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A FAMILY-CENTERED APPROACH TO SOCIAL WORK IN SELECTED  
SERVICES-TO-CHILDREN SETTINGS:

Being an Evaluation of a Practicum Submitted  
in Partial Fulfilment of the Requirements  
for the Degree of Master of Social Work

by

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Winnipeg, Manitoba  
✓ April 4, 1974

## ACKNOWLEDGEMENTS

I would like to express my grateful appreciation for the advice and guidance provided by my Graduate-Advisory Committee:

Professor Joan Zeglinski,  
Major Advisor,  
School of Social Work,  
University of Manitoba.

Professor Leonard Spearman,  
School of Social Work,  
University of Manitoba.

Robert Christle,  
Director of Branch Services,  
Children's Aid Society of Winnipeg.

I would also like to sincerely thank the practicum families that made possible this learning experience.

## ABSTRACT

Service contracts were established between a social work graduate student and five families currently receiving or requesting services from two local child welfare agencies. The families were selected on the basis of need and willingness to accept family-oriented services performed by a student.

Families were selected along a continuum of income level, marital style, length of previous service from the agency and represented the usual types of difficulties in functioning experienced by families requesting services from this setting. The families received family-centered services in accordance with need as perceived by both the family members and the student. Resource inputs such as homemakers, referrals to other agencies and so on, were provided where appropriate and available.

The practicum families and the students major advisor provided evaluative inputs during the course of the practicum and a final oral presentation occurred on April 19th, 1974.

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## CHAPTER I

### INTRODUCTION

The practicum was designed, performed and evaluated with two major goals in mind. The first goal was to acquire skill in social work with families in a child welfare setting to an acceptable level of competence. The second goal related to the enhancement of family functioning of the target group of child welfare families. The student had had considerable experience in helping families in the Family Service Department of the Children's Aid Society of Winnipeg and desired an intensive learning experience with families labouring under similar pressures as those presently receiving services from Child Welfare Agencies. The following definition of a family was accepted for the practicum because of its emphasis on "familial sentiments" or feelings. Burgess defines the family as follows:

"In the last analysis, the essential characteristics of the family were found everywhere to be the same... The whole body of familial sentiments which naturally and inevitably grow out of and maintain the relationships of husband and wife and parents and children."<sup>1</sup>

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<sup>1</sup>Burgess, Ernest W. "The Family as a Unity of Interacting Personalities", The Family, Vol.7, (1926), pp.3-9, p.4. Also in Erickson and Hogan, pp.4-16.

The definition focusses on "familial sentiment" or the feelings of the family members and the intent of the practicum was to emphasize the phenomena in working with the families. Charney's definition of a family as a "cooperative for emotional development" was also helpful.<sup>2</sup>

The importance of the "knowledge" facet of the practicum was emphasized in the initial draft but the Graduate Committee of the School of Social Work felt that the weight of this component should be more evenly spread throughout the remainder of the academic courses, in particular, the tutorial with the major advisor. Experience has held though that the "knowledge" aspect should more properly reside within the structure of the practicum itself - carrying equal weight with the students skill development and the desired improvement in the families capacity to cope. It is difficult to discuss phenomena in a tutorial context and attempt to apply the new learning in another. It is more efficacious to combine the two.

With this trend in mind, an introduction to the nature of the practicum can begin.

The Children's Aid Society of Winnipeg and the Children's Aid Society of Eastern Manitoba were selected to provide families for the practicum. The primary purpose of such community agencies is to provide services designed

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<sup>2</sup>Israel Charney, Marital Love and Hate, (New York: The MacMillan Company, 1969), p.85,

to improve the quality of care that children receive from their parents. This goal is stated in the constitution of the Children's Aid Society of Eastern Manitoba.<sup>3</sup> The philosophy of the Children's Aid Society of Winnipeg appears similar in intent but does not seem to have been documented formally.

Social work in a services-to-children setting can be distinguished from the "marital counselling" cluster of services provided by other agencies by its mandate from the legislature to represent the community in its concern for children who may be potentially neglected. This responsibility is detailed in the Child Welfare Act as follows:

76(1) A Society shall use diligence in making a suitable placement of a child committed or surrendered to its care and custody and the society may place children during minority in foster homes, institutions and situations reserving the right to withdraw the child from the custody of the person with whom it was placed, when in the opinion of the society, the welfare of the child requires it.<sup>4</sup>

The services provided by the child welfare agencies exceed this rather limited directive, as one could imply from their more generally stated philosophies. In other words, the mandate is interpreted to provide more thorough and

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<sup>3</sup>Children's Aid Society of Eastern Manitoba, Section I, Article II - purpose; "The purpose of this Society shall be to strengthen family life and to promote the well being and happiness of children in their families and in the community."

<sup>4</sup>Child Welfare Act, R.S.M. 1970, C80. S. 76.1  
The Duty of a Society.

comprehensive services than apprehension and placement of neglected children only. Such actions are considered by the child welfare agencies only as a last resort.

The focus of the practicum was the "family service" delivery system and other major areas of traditional agency concern such as adoption were not included. Priorities of service delivery were established in accordance with the following criteria:

1. Family need as expressed by the families themselves.
2. Student and advisor professional interests.

The broad, general field of social work could have led this practicum down many paths but a family-centered approach based upon family therapy and resource connection with the families became the major organizational tenets for specialization. The general areas excluded were:

- 1) Intake: This is first point of contact between the community or client and the agency.
- 2) Family Life Education of a community-wide basis: A preventative service.
- 3) Foster and Adoption Home selection and service (with one exception that will be discussed later).
- 4) Permanent Foster Care of wards of the Agency. These children remain under the care and guardianship of the Society until their eighteenth birthday.
- 5) Institutional Services designed to provide care for emotionally disturbed children.

- 6) Evaluation of the resources themselves except in relation to impact on specific families (where this was possible).

Within the family service focus of the practicum, Kadushin defines seven classes of inadequate parental care:

- 1) Physical abuse.
- 2) Malnourishment, poor clothing, lack of proper shelter, sleeping arrangements, attendance or supervision.
- 3) Denial of essential medical care.
- 4) Failure to attend school regularly.
- 5) Exposure to unwholesome or demoralizing circumstances.
- 6) Exploitation, overwork.
- 7) Emotional neglect (a denial of normal experiences that permit a child to feel loved, wanted, secure, and worthy).<sup>5</sup>

Five families were selected from the two above-named agencies in an effort to have these types of family dysfunctioning represented in the practicum sample. Major variables, other than the above, were family income, number of children and length of previous service by the agency. Income levels ranged from approximately \$20,000.00 per year to the amount of assistance granted by Mother's Allowance of the Manitoba Health and Social Services Department (approximately \$4,500.00 for a mother and four children).

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<sup>5</sup>Alfred Kadushin, Child Welfare Services, (New York: The Macmillan Company, 1967), p. 209.

Length of previous contact ranged from "no contact" to over twenty years of service delivery for one family. Marital style varied from single parent through to married status along a continuum including one common-law union. All families resided within the City of Winnipeg. The final result was a miniature caseload of the type carried by most Family Service social workers at the Children's Aid Societies within the City of Winnipeg.

Activities were planned, performed and evaluated by the student in conjunction with the student's major advisor and other members of the committee. For purposes of planning and evaluation, activities were divided into two broad general areas of concern. The activities traditionally encompassed under the heading of "family therapy" were labelled as "intra-familial" and all other activities were perceived as "extra-familial". This distinction evaporated as it became apparent that the family itself was also a resource system from which the family could draw support and direction.

Whether working within the family or between the family and a resource system, the student worked with the goal of IMPROVING COMMUNICATIONS.

## CHAPTER II

### BACKGROUND LITERATURE AND PERTINENT STUDIES

Evaluation or outcome studies of the social work method have been few in number and conclude generally that the impact of the method is probably only equal to the impact that normal growth would have upon the dysfunctioning client - at least when the traditional methods of casework and group work are brought to bear. Eysenck's classical study estimated this level of improvement at approximately sixty-eight percent.<sup>6</sup> This evaluation was performed in relation to the improvement rates of psychiatric patients - being treated by psychoanalysis, shock treatment, etc., as compared to a control group of patients who received only "custodial" care from their general practitioners. It is suggestive of a trend. In 1958, "Girls at Vocational High" was published with the following conclusion (based upon the results of objective evaluative tests):

"...on these tests no strong indications of effect are found and the conclusion must be stated in the negative when it is asked whether social work intervention

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<sup>6</sup>Eysenck, H.J., "The Effects of Psychotherapy: An Evaluation." *Journal of Consulting Psychology*, 16:319, (1952), p. 324.



with potential problem high school girls was this instance effective."<sup>7</sup>

Similar results were obtained in Robin's "Deviant Children Grow Up" study. In relation to the newer method of "family therapy", Wells et al. defines the method as follows:

"...a therapist engages in family therapy when he sees such natural units as parents and children, spouses or members of the extended family, together as a group over most of the duration of treatment with the goal of improving their functioning as a unit."<sup>8</sup>

This article reports on eighteen so-called evaluative studies of the techniques of family therapy and makes two conclusions of note. The first is that only two of the studies met minimal standards of research. The study also averages the success rate of intervention and determined a figure of sixty-nine percent - very comparable to Eysenck's 1952 results with individual psychotherapy. But more importantly, the same rate at which natural factors of growth or "enhanced functioning" tend to alleviate dysfunctioning. The similar Riskin and Faunce<sup>9</sup> study also concluded that the present state of research is a lamentable one but they outline the difficulties and make valuable

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<sup>7</sup>H. J. Meyer, et al., Girls at Vocational High, (New York: Russell Sage Publishers, 1958), p. 180.

<sup>8</sup>Richard A. Wells, Thomas C. Dilkes, Nina Trivelli, "The Results of Family Therapy: A Critical Review of the Literature", Family Process, Vol. II, No. 2, (June, 1972), pp. 189-209, p. 191.

<sup>9</sup>Jules M. Riskin and Elaine E. Faunce, "An Evaluative Review of Family Interaction Research", Family Process, 11:4, (December, 1972), pp. 365-457.

suggestions about future research. I would direct the reader concerned with outcome evaluation of family therapy to this excellent article.

The nature of the theories themselves is almost as varied as the number of therapists themselves. My exposure to these theories lead me to the conclusion that they could be placed on a continuum from classical psychoanalysis, which relies heavily on early learning experiences and subconscious processes, to Haley's manipulative reality-and present oriented theory. Stein and Hutchins<sup>10</sup> provide an excellent description of the similiarities and differences between the psychoanalytical, integrative and communicative-interactive schools of family therapy.

The communicative-interactive school of Haley-Jackson-Satir was selected as the approach to family therapy which best "fitted" the students knowledge, style and intellectual concerns.

For the beginner in family therapy, I strongly recommend the Erickson and Hogan text Family Therapy: An Introduction to Theory and Technique.<sup>11</sup> It is recent, comprehensive, and a springboard to more advanced practice.

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<sup>10</sup>J. W. Stein and T. K. Hutchins, The Family As A Unit of Study and Treatment, (University of Washington School of Social Work - Regional Rehabilitation Research Institute, 1969), p. 4.

<sup>11</sup>Gerry D. Erickson and Terrence Hogan, Family Therapy: An Introduction to Therapy and Technique, (Monterey: Brooks/Cole Publishing Company, 1972), pp. 4-16.

The following brief annotated bibliography lists the texts and articles (which were especially meaningful to the student) discussed during the course of the practicum. Other authorities are discussed in the following section:

- 1) Whitaker<sup>12</sup>: An established family therapist describes his personal development as a therapist.
- 2) Charney<sup>13</sup>: The text brings home the realities of the "marriage inferno" and legitimizes the role of anger, conflict and hate in a normal marriage. Family is seen as a cooperative for emotional development.
- 3) Janov<sup>14</sup>: The writer points out (in an impressionistic and descriptive manner) that the etiology of neuroses and psychoses is so distinctive for each individual that each person may well be unique.
- 4) Berke<sup>15</sup>: A radical psychiatrist is strongly critical of traditional psychiatric intervention and puts forth the thesis that the therapist may only be a "tool" or agent of a repressive and sick society.

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<sup>12</sup>David G. Rice, William F. Fey, Joseph G. Kepees, "Therapist Experience and 'Style' as Factors in Co-Therapy", See Epilogue: Commentary by Carl A. Whitaker, M.D., "A Longitudinal View of Therapy Styles Where N=1", Family Process, Vol. II, No. 2, (June, 1972).

<sup>13</sup>Israel Charney, Marital Love and Hate, (New York: The Macmillan Company, 1972).

<sup>14</sup>Arthur Janov, The Primal Revolution: Towards A Real World, (New York: Simon and Shuster, 1972).

<sup>15</sup>Joe Berke, "Anti-Psychiatry" in Rutenbeek, Hendrik M., Going Crazy, (New York: Bantam Books, Inc., 1972).

- 5) Birdwhistle<sup>16</sup>: The suggestion is presented that the North American family is a poor vehicle for the socialization of children into adults capable of coping with the pressures of modern society. He suggests that therapists and change-agents are holding up on unrealistic models for their target families to follow:
- 6) Irving<sup>17</sup>: Members of the extended family are generally more important than we give them credit for.
- 7) Bettelheim<sup>18</sup>: Documentation that the Kibbutz system is a superior form of socialization and that little or no deviant behaviour results from the process.
- 8) Berne<sup>19</sup> and Schultz<sup>20</sup>: Transactional Analysts.

Social workers are not a homogenous group. They vary along continuums of differing targets, methods and competence. I have chosen to represent them along a continuum of method ranging from family therapy to social action. As the practicum progressed, it became more and

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<sup>16</sup>Ray L. Birdwhistle, "The Idealized Model of the American Family", Social Casework, 51:4, (April, 1970).

<sup>17</sup>Howard H. Irving, The Family Myth, (Toronto: Copp Clark Publishing Company, 1972).

<sup>18</sup>Bruno Bettelheim, The Children of the Dream, (New York: The Macmillan Company, 1969).

<sup>19</sup>Erick Berne, What Do You Say After You Say Hello, (New York: Grove Press Inc., 1972).

