work this year. His phone call had only been to keep her informed. He found Elijah motivated, taking risks, and completing his work. Alice and I discussed the fact that Elijah was still many grades below level. We decided to involve the school psychologist for a reassessment of his learning strengths and weaknesses.

This has opened up a bigger challenge. While the friendships and behavior concerns are being positively addressed at home, many of the classroom situations are not is suited to Elijah's needs. The psychology assessment showed Elijah's profile to have significant delays typical of many children of similar background in the school. Large numbers of children are at risk. Alice is providing leadership to mobilize myself, the psychologist and the reading clinician to meet with her and each of her son's teachers to, as she puts it, ensure that 'his right to an education' is fulfilled. This has led us as clinicians to involvement with administration and teachers, scrutinizing more closely and asking what changes need to be made in the overall system.

The Morrisette Family

Diversity

Some minority low-income families crippled by radical damage to their ancestral cultural and spiritual roots, and to the cultural roots of their community, in poverty for generations, have not absorbed the dominant society's values (Aponte, 1994). They challenge the professional's ability to maintain respect and optimism and challenge us to examine our own values.

These poor bring resources with them. It is for us to recognize their strengths. We cannot do this while viewing the situation from our own cultural and value context. Our own views hinder or help us. When children are involved, the complexity of values is magnified. Respect for diversity dwells alongside absolute values.

The following case exemplifies effects of a family impacted by severe damage to its minority culture. The case presents this challenge to the professional. Of the seven full sessions, three were scheduled visits to New Directions. Four either impromptu or in the home and of an unplanned nature. There were numerous "home visits" to make contact with the family who had no telephone. There were seven missed or canceled appointments, visits to the classroom, and one short session with the oldest boy, Manuel and some school consultation.

Description of the Family

a) Shape

The mother, Mary Morrisette is an attractive, soft spoken, twenty-nine year old woman from a northern reserve. She has been living in the city since her third child required specialized medical services six years ago.

At the time of intake into my practicum at New Directions, Mary was living with George, a white man she met two years prior, and her four children, ten year old Manuel, nine year old Jasmine, six year old Arthur, and five year old Lucas.

Manuel had been assessed as conduct disordered since grade three. Jasmine's cognitive assessment placed her in the mentally deficient range of functioning. Consideration was given to FAS factors. Arthur had a physical disability with an arm that did not function.

b) History of Prior Contact

This section is an alternative view to family development. My involvement with Ms. Morrisette prior to this intake captures pieces to aide in understanding the family functioning. The picture suggested was one of chronic underorganization, in the sense used by Harry Aponte (1994).

I had first attempted to meet Mary Morrisette five years earlier when Manuel was having difficulty in his grade one year. Several visits to the address revealed an extremely substandard dwelling, but no one home. I transferred from that school the following year.

Two years after that, and two years prior this intake, Ms. Morrisette transferred to another school which I served. Manuel was a very large boy for grade three. He was

known to be violent and hurtful. Kicking, punching and hair pulling were involved. He was unable to read or write. A referral was made to a Learning Assistance Center, for children who present a risk to the safety of other children.

This time, I used an outreach approach, inviting Mary to join a parent group. She never did attend the group, but a relationship was established over the course of four months of contact. She remained wary, always presenting a pleasant affect and a tidy home. Stories of her difficulty only emerged as events impacted on her. She was in a relationship with Luke, the father of her last child, despite the fact she feared him. She depended on him for child care. Manuel had, on occasion, acted as her protector when this man attacked her, clinging to the man's back while he hit his mother. In one incident, she woke to find him in her house with a stranglehold on her neck. A friend who was in the home rescued her.

Mary was distant to Manuel. When he did not choose to come home, she was unable to make him do so. She had little control over his angry outbursts and she viewed him with some fear because of this.

Manuel's father, an Aboriginal painter, lived in the city with the mother of his four step children. Manuel had started visits to this family. As one intervention, I arranged for Manuel's father, stepmother, mother, Manuel, Manuel's classroom teacher (an Aboriginal woman), to meet. With this, and the support of an aide provided while waiting the LAC placement, Manuel began to function satisfactorily. He wanted to learn "his numbers" and began applying himself to schoolwork.

Within a month of this ensuing stability for Manuel, Mary went North for a visit, leaving the children in the city. Manuel's visits to his father ended abruptly for an

unknown reason. A placement opened in an LAC program. The school, having seen progress, decided the placement was not required. This lost them the aide support. By June, Manuel again was involved in a violent incident and was suspended from school.

One home visit at this time found mother and adults sleeping on the floor of the house with an upset five year old Lucas. The child was unable to find shoes to go to school, or to wake anyone up for help. The two younger ones were unattended. A Child and Family Services visit resulting in a warning. My contact ended at the end of school year. The family moved and Manuel was slated for LAC. Mary agreed to become involved with a native family support agency.

Two years later, the start of the year again found Manuel on my case list. Now in grade five, he had entered a third different school to which I provided service. His LAC year had been unsuccessful, resulting in continual suspension. Mary sent him north because she did not know what else to do.

Presenting problem:

At this time, the school found Manuel unable to be controlled by adults, when angry. He was aggressive. He threatened to kill teachers when he was angry. He did not have the ability to read or write. He was unable to function in school without special aide support.

Mary was concerned that Manuel hurt his siblings, hitting and biting them. She felt very depressed and did not feel she had any control over her son. She thought Manuel needed help to talk out his anger. Mary's chief concern, however, was with the second

oldest, Jasmine. She said this child was 'lying,'sneaking out of the house, and using the stove in the middle of the night.

Aponte (1994) writes that low-income and poor minority families, in particular, may come to therapy with all kinds of personal issues connected with the social forces in their lives. These social dynamics add complex dimensions to the assessment, requiring consideration of a range of factors, from urgent economic issues to subtle cultural and racial factors. Therapists working with the poor must pursue the problem in front of them. However, they must go beyond the concreteness of solving today's problem to reach into the depth of their emotional involvement. The inarticulateness of the poor must not obscure the appreciation of the profoundness of their emotional pain. The concrete and urgent issue of the moment has dynamic roots in the practical circumstances as well as in the spirit. An ecostructural assessment attempts to take into account the present issue, the ecosystemic context of the issue for the client, and immediate and long-term goals.

Overall goals:

The goal selected was to increase Mary's sense of herself, assisting her to address issues of the moment as they arose, bolstering her sense of dignity by using techniques which would draw on her existing resources. She was not yet able to differentiate her children's needs and her role in providing for these needs. This step of building trust between us, and of supporting her through immediate issues, had to precede our work on the needs of the children.

It appeared there was a lack of prosocial supports which placed her at risk. Linking and connecting her to some form of these supports would feature as one part of

this goal. The overall goal in regards to Manuel was to reduce his aggression and have him gain the ability to read and write.

Hypothesis for cause of problem:

The situation affecting Mary extended past this present generation into her family of origin and the community situation in which she was raised. Chronic deprivation of material, emotional and spiritual supports left her unable to recognize her own needs for protection and care, and unable to recognize the emotional needs of her children. There was evidence of patterns of violence, chaos and alcohol abuse throughout her family system.

Intake

Upon my initial contact Mary surprised me by saying she had tried to find me when she left the school where we connected, but didn't know how. The intake process consisted of my listening to the problem from Mary's point of view. She said she really had no friends, no one she could speak to about her problems. She had graduated from an outreach training program in the spring. Since then, she described herself as becoming isolated, depressed, crying and sick most of the time.

Although Mary had been living with George for two years, Luke still threatened to hurt her. At times she experienced feelings of rage and said her anger got out of control. Sometimes she and George became physically violent. She said she initiated the violence. She showed distrust of most outside systems, faulting the schools for Manuel's anger and the native agency for not providing useful service.

Keeping the tone of our conversation collegial rather than presenting myself as expert, I suggested we could explore a process together of mapping out her friendships to look at some of her feelings of isolation. I looked to establish hierarchical equality, explaining this was a technique I had learned from a course which I thought it could be of use to her to learn in her training program. The program featured some background in community work.

The current school requested she keep an appointment for Manuel with the Child Guidance psychiatrist in regards to the ADD diagnosis, and had asked that I transport her to this appointment. That transportation activity turned out to be our first session.

Session One - The Social Network

The morning of the appointment, I received a call at home from Mary, saying she would not be able to keep the appointment. She did not want anyone to see her. She could not take the other children to school. George had struck her face and left it bruised. Problem-solving involved the principal picking her youngest children up at the door, while I took her and the two oldest to the appointment.

At the Clinic, we juggled our conversation between the appointments for each child. This session was in the nature of a crisis intervention. Reducing the stress, and providing for safety and emotional security were foremost goals. The child not with the psychiatrist was in the room with us. At times I would drawi the children in. At others, they simply played quietly while I talked with their mother. My objective with the children was to create an atmosphere of safety, where the recent episode of violence could be

brought into the open. Mary was creating an atmosphere of secrecy surrounding the incident.

As Mary talked through her crisis of the morning, she said they had been drinking. She said she had been involved in hitting George first. The children were asked about their thinking on the matter. They thought that George and their mom fought too much. They said they didn't like that. Mary spoke about the rage that boiled up in her. I led her into talking about her parents, commenting that often injustices or hurts that have occurred to us have the power to grip us without our knowing where they come from.

