

Family Counseling in an Ecosystemic Framework

by

Edmund Ledi

A practicum submitted to the Faculty of Graduate Studies
in partial fulfillment of the requirements for the degree of
Master of Social Work

Social Work

University of Manitoba

Winnipeg, Manitoba

© April 2004

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE**

Family Counseling in an Ecosystemic Framework

BY

Edmund Ledi

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of**

MASTER OF SOCIAL WORK

EDMUND LEDI ©2004

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film, and to University Microfilm Inc. to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Table of Contents

CHAPTER I

Objectives and Rationale of Proposed Inquiry	1
Learning Goals	2
Intervention Goals	3
Relevance to Social Work practice	3

CHAPTER II

Literature Review	5
Families in Contemporary Western Society	5
Research on Canadian Families	9
Stepfamily Lifecycle	10
Fantasy	10
Immersion	11
Awareness	11
Mobilization	11
Contact	12
Resolution	12
Divorce and Remarriage	12
Multiplicity of Families: Changing Family Forms	14

CHAPTER III

Ecosystemic Perspective	17
Fundamental Conceptual Assumptions of Ecosystemic therapy	18
Implementing Theoretically Based Family Therapy Strategies	24

Structural Family Therapy Overview	27
Bowenian Systems Family Therapy Overview	28
Psychoeducational Family Therapy	31
Evaluation of Psychoeducational Family Therapy	34
Course of Therapeutic Intervention	35
Pardeck's Ecosystemic Intervention Model	36
Structural and Bowenian Systems Concepts & Intervention Techniques	38
Evaluation of Ecosystemic therapy	42
CHAPTER IV	
Intervention: Process and Procedures	43
Setting: The Family Centre of Winnipeg	43
Procedure	44
Supervision & Advisory Committee	45
Evaluation	45
Family Environment Scale, FES	46
FES Subscales and Descriptions	47
Interpreting the FES Scores	48
Personal Growth-Orientated Families	49
Relationship-Orientated Families	50
System Maintenance-Orientated Families	50
Client Population - Demographic Characteristics	51

CHAPTER V

Detailed Case Summaries and Analysis (Families 1, 2 & 7)	56
Family Case # 1: (Tina & Devin) Common law stepfamily	56
Family History and Presenting Problems	56
Ecosystemic Analysis	59
Therapeutic Goals	62
Intervention	63
Evaluation	66
Termination	71
Conclusion	72
Family Case # 2: (Simone) Sole-custodial/ Lone parent family (Female-headed)	73
Family History and Presenting Problems	73
Ecosystemic Analysis	76
Therapeutic Goals	80
Intervention	81
Evaluation	83
Termination	89
Conclusion	89
Family Case # 7: (Sarah & Clarence) Married stepfamily	90
Family History and Presenting Problems	90
Ecosystemic Analysis	92
Therapeutic Goals	99
Intervention	101

Evaluation	106
Termination	111
Conclusion	111
Brief Case Histories (Families 3-6 & 8)	114
Family Case # 3: (Quincy & Stan) Joint custody/ Lone parent family (Father & son)	114
Ecosystemic Analysis	114
Therapeutic Goals	115
Intervention	115
Evaluation	116
Termination	116
Family Case # 4: (Carl) Sole-custodial/ Lone parent family (Male-headed)	117
Ecosystemic Analysis	118
Therapeutic Goals	118
Intervention	119
Evaluation	120
Termination	120
Family Case # 5: (Heather & Jim) Common law stepfamily	121
Ecosystemic Analysis	121
Therapeutic Goals	122
Intervention	123
Evaluation	123
Termination	124

Family Case # 6: (Donna & Zach) Nuclear family	124
Ecosystemic Analysis	125
Therapeutic Goals	126
Intervention	126
Evaluation	127
Termination	128
Family Case # 8: (Kate & Tom) Married stepfamily	128
Ecosystemic Analysis	129
Therapeutic Goals	129
Intervention	130
Evaluation	131
Termination	131

CHAPTER VI

Summary/ Conclusions & Recommendations regarding the Ecosystemic Therapeutic Process	133
Therapeutic Utility of the Ecosystemic/ Psychoeducational Model	137
Lone Parent Families in Therapy	139
Planning and Preparing: Family Therapy Sessions	140
Addressing Client Resistance	141
Young children and the Family Environment Scale	143
Multiplicity of Common Themes	144
Self-Disclosure in Therapy	145
Identification of Self	145
Client Feedback	146

Psychoeducation in Therapy	148
Implication to Social Work Practice	149
Personal Comments	151
Conclusion	154

List of Tables

Table

I. Number of Marriages and Divorces in Canada	13
II. Multiplicity of Families	15
III. Comparison of Structural and Bowenian Systems Therapeutic Process	30
IV. Client Family Demographics (Client families 1-4)	54
V. Client Family Demographics (Client families 5-8)	55

List of Figures

Figure

I. Family Stress as seen through the passage of time: An Ecosystemic Perspective	26
II. Conceptual Analysis of Intervention Model and Therapeutic Techniques	41
III. Family Genogram -- Client Family: # 1 (Stepfamily/ Common-law)	57
IV. Pre & Post Intervention FES Scores Family # 1: (Tina Only)	69
V. Pre & Post Intervention FES Scores Family # 1: (Devin Only)	70
VI. Family Genogram -- Client Family: # 2 (Sole-custodial, Lone parent family/ Female headed)	75
VII. Pre & Post Intervention FES Scores Family # 2: (Simone Only)	86
VIII. Pre & Post Intervention FES Scores Family # 2: (Sheldon Only)	87

IX. Family Genogram -- Client Family: # 7 (Stepfamily/ Married)	93
X. Pre & Post Intervention FES Scores Family # 7: (Sarah Only)	109
XI. Pre & Post Intervention FES Scores Family # 7: (Clarence Only)	110
References	156-162

CHAPTER I

OBJECTIVES & RATIONALE OF PRACTICUM

The main goal of this practicum is to apply an ecosystemic intervention model to family counseling. One of the compelling reasons for conducting advanced practice in this area, is based on the belief that most of life's difficulties can be addressed by changing interactional family patterns (Carter & Mc Goldrick, 1988). The ecosystemic approach, addresses the interactional patterns between family members and sees them as powerful forces that can either be beneficial or detrimental (Carter & Mc Goldrick, 1988; Gladding, 1998).

A primary objective of this practicum is to apply the ecosystemic model when working with different family types. In order to meet this objective, the effectiveness of this model will be evaluated in providing family counseling for:

1. Nuclear families - first time marriage families consisting of a husband, wife and their biological children.
2. Single parent families - commonly referred to as: "lone parent families", where a man or woman parents a child independently.
3. Common-law couples - commonly referred as "cohabitating couples", where two individuals who are not legally married live together.
4. Stepfamilies - commonly referred as "blended", or "reconstituted" families, where at least one of the two parents' child(ren) in the household, is from a previous relationship.

The rationale for working with different family typologies is to help improve my skills in working with different types families.

Learning Goals

My learning goals are as follows:

1. To apply the ecosystemic therapeutic model, and increase my skill level in the area of family therapy.
2. To become more knowledgeable and cognizant in assessing, and intervening complex issues facing different kinds of families.
3. To become more knowledgeable in the area of supporting enhanced communication skills to families. I hope to achieve this goal, by: (i) promoting active engagement and awareness of problem areas, (ii) offering each family member a *voice*, (iii) providing a safe environment where family members can discuss their issues without fear of revocation, and (iv) keeping each family therapy session focused on the central issues, as identified by the family members.

Intervention Goals

My intervention goals are as follows:

1. That over the course of therapy the client families become more familiar with the therapeutic approach, and they begin to change their behaviors and patterns of interaction, in order to deal with their interfamilial problems.
2. To promote the client family's use of healthy communication patterns.
3. To promote the continual development of positive interaction, engagement and communication patterns within the client family, by providing information about family relationships.

Relevance to Social Work Practice

There are four important reasons why this practicum is relevant to the profession of social work. These arguments are listed as follows:

1. The information gathered in this area will indirectly help address negative social costs rendered to all members of society. For instance, consider the issue of adolescents dealing with unresolved family conflicts, by way of either becoming involved in participating deviant activities and using illegal substances. Essentially, the efforts of family therapists using an ecosystemic approach may provide information on what services are needed to help reach this population.

2. The information acquired from this practicum will help improve the public perception of the social realities of the participating families. I believe that information gained in the areas of family diversification will help all levels of governance develop better social policies and programs for alternative family forms in general.

3. Efforts made in the area of counseling diverse family forms promotes the humanistic virtues of social justice, and empowerment for family members, who may be experiencing interpersonal difficulties, due to stereotypes and/ or stigma. I believe that given the benefits of counseling, the client families members will have healthier relationships and that they will be able to meet their personal needs as a result of participating in counseling.

4. This practicum is personally relevant to me, as I was previously raised in a lone parent family, as well as stepfamily. I am very much interested in examining the comparisons, contrasts, and characteristics and experiences of the various family typologies.

CHAPTER II

LITERATURE REVIEW

The literature review for this practicum provides an overview of families in contemporary western society. This review is then followed by a discussion of the ecosystemic approach.

Families in Contemporary Western Society

According to the leading Canadian experts in the field of family studies, the Vanier Institute of the Family (VIF) has defined the family as:

Any combination of two or more persons, who are bound together over time by ties of mutual consent, birth, and/or adoption/ placement and who together, assume responsibilities for variant combinations of some of the following:

- *Physical maintenance and care of group members*
- *Addition of new members through procreation or adoption*
- *Socialization of children*
- *Social control of children*
- *Production, consumption, and distribution of goods and services*
- *Affective nurturance – love*

Source: (Vanier Institute of the Family, 1994, p.10)

The family may be equally defined as the primary unit of member grouping(s), which make up society (Wood & Geismar, 1989). According to Wood & Geismar, (1989) the family has been a core element of human groupings. Moreover, throughout recorded history, the family has ensured the survival of these segments of humankind by carrying out: procreation, socialization, nurturing, maintenance of materials, and various social control

functions (Wood & Geismar, 1989). Subsequently, families are expected to perform tasks, which include the socialization and protection of children, as well as companionship and love for adult members. The family is generally defined as a group of individuals related by biological ties, or those who have a long-term commitment to each other (Wood & Geismar, 1989).

A family is not an isolated unit; it exists and functions in the context of a society which in recent generations, has been undergoing radical readjustments due to industrialization and urbanization, (VIF, 1994). Essentially, no institution – school, church, corporation, government, or the family has been left untouched by industrialization and urbanization (Elkin, 1964). Furthermore, the relationship between families and society should be viewed as a reciprocal one.

Society has certain expectations of the family, yet the family expects the same level of “legitimization, physical and social security from society” (Wood & Geismar, 1989, p. 2). The reciprocal relationship includes mutual dependence as well as adaptation. Thus, in borrowing from Minuchin’s (1974) seminal work, *Families and family therapy*, the family is expected to accommodate to a culture, and to transmit that culture and its values to its members. As the family accommodates to society, it changes with it. Therefore, the very nature of this relationship results in the family reflecting these fleeting beliefs and values.

The family is considered to be a social unit made up of smaller units, like a society. The relationships between the family and individual are reciprocal, and the virtues of nurturance, protection and socialization are considered to be internal functions of the family. In the early part of socialization, families fashion and shape the child’s behavior and shape

the child's sense of identity (Bolton & Bolton, 1987). It is remarked by Bolton & Bolton (1987) that the intensity of the involvement between family members is unparalleled as in any other relationship. In other words, the sense of belonging comes with an accommodation on behalf of the child's attempt to be a part of the family group, and with either his or her engagement in the transactional patterns in the family structure. These sustained efforts of interaction are recognized as being consistent throughout different life events (Minuchin, 1974).

Most families cope well most of the time, even though they are aware that life does not proceed smoothly (Guldner, 1983). Guldner (1983) points out that to understand how families function, we must explore the areas of family organization, ideology, and family structure. In many ways all families are alike in that they all have organization, ideology and structure (Schlesinger, 1998). However the way in which every family handles each of these functions is what makes every family unique (Schlesinger, 1998). Families do not live in isolation; they interface with other significant systems in our society on a day-to-day basis. There are eight systems that have a primary impact upon families and in turn families impact upon them. These eight systems are as follows:

- Extended family
- Friends
- Work context
- Educational context
- Value setting context, *i.e.*, church
- Recreation and leisure
- Community
- Government

Source: (Schlesinger, 1998, p. 2)

When a family is functioning well, the health and well being of its members are promoted and maintained. Similarly, family dysfunction can contribute to personal and/ or social problems. In a broad sense, a family becomes seen as a societal concern when it fails to carry out its expected functions (Wood & Geismer, 1989). These families are often refuted and given labels such as: troubled, dysfunctional or malfunctioning (Wood & Geismer, 1989).

A well functioning family is often identified by the family's ability to cope with their problems (Garbarino & Abramowits, 1992). Garbarino & Abramowits (1992) identify the following characteristics of well-functioning families:

1. Clear, open and frequent communication among family members.
2. A sense of belonging to a warm, cohesive, social unit, while at the same time, nurturing the development of individual strengths and interests.
3. Mutual support, recognition, respect, and a willingness to make sacrifices, if necessary to preserve the well being of the family.
4. Having a religious or spiritual orientation.
5. The ability to adapt to and cope with stressful and potentially damaging events, as well as predictable lifecycle changes.
6. The existence of social connectedness and availability of friends, extended family, neighbors and community organizations.
7. Clear well defined roles, and responsibilities and an enjoyment of spending time together.

Source: (Garbarino & Abramowits, 1992, p. 80)

Although this list is not exhaustive, it is comprehensive and characterizes a well functioning family, and how family members relate to one another.

Research on Canadian Families

In order to place perspective on this practicum report, it is important to recognize some of the various forms and characteristics of Canadian families. I believe that in doing so, a greater appreciation and awareness of the concepts of this practicum will be derived. For instance, alternative family forms such as stepfamilies are becoming quite common in Canadian society (Statistics Canada, 2000, 2001). As the numbers of stepfamilies increased more research has been conducted analyzing this family type. According to Martin & Martin (1992) uniting individuals who previously belonged to other nuclear families carries the potential for complex family dynamics. New relationships must be formed, new territory must be defined and new roles have to be assumed. Adding to this complexity is the new extended family, which includes not only current and former blood relatives, but also relatives from all previous marriages (Martin & Martin 1992). Papernow (1993) has studied the developmental process of stepfamilies - from the viewpoint of family members, and she identified seven stages to establishing family identity. These seven stages of the stepfamily life cycle are listed as follows.

Stepfamily Life Cycle

1. Fantasy - Adults expect the new system to be established instantly; 2-3 years
2. Immersion – This stage is characterized by constant conflicts and tension
3. Awareness - Difficulties and splits occur along biological lines
4. Mobilization - Clashes occur between diverse needs of individuals and subsystems; 2-3 years
5. Action - Solidifying of the couple and responding to needs of children
6. Contact – The stepparent-stepchild relationship develops as some stability has been achieved; 1-2 years
7. Resolution - The family gains cooperation and stability

Fantasy Stage

This first stage is characterized by family members bringing wishes and fantasies to their new relationships. These wishes and fantasies result from the following.

1. Previous losses and the legacy of hope inherent in becoming a stepfamily
2. Individual members' family of origin histories
3. Lack of accurate information about family dynamics.

According to Papernow (1993) extensive grief work. will need to occur for many family members, relinquishing their wishes and fantasies.