<sup>20</sup>William C. Schultz, Here Comes Everybody, (New York: Harper and Row Publishers, 1971).

more difficult to maintain a family therapy focus in the face of opportunities and pressures from the practicum families, the field of social work, the literature and the student's and major advisor's interests. As time passed, the student found himself moving more and more out into the resource systems surrounding the family.

A system is merely a collection of interconnected variables enclosed by a defined boundry or limit of classification. The family, agency, group of agencies, medical organizations, government and, indeed, the universe may be defined as systems. For the purposes of the practicum, these systems were interpreted as resources or resource systems, which, if connected properly by the student, with the family would lead to relief of stress or the application of constructive or growth-inducing stress. These resource systems carry out the functions which have grown beyond the capacity of a single family to manage and control. A list of the major functions includes education, recreation, medical care, law enforcement, law making and societal administration and so on. Auerswald's concepts of "ecological systems" or "ecosystems" became more and more relevent to the practicum as it progressed.<sup>21,22</sup>

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<sup>21</sup>Edgar A. Auerswald, "Inter-disciplinary vs Ecological Approach", originally presented at the May, 1966 meeting of the American Psychiatric Association.

<sup>22</sup>Edgar H. Auerswald, "Families, Change and the Ecological Perspective", Family Process, Vol. 10, No. 3, (September, 1971), pp. 263-281, p. 264.

Auerswald speaks of ecology in a broad philosophical way, preferring to define it as "the study of beginnings and endings in the dynamics and changing balance of the universe"<sup>23</sup> and "the study of life and death in time and space".<sup>24</sup> The resource systems are ecosystems in that they impinge in a critical way upon the family. I prefer to call the ecosystems by the term "resource systems" because the troubled family in conflict with a particular system usually perceives of the system only in a negative way. A different label may help the family to see the system more in terms of "what it has to offer the family". The negative perception mitigates against the constructive use of a system and colours any family communication with the system. The term "resource system" has more positive associations.

I also derived a definition of social work which is "activity-oriented" and includes family therapy and intervention between the family and the resource systems of the environment.

For the purpose of this practicum, the following have been selected as the major skills that I intended to develop:

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<sup>23</sup>Ibid., p. 265.

<sup>24</sup>Ibid.

- 1) developing the ability to establish a service contract with the family and to help to delineate appropriate realistic goals.
- 2) developing ability to identify dysfunctional communication patterns, label them in a form acceptable to the family and apply growth producing techniques. This, of course, within the context of the social work concept of the RELATIONSHIP between the worker and the family.
- 3) helping the family to recognize and, more importantly CHANGE its dysfunctional communication network in such a way that family functioning is enhanced.
- 4) demonstrating knowledge and understanding about human behaviour and the treatment process, and be able to integrate theory into the ongoing intervention process.
- 5) maximizing use of "self" with an awareness that ones own personality predispositions may help or hinder family progress.
- 6) developing capacity to effectively recognize family growth.
- 7) helping the family through the termination process.
- 8) acquire skill in the evaluation of social work activities in a direct service context.

In relation to the resource component of the practicum, the goals were to acquire a thorough knowledge of resources

available to family service families and to demonstrate a professional knowledge of their utilization at a specialist level. In other words, how to maximize the use of resources in enhancing the social functioning of families and an awareness of gaps in resources where such gaps exist. Possible means of provision of those missing resources were considered, and where possible, steps taken toward creating new resources.

Other selected topics covered in the practicum included:

- 1) physically abused children.
- 2) emphasis on the role of the legal system in child welfare practice with emphasis on legislation.
- 3) question of authority, or in other words, can the social worker represent community control and a source of assistance simultaneously?
- 4) social work role.
- 5) family dynamics or communication systems - including "non-dysfunctional" communication.
- 6) advantages and problems with video and audio tapes.

Each of these areas will be discussed in more detail in the following chapters.



### CHAPTER III

#### THEORETICAL FRAMEWORK

As mentioned earlier, the practicum began with a focus on family therapy as an intervention modality with the target families. However as contact intensified, it became obvious that the families expected "resource-connection" activities and in response to these pressures and opportunities, the intervention moved into the previously defined area of "extra-familial" concerns. This type of intervention was characterized by forays into the ecological environment on behalf of the family as a unit or on behalf of a particular family member. Resource connection with the family usually ensued. Before moving into a discussion of an organization of these activities into a schema or organizational framework, it is first necessary to return to a theoretical discussion of the intra-familial or family therapy activities.

#### FAMILY THERAPY AND THE PRACTICUM

Over the past fifteen years or so, the family, as opposed to individual family members, has become more and more the target of social work intervention. This was partially a result of the realization that unhappiness and dysfunctional individual behaviour were a result of not only inner conflicts plus pressures and forces

originating from outside the individual's family (eg. poverty, prejudice) but also from within. In other words, if one is to help an individual, one must help the family as a whole or risk the consequences of the so-called "treated" person experiencing exactly the same environment that helped create and maintain the original dysfunctional behaviour. The family therapy approach also has the added advantage of bringing relief to more than the individual in question. Many professionals working in the field now assume that if one member of a family is miserable, the other family members are also.<sup>25</sup>

The theoretical concerns of the student relate primarily to the process of family therapy and certain associated phenomena will be examined. They were selected for study and integrated into the student's knowledge base because they represented recent developments in the field and, as such, were new learning for the student. The concepts are not meant to represent a total approach to family therapy but rather points of emphasis for the student therapist's learning.

The best "handle" that I could find to "get ahold of" what was happening in a family was the concept of FAMILY RULES. Systems theory is woven into the discussion throughout but primary emphasis will fall upon the

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<sup>25</sup>Jay Haley, "The Family of the Schizophrenic: A Model System", Journal of Nervous and Mental Disease, 129, (1959), pp. 357-374.

phenomena of HOMEOSTASIS as it relates to family functioning. The concept of the IDENTIFIED PATIENT will be discussed in passing as will the role of SILENCE or WHAT'S NOT HAPPENING in family communication. The FAMILY GROWTH SPIRAL will also be examined.

Stein et al. capture the essence of the family therapy approach in the following statement:

"For the communicative theorist, improvement is facilitated by a clarification of the dysfunctional family communication network." <sup>26</sup>

The "uncommunicated feelings" may be those of love, concern, respect, or, as is often the case with the depressed spouse, feelings of being hurt or angry at the partner or child in question. It is assumed that all members of the family system are contributing to the dysfunctional (and functional) communication pattern. The corollary of this assumption is that there is no such thing as an "innocent spouse" or a person within the system who is not contributing in some way to the dysfunctional communication pattern. All members of the system control (in some way or another) the behaviour of other members - including young children. Even silence or lack of action can be a way of controlling family interaction. In this regard

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<sup>26</sup>J. W. Stein, T. K. Hutchins, The Family as a Unit of Study and Treatment, (University of Washington School of Social Work - Regional Rehabilitation Research Institute, 1969), p. 67.

Epstein refers to the "blockbuster of silence" or the "freeze".<sup>27</sup> Paul Watzlawick terms this phenomena in the form of a rule - "One cannot NOT communicate."<sup>28</sup> The depressed wife, the adolescent who will not contribute to the performance of family tasks such as house keeping, the alcoholic husband, the unresponsive child - all have learned to signal their displeasure (and avoid expressions of love, concern and/or respect) in this "silent" way. On the other side of this specific scale is the "domineering" or "controlling" person who superficially appears to be functioning adequately but who, in reality, is just as unhappy as his or her "weaker" complement. The unhappiness and feelings of being unloved and unneeded is generally expressed in "symptom" terms.

A symptom is an emotional expression by a person of feeling unloved and unnecessary. It usually is translated into poor coping behaviour. This dysfunctional behaviour may be alcoholism, adolescent rebellion, depression, or as referred to above, as ways of defining the terms of a relationship. I use the word "symptom" because it is a term traditionally used to describe such

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<sup>27</sup>Nathan Epstein, Videotape of Family Interview and Lecture, (viewed December 11, 1973).

<sup>28</sup>Paul Watzlawick, An Anthology of Human Communication. (Palo Alto: Science and Behaviour Books, 1964). Tapes and Notes.

behaviour and because it might help some readers put the behaviour in context. It should be kept in mind however that a symptom is only a symptom. The behaviour suggests that something is awry in the family's communication pattern and intervention must be aimed at that "awry" aspect of the pattern. The communication system itself is the target of the intervention - not the symptom.

These symptoms are functional or necessary to the family functioning because they maintain the functioning at its present level.<sup>29</sup> The symptoms maintain the balance of the system<sup>30</sup> and are the result of "family rules" which impede the expression of "felt" emotions of love and anger.<sup>31</sup> Satir defines a family rule as a rule of interaction which determines "who can say (or do) what at what time" or more generally as "freedom to comment".<sup>32</sup> We will see more of this concept in the discussion which follows.

The basic assumption of the communicative-interactive group of therapists is that if a family is presenting psychopathology, or in other words "symptoms"

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<sup>29</sup> Jay Haley, The Power Tactics of Jesus Christ, (New York: Avon Books, 1969), p. 103.

<sup>30</sup> Gregory Bateson and Jackson et al., "Towards a Theory of Schizophrenia", Behavioural Science, 1:4, (October 1956), pp. 251-264.

<sup>31</sup> Virginia Satir, People Making, (California: Science and Behaviour Books Incorporated, 1972), p. 160.

<sup>32</sup> Ibid.

it is in some fashion generating a dysfunctional communication pattern. Such a pattern may be defined, as "inability to change rules".<sup>33</sup> The therapist looks first to define the rules and then to apply appropriate intervention techniques to help change these rules. For example, if the therapist blocks the maladaptive pattern (the homeostatic or "balancing" forces)<sup>34</sup> a newer, more functional pattern of communication may be created by the rushing of the changed or new behaviour into the vacuum created by the therapist. The family achieves a "new" balance or equilibrium in the process. I have chosen to call the growth over sessions (or time) the family "growth spiral".

Anne Hartman describes this phenomena of family growth in individual and crisis terms in the following quotation, and it is at least equally true of the general family functioning.

"The concept that a crisis may be an opportunity as well as a threat follows logically from the systems hypothesis. The individual may adapt to and master the new demands through the development of new and more differentiated adaptive modes."<sup>35</sup>

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<sup>33</sup>C. Christian Beels and Andrew Ferber, "Family Therapy: A View", Family Process, (Fall, 1969), p. 282.

<sup>34</sup>Ibid., p. 285.

<sup>35</sup>Ann Hartman, "To Think About the Unthinkable", Social Casework, 5:8, (1970), p. 471.

It represents "growth" because a new, higher order of social functioning is achieved and the family "feels" that some improvement has occurred. It is a spiral because some element of the system remains behind at the "old" level of functioning or perhaps even begins to display "new" dysfunctional behaviour.

Ackerman describes this phenomena as follows:

"In child guidance work, as the child improves, not infrequently, the mother paradoxically worsens. Or as the child responds to psychotherapy, the parental conflict becomes drastically intensified."<sup>36</sup>

Another common example is represented by the loquacious member of a family who controls all interaction through generating a constant flow of aggressive, disjointed communication. The usual way that the person who is being "talked at" responds to exert his or her control is by being passive and letting all of the communication "go in one ear and out the other". The therapist then moves to confront the so-called domineering or controlling family member with a healthy receptor who indeed is listening, responds appropriately and keeps the topic under discussion as the only one under discussion.<sup>37</sup>

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<sup>36</sup> Nathan Ackerman, "Interpersonal Disturbances in the Family: Some Unsolved Problems in Psychotherapy", Psychiatry, 17, (1954), p. 363.

<sup>37</sup> J. W. Stein and T. K. Hutchins, The Family As A Unit of Study and Treatment, (University of Washington School of Social Work - Regional Rehabilitation Research Institute, 1969), p. 67.

The so-called dominated person then fills the vacuum created by the loss of the usual tirade and is encouraged or provoked into speaking up. Both sides of the system are then faced with a new situation in which the old forms of control are ineffective and new ones are created. This is an instance of inducing stress to bring about change. The new communication pattern is seen as growth to a higher level of interactional functioning and generally, the initial psychopathology (associated with the dysfunctional system) is predicted to either disappear or decrease in intensity. The family will necessarily feel that "things have improved".

A word of caution is in order at this point. The above description lends itself to a mechanistic, manipulative interpretation of behaviour which not at all reflects accurately the tone of the student-therapists intervention. The therapist must be sincerely concerned about the family, generally focusses upon the strengths evident in the process and must be committed to help it change in terms laid down by the family. A relationship between the therapist and the family is probably the single, most important variable in the helping process. More often than not, the therapist moves the family from heated arguments around "problems" to helping the family members express feelings of concern, love and respect for each other. The family rules mitigate against this type of emotional



expression and it is the therapist's task to bring these feelings out into the open. This action also helps the family to change because other family rules are being broken. The therapist, however, should also be prepared to deal with anger and hate - to encourage its expression where appropriate; to direct it towards its natural target and, most often, to expose the feelings of loneliness, frustration and unhappiness that lies behind it. It should be obvious by now that therapists are confronted by a very difficult task. In order to intervene, some theoretical framework or principles must be at his or her disposal. The concept of the "family rule" mentioned earlier proved for me, to be the best "handle" for getting ahold of and, where necessary, communicating to the family the nature of the poor communication. A "family rule" can generally be defined as the opportunities and prohibitions for self-expression within the family communication system. Another way to look at this phenomena is to see it as a "relationship agreement".<sup>38</sup> It has been my experience that these rules are often outside the awareness of the family members and that terrific amounts of energy, shifting and protective measures go into a resistance to changing these rules. The tendency is for the family to retain their previous homeostasis as

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<sup>38</sup>C. Christian Beels and Andrew Ferber, "Family Therapy: A View", Family Process, (Fall, 1969), p. 299.

it is at least more comfortable than the threat of change. The family rules tend to routinize interaction and communication.

This routinization process relates to the above mentioned phenomena in which it was noted that the therapist encounters difficulty in attempting to induce change in an established system. For example, with one practicum family which was quite financially secure, it took three months to work with the family to the point where it would provide their fifteen year old daughter with an allowance - despite the fact that the daughter was suicidal and the symbolic gesture of the allowance could have represented a firm statement on the part of the family that they indeed cared about the child. The resistance occurred because the daughter's outbursts about money directed toward the father were highly functional in maintaining homeostasis or a "steady state"<sup>39</sup> balance within the family. The child in question was really only a vehicle for the mother's anger in this instance.