I used a visual mapping process to begin to separate her emotional entanglements As we explored who was connected to her, themes of enmeshment and conflict emerged. Her strongest memories of her parents was of their fighting and beating each other. She described her mother as rejecting her and 'always mean' to her. She provided a picture of chronic neglect during her childhood. She described her father as someone she had been close to. She felt she was still trying to meet her mother's approval, without success.

The people closest to her, George, her older sister Martha, and her mother were very conflictual relationships. She had been living with Martha, and described this sister as creating trouble between herself and George. The idea of less engagement in the conflicted relationships had not occurred to her. I explored who else was in her circle. Her brothers were added to the picture. One friend, Roxanne, was someone she felt was good for her, but she hadn't been seeing her often. Other cousins she had not been in contact with, but whom she felt offered some memories of kindness were identified.

MAP OF SUPPORTS

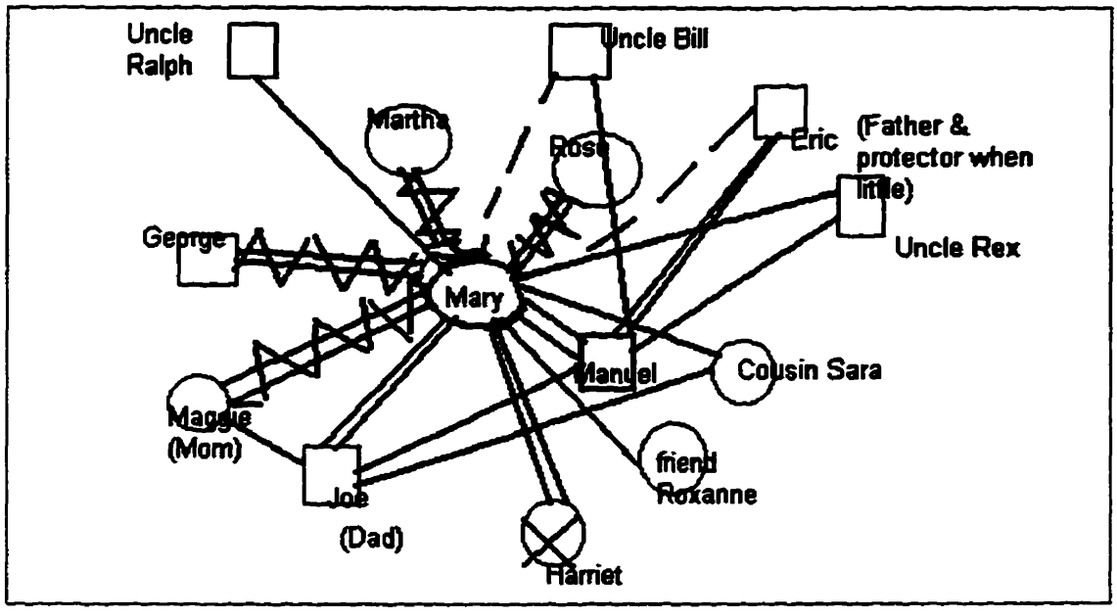


Fig. 6

Observations on Sequence of Interaction

Mary phoned me, an outside professional, for help in her crisis. She was reluctant, but her situation created a request for help that extended to a school administrator. She was looking to the psychiatrist for help for her son. At the same time, she was guarded about them knowing fully the aspects of her situation, although these would have a direct impact on the children for whom she was seeking help. This created a picture of distrust and discomfort for Mary.

Observations on Hierarchy

Mary spoke softly to the children. There was an obvious nurturing bond. When addressed by their mother, the children complied with her requests. They played quietly.

They were assertive in that when they wanted something, they asked for it, but not aggressive. There was hierarchical power which appeared to be nurturance derived. Despite this, Mother felt the children's behavior was not in her control. She didn't feel she had control of Manuel. He acted as the boss with his siblings. During physical attacks on Mary, Manuel had been in a care taking role. The hierarchy was reversed. Keim (1994), in his article on 'Oppositional' children /or children who are or will become 'conduct disordered' at the next level, writes that one of the factors leading to this oppositional behavior, is such a reversal of the hierarchy around basic safety issues.

Mary was so focused on her own survival that she placed more energy on protecting the secret of her abuse and alcohol use than on ensuring the emotional needs of the children were met. She seemed unaware of the potential impact of violence and heavy drinking on the children.

Strategy for Change

Working with Mary at the personal level, I would look to provide support for the issues which arose which were critical to her at each point in time. There was no clear path to follow. Her problems were many and complex. It would take ongoing respectful listening and affirmation in relating to Mary to gain her trust, establish goals and build a cooperative relationship that could lead to addressing the needs of the children.

The damage to this family was severe. The current issues which Mary presented needed to be viewed in the context of both immediate and long-term goals.

The damage to this family structure was severe. The current issues which Mary presented needed to be viewed in the context of both immediate and long-term goals. An ecostructural assessment was necessary. While I could work with Mary on an individual basis, I recognized supports from school and community were necessary.

Session Two - November

Mary missed our next appointment, as she had just returned from the funeral of the mother of Manuel's father. It was a month before we met again. She agreed to come to New Directions for this appointment, but refused to be video taped.

We began the appointment with my inquiring about the funeral and her relationship to the deceased. This woman had been like a mother-in-law to her and she had felt close to this woman. Arrangements for attending the funeral didn't allow for a grief process with the other mourners. The airbus available to her left the reserve one hour after the service. She had been suffering emotionally in the past weeks. She had been crying, hallucinating, couldn't sleep nights, and was extremely depressed.

As I led her through a grief process, discovering that this was the fouth tragic death of a close friend or relative in the past five months. She had thrown away pictures of each dead person. Their "ghosts" did not leave her alone. Images of these dead people came to her at night, so she was afraid to sleep, and afraid to be alone. I drew from ways of thinking more familiar to traditional cultures. I framed these intrusions as friends, or spirits of her friends, suggesting they wanted to share their presence with her or perhaps wanted her thoughts about them for a time to comfort them. I asked her to share some memories of each of the individuals, and one by one, she told me who these people

were to her. An Uncle who had "practically raised her" drowned in the previous month; the father of Luke whom she had felt close to; her best friend and cousin killed in a car accident; and now this person who was a mother-in-law to her.

We explored her religious beliefs. She had tried attending the United Church but did not find it fit for her. She had no connection with Aboriginal traditional practices. Mary would be in the range of the anomic family (Longclaws, 1997).

Session three - December

This session followed two weeks later. Mary reported that she had build an altar, set up candles, found a picture of her friend and sat there in her presence. She said she had sat for hours. She was no longer afraid, and had even gone down to the basement of her house.

"It's really nice. I feel so good about it now. Before I used to wear a frown and now I'm smiling. I always had a headache, stomach problems. I was always yelling at the kids. I can drink socially. We used to yell and swear at each other when drinking. All we do now is laugh," she recounted.

This session became a "what's better" session, with me amplifying the changes. I used self scaling her emotions as a therapeutic tool. She said she had gone from a one to a ten.

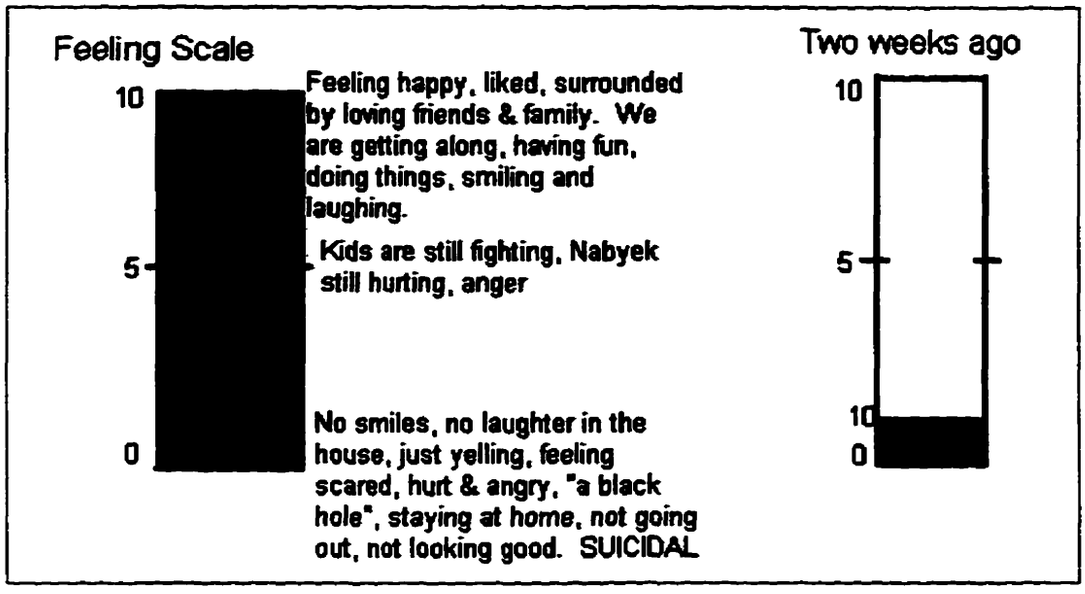


Fig. 7

The comment about the suicidal feelings was only elicited during this scaling about what was better. Not articulated earlier, it indicated the severity of her situation.

"What did she do that got her feeling this way?" I asked.