Immersion Stage

This stage is characterized by pressure, confusion and distress as difference in insider/outsider, step/biological and adult/child perspectives become obvious. There is little clarity concerning the sources inherent in stepfamily structure which create predictable, but sometimes painful, emotions such as jealousy, feeling torn, isolated lost, or invaded missing an absent parent). According to Papernow (1993) during this stage children and outsider adults may become more uncomfortable.

Awareness Stage

According to Papernow (1993) this is the single most critical stage for successful completion of the stepfamily lifecycle. Clarity and self-acceptance begin to replace confusion and self-doubt. Family members begin to create a more accurate map of the territory they inhabit individually and together. The resulting enhanced mutual understanding provides a foundation for joint decision making in the middle stages. According to Papernow (1993) Aware Families start their journey through the Stepfamily lifecycle during this period.

Mobilization Stage

Emotional conflicts are characterized in this stage, as stepfamily members become more active in influencing each other over issues. According to Papernow (1993) the stepfamily becomes more open in discussing controversial issues such as discipline and having arguments. This stage is less pronounced and is highly polarized in Aware Families.

Contact Stage

During this stage the stepfamily has now found some degree of peace amongst its members. According to Papernow (1993) the once intimate outsider stepparent is now accepted. Loyalty, respect and uniform recognition of the stepparent is now seen.

Resolution Stage

The new system of relationships has become a fully functioning stepfamily. Insider and outsider roles now shift easily within the stepfamily. According to Papernow (1993) children are secure members of two households and they feel nourished by the multiple relationships made available to them.

Source: (Papernow, 1993, p. 381-386)

Given the unique challenges and problems facing stepfamilies, some stepfamilies have chosen to separate and terminate their relationships. The next section will briefly look at divorce and remarriage in Canada.

Divorce and Remarriage

According to the available literature on divorce in Canada, a recent study conducted by the Vanier Institute of the Family, VIF (1998) found that about one third of all marriages in Canada end in divorce. Evidently, the rate is somewhat higher for previously married individuals who remarry (VIF, 1998). Research conducted by Robinson, (1991), and Cherlin (1992), has also shown that stepfamilies have higher dissolution rates compared with couples

in first-time marriages. According to Statistics Canada, (2001) the divorce rates for common-law couples, (cohabitating couples) has been found to be even higher as well!

Despite the widely published reports that contest that the common nuclear family is an outdated institution, (VIF, 1994) research has shown that the common nuclear family presently represents over sixty percent of all families (Statistics Canada, 2001). Differing family forms have evolved to become the norm (VIF, 2000). Moreover, according to statistics, there is little evidence to indicate that the rise in divorce indicates disillusionment with concept of marriage in Canada.

Table I

Number of Marriages and Divorces in Canada

Year	Marriages	Divorces	Divorce Rate
1985	177,565	61,980	34.90 %
1987	179,876	96,200	53.48 %
1990	170,245	80,998	47.57 %
1994	153,890	78,880	51.25 %
1995	160,251	77,636	48.45 %
1996	156,700	71,528	45.64 %
1997	159,350	67,408	42.30 %
1998	152,821	64,342	42.10 %
1999	155,742	69,672	44.74 %
2000	157,395	70,292	44.66 %

Sources: (*The Daily*, 1997; VIF, 1998; Statistics Canada, 2000, 2001, 2003)

Until 1990 the number of remarriages increased along with increases in the divorce rate, doubling between 1970 and 1989 from 29,975 to 62,276, this represented a 48 % increase (VIF, 2000). The remarriage statistics indicate that divorce represents dissatisfaction

with a specific marriage, and not marriage in general. In 1996, 52,233 marriages, which represented approximately one third of all marriages, involved at least one spouse who had previously been divorced. In the 1990s the remarriage rate for men fell from 63.2 per 1,000 population to 45.2, and for women from 22.8 to 19.4 per 1,000 population. This trend is noted as many divorced people are now choosing to live common-law rather than remarrying (VIF, 2000). According to statistics, about two-thirds of both female and male lone parents can be expected to either marry again, or cohabit with a new partner (VIF, 2000).

According to recent figures, statistics reveal that many remarriages tend to occur soon after divorce. On the average, men remarry within 3.6 years, following separation. Women on the other hand remarry on the average of 3.9 years following the separation (Wilson & Clarke, 1992). Of those who did remarry in the 1990s, the average age of previously married brides was 39.8 years and 43.4 years for previously married grooms (VIF, 2000).

Multiplicity of Families: Changing Family Forms

In a release of Canadian family statistics in 1997, Statistics Canada (1997) reported that overall the total number of families in Canada increased from 6.6 to 7.8 million between 1991 and 1996. This slower than normal increase is noted, as this slower growth rate is attributed to more people waiting longer to marry or enter a common-law union (Statistics Canada, 1997). In addition, there was a higher proportion of separated, divorced or widowed individuals, who were not living as a couple at the time of the 1996 census, when compared to the 1991 census.

Statistics reveal that between 1991 and 1996, the growth rate for common-law couples in Canada was 16 times higher than for married couples (Statistics Canada, 2001;

The Daily, 2002). In 1996 there were 920,645 common-law couples. According to past statistics there was one common-law couple for every nine couples in Canada.

The 1990s witnessed the increase in numbers of stepfamilies, same-sex couples, gay and lesbian parent families, and common-law couples. Interestingly there have been noted declines with respect to the convention of nuclear and extended family typologies (VIF, 1998). It was also estimated that according to the 1995 *General Social Survey*, (GSS) conducted for purpose of collecting data on Canadian families, for the 1996 census, there were approximately 431,800 stepfamilies in Canada (Statistics Canada 2001). This represents about 1 out of 10, or 10 % of two-parent couple families with children in Canada (Statistics Canada, 2001). In 2001 this number increased to 503,100 families, or 12 % of two-parent couple families with children in Canada (Statistics Canada, 2001; *The Daily*, 2002).

Table II

Multiplicity of Families

Year	Total number of Families	Husband Wife	Step (Blended)	Common-Law	Lone Parent
1986	6,733,845 100.00 %	5,215,915 77.45 %	182,300 2.70 %	482,330 7.16 %	853,300 12.67 %
1991	7,355,725 100.00 %	5,387,285 73.23 %	295,525 4.01 %	719,275 9.77 %	953,640 12.96 %
1996	7,837,865 100.00 %	5,347,915 68.23 %	431,800 5.50 %	920,645 11.74 %	1,137,505 14.51 %
2001	8,874,130 100.00 %	5,901,430 66.50 %	503,100 5.67 %	1,158,410 13.05 %	1,311,190 14.78 %

Sources: (*The Daily* 1997; VIF, 1998; Statistics Canada, 2000, 2001, 2003)

It is apparent given these statistics that the structure of Canadian families is changing. Over the past several decades there have been increases in common-law unions, the incidence of divorce and remarriage, and the number of stepfamilies (Statistics Canada, 1992). Given these numbers and findings one may ask what is the relevance of this information? Why is it important to know these statistics? How are these figures related to this practicum?

In answering these questions it is important to note the context being addressed. Given the number of multiple forms of family typologies, and the diversity of potential issues and inherent problems associated with each family formation, choosing the correct approach to address the challenges facing these families can be very difficult. Family scholars have struggled with the design of research and the development of theories aimed at uncovering why some families are better able to negotiate their way through transitions and tragedies, as compared to other families (Mc Cubbin & Mc Cubbin, 1989). Given these unique challenges, I hope to meet my intervention goals within the course of this practicum. I also hope to help families explore their varying experiences, and effect positive changes in their relationships.

CHAPTER III

ECOSYSTEMIC PERSPECTIVE

The ecosystemic perspective has a rich history of providing a metaframework for analyzing family. The following section will briefly discuss the findings from the literature related to an ecosystemic perspective.

In the early 1960s, in New York at the Wiltwyck School for delinquent boys, Salvador Minuchin, Braulio Montalvo, Richard Rabkin and E. H. Auerswald were studying intervention methods with families (Nichols & Schwartz, 2001). This collaboration gave rise to the development of both the structural, and the ecological approaches to working with families (Hoffman, 1981). E. H. Auerswald developed the ecological systems approach, which takes a holistic view, and stresses the importance of working with families within their neighborhood setting. Essentially, all members of the community system that the subject client family must contend with on a daily basis, are taken into account for assessment and intervention purposes (Hoffman, 1981). Thus, from an Auerswaldian perspective, ecological theory is used to describe the multidimensional relationships between various systems.

In adding to this particular therapeutic approach, according to Germain (1991) she contends that ecological theory is used to describe the multidimensional relationships between various systems. Germain (1991) explains that ecology, the science that studies relations between organisms and their environments, is used as a metaphor. It facilitates the previously mentioned address of families in society, by taking a holistic view of people and their environment as a unit, which must be understood in the context of the other.

Mary Richmond was another early twentieth century visionary in the field of social work. Mary Richmond was among the first to articulate how the social environment plays a

critical role in the life of human beings (Pardeck, 1988). Her work clearly reflects an ecological approach to working with families.

Rodway & Trute (1993) argue that in the early 1970s other influential social work theorists, such as Roger Barker, Richard Grinnell and Ann Hartman, developed the application of applying ecological theory to social casework intervention. Rodway & Trute (1993) broadly defined this process as promoting the interrelation of human behavior in the social environment (Rodway & Trute, 1993). It is also noted that the ecosystemic perspective evolved from principles taken from systems theory and cybernetics (Falzer, 1984).

Within the ecosystemic approach, Bobes and Rothman, (1998) identify six assumptions fundamental to the ecosystemic approach. They are listed as follows below.

Fundamental Conceptual Assumptions of Ecosystemic Therapy

1. Human beings can be understood and helped only in the context of the human systems in which they are a part of.
2. Change in one family member will affect the entire system.
3. The focus is upon circular causality rather than linear thinking. Many levels of influence operate simultaneously, affecting individuals, couples, and families. There is a multiplicity of systems at different levels of complexity that influence any particular situation.
4. The interactional patterns of family are viewed in the here-and-now. These interrelationships of components give rise to new qualities that derive from transactions in the system.

5. A family is a system with interdependent parts with boundaries that mark a distinction amongst the parts. This family system is also viewed as a complexity of components related directly and indirectly give rise to new interrelationships.
6. Tension and conflict are characteristic and necessary for adaptive family systems. In order to achieve homeostasis (steady states), the families struggle at maintaining equilibrium.

Source: (Bobes & Rothman, 1998, p. 7)

Fundamental to the ecosystemic approach is the assumption that all families function as a social unit, which require interdependence. This assumption implies that change in any one part of any system will have an effect on the entire network of systems (Kent, 1980; Hartman & Laird, 1983; Rodway & Trute, 1993). This primary assumption demarcates the central premise of the ecosystemic approach.

The ecosystemic model explores identifying family relationships, from both a micro and macro level of analysis. It supports a micro-level of analysis by way of observing internal communication and emotional subsystems. Moreover, it considers how other social networks influence the individual, as well as family stability (Browning, 1994). As taken from a macro-level of analysis, the ecosystemic framework takes into consideration how important: historical, cultural, legal and environmental factors affect the family (Ganong & Coleman, 1987). It provides an analysis of how families define social networks, subsystems and individual responses across time and space are considered as impacting familial functioning and stability (Ganong & Coleman, 1987; Kelly, 1996; Newman, 1994).

It is also assumed that any change in behavior, attitude or awareness is seen as occurring only when individual behavior is recognized, as being inextricably woven into a person's social environment (Rodway & Trute, 1993). Changes in the family systems will not occur, unless the practitioner realizes that the family is greatly affected by the systems around them. Hence in order to become effective in therapy, the ecosystemic practitioner strives to support and help guide the family system and subsystems in their primary context (Nichols, 1989).

The ecosystemic perspective suggests that human beings can be understood and helped only in the context of the human systems in which they are a part of (Hartman & Laird, 1983). I believe that having such a view in understanding family relationships is beneficial, when working with alternative family forms such as lone parent families, common law couples and stepfamilies. Unlike other contemporary family theories, the ecological perspective provides appropriate consideration towards the existing social realities of these diverse family types. When working with stepfamilies, this accommodation is extremely important in practice, as the social issues that are evident to these families, are often unfamiliar and generally not well understood or even accepted by social support institutions (Cherlin, 1978; Kelly, 1996).

The goals of ecosystems therapy are both straightforward and direct. They involve both the family and the therapist identifying the problem areas in the family subsystems, and offering creative interventions, in effort to help alter the family systems (Nichols, 1989). In most cases according to Nichols (1989) the focal point of the intervention will address three areas:

1. Client motivations
2. Reorganizing and redirecting communication and response patterns
3. Identifying client strengths, community resources and networks

Source: (Nichols, 1989)

Problems as seen within the ecosystemic framework result from interactions between people, or between people and social forces, and in the subsequent reactions of the family members (Kelly, 1996). An ecosystemic approach aims to enrich social support resources, as well as improve the internal coping patterns of families, so that a better match can be attained between a family's needs and the circumstances of its physical and social environments (Rodway & Trute, 1993). Often in helping families overcome their difficulties, the therapist will help the family recognize the interactions between themselves and their ecosystems, physical settings, people, and individual responses across time and space (Rodway & Trute, 1993).

The use of ecosystemic therapy is associated as being both applicable and purposeful, due to the fact that many family-centered practitioners have used it successfully. According to Browning (1994) around 78 % of family therapists who write about remarriage, lifecycle transitions and stepparenting, identify themselves as adhering to systems theory (Browning, 1994). Nevertheless, the ecological perspective requires familiarity with a wide range of techniques and interventions to promote human adjustment and change. As such, the ecological perspective recognizes human behavior as being tightly linked to the social setting.

Symptoms of distress are recognized as maintained by social systems, and social systems can be maintained in part of the symptom bearer (Rodway & Trute, 1993). The therapist is essentially looking to identify what behavioral responses are available to the person in the environment. As neither the person nor the social environment is viewed as being the root of the person's distress, both entities must be addressed in the therapeutic process (Rodway & Trute, 1993). The interaction of the person in the environment is what the therapist tries to alter.

In assessing and treating families, the ecosystemic approach views the family as having transitional problems, when facing situational stressors and important milestones in the life of the family (Rodway & Trute, 1993). The ecosystemic approach does not maintain a standard assessment procedure, as do other family therapy theories (Rodway & Trute, 1993). In helping the family resolve their difficulties, the ecosystemic approach utilizes an integrative process. The therapist looks for new sources to assess and treat distress. In other words the family, community, and neighborhood, for example, the social context that frames an individual's mental and social functioning is analyzed.

The ecosystemic approach views the transactions between individuals, families and their environments as being both unique and exclusive. Due to the distinctive transaction, treatment planning, assessment and therapy involves the therapist acknowledging alternating intersystemic relationships. Standard evaluation forms are not practical to this approach. Given this reality, the therapist must develop and utilize a varied repertoire of assessment and social treatment strategies (Pardeck, 1988).