Each symptom of psychopathology represents a "locked" mechanism through which internal consistency is maintained and suggests a particular level of family growth

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<sup>39</sup>Bateson, op. cit., p.255.

or functioning. When interaction is defined as pathological, it suggests that ALL family members "lose" in the overall transactional process. They are either stuck with the symptom itself or the ever-present complement - the punitive message of the symptom.<sup>40</sup> For example, few doubt that depression is an unpleasant state, however, "the depression mask" is functional in controlling (and blaming) the other family members. IF, through therapeutic intervention, the depression is lifted, it is assumed that a higher order of family functioning will result - despite the fact that is anticipated that one other member of the family may begin to exhibit some kind of pathology or dysfunctioning.

Once again, Satir defines family rules simply as "who can say (or do) what at what time?"<sup>41</sup> Her concept of the "Identified patient"<sup>42</sup> or Haley's concept of "the family-agreed-upon patient"<sup>43</sup> are extensions or behaviour consequences of this process. These individuals are the family members who are exhibiting the "symptoms" or behaviour suggestive of a dysfunctional communication system. Satir describes the phenomena well when she states that

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<sup>40</sup>Jay Haley, "Marriage Therapy", Archives of General Psychiatry, 8, (1963), pp. 213-234. Also in Erickson and Hogan, pp. 180-210.

<sup>41</sup>Virginia Satir, People Making, (Palo Alto; California: Science and Behaviour Books Inc., 1972), p.160.

<sup>42</sup>Ibid., p. 107.

<sup>43</sup>Jay Haley, The Power Tactics of Jesus Christ, (New York: Avon Books, 1969), p. 89.

parents within a dysfunctional communication system:

"...inadvertently ask the child to deal with what they can't deal with themselves. Of course the child can't possibly do this in any constructive way, so the child often responds to this burden by becoming sick, bad, crazy, stupid, or all of these things."<sup>44</sup>

When the "identified patient" is a child, the process is usually described as the "parental-child" phenomena.<sup>45</sup>

An element of predictability creeps into the theory here. Assuming the therapist is aware of particular family rules, he should be able to predict that the rule will be called into play under similar circumstances of interaction.<sup>46</sup> A highly controlled study of the impact of therapy upon this phenomena would be a logical step towards documenting the effect of therapy upon dysfunctional family systems.

As was mentioned earlier, the practicum began with an emphasis on family therapy but changed in context as it was realized that the families expected more than this particular service per se. These kinds of activities through the input of resources from the "extra-familial"

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<sup>44</sup>Satir, People Making, p. 175.

<sup>45</sup>Ibid., p. 107.

<sup>46</sup>Don D. Jackson, ed. "Communication, Family and Marriage", Human Communication, Vol. I, (Palo Alto, California: Science and Behaviour Books Incorporated, 1968), p. 53.

or ecological environment. The end result was a definition of social work that goes beyond the usual "helping people" frame of reference and in specific terms reflects the reality that social workers are not a homogenous group but rather "specialize" along a continuum of activity ranging from individual and family therapy (family-centered) to social action (society-centered).

Social workers practice within the values and purposes of the profession, which are still expressed in "individual" terms, eg. dignity and worth of the individual, self-determination, potential for change, rights to equality of access to resources, privacy and confidentiality and so on. The values and purposes may well need revision into a more family oriented approach. Different "specializations" within social work define their boundaries of endeavour differently. Some will insist that the social work role is best performed within the family itself (intra-familial emphasis). As late as 1958, an author of a general textbook in social work maintained that "When it becomes manipulative, when pressure or 'political' techniques are employed, it is beyond the limit of the social work method".<sup>47</sup> As an exponent of the techniques prevalent at the other end of the continuum, Saul Alinsky would have countered that social

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<sup>47</sup> Walter A. Friedlander, Concepts and Methods of Social Work, (Englewood Cliffs, New Jersey: Prentice-Hall Incorporated, 1958), p. 260.

workers "...come to get people'adjusted', adjusted so that they will live in hell and like it too".<sup>48</sup> Within this frame of reference, Seymour Halleck, a psychiatrist wrote:

"Treatment that doesn't encourage the patient to examine his environment strengthens the status quo. Every encounter with every psychotherapist, therefore has political implications."<sup>49</sup>

I have developed a simplistic, systems schematic to organize the activities carried out in the ecological environment of the practicum families. This schematic helps to move social work out of the realm or stereotype that so often confronts us. In the words of Charles Dollard, the stereotype or the recurrent feeling on the part of the public that "Any man with love in his heart can do the job".<sup>50</sup> Social work is not quite that simple as we shall see. The central ideas of the theoretical organization are based upon the earlier-mentioned Auerswald articles but with a redefinition of the ecological environment into primary resource systems terms, eg. political, legal, education, employment or economic and so on.

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<sup>48</sup>Saul D. Alinsky, Reveille for Radicals, (Chicago: University of Chicago Press, 1945), p. 83.

<sup>49</sup>Seymour L. Halleck, "Therapy is the Handmaiden of the Status Quo", Psychology Today, (April, 1971), p. 32.

<sup>50</sup>Charles Dollard, quoted by Nathan E. Cohen in "An Overall Look", James E. Russell ed., National Policies for Education, Health and Social Services, (New York: Doubleday and Company, 1955), pp. 233-234.

Assumptions behind this schematic are that the worker or change agent has a knowledge of the resource systems and is aware of a probable point of entry. An additional important assumption relates to the variability of the family unit as an adequate vehicle for the realization of potential of individual family members. As a note, Birdwhistle feels that the modern concept of the nuclear family is not equal to the challenge:

"If however..., the unit is so organized as to resist all interpersonal relationships with other than immediate family members, such a unit...lacks lateral supports."<sup>51</sup>

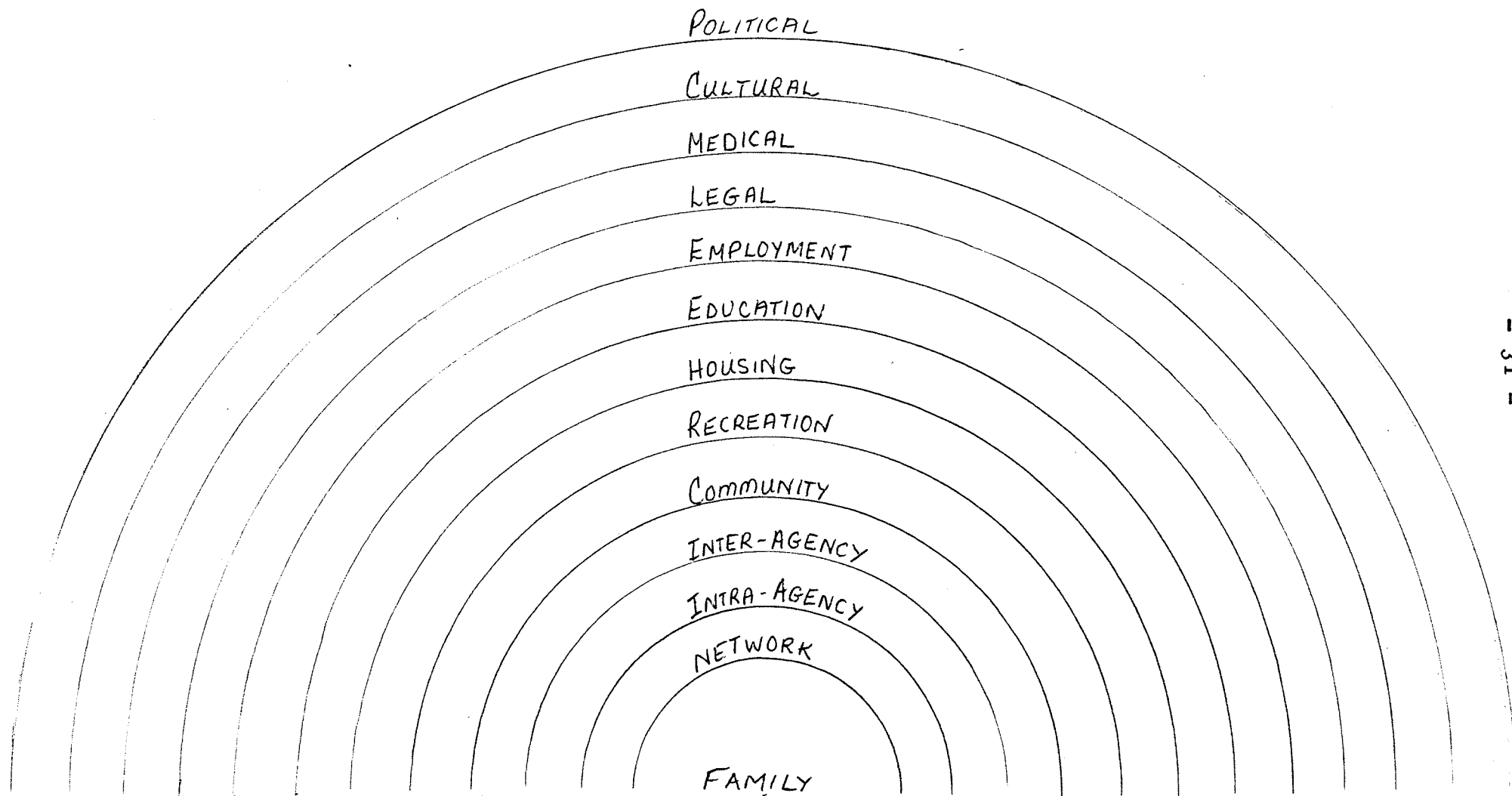
The social work role becomes one of providing these "lateral supports" through resource connection. All families involved in the practicum agreed that "keeping the family together" was an important goal and the resource systems were tapped to further this end. The systems schematic, with the family at the core, looks like this:

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<sup>51</sup>Ray L. Birdwhistle, "The Idealized Model of the American Family", Social Casework, 51:4, (April, 1970), p. 195.

Figure No. 1

RESOURCE SYSTEM SCHEMATIC

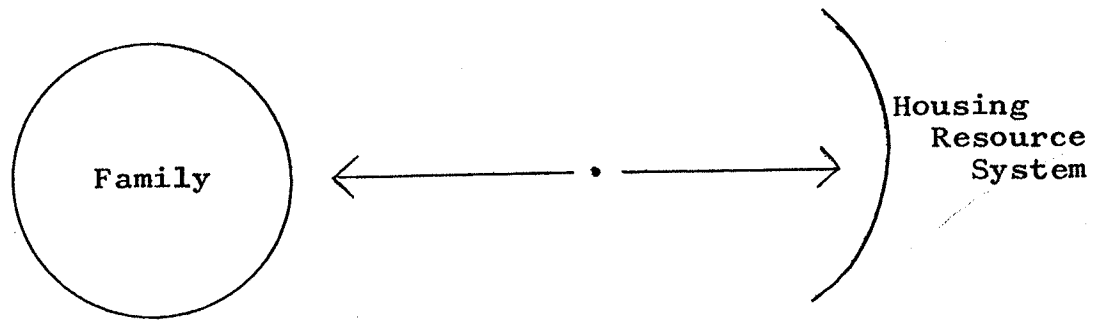


The purpose of the schematic is to exhibit and emphasize the reality that the family is at the core of a series of systems. It is not intended that it illustrates the relationship between resource systems.



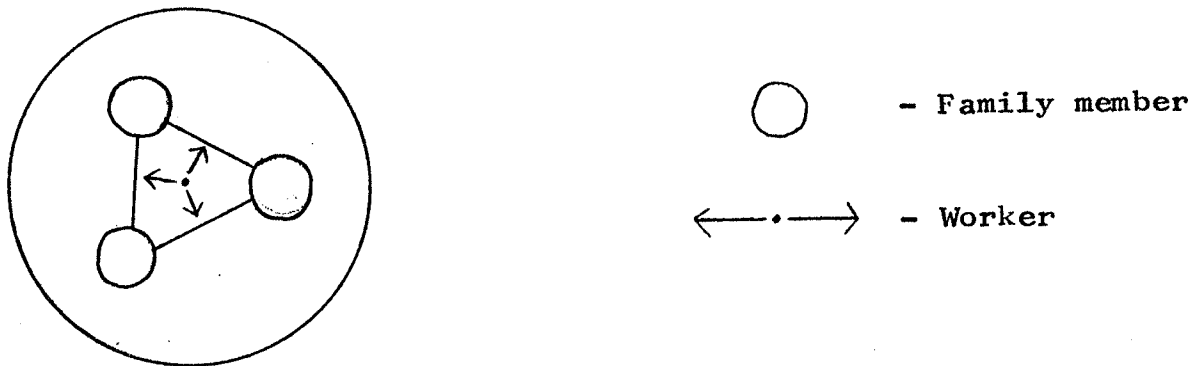
The Social worker (within his or her system) becomes a mediating action inter-system. The locus of the intervention is the area that requires intervention. He or she can be represented as follows:

FIGURE II



Or within the family itself doing family therapy:

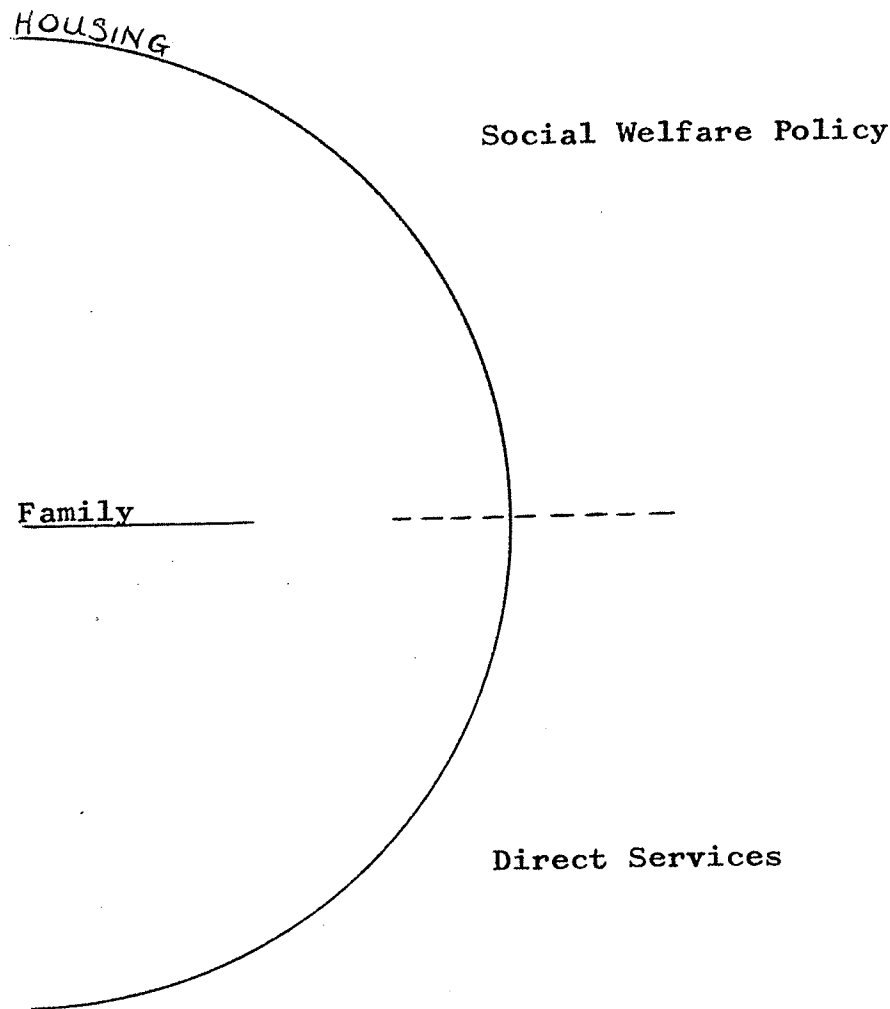
FIGURE III



As can be seen, the definition of the worker in terms of specialization becomes a function of boundaries. In other words, which particular boundaries does the specific worker define as legitimate for his intervention attempts? This aspect is reinforced when one considers that the schematic can become three dimensional as follows:

FIGURE IV

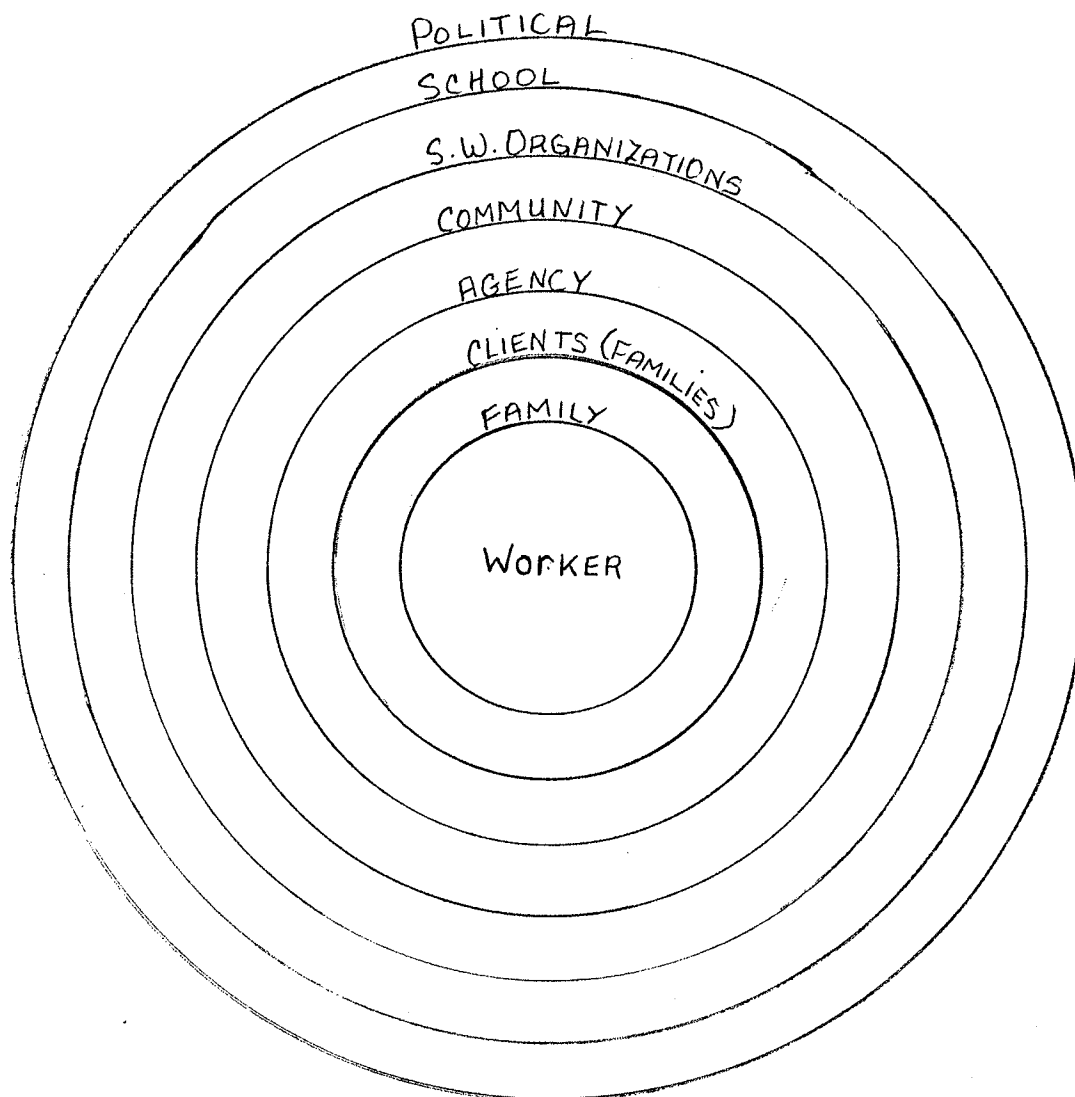
THE THIRD DIMENSION OF SOCIAL WORK



The practicum was designed to fall into the lower half of the circle - the "direct services" aspect of social work.

Up to this point, the social worker within his or her system has been represented by a dot. The details of this system are as follows:

FIGURE V  
SOCIAL WORKER WITHIN ECOLOGICAL OR RESOURCE SYSTEM



This diagram is offered only to provide a sense of "completeness" to the discussion. The resource-connection and family therapy activity relates primarily to earlier schematics.

#### ADDITIONAL PRACTICUM DETAILS

Audio tapes were taken of as many sessions as possible and three sessions were videotaped.

At mid-treatment and post-treatment points, the student was also required to document any change that had occurred in family functioning as a result of the family-centered intervention.

The "presenting symptoms" as detailed below are a distillation of family members concerns AS EXPRESSED BY THE FAMILY although I have taken the liberty of restating these concerns in social work and personality theory terms.

## CHAPTER IV

### FAMILY-THERAPY INTERVENTION ACTIVITIES

Five families were selected to represent more or less typical dysfunctioning of the type that service-to-children social workers encounter in their day to day activities.

#### I The Practicum Families and Family Therapy Activities

A Family: A single-parent family in which the mother was attempting to raise her five children on a Mother's Allowance budget. This family has been receiving services from C.A.S. of Winnipeg for a twenty year period.

Activities - I participated in approximately thirty family therapy sessions with Professor Joan Zeglinski as co-worker. All sessions were audio-taped. Three attempts were made to videotape the sessions but the technical quality of the tape was inadequate for presentation.

H Family: An upper middle income family of strict religious values. The "identified-patient" was an adolescent girl.

Activities - Student directed approximately fifteen family therapy sessions. A fourth year Bachelor of Social Work student participated in the first seven sessions.

L Family: A middle income family in which the parents had recently separated from their previous marriages and were attempting to bring their children (total of five) into a new union.

Activities - Two family sessions were conducted by the student with this family. Contact was maintained through telephone conversations. The rationale for this type of intervention will be detailed in the family therapy evaluation section.

U Family: A young lower-middle income family with two children. They were on the verge of separation.

E Family: A young lower income Indian family. Both parents were raised as clients of Children's Aid Societies and were raised in conditions of chronic situational neglect.

Activities - Five family therapy interviews were conducted, including one with the maternal grandmother present.

#### Other Intra-Familial Activities:

The student also contracted with the Children's Aid Society of Eastern Manitoba to conduct three preliminary foster family studies with a view to taking a superficial look at families which were not showing signs of a gross dysfunctional communication system. The student social worker also viewed relevant videotapes and attended conferences and seminars related to the use of family therapy.

Resource connection activities are described in the following chapter. As was mentioned earlier in the surrounding resource systems, intervention received more and more emphasis as it was realized that it was expected by the practicum families, as needs became obvious which required this type of intervention and as it became a more and more legitimate part of the practicum. Skinner presents the rationale behind intervention of this type in the following quotation:

"We shall not solve the problems of alcoholism and juvenile delinquency by increasing a sense of responsibility. It is the environment which is "responsible" for the objectionable behaviour and it is the environment, not some attribute of the individual, which must be changed."<sup>52</sup>

The ENVIRONMENT beyond the family system seems to offer not only negative pressures and expectations but further represents an area of opportunities for family growth and development.

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<sup>52</sup>B. F. Skinner, Beyond Freedom and Dignity, (Bantam Books Incorporated, 1971), p. 70.

## CHAPTER V

### RESOURCE SYSTEMS INTERVENTION: ACTIVITIES AND EVALUATION

The resource-system schematic was a useful tool for evaluating the related social work activities. Each system within the schematic is broken down into services or organizations that were "connected" to each family and in this way, the resource system itself received emphasis. It is assumed that families have different resource needs but rather than relating a particular need to a particular resource (which was done in the practicum), one can gain by examining the cluster of resources in a particular resource system, and in a rudimentary way, by examining this resource system as a whole. We shall see more of this later. The resources connected with the families are as follows: (assuming all families received either intensive, extensive or brief family therapy).

- 1) Network Therapy: Whenever possible (meaning that the families and the relevant members of the network were willing) the student attempted to involve these members of the extended family in the helping process. Relatives were brought in the A Family (an older sister) and with the E Family (the mother's mother) in the family therapy sessions. This was also attempted with the L Family (father's previous wife and father's



parents) but legal counsel for the wife and for the L Family refused to allow the families to proceed. Two family friends and a homemaker were brought into single sessions and with the A Family we discussed the possibility of including their Mother's Allowance social worker and school principle. Both were rejected by the members and in the final analysis proved unnecessary as other intervention attempts solved the pertinent problems (eg. telephone calls between the student and two principals and between the student and the social worker opened and set the stage for improved communication between the family and the resource system). A similar technique was used to help the U Family, when the relatives of a friend took the mother and her children in for the weekend. This also provided the student with an opportunity to meet head-on with the friend who had presented a serious lobbying force to break up the U Family and persuade the friend to "butt out" and allow the Us to sort out their own problems. The student also made arrangements for the daughter to stay with friends during a drug-related crisis and avoided a hospitalization in this way.

In my opinion, the "reaching out" to use family resources is an important and worthwhile concept in social work practice. This type of intervention was considered

for the E. Family but could not come to fruition due to the mother's early (unexpected) hospitalization. At no point did the involvement of relatives and friends create problems for the family that could not be handled easily through interpretation of behaviour. The friends and relatives were always willing to help although one should be aware that this so-called "helping" on their part actually reinforces the projection that the "practicum family" is needy of help and sympathy and is dysfunctional or "abnormal". The student worked constantly to aid the friends and relatives in the realization that all families go through crises and that the troubled family (and each of the members) were labouring under considerable stress but were nevertheless coping under these conditions.

Network therapy usually means that all persons who may potentially help a family are brought into a session, including workers from social service agencies, members of the extended family, friends and neighbours, and appropriate goals and "ways of helping" are delineated for each person present.<sup>53</sup>

The "network system" can be seen as kind of a transition system because both elements of therapy and

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<sup>53</sup>For a more thorough discussion, please see Auerswald, Family Process, p. 275. Also Gerald Erickson; Ruth Rachlis; Margaret Tobin, "Combined Family and Service Network Intervention", The Social Worker, Vol. 41, No. 4, (Winter, 1973), pp. 276-283.

resource allocations are contained within its' boundary. We are now in a position to move into the resource systems themselves.

2) Intra-agency Resource System.

This system contains the resources available directly from the Children's Aid Society itself. Consultation with supervisors and resource people was freely available and used as the occasion arose. The intra-agency resources which were of the most value are as follows:

- a) Homemaker Services: These were brought to bear with the A Family and two occasions and it is significant to note that the successful placement of a homemaker in the home represented the first such success enjoyed by the family. Many attempts had been made during the previous years but the homemakers had either walked out in desperation and frustration or been ejected by the family for "telling them what to do". Many factors were probably responsible for this change in family attitude but the lengthy discussions of the role of the homemaker with the family, the inclusion of the homemaker in brief sessions (which she enjoyed and felt were meaningful), interpretation of the family's behaviour to the supervisor of the

homemakers (whose sense of challenge and perseverance was also a contributing factor), to name only a few such factors, were all important. The net gain allowed the family to see what the home could look like as a result of sustained effort and routine and allowed the family to see the results of a different perhaps slightly more consistent form of discipline. This intervention also allowed the mother one period of time to devote to taking a one-week course and another time to have a break from her family to meet her own needs.

- b) Foster Family Care: The foster parents of the A child were included in one planning session (with only the child and in the foster home itself and the net result was that the child felt that she had a real option to stay or return home). A major theme of the family therapy intervention with the A Family had been the possibility of the child returning to her natural home. Her two older sisters had been wards of the agency and once apprehended, never did resume residence with their family. They had remained in care until their eighteenth birthday and then began to support themselves. It is a measure of the success of the intervention that the present ward moved home on a trial basis at the end

of the practicum - the first to do so. It should also be noted that the "foster child's" initial visits to the natural home only occurred during the regular Wednesday afternoon sessions and later extended to longer periods during the remainder of the week.

c) Financial Assistance: Small amounts of money were available through C.A.S. of Winnipeg (Mr. Christle) to provide for emergency needs such as babysitting money, cleaning supplies, bus tickets and taxi fares (the last two items were not supplied in cash but rather tickets and authorization slips). These were important to the poorer families.