She said it was being by herself. She used to be so afraid to be alone. Now, George knew to give her space when she started to feel moody. He even took the kids out to leave her time alone. She had created a space for herself in the basement where she could just go and sit. She and George took the kids out with them now when they went out. They had gone to McDonald's with the kids. She was able to sleep better.

"These were very important things," I commented. "How was she finding ways to help herself?" I asked.

Talking was helping. It helped get rid of that heavy feeling inside. Before she was starting to cry all the time. Now she felt happy. George and she were getting along

better. Before, she got angry and just snapped out of control. Now she and George are talking every day. Roxanne, the friend identified in Session One, whom she seldom saw, was now talking with her nearly daily.

Support Map #2

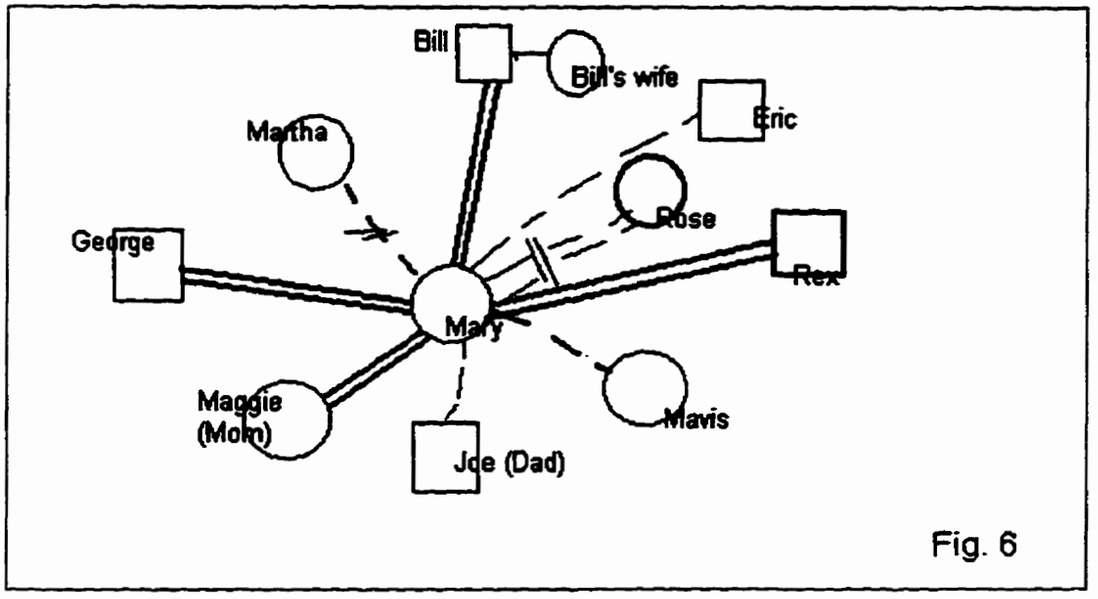


Fig. 6

Fig. 8

She had broken ties with Martha, who was angry and critical, and said things that weren't true.

"How had she done that?"

"I finally realized these things about her. I thought about it," she said.

She then named her brother and his wife whom she had not spoken to for a long time whom she had reinitiated contact with. "They started phoning every second day."

She planned to visit her mother rather than stay with her for Christmas. This seemed to precipitate a change.

Manuel is doing well in school. So were all the kids. They got a Christmas tree. She had addressed fifty Christmas cards and sent them to family members. They had bought small presents. The house was clean and neat and decorated for Christmas.. "The girls room is still messy, but 'I said if you don't clean your room, no treats' and they did it." "I was queen of the house yesterday. Roxanne and George took me to the hotel last night. They announced my birthday."

"Who is noticing the changes, and how are you making these changes.."

"George is noticing. He says 'You look nice. You look beautiful. Before he used to say things and I would get angry. When I drift back and talk to Martha, I get angry at George. Then I talk to Roxanne to pull me out of it."

This session took an hour. Sharing with me the good things about her visit home was the extent of what Mary wished to talk about this time.

Progress notes

Week of January 11-17
Visited with Manuel in classroom. He was very involved with computer. Had been rewarded at school for good behavior. He was reading - now a beginning reader. He liked math. Was having success. Stories repoted by teacher of little gift and card very carefully selected and presented at Christmas time. Made home visit to invite Mary and George to the parent program being started at the school.

January 22
Stop by Mary's to remind her of our appointment. She said she wasn't feeling well. Couldn't let me come in because she had company. Her parents paid $600 for her air fare. She enjoyed her mother. I framed it as a first. She added that other good things had happened with her parents. If her mother was drinking she had stayed away. Mary had a wonderful time.

Week of Feb 3-7
Home visit. Mary sick. She was seeing Martha again - the one she had such problems with. As I left I thought - maintenance at this time might be important. She is not keeping appointments. Not sure what that signals - problems or not feeling the need?

Manuel was "having a bad day". His first not so good day in some time. The boy was rocking back and forth on his chair, not deliberately, but fidgeting in an annoying manner. The teacher spoke loudly to him several times, in manner that conveyed her annoyance with him.

Fourth session -February

It was weeks before out next appointment. Health problems were reoccurring. Mary felt very ill and was bleeding internally. She thought it might be cancer, but hadn't been to the doctor.

She was eager to talk about her Christmas vacation. Mary did not stay at her mother's as before. She stayed with the brother with whom she had become newly reacquainted. She visited her mother instead of staying with her. The boundaries were becoming clearer between herself and her family, and she was taking more control of the relationships.

I followed her lead, amplifying what she wanted to tell me. All eight of her siblings were home. Her Mom didn't drink while they were there. It was different. She used to kick them all out. Mary had made some decisions not to go when they were all "just drinking". She ignored her older sister Martha and stayed close to Bill and his wife. They enjoyed each other. Her mother was worried because Mary hadn't phoned. Her Dad was drinking and more distant. Her Mom told her Dad that he at least should stop drinking when his daughter was home. Her Mom talked to her a lot. Manuel was

working in school. He has learned to read. He had not been continuing the aggressive behavior, even the Principal acknowledged this.

School Reports

Manuel had an aide in place and worked extremely well with this person. He was recieving additional Special Education supports with a teacher providing one on one teaching time. Manuel had a strong desire to become a reader and was using this time well. He had advanced from pre literacy skills to reading at a grade three level.

The school had a clear behavior plan in place with a system of rewards and consequences. Suspension was the last resort. It was used if he threatened or hurt anyone. Rarely was this used. The Principal, Special Education teacher and aide were delighted with Manuel. His classroom teacher found it very difficult to have him in the class, but he was able to remain in the integrated setting with this support.

Progress Notes

February

The school used my time to start a parent program. George and Mary attended the second meeting of this, and seemed to enjoy it. I was aware that most of the group knew each other from outside the program and Mary was the only Aboriginal woman.

Parent / School Meeting & Report on Manuel

Manuel now reading was at a 3.5 level, several full grade points as he had been a non reader on entry. He was showing more nice behavior to people. He is still fighting and using his fists when he gets angry.

- *Instead of saying "I don't know", he is attempting to read. He is motivated to read and be at the top every day. He is feeling so successful he is daring to take difficult books.*

- *At home he gets Mom to help him with his homework. Before he did not read at home.*
- *In the last two weeks, he is writing the next day what he learned the day before. He is so proud, and sees himself as a learner.*
- *He cares whether or not he is in school. This is a big change in attitude. He stops by the office to talk to the principal or secretary.*
- *Now is you say "stop it" he will listen. Before he always became angry.*
- *There was a problem on the playground. Manuel was the only grade five who stayed out of trouble.*

Mary attributed all Manuel's success to the school.

Fifth Session - April

Four appointments were made and not kept by Mary. Several times I went to the house at her request. Each time she was either out, or had family visiting and couldn't meet. At the end of this month, I made a home visit. Her cousin was there and joined us for this impromptu session.

Mary commented, "I'm drinking again. I feel really low".

I complimented her that she had never been able to be so honest with me before about her drinking. I asked what caused this new honesty so that the problem could now be addressed. Respecting that full disclosure was not something Mary was comfortable with, and wanting to reinforce the gains and keep her cooperation, I continued to adopt a solution-focused approach.

She and her cousin talked about their childhood. They could not identify anyone in their family or extended family who did not drink to excess. A picture of chronic neglect, fraught with conflict and violence was sketched.

"Who did she know who made her drink less? The cousin, who held a job was asked How he kept himself able to hold down a job?" His rules were that he would drink or use drugs provided by others, but drew the line at buying it.

"What was most important for her to keep herself up?" I asked.

She said getting out of the house, and doing something.

We talked about what was better between her and her children. Before she was afraid to tell Manuel what to do. She avoided him. Now she could tell him and he really listened to her. She described her relationship to him now as very close, "we've been through a lot together." Mary wished to reestablish our regular visits. She did not wish to return to New Directions and requested that I come to her home.

Session Six - May

The following week Mary was at home for our appointment. Mary reported success in controlling her drinking again - there had been no drinking the last five days. On the weekend, after my last visit, she "only" had eight beer, which she said was much less that usual. She had gone out with her younger sister and asked to be taken home instead of going drinking.

"How did she do it?" I asked.