According to the ecosystemic approach, the key issue when assessing human functioning is to determine what constitutes the problem (Rodway & Trute, 1993). As stated earlier problems are characterized as being viewed as dysfunctional transactions between systems (Hartman & Laird, 1983). Adapting and enhancing the family's capacity for competency is seen as the primary goal of the ecosystemic approach (Rodway & Trute, 1993). The approach and development of the clinical hypothesis requires comprehensive gathering of relevant information and an appreciation of the psychological, and socio-political factors which govern human transactions (Rodway & Trute, 1993). The family assessment should also provide a wide range of intervention resources tied to multiple levels of the target ecosystem. The principles of assessment suggest that information about the problem should include information from:

1. The view of the family
2. The view of significant others, in the life of the family
3. Direct observation of family functioning by the therapist

Source: (Rodway & Trute, 1993)

The importance of the social networks and significant others in generating changes in families, are viewed as being central to positive change. The ecosystemic approach views families as embedded in multiple overlapping social networks. The theory also encourages therapists to take into account how social networks effect changes in the behavioral dynamics of the family (Rodway & Trute, 1993).

Implementing Theoretically Based Family Therapy Strategies

Given its range and scope, some may contend that the ecosystemic approach is not at all specific. Some may ask, how will you know what you are doing? What will you actually measure in the family? How can you specify the approach?

In order to answer these questions, it must be restated that the intervention is guided by the family assessment. The family assessment is structured in a manner that provides the action agenda for the intervention, based on mutually agreed upon view of the problems. The intervention plan that follows thereafter requires constant reflection and reframing in concert, with the evolving assessment of family dynamics (McPhatter, 1991). The initial agreement should be viewed as a collaborative and mutually agreed upon definition of the issues that need to be addressed in the family.

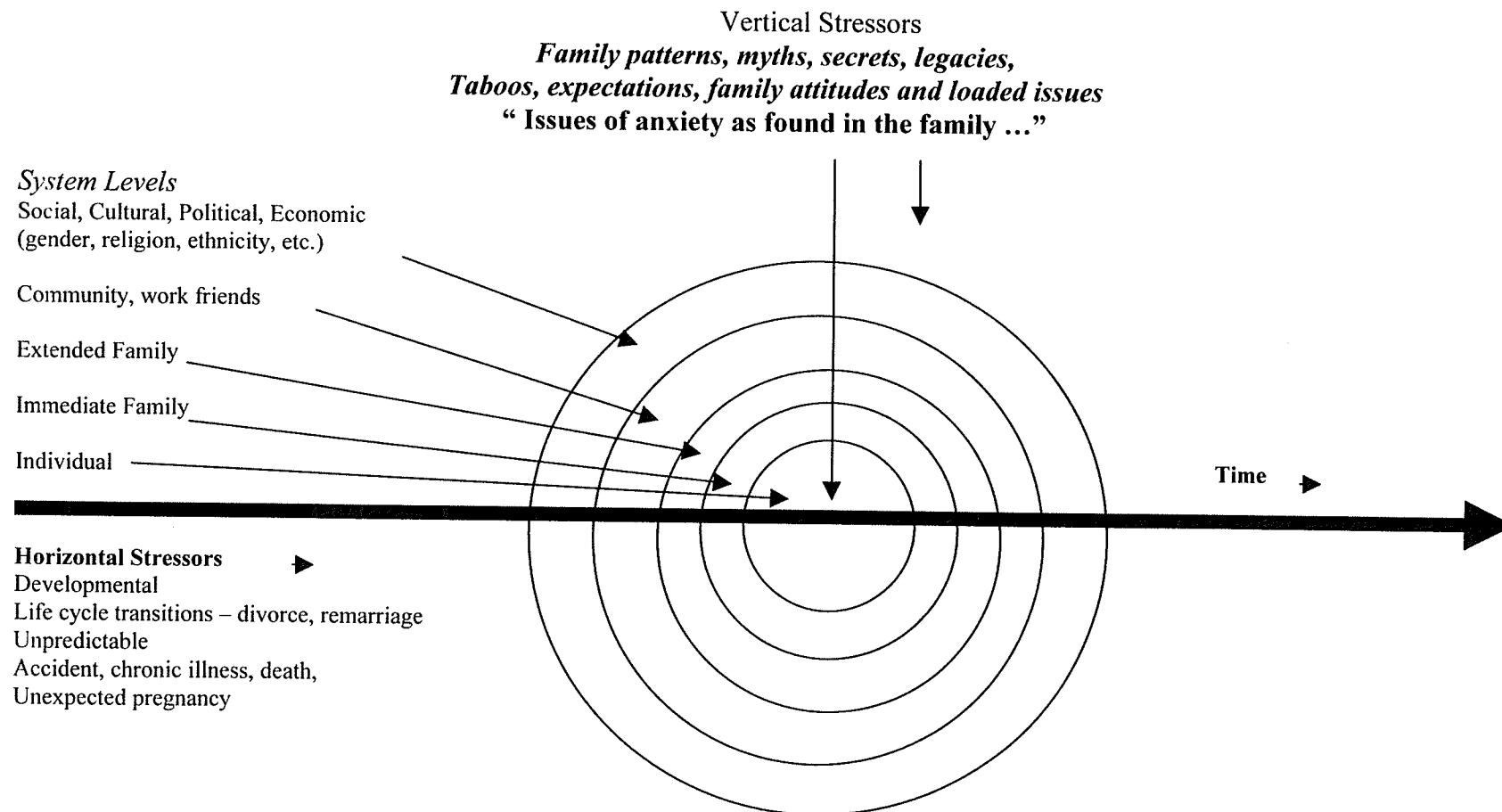
The focal point of the intervention is directed on having a contextual view of how the family's problems have formed. Since problems are seen as resulting from transactions between people and exterior social forces (Kelly 1996) the intervention techniques look closely at family interactions and relationships. In order to implement this model, Structural, Bowenian systems, and Psychoeducational techniques were applied.

The rationale for choosing techniques found in these three models is due to the fact that the ecosystemic family therapy model is not seen as a prescriptive metaframework used in clinical practice (Rothery & Enns, 2001). In order to alleviate this deficit, therapeutic techniques were taken from Structural, Bowen Systems, and Psychoeducational therapies. All three theories provide fundamental therapeutic strategies, and both Structural and Bowenian

systems have a long and rich history in family therapy. A brief overview of each theory will be discussed hereafter.

Figure I. Family Stress as seen through the passage of time: An Ecosystemic Perspective

It is imperative for the therapist to assess the dimensions of current lifecycle stress, as well as help reveal how these patterns are connected to family themes, triangles and labels. Where the points converge determine how well the family is coping with their lifecycle transitions.



Source: Carter, E. A., & Mc Goldrick, M. (Eds.). (1989). *The changing family life cycle*. Boston, MA: Allyn & Bacon

Structural Family Therapy Overview

The underlying premise of Structural family therapy states is that an individual's symptoms are best understood when examined in the context of family interactional patterns. A change in the family's organization or structure must take place before symptoms can be relieved. Essentially, the central premise of structural therapy is directed at altering family structure, so that the family can solve its problems. The therapeutic aspect of the theory focuses on the altering the interactions of family members, in order to promote and effect change. The central goal of therapy is structural change, and problem solving is viewed as a byproduct of this systemic goal (Nichols & Schwartz, 2001).

Structural family therapy views problems, family stress and other issues as being rooted in dysfunctional family structures. It also assumes that families are competent and should be respected. Hence, structural family therapy analyses the consistent, repetitive, organized and predictable patterns of family behavior (Nichols & Schwartz, 2001).

Structural therapy also focuses on the realignment and readjustment of boundaries, structures and subsystems found in the new family unit. Structural family theory views aberrant behavior as caused by a combination of stress, and the failure to realign previous structure coping with collective distresses (Colapinto, 1991). Structural therapists view problems in stepfamilies as being created by two family systems not learning how to recognize that their former *ways of doing things*, and how they've previously accommodated one another, are no longer acceptable. Given these tenets, I believe that implementing some structural techniques would be of great benefit.

Bowenian Systems Family Therapy Overview

Bowen systems family therapy analyzes the family emotional system. This theory that suggests that unless individuals examine and rectify patterns passed down from previous generations, they are likely to repeat these behaviors in their own families (Gladding, 1998).

As taken for Bowen's book, *Family therapy in clinical practice*, (1978) Bowen states the following in his introduction:

... family systems theory contains no ideas that have not been a part of human experience through the centuries. The task of the therapist is to find the minimal number of congruent pieces from the total bank of human knowledge that fit together to tell a story about the nature of a man, or whatever other phenomena he attempts to describe. The theorist needs a formula or blueprint as a guide in selecting the pieces. Without it he is vulnerable to the use of attractive but discrepant pieces of knowledge that can defeat his long-range goal (Bowen, 1978, p. 1).

Bowen systems theory is one of the most established approaches when working with families (Gladding, 1998). Bowen's theory is systemic, as it emphasizes looking at historical intergenerational patterns. The therapist is essence a coach, teacher and catalyst (Gladding, 1998).

According to Bowen, (1978) problems are viewed as being multigenerational as family patterns are likely to repeat themselves. Consequentially, uncontrolled anxiety results from family dysfunctionality. In order to resolve these difficulties, the following concepts, terms and techniques can all be attributed to Bowen's theory.

- Family lifecycle – This refers to the developmental trends within the family which occurs over time.
- Triangulation – This event occurs when one projects interpersonal dyadic difficulties onto a third person or object.
- Sibling position - The relative birth order of one's sisters and brothers.
- Emotional cutoff – This concept refers to when family members avoid one another, either physically or psychologically, because of an unresolved emotional attachment.
- Differentiation – The level of maturity reached by an individual who can separate his or her rational and emotional selves.
- Genogram – A visual representation of a person's family tree depicted in geometrical figures, lines and words.
- Processing questions – These are interviewing questions that the therapist asks, used to develop further insight and understanding and on any given subject matter.
- Coaching – A technique by which a therapist helps individuals, couples, or families make appropriate responses by giving them verbal instructions.
- "I" statements - Statements that express feelings in a personal and responsible way that encourages others to express their feelings.

Source: (Gladding, 1998)

Table III

Comparison of Structural and Bowenian Systems Therapeutic Process

<u>Structural Therapeutic Process</u>	<u>Bowenian Systems Therapeutic Process</u>
1/. Joining and accommodating family	Assess the description and history of the presenting problem
2/. Assess family interaction	Identify family's developmental history
3/. Diagnose problem areas in family	Connect with family by creating a genogram profiling the family's positioning
4/. Highlighting and modifying interactions of family members	Assess family triangulation, multigenerational transmission, subsystems (marital, parental, sibling) coalitions, and social network patterns
5/. Unbalancing: realigning relationships of family members	Have family members practice taking the "I" position describing how they feel about problem
6/. Challenge unproductive assumptions of family members	Identify family triangles, and identify what needs to be altered in order to deal affectively with the family stress, and restore family functioning
7/. Re-evaluate and reassess family functioning	Conduct relationship experiments, and ask processing questions
8/. Terminate	Provide coaching by teaching families about systems functioning

Sources: (Colapinto, 1991; Nichols, 1989; Nichols & Schwartz, 2001)

Psychoeducational Family Therapy

According to Anderson (1983) psychoeducational family therapy was originally based on a specific medical model called the stress diathesis model (Anderson, 1983). Within this model, psychoeducational family therapists strive to give families education and information about the medical management of the patient's physical or mental illness (Levant, 1990). This model was developed in part of a reaction to family therapists who labeled family pathologies, and saw the family as the "cause" of the illness, especially in the case of schizophrenia (Piercy, 1996).

Over the last decade psychoeducation has gained prominence, as not only a viable approach to help patients suffering from physical or mental illness, but also to help families maximize their functioning and coping skills (Nichols & Schwartz, 2001). Psychoeducation is considered as an essential therapeutic tool, used to provide information and support to families dealing with a specific number of stresses (Benner-Carson, 2000).

The basic philosophies of psychoeducational family therapy are straightforward. Psychoeducation strives on providing information and training about a specific area of family life, such as communication skills training or parent effectiveness training. More specifically, the psychoeducational approach focuses on educating families about unique characteristics and processes that specifically distinguish one family from another. For instance, when referring to families affected by schizophrenia, psychoeducational therapy involves teaching the family as much as possible about schizophrenia, in order to delay relapse (Griffin & Greene, 1999). Psychoeducation may also involve enlisting multiple family groups to facilitate community re-entry, social and vocational rehabilitation, and to develop a stronger

social network (Mc Farlane, 1994). As presented in this context, the psychoeducation model views the family as a potentially powerful source of positive influence, once they receive facts of the illness (Griffin & Greene, 1999).

Psychoeducation is not a labeling approach. It identifies problems as being separate from the individual. Psychoeducation also follows a guided format. Initially speaking the therapist will make contact with each family member, and hear from him or her, about his or her perception of the problem. The therapist will assess the individual family member's understanding of the family's problems thereafter (Heatherington, 1998). As the family issues become clearer, the therapist helps the family summarize an agreed perception of the problem, as the basis for discussing what sorts of interventions might be attempted (Benner-Carson, 2000). The therapeutic tasks are as follows:

1. Providing meaning towards why the problem(s) exists
2. Providing much needed information on the universality kind of the problem
3. Having the family members map out a plan towards helping eliminate the problem.

The techniques used to eliminate the problem are mainly behavioral techniques such as shaping, blocking and contingencies of social reinforcement (Walsh, 1998).

The focus of psychoeducation is on helping reduce risk factors, associated with the development of behavioral symptoms, by providing information to help establish family functioning (Benner-Carson, 2000). Psychoeducational strategies focus mainly on providing information directed toward prevention, and enrichment rather than intervention.

Berger (1998) contends that psychoeducation provides stepfamilies with a realistic perspective regarding the uniqueness of stepfamily life, and helps the stepfamily become less anxious and feel more confident and competent. What is unique to this framework is that the central focus is on providing information, awareness, and subsequently increasing the family's knowledge of their presenting issues (Griffin & Greene, 1999). Family psychoeducation also recognizes the fact that by giving families education, support, information and coping mechanisms, they seemingly reveal higher levels of functioning, as they have fewer relapses towards their presenting issues (Piercy, Sprenkle, & Wetchler, 1996).

There is a growing body of evidence that supports the effectiveness of psychoeducation (Hawkins & Roberts, 1992; North, 1998; Pollido, 1998). Not only has psychoeducation been found to be relatively inexpensive, as compared to other therapeutic modalities such as psychoanalysis (Benner-Carson, 2000), it is also claimed to be a proven method of choice for therapists who counsel stepfamilies (Berger, 1998; Bray, 1995; Visher & Visher 1990; Visher & Visher, 1996). Psychoeducation has also been found to improve communication skills, enhancing marital relationships and parent child relations (Benner-Carson, 2000; Hawkins & Roberts, 1992).

Psychoeducation is effective because it provides families with information of their problems, processes and issues of concern. Psychoeducation helps to restore the family's well being, by helping reframe what behaviors are normal and appropriate. Psychoeducation addresses how the family can learn alternative means of communicating when faced with adversity. Psychoeducation focuses on providing information, coping skills, and social

support for family management, stress reduction and mastery of family adaptation changes (Walsh, 1993). It also focuses on forming collaborative relationships with the client family, and it encourages the therapist to be an active participant within the therapeutic process (Walsh, 1993). Given the nature of psychoeducation the therapist is given a lot of flexibility in helping the client families explore and identify problem areas without labeling, or identifying individuals. Overall, family psychoeducation works well in helping families overcome adaptation challenges, and improving family management.