3) Inter-Agency Intervention:

Please refer to the diagrams which follow. Contact was established through telephone calls, letters, interviews and so on.

FIGURE VI

E FAMILY AND RESOURCE SYSTEMS

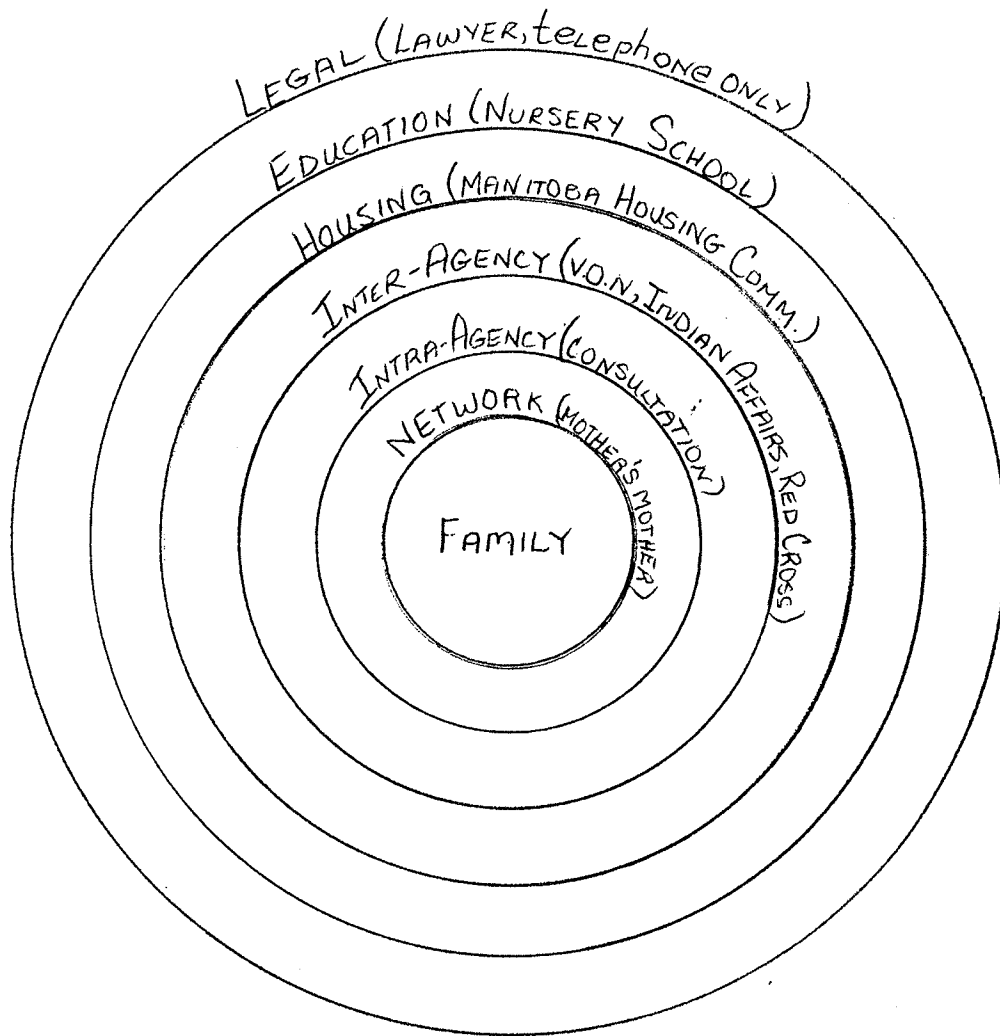


FIGURE VII

H FAMILY AND RESOURCE SYSTEMS

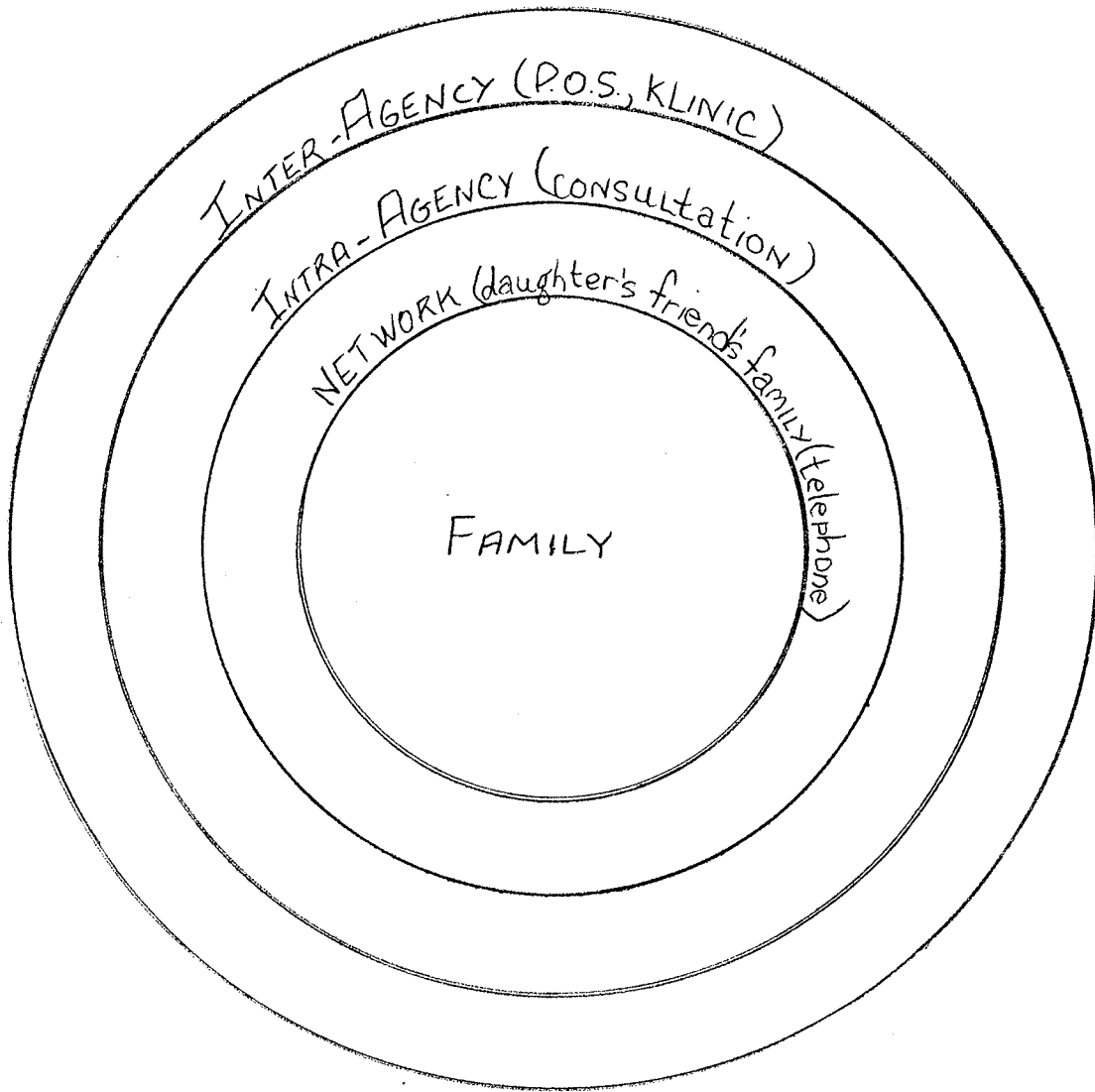
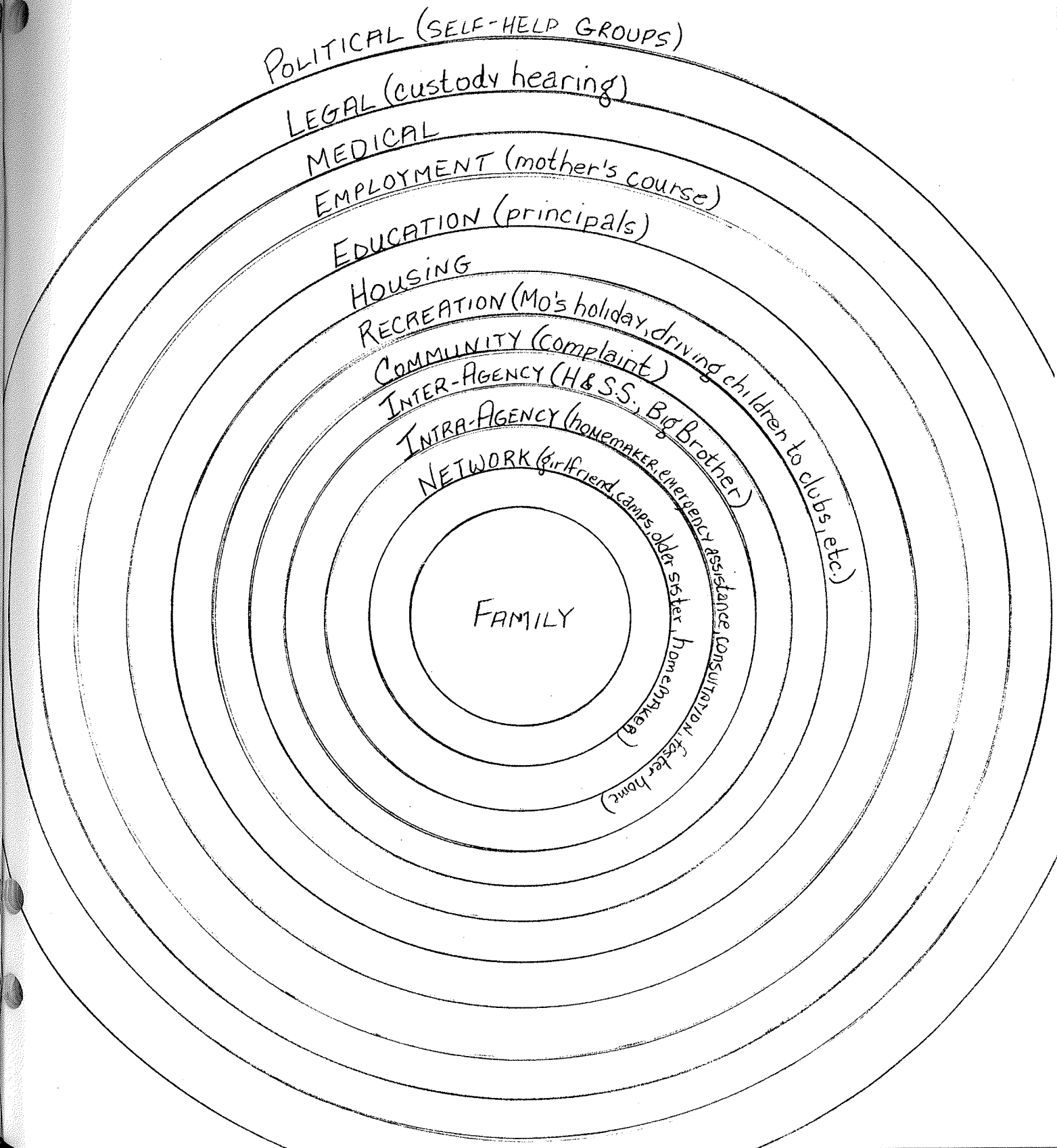


FIGURE VIII

A FAMILY AND RESOURCE SYSTEMS





Focus within the practicum fell upon including the families in the referral process. As time progressed, activities such as making telephone calls from the family home, arranging for selected extended family members to attend interviews with resource people or including the resource person in the session became more and more frequent. This approach to resource-connection activity seemed to improve communication with the resource people and organizations. It also helped to make the family more than "just a name" to these outside agencies and departments. This can be a critical factor in determining whether or not a specific resource will be provided.

COMMUNITY: The resource systems model points out another area into which social work intervention might have been directed during the course of the practicum. The community has been a traditional source of social work concern (top half of the three-dimensional intervention model - the area of social action, including prevention) and it is not surprising that when one begins to work in a services-to-children practicum with a focus on families that some or other of the areas will be neglected. This was one of them.

RECREATION: This resource system was brought into the practicum only in that it was viewed as providing a source of relief to frustrated and, at times, homebound parents

and children. Mrs. A. was helped by her family and the co-therapists to have a four day holiday at a retreat house when she was on the verge of collapse and the children were sent simultaneously to youth camps during the summer so that she could take another holiday with relatives for a period of a few days. The camp coordinator for C.A.S. of Winnipeg was included in one planning session and the problems of referring five children to camp were handled in less than an hour and in such a way that all of the family members seemed satisfied.

HOUSING: Housing is included in the schematic as it represents a pressing need for lower income families who usually must leave their residence and find themselves moving from "one garbage can to another". The basement slum dwelling of the E Family was frequently inundated by a sewer back-up that made it difficult for this experienced worker to even remain with the family at times. One can imagine the impact on the mother and how accommodation might be related to her depression and her husband's staying away at night. There was no available outside play space for the children with the result that the mother was confined for days on end to this environment. She was physically handicapped and this made it difficult for her to climb the stairs from the basement suite and to generally get around with the children.

A few telephone calls and a letter to the Manitoba Housing Commission was instrumental in moving the family into spacious ground level accomodation. Furniture was arranged through the Red Cross after a small fire occurred in the basement suite. I initiated the contact with these resources and the family itself followed through (the) made the concluding arrangements.

Mrs. A. was required to move because the house was allegedly put up for sale. She arranged a move outside the core area of the city on her own initiative.

EDUCATION: Four of the five practicum families were experiencing difficulty with the educational system. The U children were too young to attend school. The student worked intensively in the therapy sessions with the H Family to overcome the dropping out of the daughter from suburban school. The family eventually reconciled itself to the fact that the daughter would not attend school and encouraged her to find work. As a result of family encouragement during the sessions she has kept communication open with her school (through the principal) and may return in the future.

The twelve year old A child returned to school as a result of student telephone discussions with the principals of her former and present schools. Mrs. A was also active in the process and her actions were plotted

during the therapy sessions. It is significant to note that this child began truanting once again near the end of the practicum in order to babysit her younger sister and brothers. The family has learned however that concerted family action can have an impact on school problems.