She and George encouraged each other. George had checked into a treatment center. I asked her about the differences she noticed between now when she wasn't drinking, and when she was drinking. She noted: She was trying to keep medical appointments; Nothing was in the pawn shop; The cupboards had food in them; The rent was paid; She had overcome her fear enough to talk to the landlord to negotiate a

different payment date; She had attended a Parent Program meeting and spoke to people from the group whom she saw at school; A mother from this group invited her youngest over to her house to play with her daughter; Another mother from the group had invited her to a volunteer event which made her feel like she belonged; She cleaned up the whole front yard.

Evaluation & Conclusion

In June, Mary requested more appointments, which were not kept. Due the 'crisis' nature of early contacts, the FAM and Problem checklist were never completed by Mary.

This left the subjective reports, the support maps of Mary's changed relationships, and the school reports on Manuel's academic growth and behavior as measurements. The increase of two to three years in reading level, and the growth from a non reader to a reader was numerically tested and measured by the school. The changed attitude, the improved behavior and the end to serious incidents of hurting, non compliance and anger were also documented by the school.

My hunch is that Mary's social desirability scores would be high. Only when things were really better, would I then be told how bad things really "had been". Her defensiveness and distrust of outsiders was well founded, from her view. Involvement of child protection services may have been required, if I had been able to know the full range of difficulties when they were occurring.

I visited with Manuel one day while he was serving a detention in the hall for pushing. He reported that he was able to control his pushing better, and that he was now

able to control his punching, kicking, and banging of heads. "Ever since I came here I can control my anger and temper and my language."

A goal was to increase Mary's social support. Her isolation and depression were both caused and the result of the serious isolation from prosocial supports in which she lived. There were indicators of some changes in the amount of prosocial supports. Mary did attend a session of a parent group. She reported incidents of communication with the small network formed through the parent program. She had a relationship with the school, which she said was very positive. This was a first time. Her attribution of all Manuel's success to the school change indicated she was not able to recognize the family factors and the link to her own behavior. It was a significant step in overcoming the serious isolation of the family that she felt very supported by this school. The school had played a key role with their focus on, and success with, his academic achievement. Mary made a commitment that she would return for his last year of elementary school to this school.

Mary indicated that she felt very close to her older son, and that she felt able to talk to him and have him listen to her now. This signaled a strengthened position, as did her increasing comfort in dealing with the school and her neighbors.

The school successfully lobbied to keep the particular aide who was with Manuel in place for the coming year. Housing is difficult to find. Mary planned to go north for summer and find a new house when she returned. I thought it doubtful she would be able to keep her plan of returning to the same school Keeping an optimistic attitude was not an easy task. My values were confronted as I saw indicators that there was a return to drinking patterns. The lack of supports to the family, and the social isolation which began

to be loosened following her visit to the parent group and her trust in the school, left the children very dependent upon the strength of the mother. Continuing a pattern of alcohol abuse affected the children and their chances to thrive. It was difficult to have patience with the numerous missed appointments. While I took this as a message that she was not feeling a strong need for the time, the seriousness of the situation for the children, Mary's requests and my knowledge of her emotional state did not allow me to simply stop contact. While I would have liked to have an in home support in place, her distrust did not leave referral to another service an option at this time. When I looked at Aponte's work again, the word 'diversity' captured my attention. This concept helped free me up to recognize there was much I did not know about this family, their struggles and their strengths.

Epilogue

In the fall, the school principal saw Mary's children outside the school grounds after school was back in session. She asked me to locate the family. They had remained in the same house. Mary told me she was now seeing a personal psychologist for her counseling needs. Her doctor had referred her to this service for her depression over the summer. I hoped we were at a stage where this could free up my role to concentrate more on the needs of the children this year. Mary had not applied for the school supply subsidy in time. She had not wanted to embarrass the children by sending them to school without supplies. She willingly accompanied me to the school where the principal located a store of school supplies. The principal loaned a small amount of money, which Mary repaid promptly. The children came to school the next day.

In the first week Mary and George attended a practice in a sport that the younger boy had joined. They spoke with parents from the parent group who were organizing program opportunities, and identified a program the youngest girl. Mary now recognized the need for Manuel and for each of her children for more programs and activities. My task was to locate an art program for Mauel. On subsequent visits to Mary, our honesty increased. I was able to reflect back to patterns I had observed in regards to her depression, her drinking, and her children. Alcohol was such an entrenched way of life that she did not believe her drinking was harmful, but its use could be addressed more directly.

CHAPTER 6

PUTTING IT ALL TOGETHER: *ASSESSMENT OF MODELS AND EVALUATION OF LEARNING GOALS*

The Models

Strategic

My objectives in this practicum were to learn and develop skills relevant to my work situation. I hoped to evolve as a strategic therapist. I used the Notes on Procedure sheets from the Family Therapy Institute in Washington, D.C. in case preparation (See Appendix A). These headings served to simplify the hypotheses, and intervention plan. I found that organizing data by using "presenting problem" was crisper and cut through layers of data in a more focused way than the phrase "reason for referral" more commonly used. In later stages of the practicum, after a large amount of data had accummulated, I found myself losing direction. Reviewing the early simple hypothesis and goals proved particularly useful at these times. Strategic therapy is, in essence, about forming a hypothesis and then assuming responsiblity for the outcome. The practicum used a framework of strategic therapy.

It is virtually impossible to reject a model which says, "if it doesn't work, do something different," then prompts the therapist to borrow widely from all models, with the overriding principle to evaluate feedback and find approaches which work for the therapist and for each situation. Strategic therapy does these things. It is more than a theory about techniques of changing interaction patterns.

Ultimately, therapy is about taking a person through their life difficulties, to a place of personal responsiblity, empowering the individual to find their own strength. At the same time, the therapist must acknowledge wounds created by injustice and historical social conditions.

Integration with structural, ecostructural and solution-focused

The objectives for this practicum were broader than simply developing skills as a strategic therapist. They focused on my desire to learn and develop skills relevant to my work situation - a school clinician in an inner city context. I began this work with a understanding that social context would be important. To be useful, the model found had to be both wide enough to encompass an diversity of situations, be adaptable to complex system demands, and yet be focused enough to target effective interventions. I discovered that to understand strategic therapy better, it was useful to explore a companion model - structural therapy. I began with the knowledge that social context was important. I found theoretical links with social network theory and brief therapy which helped integrate my own background. Interaction and the social context are essential elements to both. The diverse socioeconomic situations encountered called for an additional model. Aponte's (1994) ecostructural model more clearly articulated the structural and inner difficulties faced by the minority culture of the lowest socioeconomic status. Longclaw's (1996) model sharpened the utility of Aponte's model to make distinctions in the cultural context of the Manitoba Aboriginal community.

Low income and poor minority families come to therapy with all kinds of personal issues connected with the social forces in their lives. These social dynamics add complex dimensions to the assessment, requiring a range of considerations, from urgent economic

issues to subtle cultural and racial factors. This extremely stressed population looks for relief now. Assessment and intervention should understand the past in the context of today's need, while providing help for today. Aponte (1994) warns that strategic and brief therapists , if they keep a singular focus on solving only the presenting problem, risk missing the complexity and emotional depth of the problems of the poor. Aponte (1994) challenges the therapist to recognize the spiritual and cultural dimensions of healing. He notes that the structure of the families of the poor is not just out of order, but never existed, and that this spans generations. He links this devastation to the destruction of their cultural and spiritual values. Longclaws (1996) identifies a cultural and spiritual continuum of Aborigianl people. This spans traditional families, who have a strong sense of identify and fully intact cultural and spiritual values, to anomic families, who no longer have links with a cultural or spiritual identification.

I found some surprize in discovering that the tools from solution-focused therapy served me in the most difficult of situations. Brief models provided me with an attitude to the family that allowed me to enter their world in a respectful and empowering way. Solution-focused rules gave me simple language to communicate and enhance the strengths in the situation. The theme of "how were you able to do that?" is a building communication. In pragmatic terms, was Mary a customer or a visitor? Whose goals were we addressing? My goals for her, or hers for herself?

The Continuum

The Warden family - majority culture

A continuum of families and interventions appeared in my analysis of the cases

presented. In the first case, the Warden's were of the dominant culture. There was order and continuity in the relationships of the extended and nuclear family. Life cycle transitions occurred at the expected times. There was sufficient employment to access material resources. Intervention was contained neatly in the framework of the therapist's office. Sessions conducted in the office seemed to satisfy the requirements of the family. The school system's method of communication resulted in stress and anxiety, but the parents were able to handle problem with their children's behaviour and with the school once support was provided directly to them. There were favorable indications that problem solving could occur around the next layer of difficulties. Not all the problems were solved. Mother was still on medication for depression, the oldest boy was in a program targeting "at risk" youth, but this family appears to have the articulation and the skills necessary to identify their needs and to access resources to address these needs when they chose to do so. Confidence was an issue. Identity was not.

The Marsh family- minority culture, universalist

Further along the continuum, the second family, the Marsh family, presented a history of underorganization. In Aponte's (1974) terms this refers to social destitution in the absence of a strong sense of self and cohesive familial and social network which injures the individual's development and the formation of family. Despite this, the family had spiritual and cultural strengths. They were at the "universalist" position on the Longclaws (1996) continuum. Through an addiction program which followed spiritual concepts, an Aboriginal training program, and attendance at church, the mother found spiritual and cultural values to nourish her. Sessions of therapy in the office were intermingled with interventions in the larger systems. Madanes speaks about families of the poor where

self-esteem is an issue (Morrow, 1996). Parents feel they cannot do as good a job as someone else, and sent their children away. In the Marsh family, the school system impacted on a vulnerable family situation, overloading it in a way that led to expulsion of the child by his mother. Containment, with the mother making a commitment to the boy, better addressed the child's needs. Therapy was useful to assist her in reaching this place of self-confidence. On the other hand, the current school system, with a combination of support to the mother, and support to teachers so they could establish mutual goals with the family, was able to have a positive impact. The sensitivity, professional skill and caring of school staff became a resource to the family and assisted the mother's efforts to strengthen her tenuous hold on stability.