Evaluation of Psychoeducational Family Therapy

The psychoeducational approach, like the ecosystemic model focuses on building family strengths, improving coping skills and problem solving skills (Goldberg-Arnold, Fristad, & Gavazzi, 1999). The efficacy of the psychoeducational approach to therapy has been established in many research projects within a wide range of populations (Hawkins & Roberts, 1992; L'Abate & Milan, 1985; Levant 1986; North, 1998; Pollido, 1998). For example, a study conducted by Hawkins and Roberts (1992), found that the improvement of communication skills, delivered by way of a psychoeducational approach enhanced the marital relationship and parent child relations. Moreover, Gordon (1980) found that parent effectiveness training conducted through a psychoeducational approach improved parent-child openness and empathy. Another study by Roosa, Gensheimer, Short, Ayers, & Shell (1989) developed a program directed at preventive intervention for children in alcoholic families, the researchers were able to conclude that children exhibited less depression and acting out and more positive coping when they participated in an eight week

psychoeducational program. Lastly, among families of adults with affective disorders, for example, bipolar disorder, preliminary evidence suggests that family psychoeducation is efficacious, and that families found psychoeducational interventions as helpful (Anderson, Griffin, Rossi, Pagonis, Holder & Treiber, 1986; Clarkin, Glick, Haas, Spencer, Lewis, Peyser, De Mane, Good-Ellis, Harris & Lestelle 1990; Goldstein & Miklowitz, 1994; Miklowitz & Goldstein, 1997).

The psychoeducational process has been proven to be an effective treatment method, yet perhaps what is lacking in this therapy, is that it does not have a strong theoretical basis. Nevertheless, given its strong usage in clinical practice, I reasoned that the psychoeducational model should be subsumed within the ecosystemic approach for the purposes of this practicum.

Course of Therapeutic Intervention

The concepts of physical settings, and the transactions, which occur within the ecosystem help to define the ecosystemic perspective, and they identify how problems might manifest themselves in individuals and families (Pardeck, 1988). Subsequently, assessment and intervention strategies viewed from this perspective identify the multiple levels and sources of discord in the target ecosystem, as well as strengths, that can be used to improve the “goodness of fit” between the client family and systems associated with the family (Pardeck, 1988). Given this rationale, an ecosystemic family assessment and intervention involves the therapist implementing a wide range of intervention strategies, concerned with addressing multiple levels of the target ecosystem (Rodway & Trute, 1993).

Pardeck (1988) developed a seven-stage model of intervention, which describes ecosystemic therapy in practice. The process of stages needs to be followed when working with families. I implemented Pardeck's seven-stage model, along with using various Structural and Bowenian systems techniques.

The seven-stage model is as follows.

Pardeck's Ecosystemic Intervention Model

1. **Entering the system** Offering treatment to a family - Creating a family genogram profiling the family's positioning. In order to establish a baseline, the Family Environment Scale, (FES) will be used.

2. **Assessing the ecology** Interpreting the data - Looking at the family's social environment and social histories. This stage involves integrating ecomaps, developing themes, and reviewing cues concerning the family members responses to understanding the development of their problems, their strengths, weaknesses and vulnerabilities.

3. **Mapping the ecology** Assessing the relationships in the family's life and its subsystems, conducting structured interviews, and identifying the family's developmental and current history.

4. **Creating a vision for change** Developing a plan of action based on its strengths - Providing a detailed clinical assessment and intervention toward

addressing the family's subsystems, marital, parental, sibling, social network patterns, and transgenerational coalitions.

5. **Coordinating-communicating** Offering support, psychoeducation and sustaining the family's continuing change efforts - Identifying family strengths and what needs to be altered, in order to deal effectively with the family stress, and restore family functioning.

6. **Reassessing** Re-evaluating aspects of the intervention - Analyzing the intervention strategy previously used to help effect the desired change.

7. **Evaluating the assessment** - Reassessing client goals and implement desired changes.

8. **Termination** - Processing the identified therapeutic outcomes.

Adapted from J.T. Pardeck (1988). Social treatment through an ecological approach. *Clinical Social work Journal*, 16(1), p. 97.

Structural and Bowenian Systems Concepts & Intervention Techniques

Seven different Structural and Bowenian Systems concepts that need to be addressed were applied in conjunction to Pardeck's seven-stage model. They are listed as follows.

1. Boundaries – Boundaries are the physical and psychological factors that separate and organize people from one another (Gladding, 1998). Boundaries are the sets of rules determining who is included in a given subsystem, and how they interact outside of it (Rothery & Enns, 2001). Boundary questions offer invaluable insight as to identifying: roles, family positioning, hierarchies, coalitions, allegiances, self-awareness and identity issues. When referring to boundaries, therapists typically ask questions such as: “Tell me more about where you see yourself in your family?”, or “How do you presently deal with conflict?” Boundary questions also help identify rigidity and flexibility in family systems, and subsystems. Subsystems are smaller units of the system as a whole, usually composed of members in a family who because of age or function are logically grouped together, such as parents. They exist to carry out various family tasks (Gladding, 1998).

2. Traditions - Involve analyzing the client family's established patterns of problem solving, as learned from their own families and culture (Rothery & Enns, 2001). When referring to traditions, therapists typically ask questions such as: “What activities did the family use to do?”, “What did you like about those activities?”, “What didn't you like?”, “How did you use to get things done?”, or “What is different now?” The purpose of asking questions regarding

traditions helps the family identify either (un)healthy relationships, and they place perspective on explaining why certain relationships maybe stronger than others.

3. Processing questions - These questions are designed to slow people down, and assist them in thinking about how they participate in triangles (Nichols& Schwartz, 2001). Some of the questions that therapists typically ask include: “Can you please explain to me why do you think this is happening?”, or “Can you see the difference from how you responded before and now?” The purpose of asking these questions is to help families understand how they define difficult situations. When referring to these questions, therapists are also helping families evaluate and give meaning to the dynamic factors related to those situations.

4. Coaching - This technique involves helping the family take ownership of their problems, and determine for themselves what need to do to help maintain change (Bray, 1995). Coaching also involves teaching families about family systems, and how they function.

5. Therapy Triangles – The triangle is the basic building block of any emotional system (Gladding, 1998). Triangles are often defined as situations where three family members become over involved in family issues. As stress sets in the family, a neglected partner may seek a third party to help resolve a problem, but this may create even more difficulty (Nichols & Schwartz, 2001). When referring to this concept therapists typically explore the conflict dynamics of the family. This may include using diagrams to illustrate how triangles form, and

how scapegoats are identified. A scapegoat is a family member who the family designates as the cause of its difficulties (Gladding, 1998).

6. Reframing – This is a technique that involves the therapist changing the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced, and placed in another frame that fits the facts and thereby changes the entire meaning (Griffin & Greene, 1999). Essentially, the concept of reframing attempts to alter the constructed image of a problem and the context in which it resides.

7. Focusing on client strengths and motivation – This involves emphasizing family strengths and showing appreciation as to how these are used in the therapeutic process (Cowger, 1992). When therapists are using this technique, they are typically focused on identifying the underlying positives and strengths of a given behavior. They also focus on identifying and understanding what the purpose of the presenting behavior is. In essence, the therapist is looking to identify the positive underlying motivation. This strategy focuses on looking at the family's level of resolve, and strengthening their appreciation of the resources they have internally and externally.

Figure II

Conceptual Analysis of Intervention Model and Therapeutic Techniques

Ecosystemic Metaframework

Integrating systems and subsystems
Utilizing community resources
Improving relationships

Creating resources
Identifying ecomaps
Developing themes

Therapeutic Techniques

Structural Family Therapy

Reframing
Realigning
Identifying family positioning
Identifying roles
Joining & Accommodating
Enactments
Blocking
Unbalancing
Challenging unproductive assumptions

Bowenian Systems

Therapeutic triangles
Traditions
Coaching
Sibling positioning
Assessing anxiety
Processing questions
Differentiation
"I-position"
Displacement stories
Relationship experiments

Psychoeducation

Educating families
Strength building
Assessing family motivation
Facilitating family discussions
Pressure reduction
Increasing family cohesion
Lowering expectations

Evaluation of Ecosystemic therapy

Integrating Structural and Bowenian systems theories and techniques in the ecosystemic approach provides an impressive foundation for work with all family types including: lone parent families, common-law-couples and stepfamilies. For instance, when helping stepfamilies find solutions to resolve their difficulties, the ecosystemic model offers assistance, through the integration of a multiple systems approach, by perceiving problems as they appear in a system and not merely in individuals. The ecosystemic perspective also allows for the consideration of how a common-law couple relates to new family relationships, or how either a lone or two parent families are affected by the new interactional patterns between the parent and the child (Bray, 1995).

Ecosystemic therapy allows the therapist to freely observe and understand how the interactional patterns in one's extended family, may affect the interactional processes within one's immediate family (Bray, 1995; Nichols, 1989). For instance, Bray (1995) has found that the ecosystemic family therapy model is favored over other therapeutic interventions in counseling stepfamilies, due to its ability to analyze, and take into consideration the degree of complexity, and interconnection amongst other systems. It is believed that given its effectiveness in practice, that the ecosystemic model is not outdated and that it is still being practiced.

CHAPTER IV

INTERVENTION: PROCESS AND PROCEDURES

The ecosystemic framework provides the most coherent and dynamic approach in addressing functioning of different family types. The ecosystemic approach looks at helping members to understand both the context and complex nature of family life (Berger, 1993).

I believe that the success of the ecosystemic discourse will be based on two assumptions. First, most of the client families receiving services require help in establishing boundaries, clarifying roles, developing coping mechanisms, skills of communication, negotiation, conflict resolution and developing parental coalitions. Second, by implementing the proposed intervention, the selected integration will help the identification of tasks that have to be achieved within each subsystem.

The following section describes the procedures involved in implementing this therapeutic model.

Setting: The Family Centre of Winnipeg

The practicum was conducted at the Family Centre, which is located on the 4th floor of Portage Place Mall. The counseling department at the Family Centre offers several services including: support for individuals, couples, lone parent families, stepfamilies, anger management and parenting groups; and an array of individual, couple, family and group therapy services. The Family Centre was seen as the ideal setting for this practicum because it is community based, and it provides a suitable learning environment where one can develop family therapy skills and implement the proposed model.

Procedure

The client families were assessed during the first three sessions. During the initial session the client families completed three assessment forms issued by the Family Centre. These agency forms had to be completed prior to receiving services. These three forms included an agency formulated parenting scale, a family assessment measure, and a self-esteem inventory. Client families were also given the Family Environment Scale, (FES) (Moos & Moos, 1994). As well I listened attentively to identify individual personality traits, family of origin & non-custodial parent issues, social realities, family systems, and sub-systems. Individual ecomaps and a family genogram were fashioned in conjunction with the families thereafter. These group illustrations served as the primary foundation, used to provide a full visual understanding of the family background.

Over the next two to three sessions, the client families were asked to identify their concerns, and explore and develop methods to address their issues. Goal setting involved the families and myself. During this stage, the families and I identified and interpreted the various levels of family functioning by analyzing the client reports. I also had the family members discuss their strengths in order to help overcome their anxiety.

Prior to actual termination, all of the client families had an opportunity to re-examine their goals and the treatment methodology being conducted. During the fifth and sixth sessions, the client families consulted with myself regarding their feelings concerning termination. Actual termination occurred only when the family felt as though their goals had been met, or that they were close to reaching them. During this point, I helped provide

closure by having the families complete the post intervention measures and treatment outcomes thereafter.

Supervision & Advisory Committee

The advisory committee comprised of two faculty members, Dr. Maria Cheung, Committee Chairperson/ Student Advisor, Dr. Alexandra Wright, and Ms. Arla Marshall, MSW, who served the capacity of Clinical Supervisor and external member.

Ms. Arla Marshall, MSW, Clinical Supervisor, provided biweekly clinical supervision during the preliminary stages of the practicum. The sessions lasted for approximately one and one half hours. I found these meetings to be quite insightful. Dr. Maria Cheung, Committee Chair/ Student Advisor, provided additional clinical supervision and consultation. Clinical consultation was usually provided on a biweekly basis as well.

Evaluation

For the purposes of evaluating this practicum, I used Moos & Moos (1994) Family Environment Scale, FES. I believed that this particular measure was relevant to the practicum, as research has shown that it possesses the capability to provide excellent data, which can be analyzed and used to enhance the therapeutic process (Moos & Moos, 1994). The FES has also been widely used in over 200 publications describing its application with families experiencing a broad range of problems (Toutiatos, Perlmutter, & Strauss, 1990). For instance, the FES has been used in a wide variety of studies including studies of families with alcoholic members, and psychiatric patients (Roosa, & Beals, 1990). It has also been used in studies of adolescent personality, (Roosa & Beals, 1990), family typologies (Billings

& Moos, 1982; Reichertz & Frankel, 1993), social support (Barrera, Sandler, & Ramsey, 1981) and family and individual therapy (Billings & Moos, 1984).

The FES fits well with the ecosystemic model, as the FES describes family level phenomena such as systemic characteristics. The FES focuses on the describing the social environment as perceived by family members. Therefore, this scale is extremely relevant to my model, as the focus of the model is improving interactions and establishing healthy relationships amongst family members. The FES compliments the ecosystemic/ psychoeducation model as it reviews the client family's given social environment, in appreciation of their individual perceptions. Lastly, this measure can be easily scored and interpreted on a case-by-case basis with a template (Reichertz & Frankel, 1993). A brief discussion of this measure will follow hereafter.

Family Environment Scale

The Family Environment Scale, FES measures the social environment of families. It is comprised of ten subscales or dimensions, which are divided into three sets:

1. Relationships Dimensions
2. Personal Growth Dimensions
3. System Maintenance Dimensions.

The relationship and systems maintenance dimensions reflect internal family functioning, and the personal growth dimension reflects the linkages between the family and the larger social context.

Given that each person in a family forms an image of the family from his or her own experiences, the FES is seen as an appropriate scale to measure how events and family interactions contribute to people's judgments and impressions of their family. In essence the family social environment, which is measured on three scales, reflects its "personality". In many ways each family has its own "personality" or social climate, which gives it unity and coherence.

FES Subscales and Descriptions

Relationship Dimensions

- | | |
|-------------------|---|
| 1. Cohesion | the degree of support family members have for one another |
| 2. Expressiveness | the extent family members directly express their feelings |
| 3. Conflict | the amount of openly expressed anger within the family |

Personal Growth Dimensions

- | | |
|--------------------------------------|--|
| 4. Independence | the extent to which family members are assertive |
| 5. Achievement Orientation | the level of achievement orientation in family |
| 6. Intellectual-Cultural Orientation | the level of interest in differential activities |
| 7. Active-Recreational Orientation | the amount of participation in social activities |
| 8. Moral-Religious Emphasis | the emphasis on ethical or religious issues |

System Maintenance Dimensions

- | | |
|-----------------|--|
| 9. Organization | the degree of importance in planning family activities |
| 10. Control | how much set rules and procedures run in family life |

Source: (Moos & Moos, 1994, p.1)

The FES comprises of three forms:

1. Form R – Measures people's perceptions of their current family environment.
This form helps the therapist formulate a clinical case plan and monitor change.
2. Form I – Measures people's preferences about an ideal family environment. This form helps therapists identify the family member's value orientations.

3. Form E – Measures people's expectations about family settings. Each of the 90 items in Form I and Form E corresponds to an item in Form R.

Scoring of the FES is completed by using a template provided by the publisher, in which the few items are arranged so that each column of responses on the answer sheet constitutes one subscale. Factor analysis using subscales scores reveal that with a sample of 814 family members, family cohesion versus conflict, and family organization versus controlled activities were markedly different amongst the two groups (Tutty, 1995). Given these indicators, the FES helps to identify cohesive families from families who are in conflict.