The L Family handled their children's behaviour problems in school themselves and by the end of the practicum, all children were reported by their teachers as doing well.

The E child who was physically abused was enrolled in a half-day play school and the mother noted a dramatic improvement in his behaviour. She stated that he "acted much older" and was better behaved. She intends to continue the activity in the fall. It also provided her with an opportunity to be away from him and as physically abusive parents tend to be on guard lest they "blow" with the child, his absence took this pressure off her.

ECONOMIC (EMPLOYMENT): This system was included as it became obvious that the families were experiencing difficulty in this regard and required assistance. It has been traditionally avoided by social workers as it is felt that a person's job, once they have secured it, is outside the realm of normal intervention. It, however, represents an area of challenge and an activity in intervention that

requires more attention than it has been given in the past.

Mr. H could have been confronted more with changing his modus operandi in such a way he would not be required to be away from his family for the majority of the time. It is interesting to note that in response to financial pressures the L Family (the one with healthy communication), after deliberation, elected as a solution to have the husband enter an occupation which would keep him away from home for three days at a time. The difference in impact on this family was due to the fact that it was indeed a mutual decision and met their current needs. It did not represent an escape from a turbulent environment, as the H Family envisioned Mr. H's business trips. Once again, it appears that the reasonably good communication between the members of the L Family actually led to a higher problem-solving capacity.

LEGAL: Child Welfare tends to have relatively more exposure to the legal system by virtue of its' legislated mandate to provide protection to the allegedly neglected child. Family Service social workers within this resource system routinely provide testimony to the family courts about a family's progress (or lack of it) in relation to custody applications. This intervention is designed to simultaneously provide evidence of neglect and yet be of

such a nature that the family improves their functioning as a result of their experience with the court. This contradiction is not as difficult as it seems. The neglect falls on the facts and the growth is a result of documentation of improvement and opinions of a supportive nature submitted by the social worker. For example, during the A hearing, the court was informed of the facts around the improvement (improved communication, relationships as reported by the family, the mother's decreased feeling of pressure as reported by herself, improved school functioning, successful placement of a homemaker, and the expressed request of the mother and daughter that the child return home on a trial basis). I outlined the activities and resources that the family had been engaged with and expressed the opinion that the family had generally improved, was more interested in helping each other and that mother seemed more capable of providing leadership for her family. It was also mentioned that the family still tended to be disorganized and had a low standard of house-keeping but these negative comments were presented in the midst of the other more positive comments. The net result was that the mother and daughter were not alienated and punished by the process. The judge awarded six month's extension of the temporary order of guardianship to allow the family to have the child return home on a trial basis.

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The mother and daughter both expressed the opinion that the hearing had been a positive experience.

The E family communication with their lawyer was eased considerably after a few phone calls between the student social worker and the lawyer.

An attempt was made to include the counsel for the L Family in a family session designed to include the former wife of Mr. L. Counsel for the previous wife and for the L Family refused to participate and refused to allow their clients to engage in a family meeting. I was willing to proceed into court to help the L Family, and in fact, consultation with a professor of Family Law, indicated such a move. However, as the issues of a restraining order and custody would lead to the extra cost of an additional hearing and as, from a legal point of view, it would be in the interests of the L Family to have care of the children as long as possible prior to making an application for sole guardianship, it was decided that such a move would not be made.

MEDICAL: The province of Manitoba provides comprehensive medical coverage which has become reasonably accessible and satisfactory for all income groups. The families did not perceive this resource system as presenting difficulty with the result that no intervention was attempted.



CULTURAL: The resource systems schematic suggests that opportunities for getting relief to family and family members are being missed. Two of the practicum families were Indian and Metis and it is a well known fact that, in relation to their percentage of the population, Native people assume a disproportionate part of social service activity and that social work has a challenge to meet within the cultural resource system. Present attempts at reducing alcoholism are confounded by the fact that psychiatry, psychology and social work generally appear to have had little impact in this area. Much more work is necessary.

POLITICAL: The only activity encountered in the practicum within this system involved providing support and services for one family to engage in organized activities within local self-help organizations.

This area moves generally into the realm of social action which was not a focus of the practicum. I am concerned about social work activity of a political nature and hope to become more involved in such programs in the future.

## CHAPTER VI

### FAMILY THERAPY INTERVENTION EVALUATION

It was stated earlier that the primary goal of the Student's practicum was to "acquire skill in social work with families in a services-to-children setting to an acceptable level of competence". The secondary goal was "the enhancement of family functioning of the target group of practicum families". The practicum was to be evaluated by the families, the student and the student's major advisor and advisory committee.

### EVALUATION AND THE FAMILIES

In the present chapter, the families and their progress are evaluated in communication theory and "symptoms" terms. In other words, family growth is examined in terms of the earlier mentioned communication constructs and the traditional labels of "depression", "alcoholism", "adolescent running", etc. are used as an evaluative measure of the growth. The caution must be stated that such a classification of behaviour into symptom terms was done only to facilitate evaluation of the impact of the family therapy and not that symptomatic behaviour was necessarily a direct

target unless specifically requested by the family. The basic assumption of the therapy was that the patterns of communication between family members was dysfunctional and represented the target of the intervention over the sessions. The following evaluation is organized around the following headings:

- A. Initial Family Communication
- B. Therapeutic Intervention and comments
- C. Post-Therapy Communication
- D. Post-Therapy Symptomatic Behaviour As An Evaluative Measure of the Impact of Therapy

The communication and family therapy concepts mentioned earlier will be integrated wherever relevant into the following evaluative discussion. Two factors mitigate against an interpretation of the results which suggests that the changes in communication within the families were due primarily to the family therapy intervention. In the first instance, most families were connected with resources from the surrounding resource systems. This will have removed pressure from the environment on the family in such a way that change was induced as a by-product of the families' connections with the resources. Or perhaps a change in the communication pattern with a resource may have induced a change in the communication pattern within

the family. For example, if the school system had been generating negative feedback or pressure and this pressure, through family or student intervention attempts, was converted into a positive force upon the family, it is well within the realm of the possibility that the nature of communication around this difficulty within the family may also have changed. For example, the mother may have been critical of the child's behaviour towards school in the pre-intervention communication pattern but as she moved to provide help for the children, she would be taking a leadership role in guiding the family. This leadership may well have been the missing component in the earlier pattern and with its provision, the communication pattern may well improve.

Also, one could not attribute the change in family communication exclusively to the family centered intervention as no controls over other environmental stimulants to change were provided by the practicum. For example, the father, who concludes a successful business operation that has been hanging over the family for months and been a contributing factor to his immobilization within the home, may induce change in the family communication pattern by virtue of his improved personal sense of well-being. He will tend to behave differently and bring about different responses from the family members. These factors

operate naturally within any family to help it grow of its own volition. It is the process of the natural family growth spiral.

H Family: Initial Communication

Family rules dictated that feelings of love and concern could be easily expressed between the mother and daughter and father tended to address his positive feelings to the family in general and towards no particular family member. All members of the family were anxious to receive any sort of help available to improve their communication and functioning.

Initial sessions led to the revelation that everybody felt a lack of recognition for their contributions to the family and that the scapegoated child felt unloved and unwanted by the family. These themes recurred in discussion and therapy and all family members are encouraged to express love, concern and respect not only within the sessions but between sessions.

As the family therapist, I was especially concerned that the mother could not be verbally critical of her husband but tended to express her anger at the father through the daughter. For example, in any early sessions, she instructed the daughter to "tell your father how much you hate him". The father in turn confided to the family that the uproar of problems at home led to, at times, a

feeling of "not even wanting to come home".

### Therapy

I worked to focus on the above themes and all members, once again, were encouraged to express love, concern and respect. Whenever these feelings had an overlay of anger and rejection, I moved to put aside the negative aspects and dwell on the feelings of being loved, wanted and needed. On the other hand, when honest anger was evident, this was discussed and as the therapist, I attempted to ensure that it was directed at its appropriate target, eg. from the mother to the father and not through the daughter. Initially the mother tended to berate herself (or her daughter) when I put her in a position where it was difficult not to criticize her husband. It should also be noted that this is a protective device to keep criticism off of the father and the point was often made that the mother not only protected her husband this way but, as a side effect, by not informing him of the unhappy incidents that occurred while he was away at work, she was also putting him in a position where he could not contribute to the family's problem-solving process. The father became motivated and responded to most of his wife's direct complaints. The daughter also began to make an "extra effort" and frequently the family could note how particular concerns were improving.

### Post-Therapy Communication

During the evaluation session, the family reported a general improvement in communication. The relationship between the daughter and father had improved dramatically, or in their words, "good by any standard". The daughter still felt comfortable about getting angry at her mother and older sister. The previous family rules had been changed and no doubt behaviour expectations were different after the five month duration of the family therapy intervention.

The reader will remember back to the "family growth spiral" phenomena mentioned in the theoretical discussion of Chapter III. This phenomena can be defined as family growth over sessions (or time) whereby the family achieves a higher level of functioning but at the expense of a reshuffling of the so-called symptoms. I feel that such a process occurred within each of the families and can be documented in an impressionistic way.

### Post-Treatment "Symptoms" as an Evaluative Measure

Keeping in mind the general improvement in communication noted above, a "symptom" shift did seem to occur. The daughter's suicidal depression had lifted; she remained away from drugs during the course of intervention; the marital conflict between the mother and father had improved to a point where they were leaving

on a one month holiday together. The daughter's running away from home had stopped and further placements in a foster home were not necessary.

However, resistance to change of these basic family rules of communication manifested itself through the mother. She became virtually "tyrannical" towards her daughter and her previously reasonable expectations around housekeeping, specific hours for returning home, boyfriends and so on became so demanding that her behaviour could be interpreted as "resistance" or a "push" within the family to return to its old way of functioning. In other words, the mother now became the "identified-patient" in the family's process of growth.

#### H Family Evaluation of the Therapist

The family felt that the process had been worthwhile and were surprisingly uncritical of the student therapist. Despite a sincere attempt on my part to bring out criticism, none was forthcoming. The mother had mentioned at the mid-treatment evaluation that she was concerned that we were spending too much time on the husband-wife relationship and tending to ignore their relationships with their daughter. This criticism was not mentioned during the final evaluation however.

The family was interested in further contact by a child welfare agency and requested that I be



available during the parent's holiday to provide any assistance that the daughter may need. This was done and then the family was referred back to the host agency for counselling on a need-request basis only.

#### A Family: Initial Communication

The A Family tended to express love and concern through the provision of money and material goods such as food and clothing to each other. Family rules dictated that feelings of being hurt and helplessness were to be denied expression and reaction and tended not to motivate other family members into concerned action. Even genuine "tears" were met with the rebuttals of "she's only acting" and should stop immediately. Crying was interpreted as manipulative. The family rules of communication placed a heavy emphasis on aggression, anger and skipping from topic to topic to avoid confronting any single issue. As a result, little was ever resolved and interaction was often tumultuous. The mother felt that the children did not appreciate her concerted efforts to provide adequately for them and most of the children felt that the other children received favoured treatment.

#### Therapy

The family worked with co-therapists to attempt to break through the above-mentioned family rules and to sensitize themselves to each other's feelings. Once again,

feelings of love, concern and respect were emphasized, and where possible, encouraged into expression and response. The skipping from issue to issue rule was modified as a function of two factors. Initially the therapists worked to keep one issue at a time under discussion, and as the process developed, the family seemed to feel more comfortable about revealing their "softer feelings" of love and concern and, as a result, more easily remained on a single issue. Each family member became allowed by the family to express themselves in turn and began to feel that they had a contribution to make. The general tone of "chaotic" communication improved considerably as the family learned alternate ways of expressing themselves. The therapists were persistent models of concerned, logical communication and the family could see the "payoffs" of such a way of communicating. Others tended to listen, react more appropriately and problems tended more to work themselves toward resolution.

A detailed discussion of the student's learning in the co-therapeutic experience follows in a subsequent chapter.

#### Post-Treatment Communication

The evaluation during the post-treatment period was generally favourable. The family could sit down as a

group and work on a single issue in an improved manner. The rivalry that had existed between the children during the earlier sessions had decreased noticeably and it was a sign of progress that they could now sit down side-by-side and interact in mutually satisfying ways. The previously "stormy" interaction had waned considerably. The mother and eldest daughter reported a much improved relationship and the family was planning on having the daughter home on a trial basis for a period of one month during the summer. If this placement was successful, the family hoped to remain together permanently. This was the first time that a family member had returned from a foster placement for any substantial period of time and it represents the results of a family effort to bring about such an eventuality.

The mother reports that she feels more comfortable within the home and experiences less of a pull to "get out" and, in fact, she does seem to be around the home more than in the past.

The family generally expressed the feeling that the sessions had been worthwhile. The children in particular seemed to become enthusiastic about bringing issues and concerns into the sessions and most sessions were rather problem-oriented (at least initially) to help resolve these concerns. During the evaluation session

the family was uncritical of the intervention despite numerous attempts to evoke even a token criticism of the process. The mother reiterated her feeling that the sessions had been particularly worthwhile because all members of the family, wherever possible, had been included.

I explained to the mother at a later date that her move to the suburbs had taken her out of the geographical area covered by this student and it would now be possible for her family to be transferred to a new, regular worker with the agency. She politely declined and stated that she would refuse to allow any new worker into her home. I will continue to see the family.

#### Post-Therapy Symptomatic Behaviour As An Evaluative Measure of the Impact of Therapy

One should again be hesitant in arriving at the conclusion that changes in family functioning, communication or symptomatic behaviour were due exclusively to the impact of the family therapy per se. Experimental controls on either natural development or change due to the connection with resource systems were not present in the practicum design. One can, however, examine the extent of the change and conclude tentatively whether or not the therapy was at least a contributing factor in the process.

Everyone concerned in the process with this family felt that communication had changed for the better. Mother-

child and sibling communication improved considerably. The child originally in the foster home was planning on a trial placement at home. A homemaker had been placed successfully in the home for the first time. The mother's slight depression and immobilization, in the face of overwhelming environmental pressure, had begun to improve. Petty theft and family organization around housekeeping tasks appeared to remain at a pre-intervention level but in view of the substantial amount of time devoted to these concerns, it is difficult to conclude that NO change occurred in these areas. The apparent lack of change however reinforces the earlier mentioned phenomena of a tremendous "resistance to change" that exists in relation to entrenched family interaction patterns or family rules due to their functional components. The thefts and unwillingness to help out around the home brings about interaction which is protective of other family members and, if nothing else, keeps the interaction rolling.