The Morrisette family- minority culture, anomic

The last situation of the Morrisette family presented generations of "underorganization" as Aponte (1994) uses the term. This is an anomic family by the Longclaws (1994) definition. They are not connected to their traditional cultural and spiritual traditions. With the Morrisette family, I struggled with my own despair. What good are my skills when confronted with children who already are physically damaged so they will not be able to function at their optimal level? Missed appointments, evidence of returns to substance abuse, the circumstances facing the children, and the limited resources I could bring to the situation led me to feel hopeless at times.

While not stated as a central focus, Madanes says that it is the human connection which provides the corrective experience (Morrow, 1996). Love and compassion are higher values elicited through the strategic model. They serve to elevate the therapist as well as the client in our shared experience. The principles of containment central to

strategic therapy give the therapist/client relationship a deeply human face. Positions of power are about responsibility. The strategic therapist recognizes the responsibility held in the position of therapist. Those in the hierarchy with positions of power and responsiblity are expected to act as protectors of those under them. The therapist makes a committment to the client to see them through their difficulty (Madanes in Morrow, 1996), providing a sense of containment to the client who is facing a difficult situation. Madanes' reminder of responsiblity helped prevent me from giving up in this most difficult of situations.

Aponte (1994) says that our personal life experiences and personal thoughts and emotions are among our most important resources in our work. Therapists can lend importance or insignificance to what gives meaning and purpose to people's lives. The therapist too has a spirit which must find meaning and purpose. We do not have to agree with our clients' perspectives on life, yet when we choose to enter their lives, we need to work with their values and morals...Our openness to their spirit allows them to pursue further meaning and purpose in their work with us.

Mary Morrisette allowed me to enter her world. She needed conversation and friendship. Mary needed to discover her own goals before she could respond to other goals. I needed to keep this in mind to maintain my equanimity. Mary was a visitor for much of our relationship. She never really took responsibility for the circumstances of her children. She observed only that Manuel got better because of the school. She did not make a link to the home conditions. She didn't know why Manuel acted as he did. What she was conscious of was that she needed companionship and a friendly listening ear. Behaviour serves a purpose. Mary was not connected to her spiritual or cultural

foundation. Without her own spiritual and cultural supports in place, perhaps this mother unconsciously protected herself from facing the full range of the chaos of her life. The unconcsious part of herself chose not to address the chaos and despair directly. Concepts of the brief models were an aide to guide me in restoring an optimistic attitude for myself. The therapist's attitude and view of the situation affects outcome. It was important that I did not adopt a negative belief. The rule for working with visitors is to affirm and compliment the client on what they are doing well. Mary needed this kind of affirmation. At the same time practical considerations in terms of the care of the children had to be addressed. The school needed to provide supports. Good educational supports and skilled staff gave the child an opportunity for success.

Madanes would view the family as having problems in the fourth dimension. Repentance and forgiveness are central issues. Communication is sparse and centered around secrecy. Our work is whole when the practical touches the transcendent, the bread joins the spirit (Aponte, 1994, p. 247). I expect Madanes would instruct me to look for a godparent or a protector for the children. At this time as I look for the art program for Manuel, I am making special effort to find resources from within the Aboriginal community to link the family to their culture. Perhaps a form of Big Brother or mentor will emerge.

Our sessions ended abruptly at the close of the school year, with no process of termination or resolution of the concerns. This was the pattern of preceding years. The movement of the family is echoed in the movement of myself in the professional system of the urban culture. It was myself who changed schools in the boy's grade two year. To enter the behaviour program, following his grade three year, he was required to change

schools and thus workers. This was the first year in which there was continuity of relationship between the family and their support possible. Yet this is a family coming from a relationship-based community with several generations of extended kin known. Time is measured in generations rather than school years.

The oldest boy, Manuel has progressed. He is reading and writing. He likes school and he presents as relatively happy when he is there. He is able to manage in an integrated school setting with the joint efforts of a committed and specialized staff. His mother, Mary has longer periods of order in her life, and she looking at the needs of her children with increased awareness.

As we move further along the continuum from organization to underorganization, from traditional to anomic, it is less possible to conclude that it was the social work/therapist intervention which made the difference for the family. Other concrete supports, such as that provided by the school, needed to accompany therapy to make a difference to the family. It is possible only to conclude that this was one component of a treatment team which overall had a positive impact.

The cooperative relationship

The basic tenant of brief therapy is that the therapist's effectiveness lies in the ability to establish a cooperative relationship. Building a cooperative relationship is known to be achieved by finding agreement on goals, and by being sensitive to fine nuances of communication so that responses reflect the client's way of seeing things. As I progressed through integration of the models, I became clear that the therapists I was studying were unanimous in their message of this as a foundation of therapy. Client perception of therapist empathy is the important variable (Orlinsky, 1986 in Duncan,

Hubble and Miller, 1996). Empathy involves listening to the reality of the other person, being able to identify and accept the perceptions and structures of the other. No techniques can replace this listening process, but the multiple techniques of the schools of brief therapy assist in "getting inside" the client's world view of the other. They increased sensitivity to issues of communication beyond content. They alert the therapist to the non verbal cues, patterns, structures, tones, paradoxes and metaphorical aspects of communication.

Symptomatic behavior - ADD

Strategic therapy is known for its unorthodox challenges. Madanes speaks strongly about what she feels is an abusive use of medication with children. She states that no one who is not prepared to take the ritalin and experience the effects of it on themselves, should give ritalin to a child. She believes that the behavior of a child diagnosed as Attention Deficit Disorder is a reflection of some form of chaos experienced in the home (Madanes in Morrow, 1996). These cases, alongside Aponte's (1994) observation about the chaos of 'underorganization' being found in entire populations, give cause for reflection.

All three situations presented had boy's identified as ADD or possibly ADD by their grade one year. In the first family, there was underlying maternal depression, not assessed or treated until years later. In the second family, the teacher had found the boy's attention not focused in class at the time of her referral to me. She had been considering applying pressure on the mother to put her son back on medication so she could manage him better in school. This year, Elijah is no longer presenting ADD symptoms. His home has a stability unkown to him before this time. He is described as able to focus and be

attentive to his work. It fits with Madane theory of the child's behavior as a metaphor.

In the third situation of the Morrisette family, the child was taken to the psychiatrist to check for a diagnosis of ADD. Given the instability of the circumstances, (which included arriving at the psychiatrist office immediatly following an incident of assault to his mother), the psychiatrist was not prepared to make that diagnosis.

In inner city communities where situations of chaos and underorganization is endemic, perhaps we need to look carefully at the complex factors affecting these children in planning our intervention.

The Practicum

As a social worker in a system with many different bosses, the work we do is sometimes undervalued, by ourselves if not byothers. We are often called into desperate situations. Does the time spent make a difference? Struggles with time and demands of the workload don't provide for reflection and intensive new learning. The practicum provided time to concentrate and follow through with cases, to receive feedback and increase skill. This time has helped clarify the extent of what can be accomplished, an idea of sequencing smaller goals as movement toward larger goals, and realistic time frames for the goals to be achieved. The experience of intensive reflection around the development of cases is a help to planning and organization of future cases. The experience of tracking and evaluating select cases gave me confidence that our work can be significant. It also assisted in recognizing the kind of conditions we need to work effectively.

I recognized that it is sometimes the traditional work of the social worker - reaching out to someone in their own home - when they are not in a position to come in to see us that is necessary. This work is ideally guided and informed both by theoretical

knowledge, research and finely honed skills. Lest I become arrogant in this quest for knowledge and skills, two reminders served me, from the body of collected readings documented in this text: First, that having even one friend can make the difference between mental health and breakdown (Lazarus & Folkman, 1984). In other words, social support may only be the connection to a friend, or a friendly listener. That is maybe enough to alter misery. Second, that the most significant factor affecting outcomes of treatment is not the treatment modality but client perception of therapist empathy is the important variable (Duncan, Hubble and Miller, 1996).

As I sought the keys to the quick and effective transformation that appeared to occur on the tapes of training sessions and in the textbook cases, I experienced frustration. "What would Cloe, or Steve, or Jay have done?" They knew the magic. Mr. Klippenstein kept reminding me that these sessions were condensed versions of what often took a long time to accomplish. Jim Keim said that the average strategic therapy with clients is ten sessions. Madanes said that to become a good therapist is to do the work, reflect and learn and work hard. There are no short-cuts. This begins to make sense to me as I reach the end of this year's work. Only through the experience of carefully following, evaluating and reflecting on the families over time could I gain the understanding that, collapsed in time, change and transformation appear magical. While brief interventions reach deep places quickly, there may be many sessions, over time, to move from one change to the next, and then still more time to "come to an agreement about how the problem got solved" (Keim, 1995) in the termination stage. The practicuum exceeded my expectations. The opportunity for supervision, planning, follow through on a limited number of cases, reflection combined with intensive reading and consultation has

empowered me to return to my work setting with more knowledge and experience, and the confidence that these matter.