Interpreting the FES Scores

In order to facilitate the interpretation of the FES scores, Moos & Moos (1994) developed a typology of family environments based on data from representative community samples. Moos & Moos (1994) obtained normative data for 1,432 normal and 788 distressed families. These samples included over 1,000 respondents in 285 families. The typology classifies families according to their most salient aspects.

Using a procedure that considers first personal growth, then relationship and then system maintenance characteristics seven family types are identified (Moos & Moos, 1994).

1. Independence orientated
2. Achievement orientated
3. Intellectual-cultural orientated
4. Moral-religious orientated

5. Support orientated
6. Conflict orientated
7. Disorganized

Source: (Moos & Moos, 1994)

Moos & Moos (1994) were able to classify 90 percent of the family profiles (241 of 267) into one of the seven types. Their classification method uses a hierarchical set of rules and assigns a profile to the first applicable family type. The development and classification rules are found in Billings & Moos' journal article: Family environments and adaptation (Billings & Moos, 1982). A description of each of the three FES family typologies will follow hereafter.

Personal Growth-Orientated Families

Personal growth-orientated families have at least one elevated subscale (T-score ≥ 60) within the personal growth domain, other than active-recreational orientation. Personal growth orientated families include:

- Independence-orientated families (14.2 percent; independence ≥ 60 and independence \geq achievement, intellectual-cultural and moral-religious subscales)
- Achievement-orientated families (11.2 percent; achievement ≥ 60 and achievement \geq intellectual-cultural and moral-religious subscale)

- Intellectual-cultural-orientated families (13.1 percent; intellectual-cultural \geq 60)
- Moral-religious-orientated families of two types:
 - a. Structured moral-religious families 17.6 percent; moral-religious \geq 60, moral-religious \geq intellectual-cultural and organization \geq 50);
 - b. Unstructured moral-religious families (6.0 percent; moral-religious \geq intellectual-cultural, and organization \leq 50)

Relationship-Orientated Families

Relationship-orientated families cannot be categorized as personal-growth-orientated and have at least one elevate subscale within the relationship domain. Relationship-orientated families include:

- Support-orientated families (15.3 percent; cohesion or expressiveness or both \geq 60 and either cohesion or expressiveness \geq and conflict)
- Conflict-orientated families (5.2 percent; conflict \geq 60)

System Maintenance-Orientated Families

System maintenance-orientated families cannot be categorized as either personal growth-orientated or relationship-orientated. One type established within the system maintenance domain is: Disorganized families (7.5 percent; organization \leq 50)

Source: (Moos & Moos, 1994, pp. 13-14)

In summary, according to Moos & Moos, (1994) by classifying a family as representative of a more inclusive type, the clinician can compare it with similar families and formulate more accurate prognoses and interventions (Moos & Moos, 1994). The clinician's task is to analyze the family scores, identify how the family sees themselves, interpret the family mapping and then assign the appropriate family classification.

Client Population – Demographic Characteristics

Eight families were selected from the Family Centre's intake and referral list. Counseling sessions ranged from eight to sixteen, one hour, and forty-five minute sessions. The sessions were conducted over a four-month period, beginning on April 21st, and ending on August 22nd, 2003.

All client family interviews were documented, and all of the family sessions were videotaped, in order to assist myself in reflecting, case planning, composing the written analysis, developing therapeutic interventions and preparing for the oral defence. Client permission was obtained on signed consent forms prior to videotaping the sessions. Lastly, all of the family cases were recorded anonymously within the practicum report, in order to ensure and respect client confidentiality.

In terms of family typology, four out of the eight client families identified themselves being stepfamilies; three as lone parent families, and one was a biological family. Each of the families was formed by way of diverging circumstances: separation/ divorce, and death of a spouse.

Out of the four stepfamilies interviewed, two were married, and two were living common-law. Two out of the four stepfamilies were formed from a father-child subsystem

joining with a mother-child subsystem. The other two were formed by a mother-children subsystem incorporating a new husband/ stepfather. Two out of the four stepfamilies had children from the current relationship as well.

With reference to the three lone parent families, one was identified as a sole-custodial female head of household, another was a sole-custodial male-head of household, and the other one was joint custodial family. The father and son attended counseling sessions in this family. Interestingly, in the two custodial families: (one female-headed and the other male-headed) both families had children who were half-siblings, who were relatively young. Lastly, each of the lone parent families had existed for more than twelve consecutive months.

Other characteristics concerning the assigned client families included the following:

- Five out of the eight families had family members who had previously attended individual counseling sessions. Out of these five families: one was a lone parent father, who had joint custody of his son, another was a lone parent mother, who had sole custody of her children, and the remaining three, were the parents from the stepfamilies: married couple both parents had previous counselling experience, and the other two involved the two common-law couples where both female partners had previous counselling experience.
- Seven out the eight families had presented with individual members suffering from past traumas, childhood abuse, incarceration, and alcoholism. These individual problems persisted and required considerable attention thus family development was hampered. All of the families were affected by past traumas, except for the nuclear family.

- Three out of the eight families had parents currently taking psychotropic medications. This number included both lone parent fathers, the sole lone parent mother.
- Seven out of the eight couples had children from past relationships. This number included all of the families, except for the biological family.
- The children in four out of the seven non-biological families did not see their non-custodial parent regularly. This number included all three stepfamilies and one lone parent family, male head of household.
- All of the stepfamilies reported violence in either their previous or present relationships. Only one of the lone parent families, in this case female head of household reported previous violence.
- Five out of the eight families continued to receive counseling at the Family Centre. This number included: two stepfamilies, married couple and the common-law couple, and all lone parent families.

Table IV
Client Family Demographics

Family Classification	Family Case # 1		Family Case # 2		Family Case # 3		Family Case # 4	
	Stepfamily (Common-law)		Sole-custodial Lone parent family (Female headed)		Joint custody Lone parent family (Father-son)		Sole-custodial Lone parent family (Male headed)	
Client Classification	W IFE	HUSBAND	W IFE	HUSBAND	W IFE	HUSBAND	W IFE	HUSBAND
Approximate age range of partners	late 20ties	early 30ties	mid 30ties	early 30ties		late 40ties		early 30ties
Race	Caucasian	Black	Caucasian	Caucasian		Caucasian		Caucasian
<u>Relationship Information</u>								
Number of prior marriages	0	0	1	0	0	1	0	1
Length of present marriage or Common law union relationship	2 yrs		Previously married for 6 yrs		4 yrs		0 yrs	
<u>Family Composition</u>								
# of children residing in home	2		3		0		2	
Number of sessions attended	8		11		7		12	

Table V
Client Family Demographics

Family Classification	Family Case # 5		Family Case # 6		Family Case # 7		Family Case # 8	
	Stepfamily (Common-law)		Nuclear family (Biological)		Stepfamily (Married)		Stepfamily (Married)	
Client Classification	W IFE	HUSBAND	W IFE	HUSBAND	W IFE	HUSBAND	W IFE	HUSBAND
Approximate age range of partners	mid 30ties	early 40ties	Early 40ties	early 40ties	early 30ties	early 30ties	mid 30ties	early 30ties
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
<u>Relationship Information</u>								
Number of prior marriages	0	1	0	0	1	0	1	0
Length of present marriage or Common law union relationship	3 months		21 yrs		3 yrs		4 yrs	
<u>Family Composition</u>								
# of children residing in home	3		2		3		4	
Number of sessions attended	13		4		16		7	

CHAPTER V

DETAILED CASE SUMMARIES AND ANALYSIS (FAMILIES 1, 2 & 7)

The following section will review the eight cases seen during the practicum. As discussed earlier, an ecosystemic intervention model was applied to each of the cases. In order to begin the review, three detailed analyses will be described. I chose the three most complex cases to be analyzed first. The remaining five case histories will be briefly described thereafter.

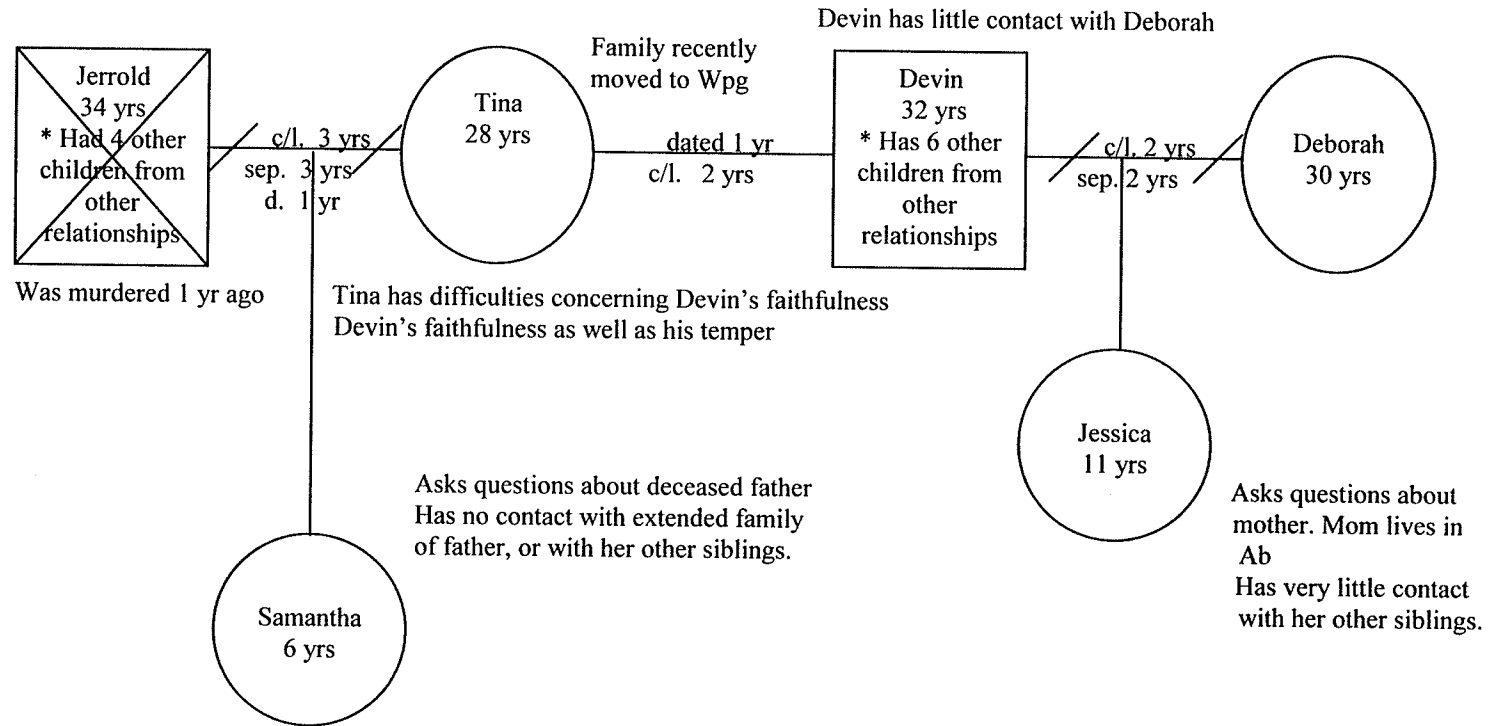
Family: # 1 (Tina & Devin) Common law stepfamily

Family History and Presenting Problems

Tina and Devin presented as a youthful couple, who was involved in an *off and on* ten-year relationship. Tina and Devin admitted that they only became serious about the relationship three and one half years ago. Tina and Devin were previously involved in illegal activities, drugs and prostitution in another city, and they moved to Winnipeg in order to provide a better life for their children.

Tina and Devin informed me during the first session that their adolescent years were poor. I was told by both of them that both of their parents separated and divorced. Tina and Devin admitted both being hurt and that they acted out - by getting involved in drugs and alcohol, taking risks, engaging in high risk activities, and entering poor relationships. Tina and Devin admitted that these actions impacted both of them negatively. Tina and Devin mentioned that they maintained this high-risk lifestyle for years, but now they wanted to make changes.

Figure III
Family Genogram -- Client Family: # 1
(Stepfamily/ Common-law)



The stepparent-stepchild relationships are weak in this stepfamily. The marital relationship is beginning to suffer, as both parents are experiencing difficulties in adjusting to their newly defined parenting roles.

Leaf inserted to correct page numbering

Tina and Devin's children, Jessica (9), and Samantha (6), were both from different partners. Tina was Samantha's mother and Devin was Jessica's father. Devin also had several more children from previous partners as well. Tina was aware of these children, and she accepted them and encouraged Devin to form relationships with them. Nevertheless, Tina and Devin were seeking assistance primarily to strengthen their relationship within their immediate family and with their stepchildren. Tina and Devin admitted that they had poor relationships with their respective stepchildren, and they wanted to learn how to improve their relationships. Tina and Devin wanted to develop their relationships with their stepchildren, because they believed that their marriage was falling apart. Tina and Devin felt that their relationship was suffering, because they did not understand each other's child.

Tina initiated the counseling process, by presenting the family as having numerous difficulties stemming from past hurts, misunderstandings and periods of separation. These concerns seemed to be primarily located within the marital subsystem, nevertheless there were equally as many family problems, in terms of how parent/ child interrelationships and interactions.

Ecosystemic Analysis

During the second session I asked Tina and Devin to complete the FES (Moos & Moos, 1994) and then have each family member create their individual ecomaps. I felt that having each family member complete the individual ecomaps was a purposeful exercise, as I was then able to gather a realistic illustration of the family. This exercise addressed stage one of Pardeck's model, "Entering the family system", (Pardeck, 1988). The family and I then

integrated the individual ecomaps to create a family ecomap, once the individual ecomaps were completed. This was done in order to illustrate the relative positioning on family members. This stage involved integrating then implementing both stages two and three of Pardeck's model, "Assessing the ecology" and "Mapping the ecology", (Pardeck, 1988). This exercise proved advantageous as the family seemingly became more involved and shared their perceptions of how and why certain problems maybe affecting others family members.

The ecosystemic assessment revealed that the family did not fair well in their recent transition; they were still unsettled. The family had recently moved from another province, and they were not satisfied with their housing, or with the new friendships that they made. These environmental concerns created a lot of tension, as Devin worked long hours and spent little time with the children. Tina was resentful that she had little help from Devin, or others in the community. The couple stated that they fought every other evening. Tina stated that she was frustrated that Devin was never home, and that if there was a problem with Jessica, Devin's daughter, Tina felt as though she was unable to discipline Jessica. This inability left Tina feeling powerless and upset Jessica, Jessica and Devin were also upset, as Devin was not present in Jessica's life.

Tina also stated that Devin and she did not spend as much time together as she would like. Since Devin was working long hours, Tina felt as though Devin did not want to be home with her and that he was becoming disinterested. Tina suggested that she saw similar patterns before; this was when she had discovered that Devin was involved with another woman. Tina would not admit to having these thoughts, but I sensed that she was still having a very hard time trusting Devin. I also felt that Tina maybe feeling vulnerable, since she was not working

and had very few associations, friends and supports. Tina wanted to do more as couple with Devin; however Devin seemed to be unmotivated, and did not appear to present the same sense of urgency as Tina. I recognized that Devin was tired, however I felt that he might have been disinterested in specifically spending time alone with Tina.

I assessed the marital subsystem in this family as being weak. Tina was clearly dependent on Devin. I believe that this made her feel frustrated and powerless. Tina often expressed her distrust of Devin. I felt that these overtures were expressions of her unresolved anger and disapproval of Devin's previous affair. Both partners had issues with infidelity, however Tina was very vocal about her opinions of Devin's past actions.