Once again the concept of the "family growth spiral" is confirmed by an evaluation of the process. The positive family development documented above is offset slightly by some "new" dysfunctioning within the family. The third youngest child began, for the first time, to remain away from the home overnight and skipping school.

It is hoped that the family's experiences with these problems and continued social work intervention will help to bring about ameliorated functioning in the future in this area also.

#### L Family: Initial Communication

It will be remembered that the L Family represented the coming together of two single-parent families into a new single union. This particular family added a "bonus" to the student's learning experience because it became obvious that the family's basic patterns of communication were healthy and mutually satisfying. The mother and father were supportive of each other's statements and concerns and a general tone of "easy" communication prevailed. They could disagree and question each other in an open and unthreatening way. They could express love, concern and respect and respond appropriately and in a genuine way. Their communication was not superficial nor destructive at any level that I could see.

Their "problems" seemed to be rooted in external or "extra-familial" sources - in particular the extended family on the father's side and his first wife. Financial stress was also severe. "Symptoms" arising out of these external pressures were behaviour problems with the four young children and depression on the part of the mother. She was also quite frightened by a recent incident of severe

anger in which she had physically assaulted her husband.

#### Therapeutic Intervention and Comments

At the conclusion of the first interview, I stated to the family that they did not appear to need assistance in the area of communication within the family. I suggested that if perhaps the extended family could be involved, more "family or network therapy" intervention might be warranted. This proved to be impossible as the family was involved in a complex legal entanglement in relation to the husband's divorce action and counsel for both sides refused to allow such a meeting to occur.

The decision was made not to intervene except as to provide connections with resources through the student. This was discussed in an earlier session. It should be remembered that the communication theory would hold that the higher quality of communication between marital partners would lead to higher quality problem-solving potential within the couple as it confronted problematical aspects of their environment.

#### Post-Therapy Communication

The same healthy pattern prevailed.

#### Post-Therapy Symptomatic Behaviour as an Evaluative Measure Of the Impact of Therapy

The title of this section is a little misleading because there were no extended attempts at therapy. The family was more or less allowed to seek its own solutions.

The student's contributions were made mainly in the area of resource connection. A general improvement in family functioning did seem to occur.

A short two months later, the family reported that they had overcome their tendencies to "try to be both parents" and were well on their way towards a role differentiation that was satisfying to both. They now felt comfortable caring for the disciplining the children of the other spouse and the mother noted that there had not been a reoccurrence of her depressions and violent behaviour toward her husband. Their financial situation was improving as the father had found new, higher paying employment.

There were still problems with the extended family but the situation had greatly improved and it appeared that the extended family would now be willing to support the L's attempts to secure custody of the father's children.

An impressionistic evaluation would lead the student to conclude that the communication theory postulate held true in this instance.

The family was closed with the Children's Aid Society.

#### E Family: Initial Family Communication

There were positives within the communication pattern and once again, all members seemed capable of



exhibiting love and concern. Dysfunctional rules seemed to center around a superficial control of all members by the mother and a passive control at another level by the quiet and immobilized husband. These rules became the therapy targets of the intervention.

#### Therapeutic Intervention and Comments

Over the sessions, the E Family arrived at an interesting "mid-point" between pre-intervention and post-intervention functioning. As the father began to assume greater leadership in the interaction and communication, the mother moved into a period where the family reported that she had a "drinking problem". Use of the growth spiral concept would have predicted a shift and this seems to have transpired. Although this family concern was never focused upon, it did seem to respond to the husband's growing ease in expressing his concern and love. The children continued to express affection toward the mother and the mother's mother was also able to express her genuine concern and love towards her. The inclusion of the mother's mother in one therapy session was a valuable learning experience for the student. Traditionally the "mother-in-law" and "relatives" are often seen as interfering and negative forces upon the young and growing family. The "mother-in-law" in the E Family, initially labelled as such, proved to be a source of emotional support and relief to the family and social workers

should probably more often move to include them in family therapy sessions rather than just writing them off. Such persons may be willing to help and represent a resource system that the family can draw upon.

#### Post-Therapy Communication

The role of "spokesman" had shifted from the mother to the father. The mother's feeling of "carrying the family" had diminished in relation to her own extended family although she realistically conceded that it would continue to be a burden. She felt more real support from her mother and her husband felt less pressure from his wife's mother. The couple expressed the opinion that they could talk more easily now and general observation of their interaction by the student therapist confirmed this. They did indeed seem much happier.

#### Post-Therapy Symptomatic Behaviour as an Evaluative Measure of the Impact of Therapy

There had been no reoccurrence of physical abuse of the child. The mother reported that her feelings of depression had lifted and she felt that she would not hurt the child anymore. She felt under much less stress, had enough time to herself and was under better emotional control.

The extended family had more or less stopped using the E Family's home for marathon drinking parties. The housekeeping standard had improved considerably.

At this point in time, the family feels that the husband's drinking problem is still outside of normal limits but nevertheless improved. In confirmation of the previously mentioned "family growth spiral", new dysfunctional behaviour came to the fore on the part of the father.

#### U Family: Initial Communication

The husband related to his wife in an angry and at times, explosive way. He alternated between being hypercritical and "admitting that he was wrong" or defenseless. The wife was correspondingly depressed and tended to maintain angry silences. The young couple could express love and concern although the feeling was present that separation and divorce may be just around the corner.

#### Therapeutic Intervention and Comments

The assessment and initial therapy intervention is being submitted in conjunction with the evaluative document. The listener may note that the father attempts to keep the lid on the mother's comments through the use of anger and when she does have a valid point of criticism of his behaviour, he "falls away" and says that she is right.

As the therapist, two major themes of intervention were present. The first was to move the family from a conflict base to one more characterized by an exhibition of feelings of concern, love and positive reciprocal attempts

at change. The second theme was to provoke the mother into criticizing her husband's behaviour in such a way that it had a real impact on him and thus protecting herself. Thus, when the therapist states "Is he right?", and the mother answers in the negative, the basic family rule of protecting the husband and denying the wife's feelings is broken through. A simple task of doing "two things" that would be in response to the other person's concerns is set for the family.

By way of comment on "process" the young couple separated for a brief period shortly after this interview. As a learning therapist, I was concerned that somehow my intervention had played a role in this separation. The subsequent interview allayed my fears somewhat as both parents stated that they felt that the previous interview had not been a triggering factor in their separation. They wanted further sessions after they returned from a holiday (which had been planned during the interval between sessions). It was at this point that I lost contact with the family. Later telephone calls and a visit to the house gave no clues to their whereabouts. A letter signifying my interest in continuing contact was written and after no reply was received, the family was closed with the agency.

By way of evaluation of the intervention attempt, the family had felt that the sessions had been worthwhile, and somewhat surprisingly, the father was even more

enthusiastic than the mother. He stated that he usually felt uncomfortable in meeting with people but felt at ease during the two therapy sessions.

It is not known how the family fared after the intervention attempts so it would be inappropriate to comment on the "post-therapy communication" or attempt to evaluate the intervention in post-treatment symptom terms.

In summary, it appears that general improvement in family functioning occurred during the intervention - with the possible exception of the U Family. In all families, the phenomena of the "family growth spiral" was confirmed and a new element of dysfunctional behaviour entered the communication or interaction pattern in conjunction with the general overall improvement.

## STUDENT LEARNING IN CO-THERAPY

An abbreviated list of the general and specific learning of the student during the co-therapeutic experience would contain the following:

- 1) It is possible to remain supportive and involved with the family (and in fact just remain in the session) longer than had been my previous experience. In my child welfare background, time pressures had made the hour interview almost an impossibility and my general technique had become geared to shorter interviews. I learned that it is within the human condition to remain with a chaotic, often screaming and distracting family for, at times, up to two and one-half hours. The family felt this amount of time was necessary and it was made available to them. It should also be added that the one hour interview is a myth. When a family is engaged in an interactive sense by the worker, the emotion, motivation and issues usually demand more than this time frame. I learned in working with the H Family that it was necessary to begin to work toward a close after the hour, but this tended to be included in the technique, as the concerns of the family would only be accentuated by this move. Sessions usually went well over an hour and one-half. Three or at the most four, of these sessions a day for the social worker would be an absolute maximum.

- 2) I learned that systems can be changed beyond limits which had been established by my previous experience. In other words, advocacy limits were expanded, eg. the A Family requested an inter-school transfer for one child and, later in the practicum, a holiday for the over burdened mother. A few phone calls to school principals (who have dramatically changed their attitudes towards inter-school transfers as more and more classes are becoming vacant in the face of decreasing enrolment) and to a retreat house brought fruition to both requests. I learned that policies can be bent or changed and resources can be found or created.
- 3) Physical contact with the family members and movement by the therapists from one person to another, is desirable, not offensive to the family members and an excellent means of communicating when words (or the student's expertise) began to waver in meaningfulness. Virginia Satir is the master of this type of communication and involves the family members in the process. Alienated family members find it more difficult to be angry when holding hands with each other or even sitting face to face with one another. Also all family members tend to relax when physical movement becomes part of the therapeutic process. The example set by Professor Zeglin ski during these co-therapeutic

sessions helped me to move out of a comfortable chair and accept the challenge of interacting with the family in this way. It was effective during screaming matches as I moved between family members and alternately faced each of the combatants and tried to bring the issue to a resolution. It was also effective though to begin speaking in a low voice - and keep speaking - and observe the screaming slowly come to a halt as the interest of the family was engaged. One can state categorically that there is no room for a desk in these type of sessions (or probably any other) as it only serves to impede communication.

- 4) It is possible to accept a total commitment to the family and place aside agency considerations during the intervention. In other words, the social worker, even in child welfare need not bring the authority of his position into play when time and resources are readily accessible. At no point during the practicum (with one exception which I will describe shortly) was it necessary to bring these powers into place. And at no point was it necessary to apprehend a child. By relating to the concerns of the family as they expressed them, those factors of child neglect which are a concern of both the community and the social



worker, tend to diminish and become less of a source of concern as the intervention proceeds including the physical abuse of the child in the E Family. When given the opportunity, family members express concern about exactly those problems that the community and social workers are also concerned with. The exception to this generalization is found only in those situations where the family and family members have NO HOPE FOR CHANGE.

The caution should be added that the improvement in functioning of the practicum families was in part a function of their small number and the resulting time that was available to the student to devote to planning and contact with resources and the families. A caseload of about fifteen families would be a maximum for the type of intervention outlined in the practicum.

- 5) Establishing a relationship does not necessarily involve only verbal communication. Washing dishes, digging in the garden, tidying up, disciplining a child, making telephone calls to resource people from the family's home - all fall under the rubric of modelling and gaining a client's trust. The family learns, at the same time, how to do a specific task and how the "doing" expresses concern and productive action.

- 6) In relation to modelling, the family therapist must attempt at all times to represent an example of good communication to the family, not only in relation to his statements but also in terms of clarifying and keeping on track those statements which represent a destructive force in the general configuration of family communication. I am sure that all parents and children learned from the fact that the therapist who was supportive and concerned seemed to be talking to an almost "different person" than the so-called identified patient that they met in their interaction with this person. Mr. H particularly seemed to learn from this exposure with a partial consequence that his relationship with his daughter improved dramatically. It was at the expense, though of having the "comfortable silence" previously exhibited by his wife broken as she learned to verbalize her sources of anger and feelings of lack of appreciation toward the family. The gain in the "family growth spiral" however, brought these concerns into the open where they could be better dealt with. Needless to say, Professor Zeglinski was modelling intervention techniques for the student's benefit not only during the co-therapeutic sessions but also during the planning and engaging of resources.

## STUDENT DEVELOPMENT AND GROWTH

As mentioned earlier, the student discarded complex criteria for determining his "competence" in the area of family therapy. I feel major growth has occurred in relation to the acquisition of specific family therapy information and theory. It was possible to integrate this into practice primarily as a function of the "family rule" concepts discussed earlier. These "rules" possess the charm of "making sense" not only to the student and peers but also to the family. My opinion, however is that it is not necessary to make the family rules explicit to the family. One only begins a contest of wits in an attempt to convince the family that such a rule was indeed determining much of their interactive communication. The time is better spent on attempting to change the rule itself.

Another concern grew out of my experience with the family rule material. Unlike the Satir school in which the relationship is always to the forefront, when one attempts to manipulate negative feelings, such as anger, the anger is often deflected back to the therapist. This can become difficult for all concerned and I wonder if it is really necessary. Professor Zeglinski seemed to avoid this pitfall but I often, especially with the H Family, found myself deflecting (and sometimes confronting) the anger back to the family member that it was intended for. This represents growth beyond the "blank screen" therapist

who only interprets and really never makes a stand and appears as a plateau in therapist growth. I feel more comfortable with direct confrontation although I feel uneasy about its significance to the family. As my experience grows, it will probably be less and less necessary to confront families and family members and to emphasize the softer feelings of concern, care and appreciation (or their lack) in helping families improve their relationships.

Seven points of professional competence in relation to family therapy were delineated earlier and I would like to discuss them in general terms. I feel that I can identify dysfunctional communication patterns that are straightforward and involve two to three family members. The most difficult type are those represented by the ABSENCE of a verbal response although I feel more in tune with those in which silence is a means of controlling interaction. I am quick to note if any family member is not participating - which means that it is functional to the family at that level of growth that the member in question remain silent. I feel that I can easily, without deliberation, interpret and rechannel sequences. In other words, move fluidly in and out of a position of directing communication.

I feel that I have demonstrated knowledge and understanding of human behaviour, and the treatment process is seen as extending over a period of time rather than a single interview or two. The short term or limited type of contact is also appropriate at times, as was the case with the L. Family. I am still not as comfortable as I would like to be in relation to getting off of the "therapeutic throne" and moving around the family circle. This, I hope will come with greater experience.

I feel that I can effectively recognize family growth and have done so with each of the practicum families.