References

Alexander, J.F. (1973) . Defensive and supportive communications in normal and deviant families. Journal of Consulting and Clinical Psychology 40: 223-31.

Alexander., J.F., and Parsons, B.V. (1973) . Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. Journal of Abnormal Psychology 81: 219-25.

Alexander, J.F., and Parsons, B.V. (1982) . Functional Family Therapy: Principles and Procedures. Carmel, CA" Brooks/Cole.

Aponte, Harry (1994) . Bread and Spirit Therapy with the New Poor: Diversity of Race, Culture, and Values, New York, London: W.E. Norton & Company.

Balchan, Krishendath, D.(1994) . Structural/Functional Family Therapy with Families that Identify Problems with An Adolescent Member, 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.

Bank, L. Marlowe, J.H., Reid, J.B., Patterson, G.R., and Weinrott, M.R. (1991) . A comparative evaluation of parent-training interventions for families of chronic delinquents. Journal of Abnormal Child Psychology 19: 15-33.

Berg, Insoo Kim, Miller, Scott D., (1992) . Working With thr Problem Drinker A Solution-Focused Approach, New York, London: W.W. Norton & Company.

Cobb, S. (1976) . Social Support as a Moderator of Life Stress. Psychosomatic Medicine Vol. 38, 300-314.

Chamberlain, Patricia, Rosicky, Gilbert, Julie (1995). The Effectiveness of Family Therapy in the Treatment of Adolescents with Conduct Disorders and Delinquency, Journal of Marital and Family Therapy Vol. 21, No. 4, 441-449.

Cohen, Sheldon & Syme, Leonard S. (1985). Issues in the Study and Application of Social Support, Social Support & Health, Orlando, Florida, Academic Press.

Coleman, Sandra B. (1985). Failures in Family Therapy, New York, London: The Guilford Press.

Dadds, M. R., & Sanders, M.R., Behrens, B.C., & James, J. E. (in press). Marital discord and child behavior problems: A description of family interactions during treatment. Journal of Clinical Child Psychology.

Dadds, M. R., Schwartz, S., & Sanders, M.R. (1987). Marital discord and treatment outcome in behavioral treatment of child conduct disorders. Journal of Consulting and Clnical Psychology, 55, 3960403.

Davidson, W.V. & Cotter, P.R. (1981). The relationship between sense of community and subjective well-being: a first look, Journal of Community Psychology. Vol 20 (April) pp 103-115.

De Shazer, Steve, (1985). Keys to Solution in Brief Therapy. New York, London: W.W. Norton & Company.

De Shazer, Steve, (1988). Clues Investigating Solutions in Brief Therapy, New York, London: W.W. Norton & Company.

Dolin, Yvonne (1991). Resolving Sexual Abuse Solution-focused Therapy and Ericksonian Hypnosis for Adult Survivors, New York, New York: W.W. Norton & Company.

Dumas, J. E. & Wahler, R.G. (1983) . Predictors of treatment outcome in parent training: Mother insularity and socioeconomic disadvantage. Behavioral Assessment, 5, 301-313.

Duncan, Barry L., Hubble, Mark A., and Miller, Scott D., (1997, July/August) . Stepping off the Throne, Learning From Our Clients. The Family Therapy Networker, pp. 11-31.

Duvall, James, Rockman, Patricia (1996, Fall) . Living a Wonderful Life: A Conversation with Yvonne Dolan, in Journal of Systemic Therapies, Vol. 15, No. 3.

Fisher, S. (1989) . The use of time-limits in brief psychotherapy: A comparison of six-session, twelve session, and unlimited treatment with families.Family Process 23: 101-6.

Fuchs, Don (1993) . "Building On The Strengths of Family and Neighborhood Ties for The Prevention of Child Maltreatment" in The Ecological Perspective in Family Centered Therapy, Rodway,M.R. & Trute, B. (eds), Queenston: Mellon Press.

Garbarino,, James and Sherman, Deborah (1980) . High Risk Neighborhoods and High-Risk Families: The Human Ecology of Child Maltreatment, Child Development, 51, pp. 188-198.

Garbarino, J. (1982) . Children and Families in the Social Environment, New York: Aldine.

Griest, D. L., Forehand, R., Rogers, T., Breiner, J., Furey, W., & Williams, C.A. (1982) . Effects of parent enhancement therapy on the treatment outcome and generalization of a parent training program. Behavior Research and Therapy, 29, 429-436.

Haley, Jay (1973, 1986) . Uncommon Therapy: the Psychiatric Techniques of Milton Erickson, M.D., New York: W.W. Norton.

Haley, Jay (1980) . Leaving Home The Therapy of Disturbed Young People, MacGraw-Hill Book Company.

Haley, Jay (1987) . Problem-Solving Therapy Second Edition, 433 California Street, San Franscisco, 28 Banner Street, London, Jossey-Bass Publishers.

Hanson, C.L., Henneggeler, S.W., Haefele, W.F., and Rodick, J.D. (1984) . Journal of Consulting and Clinical Psychology, 52, 258-338.

Henggeler, S.W., Rodick, J.D., Borduin, C.M. Hanson, C.L., Watson, S.M., and Urey, J.R. (1986) . Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interaction. Developmental Psychology 22: 132-41.

Henggeler, S.W. Bourdin, C.M., Melton, G.B., Mann, B.J., Smith, L.A., Hall, J.A., Cone, L., and Fucci, B.R. (1991) . Effects of multisystemic therapy on drug use and abuse in serious juvenile offenders: A progress report from two outcome studies. Familly Dynamics of Addiction Quarterly1: 40-51.

Henggeler, S.W., Melton, G.B., and Smith, L.A. (1992) . Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. Journal of Consulting and Clinical Psychology 60: 953-61.

Hobfoll, Stephen,.E., (1988) . The Ecology of Stress, New York, Hemishphere Publishing Corporation.

Keim, James, M.S.W., W.C.S.W. (1995) . Strategic Therapy, in Panorama des therapies familiales, edited by M. Elkaim, Paris: Editions du Seuil.

Keim, James, M.S.W., W.C.S.W. (1994). Informal Lecture notes on Oppositional Children and Adolescents, distributed at training seminar at the Family Therapy Institute, Washington, D.C.,unpublished manuscript.

Klein., N.C., Alexander, J.F., and Parsons, B.V. (1977). Impact of family systems intervention on recidivism and sibling delinquency: A model of primary prevention and program evaluation. Journal of Consulting and Clinical Psychology 45: 469-74.

Lazarus, Richard S., Folkman, Susan, (1984). Stress, Appraisal, and Coping, New York: Springer Publishing Co.

Longclaws, Brenda (1997). Making Sense: Building on Images and Symbols Significant to Aboriginal People, Address to Child Guidance Clinic, August 23, 1997.

Longclaws, Lyle (1996). Eds. Oakes, Jill and Riewe, Rick, New Perspectives on Healing: Issues in the North Vol. 1., Winnipeg, Manitoba: Canadian Circumpolar Institute.

Love, L., Kaswan, J., and Bugental, D. (1972). Differential effectiveness of three clinical interventions for different socioeconomic groupings. Journal of Counselling and Clinical Psychology 29:347-60.

Lugtig, D., & Fuchs, G. (1992). Building on the Strengths of Local Neighbourhood Social Network Ties for the Prevention of Child Maltreatment (Series No. 06241). Winnipeg, Manitoba: Faculty of Social Work, University of Manitoba: Child and Family Service Research Group.

Madanes, Cloe (1981). Strategic Family Therapy, San Franscisco: CA., Jossey Bass Publishers.

Madanes, Cloe (1990) . Sex, Love, and Violence: Strategies for Transformation. New York, London: W.W. Norton & Company.

Madanes, Cloe, Keim, James P., Smelser, Dinah (1995) . The Violence of Men New Techniques for Working with Abusive Families: A Therapy of Social Action, San Fransciso, CA.: Jossey Bass Publishers.

Madanes, Cloe (1994) . The Secret Meaning of Money How It Binds Together Families in Love, Envy, Compassion, or Anger, San Fransciso, CA.: Jossey Bass Publishers.

Madanes, Cloe (1990) . Metaphors and Paradoxes The Strategic Therapy of Cloe Madanes, 350 Sansome Street, San Franscisco, California: Jossey-Bass Audio Programs.

McMahon, R.J., & Forehand, R., (1984) . Parent training for the noncoompliant child: Treatment outcome, generalization, and adjunctive therapy procedures. In R.F. Dangel & R.A. Plster (Eds.), Parent Training pp. (298-398). New York: Guilford.

McMahon, R.J., Forehand, R., Griest, D.L., & Griest, D.L., & Wells, K.C. (1981) Who drops out of therapy during parent behavioral training? Behavioral Counseling Quarterly,1, 70-85.

Minuchin, Salvador (1974) . Families and Family Therapy, Cambridge, Massacusetts: Harvard University Press.

Minuchin, Salvador, Lee, Wai-Lung, Simon, George M. (1996) . Mastering Family Therapy Journeys of Growth and Transformation, New York, Chichester, Brisbane, Toronto, Singapore, Weinheim: John Wiley & Sons, Inc.

Molnar, Alex, de Shazer, Steve, (1987) . Solution-Focused Therapy: Toward the Identification of Therapeutic Tasks, Journal of Marital and Family Therapy Vol. 13, No. 4, 340-358.