The parental and sibling subsystems were weak in this family too. It was evident that Tina and Devin were experiencing difficulties in terms of parenting consistency. Both parents had different parenting approaches, such as Devin was passive, and Tina was the disciplinarian as she was with the girls most of the time. Devin had poor relationships with their stepchildren. Subsequently, Samantha and Jessica had difficulties understanding what was expected of them, and they felt that each parent favored their own child. I did not sense that Samantha and Jessica did not like one another, however when interviewing them independently, I felt as though they felt that their parents were having difficulties getting along.

In terms of interfamilial-interpersonal difficulties, both Samantha and Jessica questioned not being able to see their respective parents. Other interfamilial-interpersonal questions regarding family instability, individuality, depression, and self esteem concerns were also mentioned. Tina and Devin had little involvement with their former spouses or

extended families. In Tina's case, her ex-spouse died one year earlier, and her daughter Samantha questioned why she could not visit with her father. Other interpersonal-adjustment difficulties revealed that both parents experienced difficulties trying to integrate two different sets of parenting philosophies, and values. It was clear that forming house rules and sharing a common style of discipline, was difficult for Tina and Devin to accomplish. According to the stepfamily lifecycle, it can be stated, that Tina and Devin were in the early stages, of defining their stepfamily (Papernow, 1993).

Therapeutic Goals

The third family session was characterized by implementing stage four of Pardeck's Ecosystemic Intervention model, "Creating a vision for change", (Pardeck, 1988). During the third family session, Tina and Devin mentioned wanting to achieve the following goals.

1. Improve their communication
2. Develop better parenting skills
3. Have a strong and caring family

Tina and Devin felt as though working on these three areas would be the most helpful for themselves. I felt that the family needed to work in the areas of transition and dealing with loss. It was evident that Samantha was struggling in accepting the loss of her father, as well as Jessica having a poor relationship with her extended family. I felt that in order for the marital relationship to improve, Devin needed to spend more time with Samantha and Jessica, given Tina's feeling towards Devin's poor involvement. The girls seemed to be pleased that Samantha wanted Devin to spend more time with them. I sensed that Devin also

wanted to become more involved. I felt that these topics should be added, in order to help provide more consistency, purpose and structure towards addressing the family goals. The family was responsive and agreed to the suggested goals.

Intervention

The intervention took place during the fourth, fifth and sixth sessions. The intervention represented implementing stages five and six of Pardeck's model, "Coordinating-Communicating" and "Reassessing" (Pardeck, 1988).

In order to assist this family, specific interventions included the following.

1. Normalizing specific situations, while quoting the relevant literature and emphasizing to Tina and Devin that many of their conflicts were common to stepfamilies.
2. Having family members practice using "I" statements
3. Developing constructive ways of dealing with conflict, by recognizing differences according to family of origin experiences and expectations.
4. Applying common therapeutic techniques such as: coaching, enactments and revealing therapeutic triangles.

Given the multiplicity of problems facing this family, such as role identity concerns, and interfamilial-interpersonal problems, I felt that it was necessary to focus the family sessions on identifying how they deal with loss, and how they could work together to become a strong and caring family. It was evident that the family was eager to work on their issues, and I

sensed that there was a general willingness to want to process their unresolved issues, yet they seemed unaware of how to approach their difficulties.

I applied the ecosystemic model by providing exercises that addressed problematic communication patterns and focused on developing healthy coping practices. In order to gain a better sense of what was happening within the home, I asked the family to interact as would at home. Once observing the family's patterns of interaction, I then attempted to improve the communication amongst members by having the family members implement structural techniques, such as enactments, realignment and joining.

In order to observe problematic behavioral sequences, I would ask the family to openly discuss how they dealt with a difficult situation since our last session. I would then use the flip chart to illustrate my conceptual understanding of how the family was working on resolving their problem. Afterwards the family and I would collaborate and further address how we could realign and shifting problematic family interactions on the flip chart. Lastly, the family was then asked to act out how they could have resolved their difficulty, using the techniques that we all worked on improving.

Most of the family sessions often involved using a flip chart, while addressing, reviewing and comparing current practices, versus implementing and structuring desired family interactions. We also discussed how being obstinate, having an unwillingness to adopt newer ideas and maintaining past practices may do more harm than good. I found that Tina and Devin needed to show the children and one another, that they were willing to support one another by listening, compromising, negotiating, and accommodating to one another. It appeared that Tina and Devin agreed with my rationale, and they were willing to attempt to

improve in these areas. Some of the other exercises that we focused on included accepting differences, while reframing their misunderstandings.

The ecosystemic model proved to be advantageous in this case, whereas the focus was on adopting newer practices and having the family learn from one another by listening more attentively. I felt that the family was pleased with this approach, as a lot of the emphasis was directed on readdressing current practices. I believe that this family felt empowered, as they were active participants in constructing their future outcomes.

In terms of addressing much of the family conflict, it was evident that Tina and Devin presented as having poor negotiation and compromising skills. Subsequently, Samantha and Jessica were negatively affected by these interactions. Samantha and Jessica always took their parent's sides, and became overly involved in their parent's arguments. In terms of analyzing much of the conflicts, I felt that Tina felt undervalued by Devin, and Devin felt that Tina was needy yet confrontational. I suggested that the couple needed to acknowledge their differences, yet reframe and redefine their commitment to one another. I emphasized that in order for the family to be able to move forward they needed to find a way to accept their differences, but work together for the benefit of the family. Tina and Devin agreed to work on this by spending more time talking about their roles as responsibilities as joint heads of the household. Tina and Devin admitted that they would have to listen to one another and structure more time for themselves, as well as for the family. I believe that these practices would help the family form healthy relationships.

Evaluation

I used the FES to evaluate the family. I believe that the results of the FES accurately reflected Tina and Devin's view of family functioning. The presenting issues for this family involved role strain, strained stepparent-stepchild relationships, poor marital communication and unresolved individual grievances. The pre-intervention FES scores revealed a conflict orientated family. The conflict and control subscale scores were rather high, indicating that the family was experiencing difficulties communicating. Tina and Devin's FES scores were for the most part very similar; Tina and Devin viewed the family environment very similarly in terms of family conflict, independence and control. Tina and Devin pre-intervention conflict subscale scores were the same, both spouses scored seventy-five. Their pre-intervention independence subscale scores were also the same, both scored thirty-seven. The pre-intervention subscale scores revealed low family cohesion. Tina and Devin's pre-intervention cohesion subscale scores were twenty-five and eighteen respectively. In terms of the active recreation subscale scores, Tina's pre-intervention score was thirty-three, and Devin's score was twenty-three. Tina and Devin stated that the FES pre-intervention scores accurately reflected their family's level of functioning. The FES pre-intervention scores revealed that Tina and Devin did not do that much as a family, there was a lot of dependency on the other partner and there was not a sense of family cohesion.

In terms of evaluating Tina and Devin's family organization pre-intervention subscores, Tina's score was forty-two, and Devin's was twenty-six. Tina indicated that she felt that there was some sense of family organization, but Devin did not agree. Devin believed that he would like to improve in this area, and that this was an area that was perhaps

causing the most stress for everyone, because the family did not have set schedules, routines and activities.

Tina and Devin felt that there was a lot of family control. Tina's pre-intervention control subscale score was fifty-four, Devin's subscale score was sixty-five. Devin stated that he was fairly pleased in this area, yet Tina felt that they needed to improve in this area as her expectations and of family rules and procedures was unclear.

The post-intervention FES test was given to Tina and Devin on the seventh session. The seventh session represented the evaluation stage of Pardeck's seven stage model (Pardeck, 1988). The post-intervention scores revealed slight improvement in the areas of organization and control. Tina's post-intervention organization subscale score remained at forty-two, and Devin's rose from twenty-six to fifty-three. In terms of analyzing the post-intervention control subscale scores, Tina's score rose from fifty-four to sixty-five. Devin's subscale score remained at sixty-five. The subscale scores revealed a marked increase in the area of organization for Devin, but not in the area of control. Tina's organization score remained stable, however her control subscale score increased.

The conflict subscale score revealed that Tina and Devin's conflict score did not improve. Tina and Devin were both scored at seventy-five. Tina and Devin admitted that the family was still having problems, but the family was now participating in more recreational activities. Tina and Devin also stated that they were listening to one another more, and they felt that they were making progress. Even though the post-intervention FES scores revealed that there was more family organization and control, for one of the spouses, the post-

intervention results did not show that there was marked improvement in family functioning overall.

According to the FES scores, Tina and Devin viewed the family environment similarly, yet they still experienced some of the same problems regarding trust, insecurity and jealousy concerning previously unresolved issues. Devin's subscale scores regarding independence, conflict and control did not change.

Overall, I believe that the ecosystemic intervention proved to yield satisfactory gains. I felt this way because Tina and Devin seemed to appreciate the model and they worked hard on adopting newer ways of identifying and addressing their problems.

It is very difficult to indicate whether the ecosystemic intervention caused the changes in the FES scores. Tina and Devin's conflict subscale scores did not change. Their conflict scores still remained high, and Tina and Devin complained that they were having difficulties overcoming previous issues of distrust. Over time I am sure that the FES would produce more meaningful scores. I believe that given Tina and Devin's past history, Tina and Devin would surely benefit by having more sessions. I was pleased that the family recognized that they had more work to do and that the FES scores provided them with information on where they were weak, as opposed to where they were managing fairly well.

Tina and Devin indicated that this was the first time they attended counseling together, and that they knew that they had a long way to go. The family reported that they found the intervention exercises - enhancing communication skills: reframing and practicing negotiation to be helpful, yet they admitted that they were guilty of not implementing these practices regularly.

Figure IV Pre & Post Intervention FES Scores
Family #1: (Tina Only)

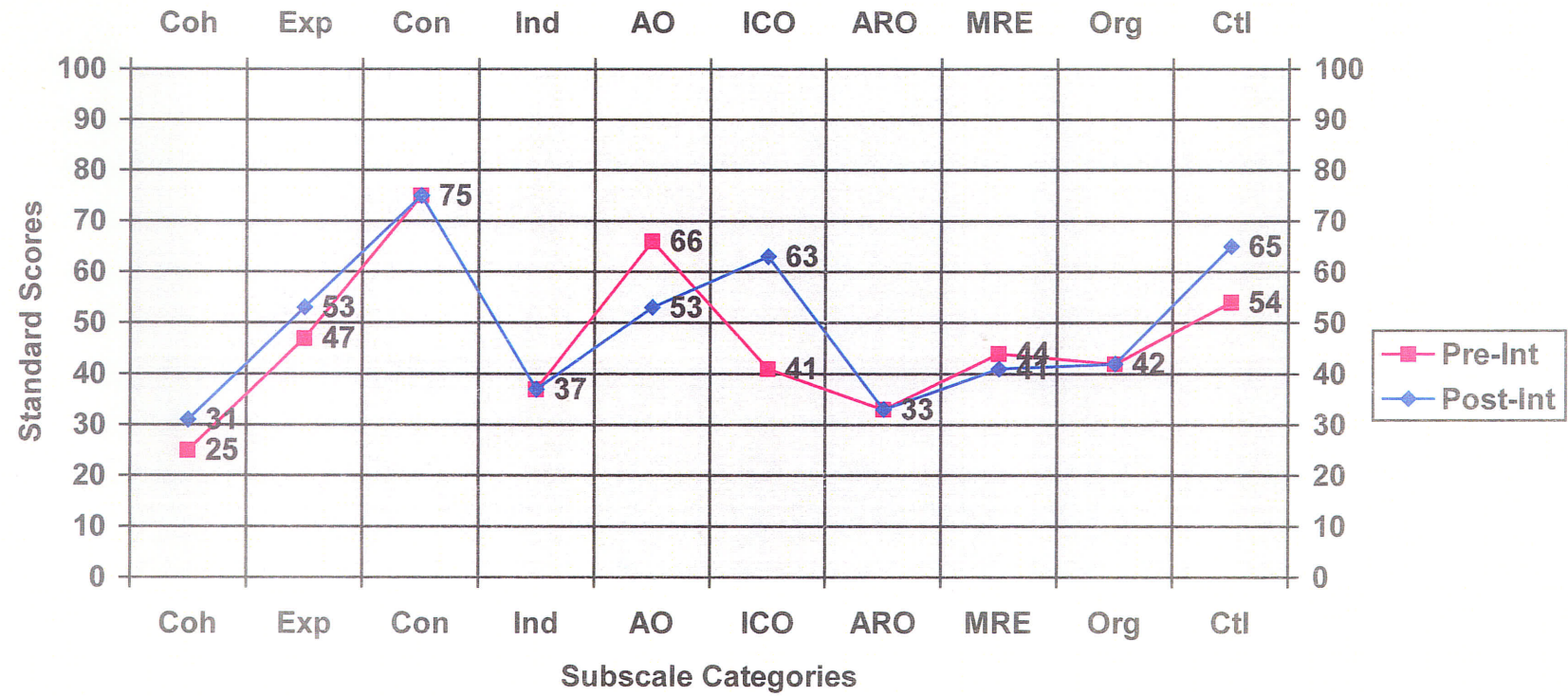
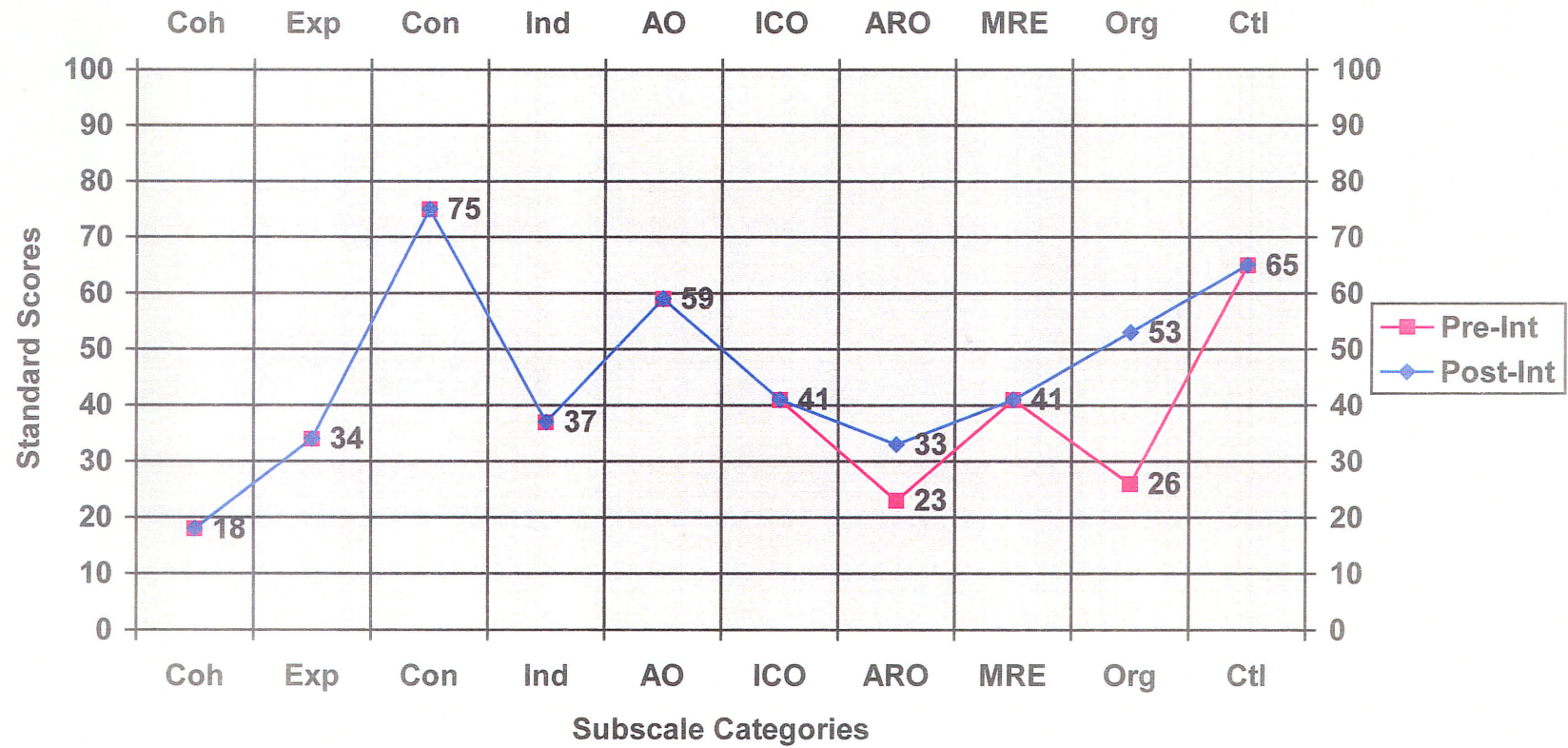


Figure V Pre & Post Intervention FES Scores
Family #1: (Devin Only)



Termination

Tina and Devin assessed their family's progress during their sixth session. The couple reported that the entire family needed to continue to spend more time in counseling. Tina and Devin felt that counseling was helpful, but they admitted as having a lot to learn. The FES was given to Tina and Devin during the seventh session. The case was officially transferred to the Intake Team of the Family Centre after the eighth session. Samantha and Jessica were pleased with their parent's decision to continue counseling. They agreed and felt that the family needed some more time to work on their issues.