The termination process proved not to be problematical although it shall be remembered that I will continue to see the E Family and the A Family so this stage has not been reached with them. The settings of a contract with the families required much conscious thought and organization, and still does.

Professor Zeglinski provided ongoing, continuous evaluation and provided valuable feedback into the learning process.

I was surprised by the lack of criticism of my intervention activities by the families themselves. Mrs. H felt that too much time had been spent on the communications between herself and her husband rather than on the daughter's communication with the family. This criticism

occurred during the mid-treatment evaluation and it is probably significant that it was not mentioned during the final evaluation.

In summary, I feel that I have acquired the necessary skills in family therapy and in the more general field of child welfare and services-to-children and their families. In terms of self-evaluation, I believe that I have achieved a level of professional competence and can offer services equal to such a level of skill.

## AUDIOTAPES AND VIDEOTAPES

The original intention of the practicum had been to audiotape all sessions of family therapy and videotape a single session for presentation purposes. The former was performed successfully but the latter ran into difficulty. Three attempts to videotape sessions were made with the A Family but a combination of unreliable equipment and curious, rambunctuous children led to poor results.

Each audiotape was reviewed by the student after the session and this practice helped not only to crystalize concerns and information about family functioning but, in a major way, was a source of learning about the student's interaction with the families. Virginia Satir has written that "...people don't hear how they really sound, but how they intend to sound"<sup>54</sup> and I agree. The concern that I feel for families is not always reflected in my voice, which tends at times to sound authoritarian, and my voice became a major source of personal concern and a target for concerted effort. This is also an aspect of the practicum that will be carried on down through the years as a source of concern.

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<sup>54</sup>Virginia Satir, People Making, (Palo Alto, California: Science and Behaviour Books Incorporated, 1972), p. 38.

I played back some of the tapes for the benefit of the practicum families and the effect was the same as it had been on myself. One A child remarked of her own voice "who's that screaming?" and Mrs. H refused to listen further to a tape because "My voice sounds too screechy".

In general the therapist can rest assured that such playbacks will at least surprise, if not shock, family members into a reassessment of this part of their interaction with the rest of the family.

I have begun a tape library consisting of tapes accumulated during the summer previous to the practicum and will now include selected tapes from the practicum. In this way, I hope to document personal and interactive growth as I gain in experience and expertise.

One audiotape was selected for presentation to the student's Advisory Committee. An accompanying written assessment was provided. This was done in support of the student's achievement of a specialized level of expertise in this area.



## CHAPTER VII

### CONCLUSION

Carl Whitaker, an authority in the field of family therapy, describes his "mature" therapy style as follows:

"I was freer to be myself, less duty-laden, less mission oriented, more personal, more open in my free associations, less anxious to please the patient, more willing to confront him or join forces with him, as the situation moved me. I was free to just be, to mother, to father, to interact or be authoritative, as I felt inclined. I made less effort to maintain some kind of model, was less and less concerned with trying to either satisfy either an image I wanted the patient to see or an image of him that I was projecting upon him."<sup>55</sup>

Although Whitaker's evaluation is made in individual terms, it has the merit and charm of allowing for emphasis on freedom within the therapist's style. One of the biggest gains made during the practicum, I feel, was to obtain this sense of "freedom" and creative bent and to learn that I would not die or be thrown out of the family merely because I stuck my neck out and feel on my face.

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<sup>55</sup> David G. Rice, William F. Fey, Joseph G. Kepees, "Therapist Experience and 'Style' as Factors in Co-Therapy", See Epilogue: Commentary by Carl A. Whitaker, M.D., "A Longitudinal View of Therapy Styles Where N=1", Family Process, Vol. II, No. 2, (June, 1972), pp. 239-241.

The resources available to the social worker in a services-to-children setting have settled into a recognizable pattern and new horizons of intervention have come into view.

With regard to my concerns about "normal communication", this question has not yet been answered. For a beginning discussion of "normalcy" in family functioning and communication, Steven Fleck has noted the difficulties that hinder study in this area:

"Even if we knew such a thing as a "normal" or "average" family, it would still have to be defined, at different levels of organization ranging from the cellular to the social, from different perspectives and vantage points, and also for different cultures if not for every sociometric class...."<sup>56</sup>

It may be that each family is a unique entity unto itself.

I have drawn the tentative conclusion that family therapy concepts have much to offer the services-to-children (and the family) worker but such methodology requires the additional input of resources available only in the environment surrounding the family. Auerswald has noted the need to move beyond "classical family therapy"<sup>57</sup> and Mannino and Shore<sup>58</sup> have pointed out the value of the ecological approach

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<sup>56</sup>Stephen Fleck, "An Approach to Family Pathology", Comprehensive Psychiatry, 7, (1966), p. 104.

<sup>57</sup>E. H. Auerswald, "Families, Change and the Ecological Perspective", Family Process, 10:3, (September, 1971), p. 276.

<sup>58</sup>Fortune V. Mannino and Milton F Shore, "Ecologically Oriented Family Intervention", Family Process, 11:4, (December, 1972), pp. 499-506.

in work with both the rich and the poor. Max Saporin summarizes well the student's experience in the practicum:

"There is renewed emphasis on social situational helping interventions...by the social worker through role performances that are activist, multi-functional, versatile and directed toward the accomplishment of both personality and social system change".<sup>59</sup>

In conclusion I believe that the practicum; the diligent and patient teachings of Professor Zeglinski and the contributions of the practicum families and resource people have elevated my skills in services-to-children setting to a level of specialized competence in this area.

## BIBLIOGRAPHY

### A. TEXTS

Alinsky, Saul D. Reveille for Radicals. Chicago:  
University of Chicago Press, 1945.

Bakan, David. Slaughter of the Innocents. Toronto:  
Hunter Rose Company, 1971.

Berne, Erick. What Do You Say After You Say Hello. New  
York: Grove Press Inc., 1972.

Bettelheim, Bruno. The Children of the Dream. New York:  
The Macmillan Company, 1969.

Charney, Israel. Marital Love and Hate. New York: The  
Macmillan Company, 1972.

De Francis, Vincent. Child Abuse Legislation in the 70's.  
Denver, Colorado: American Humane Association,  
Children's Division, 1970.

Friedlander, Walter A. Concepts and Methods of Social Work.  
Englewood Cliffs, New Jersey: Prentice-Hall Inc.,  
1958.

Erickson, Gerry D. and Hogan, Terrence. Family Therapy: An  
Introduction to Therapy and Technique. Monterey:  
Brooks-Cole Publishing Company, 1972.

Fontana, Vincent J. The Maltreated Child: The Maltreatment  
Syndrome in Children. Springfield: Charles C.  
Thomas Publishers (2nd ed.), 1971.

Haley, Jay. The Power Tactics of Jesus Christ. New York:  
Avon Books, 1969.

- Helfer, R. E. and Kempe, C. H. The Battered Child.  
London and New York: University of Chicago  
Press, 1968.
- Irving, Howard H. The Family Myth. Toronto: Copp Clark  
Publishing Company, 1972.
- Jackson, Don D., ed. "Communication, Family and Marriage",  
Human Communication. Vol. I, Palo Alto,  
California: Science and Behaviour Books Incorporated,  
1968.
- Janov, Arthur. The Primal Revolution: Towards a Real World.  
New York: Simon and Shuster, 1972.
- Kadushin, Alfred. Child Welfare Services. New York: The  
Macmillan Company, 1967.
- Merrill, Edgar J. The Physical Abuse of Children: An Agency  
Study in Protecting the Abused Child. American  
Humane Society, 1962.
- Meyer, J. H. et al. Girls at Vocational High. New York:  
Russell Sage Publishers, 1958.
- Robins, Lee N. Deviant Children Grow Up. New York:  
Williams and Wilkins Company, 1966.
- Romanyshyn, John M. Social Welfare: Charity to Justice.  
New York: Random House, 1971.
- Satir, Virginia. Conjoint Family Therapy. Palo Alto,  
California: Science and Behaviour Books  
Incorporated, 1967.
- Satir, Virginia. People Making. Palo Alto, California:  
Science and Behaviour Books Incorporated, 1972.
- Schultz, William C. Here Comes Everybody. New York:  
Harper and Rowe, Publishers, 1971.

Skinner, B. F. Beyond Freedom and Dignity. New York:  
Bantam Books, 1971.

Stein, J. W. and Hutchins, T. K. The Family As a Unit  
of Study and Treatment. University of Washington  
School of Social Work - Regional Rehabilitation  
Research Institute, 1969.

Szasz, Thomas S. The Manufacture of Illness. New York:  
Harper and Rowe Publishers, Inc., 1970.

Van Stolk, Mary. The Battered Child in Canada. Toronto:  
McClelland and Stewart Limited, 1972.

Watzlawick, Paul; Beavin, Janet Helmick; and Jackson, Don D.  
Pragmatics of Human Communication: A Study of  
Interactional Patterns, Pathologies and Paradoxes.  
New York: W. W. Norton and Company, Incorporated,  
1967.

Wilenski, Harold L. and Lebeaux, Charles N. Industrial  
Society and Social Welfare. New York: Russell  
Sage Foundation, 1958.

B. ARTICLES

Ackerman, Nathan. "Interpersonal Disturbances in the Family: Some Unsolved Problems in Psychotherapy". Psychiatry, 17, (1954), pp. 359-368.

Auerswald, Edgar A. "Inter-disciplinary vs Ecological Approach". Originally presented at the May, 1966 meeting of the American Psychiatric Association.

Auerswald, E. H. "Families, Change and the Ecological Perspective". Family Process, 10:3 (September, 1971), pp. 263-281.

Bateson, Gregory and Jackson, Don D. et al. "Towards a Theory of Schizophrenia". Behavioural Science, 1:4 (October, 1956), pp. 251-264.

Beels, C. Christian and Ferber, Andrew. "Family Therapy: A View". Family Process. (Fall, 1969), pp. 280-318.

Burgess, Ernest W. "The Family as a Unity of Interacting Personalities". The Family, Vol. 7, (1926), pp. 3-9, p. 4. Also in Erickson and Hogan, pp. 4-16.

Berke, Joe. "Anti-psychiatry" in Rutenbeek, Hendrik M., Going Crazy. New York: Bantam Books Inc., 1972), p. 51-68.

Birdwhistle, Ray L. "The Idealized Model of the American Family". Social Casework, 51:4, (April, 1970), pp. 195-198.

Dollard, Charles. Quoted by Nathan E. Cohen in "An Overall Look". National Policies for Education, Health and Social Services, James E. Russell, ed. New York: Doubleday and Company, 1955.

Erickson, Gerald; Rachlis, Ruth; Tobin, Margaret,  
"Combined Family and Service Network Inter-  
vention", The Social Worker, Vol. 41, No. 4.  
(Winter, 1973), pp. 276-283.

Eysenck, H. J. "The Effects of Psychotherapy: An  
Evaluation". Journal of Consulting Psychology,  
16 (1952), pp. 319-324.

Fleck, Stephen. "An Approach to Family Pathology".  
Comprehensive Psychiatry, 7 (1966), pp. 307-320.

Haley, Jay. "The Family of the Schizophrenic: A Model  
System". Journal of Nervous and Mental Disease,  
129 (1959), pp. 357-374.

Haley, Jay. "Marriage Therapy". Archives of General  
Psychiatry, 8 (1963), pp. 213-234.

Halleck, Seymour L. "Therapy is the Handmaiden of the  
Status Quo". Psychology Today. (April, 1971)  
p. 32.

Hartman, Ann. "To Think About the Unthinkable". Social  
Casework. 5:8 (1970), pp. 467-474.

Hochman, Butch. "Assessment of the Children's Aid Society  
of Eastern Manitoba". Children's Aid Society of  
Eastern Manitoba, unpublished.

Hubar, Linda and Tozeland, Herbert. "A Study of the  
Homemaker Program of the Children's Aid Society  
of Eastern Manitoba". Unpublished B.S.W. II  
Study, (June, 1972).

Jackson, Don D. "Family Rules MARITAL QUID PRO QUO".  
Archives of General Psychiatry, 12 (1965), pp.  
589-594.

Mannino, Fortune V. and Shore, Milton F. "Ecologically  
Oriented Family Intervention". Family Process.  
11:4 (December, 1972), pp. 499-506.



- Paul, Norman L. "Effects of Playback on Family Members of Their Own Previously Recorded Conjoint Therapy Material". Psychiatric Research Reports. American Psychiatric Association. 20 (1966), pp. 175-185.
- Rice, David G. and Fey, William F. and Kepees, Joseph G. "A Longitudinal View of Therapy Styles Where N=1". Therapist Experience and "Style" as Factors in Co-Therapy. Epilogue commentary by Carl A. Whitaker, M.D.
- Riskin, Jules M. and Faunce, Elaine E. "An Evaluative Review of Family Interaction Research". Family Process. 11:4 (December, 1972), pp. 365-457.
- Siporin, Max. "Social Treatment: A New-Old Helping Method". Social Work. (July, 1970), pp. 13-25.
- Wells, Richard A.; Dilkes, Thomas C., and Trevelli, Nina. "The Results of Family Therapy: A Critical Review of the Literature". Family Process. 11:2 (June, 1972), pp. 189-209.

C. FAMILY LAW LEGISLATION AND REPORTS

Child Welfare Act. R.S.M. 1970, C80, S.76.1.

Constitution: Children's Aid Society of Eastern  
Manitoba

Divorce Act: Statistics Canada. 1967-68, c.24.

Information Canada. Report of the Special Joint  
Committee of the Senate and House of Commons  
or DIVORCE, June, 1967.

Wives and Children's Maintenance Act: R.S.M. 1971,  
c.294, s.1.

D. FILMS AND VIDEOTAPES

Chernick, Beryl and Chernick, Avindam. Sexual Communication in Marriage. October 30, 1972.

Epstein, Nathan. Videotape of Family Interview and Lecture, viewed December 11, 1973.

Ericksen, Gerald. Videotape of St. James Couple.

Haley, Jay. Videotapes of Lectures Delivered at the University of Manitoba, February 4, 1972.

Watzlawick, Paul. An Anthology of Human Communication. Palo Alto: Science and Behaviour Books, 1964. Tapes and Notes.