Morrow, Judy (1996) . Strategic Family Therapy: Four Day Intensive at the Family Therapy Institute in Washington, D.C. with Cloe Madanes, Jim Keim, and Dinah Smaelzer Reviewed by Judy Morrow, unpublished manuscript.

Parsons, Carolyn J. (1996) . Headlines About Child Sexual Abuse: Was There A Moral Panic in Winnipeg Between 1983 an 1985?, A thesis presented to the University of Manitoba in partial fulfillment of the requirements for the degree of Master of Social Work, Winnipeg, Manitoba.

Patterson, G.R. (1982) . A social learning approach to family intervention: III. Coercive family process, Eugene, OR Castalia.

Piercy, Fred P. and Sprenkle, Douglas H. (1986) . Family Therapy Sourcebook, New York, London: The Guilford Press.

Rappaport, Julian, (1987) . Terms of Empowerment/ Exemplars of Prevention: Toward a Theory for Community Psychology".

Ritterman, M. (1978). "Outcome study for family therapy, Ritalin, and placebo treatments of hyperactivity: An open systems approach." UMI Dissertation Abstracts, Ann Arbor, Michigan.

Santa-Barbara, J., Woodward, C., Levin, S., Goodman, J., et al. (1970) . The McMaster family therapy outcome study: An overview of methods and results. International Journal of Family Therapy1:303-23.

Miller, G.E., & Prinz, R. J., (1990) . The enhancement of social learning family interventions for childhood conduct disorder. Psychological Bulletin, 108, 291-307.

Simon, Richard, (1996, November/December) . It's More Complicated Than That. The Family Therapy Networker, pp. 51-56.

Skinner, Harry A., Steinhauer, D., and Santa Barbara, Jack (1983) . The Family Assessment Measure. Canadian Journal of Community Mental Health, Vol. 2. No. 2, 91-106.

Szapocznik, J., Rio, A., Murray, E., Cohen, R., et al. (1989) . "Structural family versus child therapy for problematic Hispanic boys." Journal of Clinical and Consulting Psychology 57:571-8.

Trute, B.& Campbell, L., & Hussey, E. (1987) . Monitoring Family Therapy Services at the Children's Home of Winnipeg (Series No. 06820) . Winnipeg, Manitoba: Faculty of Social Work: University of Manitoba, Child and Family Research Group.

Valentine, Michael (1987) . How to Deal with Discipline Problems in the Schools A Practical Guide for Educators, Box 4471, Austin, Texas 78765: Educational Directions Incorporated.

Valentine, Ph.D.., Michael R., How to Deal with Difficult Discipline Problems A Family-Systems Approach (1988) . Box 4471, Austin, Texas 7865: Educational Directions Incorporatated.

Warren, Donald I., (1981) . Helping Networks, Notre Dame, Indiana: University of Notre Dame.

Watzlawick, Paul, Weakland, John, and Fisch, Richard, Change (1974) . New York: W.W. Norton & Company, Inc.

Wells, K., and Egan, J. (1988) . "Social learning and systems family therapy for childhood oppositional disorder: Comparative treatment outcome." Comparative Psychiatry 29: 138-46.

Webster-Stratton, C. (1985) . Predictors of treatment outcome in parent training for conduct disordered children. Behavior Therapy, 16, 223-243.

APPENDICES

Appendix A

Notes on Procedure

Family Name _____ Session Date _____ Therapist _____

Members Present _____ Identified Patient _____

Presenting Problem _____

Overall Goals _____

Goals for Specific Family Members _____

_____

Hypothesis for the Cause of the Problem _____

_____

Observations of Sequence of Interactions _____

Observations on Hierarchy _____

Observations on Motivation of each Family Member _____

Strategy for Change _____

Techniques Used/Planned to be Used _____

Narrative _____

_____

_____

_____

_____

_____

_____

_____

_____

Directives _____

_____

_____

Goals for this Session _____

Was this Goal Accomplished? _____

Goal for Next Session _____

_____

Date of Consultation Regarding This Case _____

Name of Peer _____ Date _____

Clinical Director _____

Director(s) of Institute _____

_____

Other Comments _____

Appendix B

Solutions Focused Work Sheet
First Session

Name: _____ **Date:** _____

History and Complaint: (How help? What tells you ...? Who? When? Where?)

Goals: (how know when don't have to come back?)(**Miracle Question**)

Exceptions:(times bit like miracle? what's happening when complaint isn't?):

Scaling:

Pre-session change:

Willingness to work:

Confidence:

Compliments:

Task Suggestions:

Appendix C

Focused Solutions Worksheet
Later Sessions

Name: _____ **Date:** _____

What's better? **No Deconstruction/Coping:**

Elicit: (What's happening that's better?)

Amplify: (What do to make that happen? Did you figure that out? New for you? Where get that idea? / Now that doing that, what notice differnt between you and ... ? or ... at your house?)

Cheerlead: (Not everyone can say/do that. So you're the kind of person who ...?)

What else is better?

Related to Goals?

Do More: (What will it take to do it again/more often?)

Satisfaction Scaling:

Current satisfaction:

Next level(s): (When move to __ what will be happening? / Who will be first to notice? When s/he notices, what will s/he do different? /What would it take to pretend a "5" has happened?

Termination: (How know when it's time to stop seeing me/us?)

Compliments/Strokes:

Tasks/Suggestions:

Next time:

APPENDIX D

Sample of Questions on FAM III

FAM-III: General Scale	Sample Questions
	Strongly Agree Disagree
Strongly	
Agree	
Disagree	

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

Family duties are fairly shared.

We have the same views on what is right and wrong.

My family expects me to do more than my fair share

We tell each other about things that bother us.

APPENDIX E

Sample of Questions on Problem Checklist

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing NOW in each area.

Very dissatisfied Dissatisfied In Between Satisfied Very Satisfied

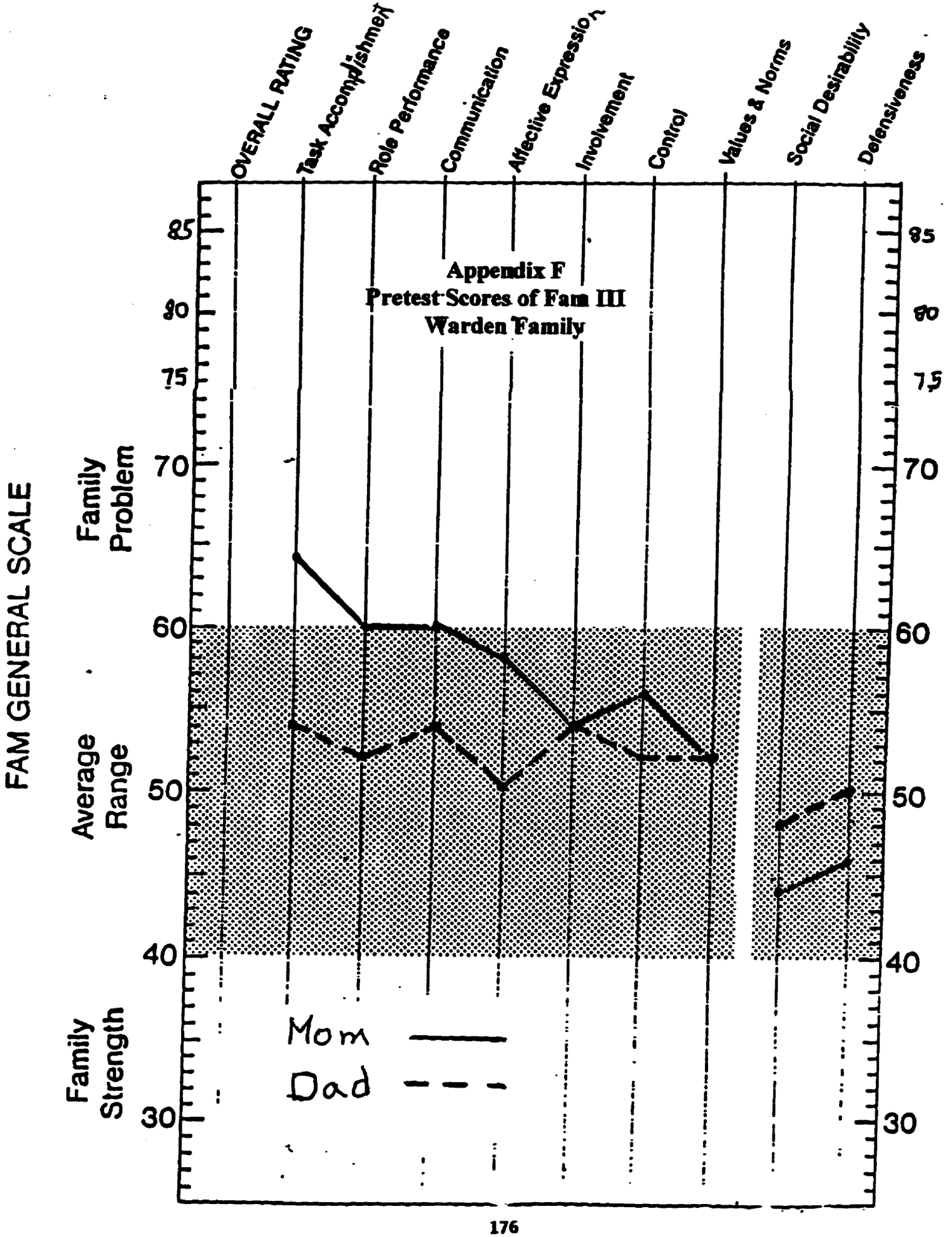
Showing good feelings.