I felt as though my involvement in the family helped them to realize what they wanted from one another. I believe that counseling provided the family with a venue, where they could discuss their issues freely, without being chastised or attacked. I also believe that this environment was structured and purposeful, where the family was able to set goals and work on resolving their issues. The family admitted that they were beginning to see improvements on how they deal with conflict at home. I attributed their attendance in family counseling as helping them in this area.

Samantha and Jessica also mentioned that once they were back in school, they wanted to have individual counseling with their guidance counselor. Tina and Devin were encouraged and supported their decision. Tina and Devin said that they would look at taking parenting courses and perhaps attend other groups being offered at the Family Centre. Overall, I believe at the family was beginning to see less tension amongst themselves, and that Tina and Devin were starting to become more involved with their stepchildren. I believe that the family was happier near the middle to end of our sessions, because they were

participating in more recreational activities, and Devin was working less and spending more time with the children. The family seemed to be more conscientious of each other's needs as they indicated to myself that practicing " I "statements and that they were reviewing their arguments constructively, by taking into account everyone's perspective of how to resolve the problem.

Conclusion

I was impressed with this stepfamily. They were honest, ambitious and truly worked hard on trying to overcome their difficulties. Tina and Devin faced a lot of challenges, such as adapting to a new community, and bonding with their stepchildren who were still attached to their ex-spouses. I felt that the FES accurately measured the family's level of functioning pre and post-intervention, and the interventions were purposeful. The case was officially transferred after eight sessions, as the family indicated that they still needed some more time to work on their issues.

Overall, I would rate this case as being successful as they family demonstrated a general willingness and commitment to work on resolving their issues. It was evident that Tina and Devin needed more time to learn more about overcoming past hurts, and dismantling their negative feelings towards one another. Samantha and Jessica also needed to know why they could not see their father and mother respectively. I found the two children to be emotionally needy, and I felt that Tina and Devin had to show that they acknowledged Samantha and Jessica's grievances. Tina and Devin needed to demonstrate a general

willingness to strive to fulfill their step parenting roles wholeheartedly. The family was beginning to make progress in this area, but it was evident that additional help was needed.

Family: # 2 (Simone)
Sole-custodial/ Lone parent family (Female-headed)

Family History and Presenting Problems

Simone presented as a thirty-four year old mother of three children: Sheldon (15), Haley (10), and Teddy (9). Simone had been separated from her former partner Patrick for one year, and her three children were not handling the separation well. Simone stated that there was a lot of fighting at home, and that all of the children were acting out in school. Simone also admitted that she was also having emotional difficulties, as she was taking antidepressants whenever she could afford them. Simone did not say that she had been officially diagnosed with suffering from depression. She did not state that she was seeing her family doctor either. Since Simone did not elaborate any further on this subject, I did not further question Simone about this subject. I did not believe that Simone had a substance abuse problem, as she did not exhibit signs of abusing drugs.

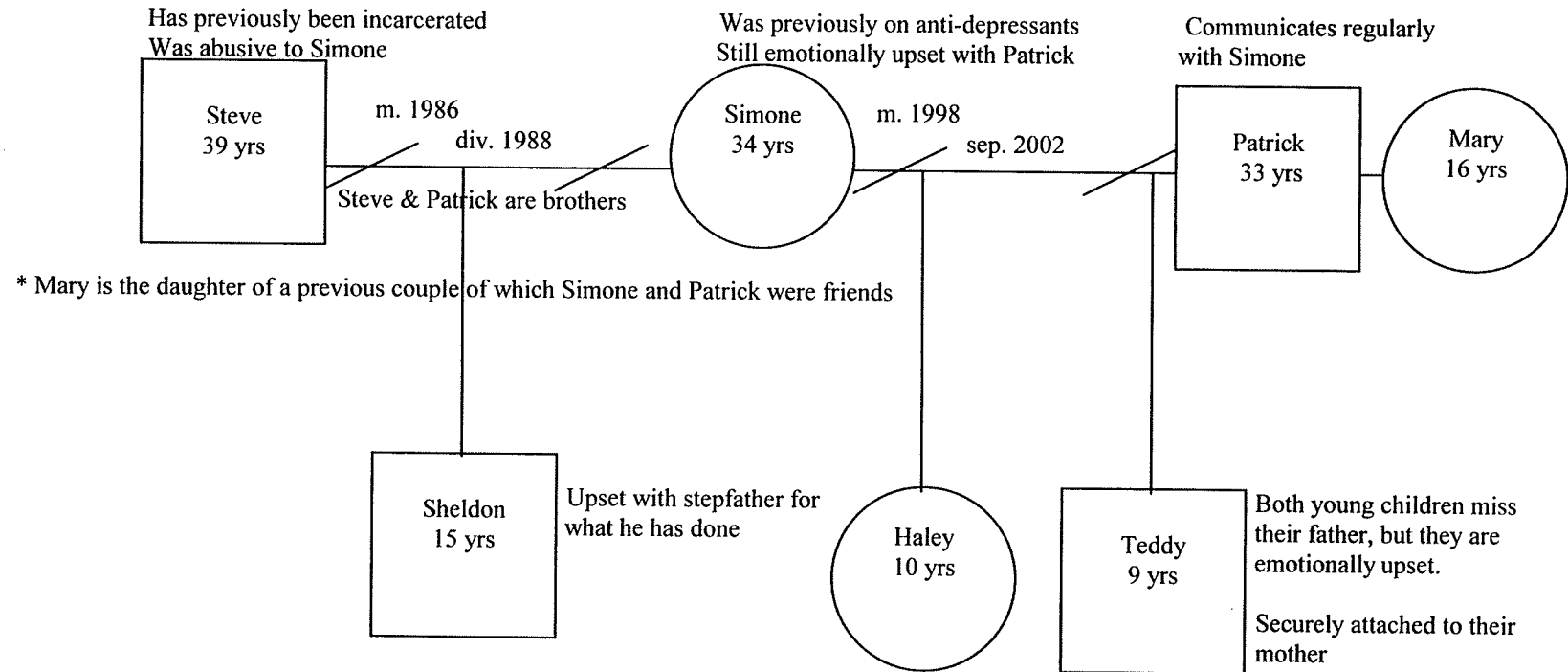
Simone had her first child, Sheldon when she was nineteen. At the time Simone was married to Steve. Within three years, Simone began to have a relationship with Patrick, *Steve's brother*. Simone stated that her relationship with Patrick fell apart six months ago. This occurred when Patrick began to have an affair with another woman. Simone felt that Patrick's behavior was incomprehensible, given that they had two children together, and that she could never forgive him. Simone also stated that she never thought that Patrick would leave her, but she did admit that she treated Patrick quite poorly. Simone said that she was

physically and verbally abusive towards Patrick, and that they fought daily. Simone also said that they were rarely intimate, as she was not at all interested in Patrick sexually after having Teddy.

Simone believed that due to her own instability and emotional state, she may have inadvertently pushed Patrick away, but she was now suffering because she was confused. Simone admitted that she was still recovering from her relationship with Steve, when she began to see Patrick. Simone stated that she didn't give herself any time, and then she had Haley and Teddy soon after. Simone wanted Patrick to come home, but at the same time she was confused, and she felt that the family was better off without Patrick.

Figure VI

Family Genogram -- Client Family: # 2
(Sole-custodial, Lone parent family/ Female headed)



What is evident in this lone-parent family is the strength of the children's relationship with their mother, and their indifference toward their father. Simone wants to continue to be remain separated from Patrick, yet she admits that she would eventually like to have Patrick return to the family.

Ecosystemic Analysis

The ecosystemic analysis revealed that Simone was having difficulties providing the necessary supports and consistency for her family. Simone was undoubtedly hurt by Patrick's actions, and was therefore having a difficult time parenting her children. In turn, Sheldon, Haley and Teddy were acting out, they were getting into fights, arguing unnecessarily with one another, and they were talking back to Simone. I felt that the children were dually hurt as they were unhappy with the pain their father caused their mother. I sensed that the children were also equally upset with their mother, because she was unresponsive, in the manner of not working toward returning their father to them. I found the children to be enmeshed in their parents' separation.

In order to establish a collaborative relationship during the ecosystemic analysis, I initiated a self-reflection exercise. More specifically, the family members were asked to create their family ecomap. Afterwards the family was asked to address their perceptions of their family constellation, highlighting what they liked, as well as what they disliked about their family. The family members were then asked to speak on the transition of being a lone parent family, and whether they were adapting to the transition, in a manner that was acceptable to themselves. This self-reflection exercise proved advantageous as it provided for an excellent opportunity to review how family rituals and traditions may have changed and how they could establish meanings, in an effort to create newer outcomes for themselves.

When I asked the family to comment on how what family activities they were participating in as group, I was informed by Teddy and Haley that they were no longer going swimming with their dad, and that their mother did not take them to the pool. Sheldon

commented that he was now being asked by his mom to do more around the house and spend more time at home with the family. Sheldon did not like this, as he felt that he was taking on too many responsibilities and that it was not fair. Simone commented that the family was not close and she did not know what to do, in order to recapture the sense of family cohesion.

In terms of environmental concerns Simone was now receiving social assistance payments in order to help support the family. Even though Simone was employed as a Teacher's Aide, she was barely meeting her financial responsibilities. Simone was now having more problems trying to support the family, since Patrick was not providing her with any assistance.

Patrick was still living with the family during the early stages of his affair with Leigh. Patrick would sleep on the couch in the living room. Patrick said that he had no other place to go, and Simone did not want him to leave. Nevertheless, this strained living arrangement exacerbated Simone and Patrick's problems. Simone told me that she was becoming very upset and that she couldn't take it anymore. Simone informed me that Patrick was drinking and that Haley and Teddy were afraid of Patrick. I encouraged Simone to consider the long term effects of this living arrangement, and talk to her children about their feelings.

Simone and I spoke on many occasions about her leaving the relationship. Simone informed me that she was thinking about herself and her family, and that she sensed that things were pretty bad at home. Simone said that she needed to make a decision soon, because the family was falling apart. Simone also told me that her self esteem was very low and she was feeling very hurt, because of Patrick's actions. I assured Simone that I would support her and the family whatever decision she chose. I also encouraged Simone to be

thoughtful and to think about herself and the children. Simone commented that she talked to her close friends and they encouraged her to move. Simone eventually decided that after talking to her children and friends, it would be best if she and the children moved.

Simone eventually believed that it was best for her and the children to move out. Simone moved into a neighborhood where she could afford the rent, but the neighborhood and housing conditions were poor. This caused other difficulties, as Simone did not feel that she or her children were safe.

In terms of analyzing the marital, parental and sibling subsystems, it was evident that all three subsystems were suffering. The marital subsystem had dissolved; however Simone was unsure as to whether she should terminate her relationship with Patrick. It appeared as though Patrick was no longer willing to invest in the relationship. However I felt that Simone was waiting for Patrick to eventually come home. It was evident that Simone was frustrated and unable to come to terms with the fact that her husband left her, and that she was not able to cope with this event.

The parental subsystem was much weaker than before. Simone did not want to talk to Patrick anymore, and Patrick did not attempt to talk to the children or Simone once Simone and the children moved. I noticed that Simone did not want to have Patrick involved in the children's lives, as she would not call Patrick or inform him of the children's daily events.

Simone was not able to meet her children's needs however. Simone was emotionally distant, and bitter with the separation. Simone struggled in providing for her children financially, as it became evident that she did not have the resources to fully support the children. It appeared to me that Simone wanted Patrick's help, but it was too difficult for her

to ask Patrick to come home. As the children's needs became more pervasive, Simone encountered more difficulties. Simone continued to struggle with her consistency. Patrick on the other hand was absent and unavailable.

The sibling subsystem was fairly strong. The children were supportive of one another. They appeared to be united in the fact that they disapproved of their father's actions. They supported their mother, however they were displeased with her apathy and general disinterest towards them. The children were very upset with Simone's emotional withdrawal. I sensed that the children had difficulties with Simone's lack of consistency and presence. Simone was distant lethargic and quite emotional. The children also developed similar tendencies, due to Simone's behavior. I noticed that while in session, the children were easily agitated within one another and that they struggled whenever we spoke about Patrick. I was informed that Sheldon was having difficulties sleeping, and I noticed that Haley and Teddy's personal hygiene was deteriorating. I believed that the children were genuinely upset with their parent's separation, and that they demonstrated their disapproval by acting out in a negative fashion.

In summarizing this analysis, I felt that Simone was struggling to save her marriage, and that she was being but that she was also in denial. Simone was struggling to accept the fact that Patrick was having an affair, and that she was raising her children on her own. Simone admitted that she was sad and confused and that she wanted to remain in a relationship with Patrick, but she did not know how to deal with his ongoing affair.

All of the family members were suffering from many interfamilial-interpersonal adjustment difficulties. They were grieving the loss of a family member, they experienced

role identity concerns, depression, and anger. It did not appear that Patrick was going to make any changes. The children were caught in between, as they were moved from their family home. The children sensed that their mother was hurting, yet they were not able to console her. This family appeared to be in turmoil as they were resisting an impending family transition, and the members did not appear to be familiar as to how to respond to their new circumstances. Subsequently the children became aggressive and Simone became emotionally distant, withdrawing from active parenting.