Sharing problems with the family.

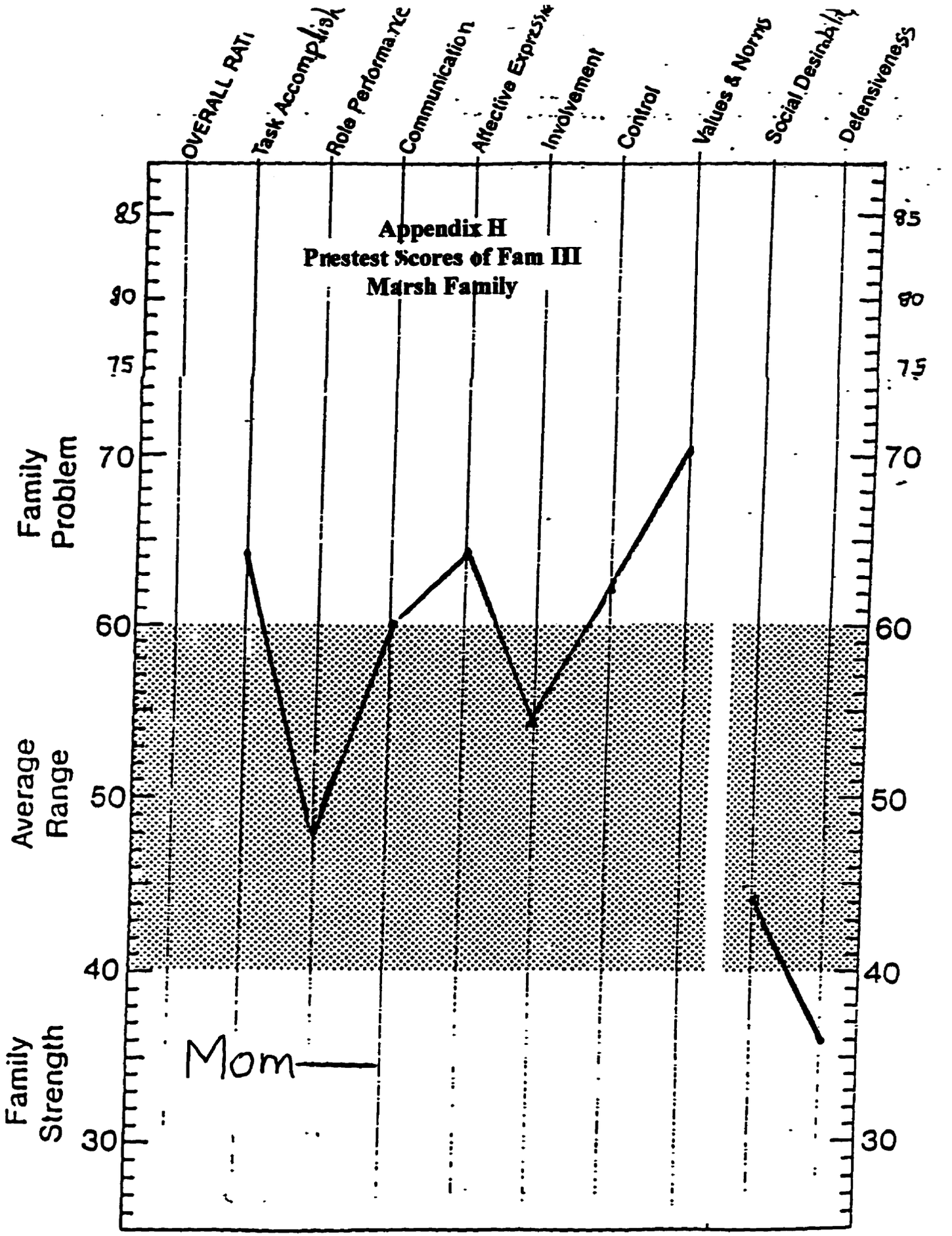
Use of discipline.

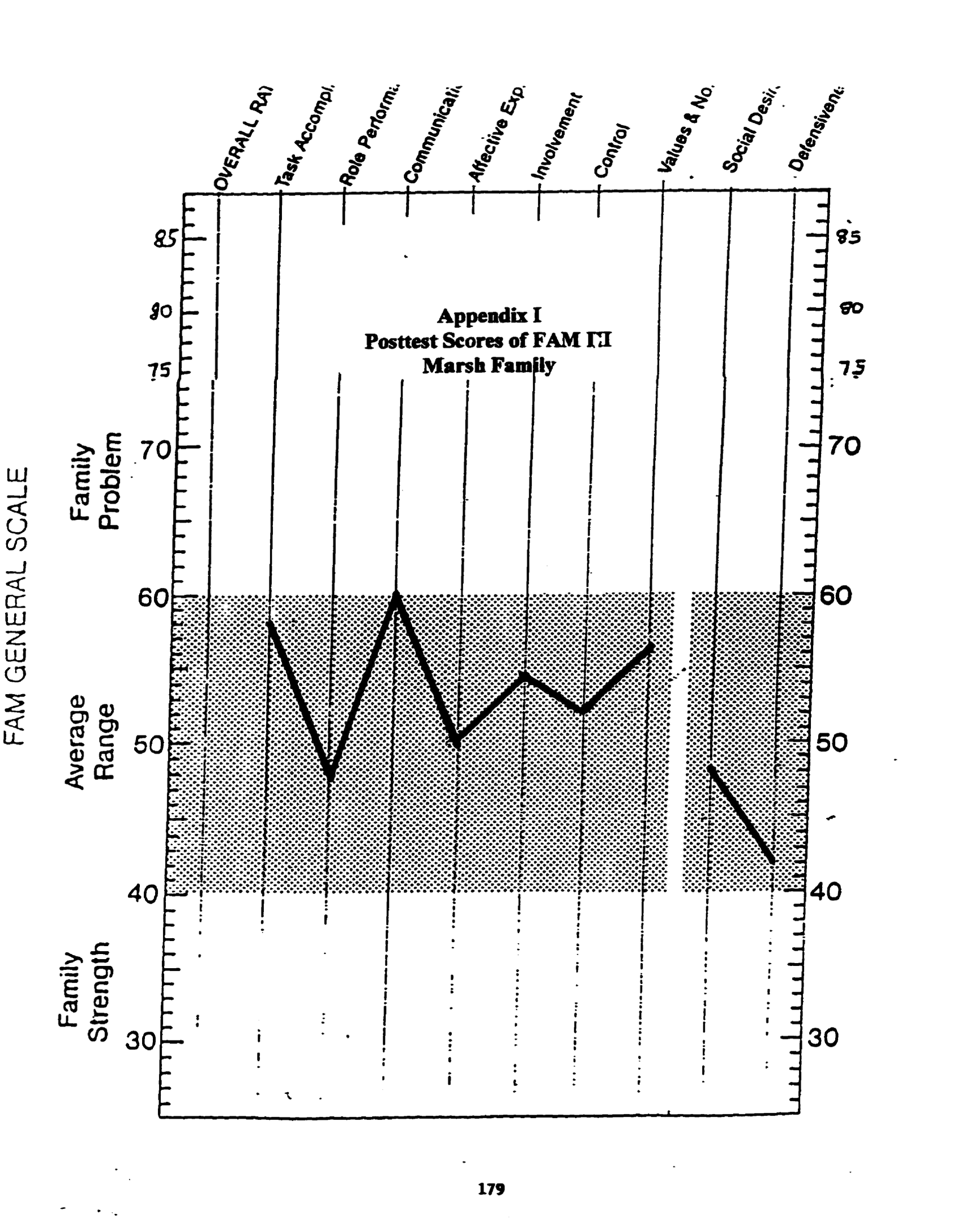
Use of physical force.

Housing situation.


FAM GENERAL SCALE
OVERALL RATING
Task Accomplishment
Role Performance
Communication
Affective Expression
Involvement
Control
Values & Norms
Social Desirability
Defensiveness
Appendix F
Pretest Scores of Fam III
Warden Family
Family Problem
Average Range
Family Strength
85
80
75
70
60
50
40
30
Mom
Dad

FAM GENERAL SCALE
Family Strength
Average Range
Family Problem
30
40
50
60
70
75
80
85
Mom
Dad
OVERALL RATING
Task Accomplishment
Role Performance
Communication
Affective Expression
Involvement
Control
Values & Norms
Social Desirability
Defensiveness
Appendix G
Posttest Scores of Fam III
Warden Family
177


FAM GENERAL SCALE
OVERALL RATI
Task Accomplish
Role Performance
Communication
Affective Expressi
Involvement
Control
Values & Norms
Social Desirabili
Defensiveness
Appendix H
Prestest Scores of Fam III
Marsh Family
Family Problem
Average Range
Family Strength
85
80
75
70
60
50
40
30
Mom


FAM GENERAL SCALE
OVERALL RA
Task Accompl.
Role Perform.
Communicati.
Affective Exp.
Involvement
Control
Values & No.
Social Desir.
Defensiven.
85
80
75
70
60
50
40
30
Family Problem
Average Range
Family Strength
Appendix I
Posttest Scores of FAM III
Marsh Family