Therapeutic Goals

I felt that the most prevalent and important goal was to help Simone come to terms with the separation. It appeared as though all of the other family difficulties were secondary, as they seemed to be associated with Simone's inability to deal with her failed marriage. Some of the other goals that the family wanted to work on included:

1. Having fewer family arguments
2. Having Sheldon and Haley address their anger in more constructive ways
3. Improving the sense of family cohesion

The family was experiencing difficulties, in dealing with the transition of becoming a lone parent family. Essentially, this outcome was the result of a continuum of undesirable events and circumstances. I therefore rationalized that another goal would be addressing the family's grief concerning the situation. I felt that given the level of family disarray and problems, it was incumbent that the family makes time to reflect and discuss addressing this issue.

Intervention

My intervention involved applying a similar approach as taken with the previous case analysis. I conducted both individual and family sessions. I spent time acknowledging the anger, hurt and pain that each member may be experiencing. I recognized that Simone was in denial and the family was in disarray; therefore I found it critical that the family worked on taking ownership of their newly found identity. Rather than arguing and fighting and hoping for Patrick to return, I was feeling that it was important for the family to be able to move forward. One of the first things that we worked on was acknowledging the loss, and evaluating how each of the family members was coping with their circumstances. We discussed how each family member may have taken on new roles, and how their responsibilities may have increased. We also identified and reviewed the effectiveness of individual coping strategies. During these sessions, I helped the family identify the appropriateness and effectiveness of their individual coping strategies. We discussed their feelings of anger and hurt, and their interactions with other family members. I found this to be very important, as it seemingly improved the family's awareness of how others were coping with the loss.

Another strategy that I found to be quite helpful, was conducting individual sessions with Simone, Sheldon and having separate meetings with both Haley and Teddy. I found that the family members were fairly independent from one another, and that by conducting individual sessions, I could learn more about why they were experiencing so many difficulties. I found that the boundaries in this family were enmeshed, and that having individual sessions would help improve individuation. Subsequently, this turned out to be a

particularly useful strategy, as this strategy helped promote self-awareness, and family identity. The family I also found that these sessions provided a wealth of information regarding identifying how family members viewed and supported one another.

I looked at developing existing family strengths by providing restructuring and reframing exercises. I used a flip chart and I asked the family identify their concerns, arguments and stressors on one half of the paper. On the other half of the paper, we recognized the uniqueness of each given concern, and then we analyzed how the underlying motives and hurts may have precipitated these stressors. I found these reframing and restructuring exercises to be helpful, as they provided further insight as to how other family members maybe interpreting and responding to individual messages.

During the intervention stage we also talked about the benefits of getting Haley and Teddy involved in activities, where they could have one on one time with a youth worker, or big brother/ or sister. I suggested that if Simone's children were placed in recreational activities, such as summer day camps, their self esteem might improve as they would make new friends and develop new interests rather than be continually preoccupied with anxiety regarding Patrick. Simone's children were not active in their new community. I sensed that they were displaced, as they mentioned that they were uncomfortable and did not know any of the other kids in their neighborhood. In order to for them to feel accepted, I felt that it was necessary for the Sheldon, Haley and Teddy to participate in activities outside of the home.

The ecosystemic was applied in this case by establishing clear recognition of how the family was affected by the absence of a family member. In order to assist this family cope with the stress, efforts needed to be made to provide information on coping skills and social

support. In turn, the ecosystemic framework focused a lot on recognizing family strengths, sustaining the family's continuing change efforts, and establishing effective communication patterns amongst family members. Consequently, it is my opinion that the family was validated through this process, and they proceeded to demonstrate that they were indeed capable of creating effective outcomes for themselves.

Evaluation

The FES was used to evaluate the family's level of functioning. Simone and Sheldon were able to complete the FES, Haley and Teddy did not, as I did not have a children's version of the FES. Nevertheless, I felt that they were able articulate what they thought about their family while I conducted individual sessions with them.

Simone and Sheldon's pre-intervention scores revealed that low levels of family expressiveness, organization, control, and in Simone's case high conflict. Simone's expressiveness pre-intervention FES subscale score was fifty-nine, and her organization subscale score was thirty-seven. Simone's pre-intervention control subscale score was fifty-nine, and her conflict subscale score was seventy.

Sheldon's pre-intervention expressiveness subscale score was forty, and his organization subscale score was twenty-six. Sheldon's pre-intervention control subscale score was forty-three, and his conflict subscale score was sixty. I interpreted these scores as being representative of the family's level of functioning.

The family's FES scores revealed a disengaged family type, as there was relatively low family organization and expression. The individual FES subscale item scores also

revealed patterns, which were consistent with the themes, which the family had identified as being problematic.

The pre-intervention FES scores revealed little control, and high conflict between Simone and Sheldon. Haley and Teddy validated these scores through verbal reports. The pre-intervention FES scores in my opinion also indicated that the family was experiencing difficulties communicating their emotions. The ecosystemic intervention focused recognizing current strengths, establishing appropriate control and effective communication patterns amongst family members.

Once the interventions were conducted, the post-intervention evaluation occurred after approximately ten sessions. The FES scores when compared showed that there was much less conflict, increased levels of family expressiveness, organization and control. Simone's post-intervention conflict subscale score fell from seventy to forty-four. Her post-intervention expressiveness subscale score fell from fifty-nine to twenty-eight. Her organization score increased from thirty-seven to forty-two, and her control subscale score fell from fifty-nine to fifty-four. Sheldon's post-intervention subscale scores changed as well. Sheldon's conflict subscale decreased from sixty to forty-nine, and his expressiveness subscale score increased from forty to forty-seven. His organization subscale score increased from twenty-six to thirty-seven, and his control subscale score decreased from forty-three to thirty-eight. The scores reflected the comments shared by Simone and Sheldon indicating that the family functioning had improved.

I found the post-intervention FES scores also revealed gains in the areas of active recreation for Simone in particular. Her post-intervention score increased from thirty-three to

forty-eight. This increase indicated to me that Simone was attempting to place the children in more recreational activities. Her subscale score also indicated to me that the family was perhaps beginning to focus on other interests and activities besides the separation. The family informed me that they were starting to do new things together, such as going to the movie theatre and going to the park. I believe that given these changes, the family was implementing some of the strategies that were discussed in session. It was apparent near the end of our sessions that given the family's verbal reports and FES scores, the family was beginning to recognize that they needed to participate in activities and develop new interests, in order to overcome their difficulties.

Figure VII Pre & Post Intervention FES Scores
Family Case # 2: (Simone Only)

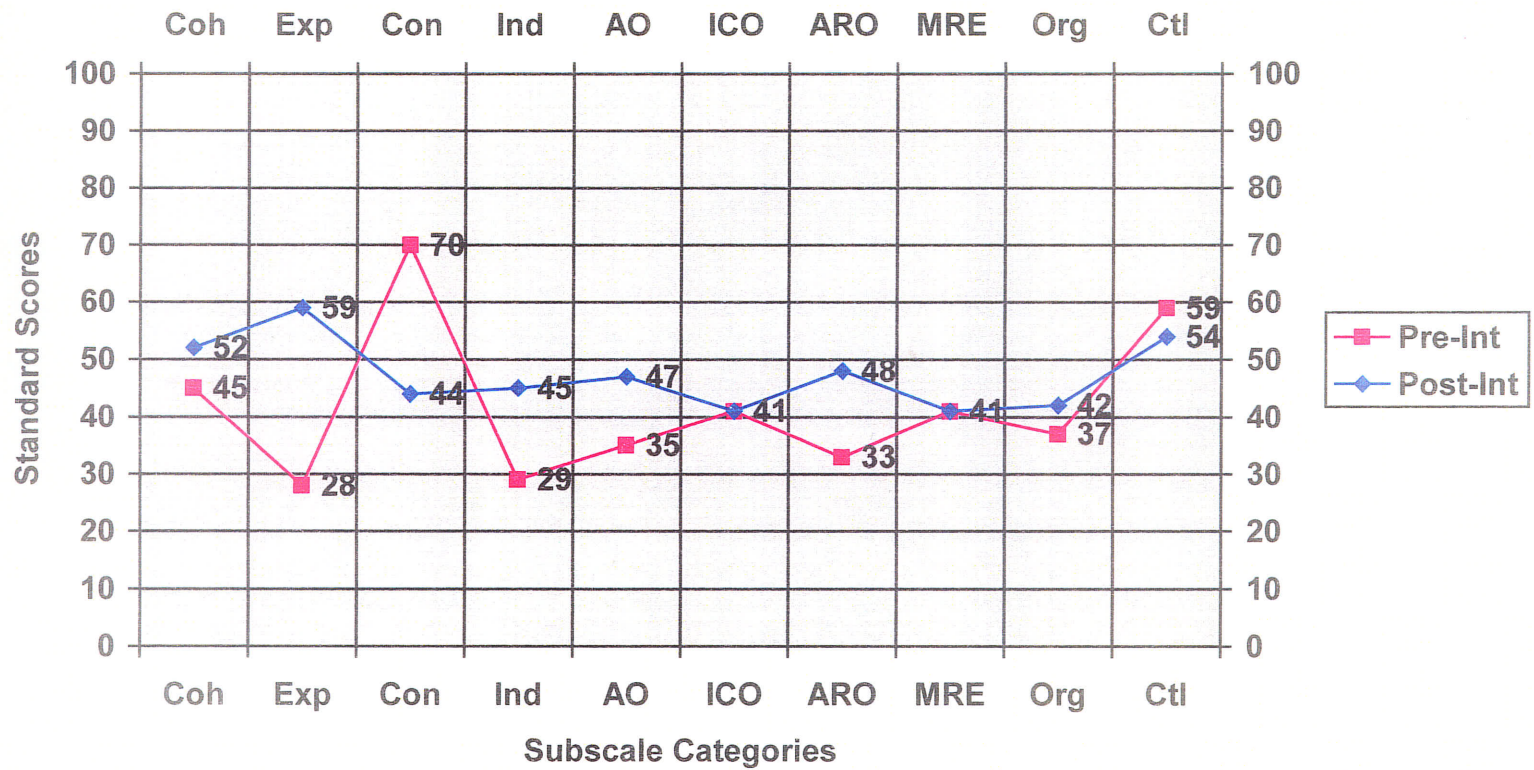
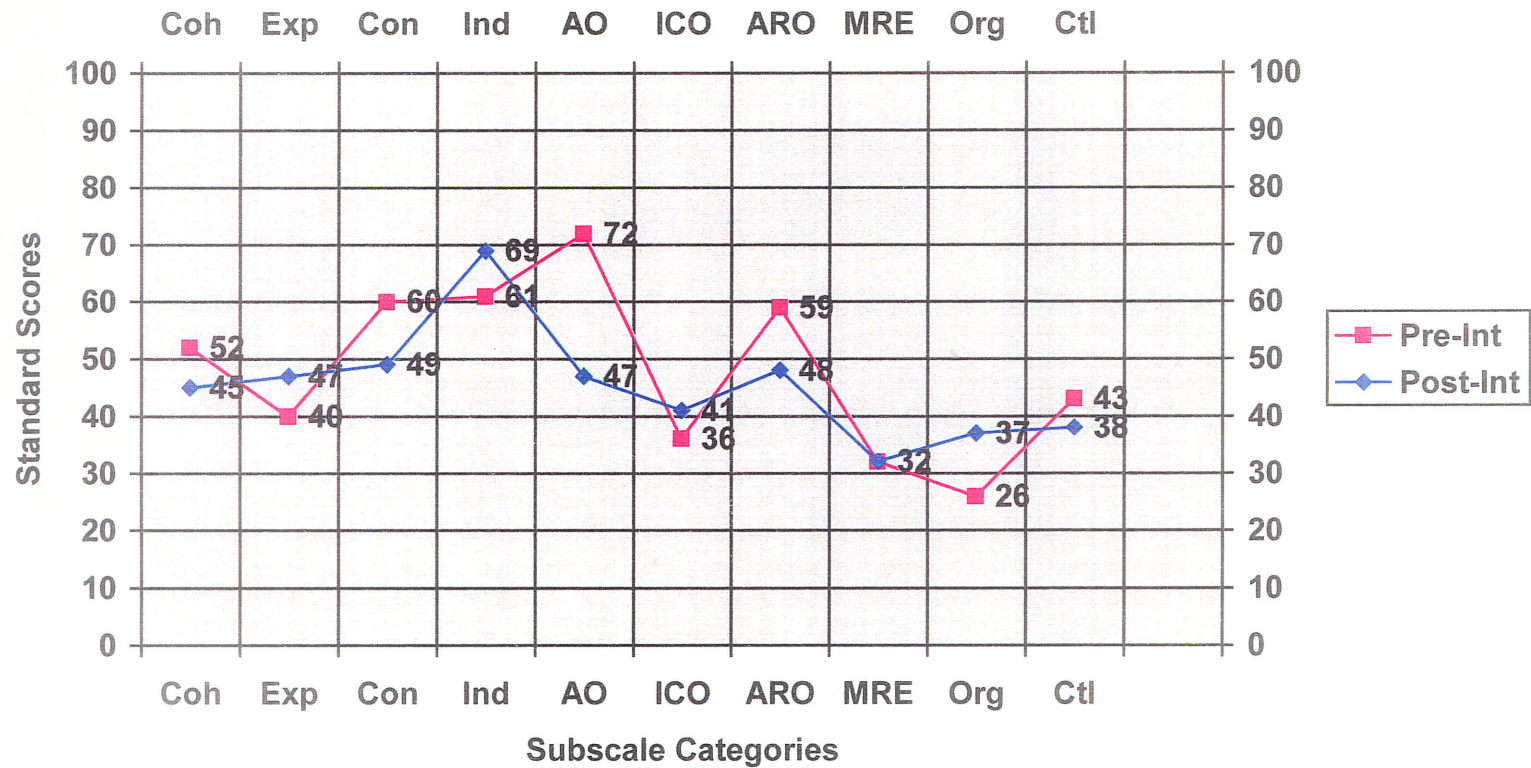


Figure VIII Pre & Post Intervention FES Scores
Family Case # 2: (Sheldon Only)



Leaf inserted to correct page numbering

Termination

Termination occurred after eleven sessions. The family reported that they were doing much better, as there was less fighting at home. The family stated that they did not feel as though they needed to continue as a group. Nevertheless, Simone stated that she would like to continue individual counseling. Simone stated that she wanted to deal with her past in greater detail. She stated that she was still having a hard time accepting past wrongdoings, as these issues were affecting present her well being.

Conclusion

I found that Simone and her children made excellent progress over the course of therapy. I felt that the family worked hard on overcoming their difficulties, and those they were motivated to continue to work on identifying problem areas. Simone agreed to continue counseling, as she felt as though she needed more intensive individual therapy. I found that the family functioning improved, when Simone began to realize how she reacted to her children, when she was upset regarding an internal matter. Over the course of therapy, Simone learned to separate her individual problems and negative reactions toward her children. The family also reported as having fewer problems, and that the awareness training was helpful.

The family became a more cohesive unit during therapy, and seemed to be overcoming the loss of Patrick. I felt that Simone's feelings for Patrick dissipated, as she chose to work on herself, and *move on* with her life. The children's behaviors were

reciprocal in that they became more involved with extra curricular activities, and stated that they were now accepting the loss rather than fighting it.

Haley and Teddy became involved in participating in different recreational activities. They reported that they made new friends, and that they were now much happier at home. Sheldon got a summer job and seemed pleased with the family's progress. Sheldon was earning his own money, and he felt much more independent. Given these reports, I interpreted that the intervention model was successful in this particular case. The family reported that they were getting along better, and that they were achieving success in dealing with their problems.

Family # 7 (Sarah & Clarence)
Married stepfamily

Family History and Presenting Problems

Sarah and Clarence presented as a relatively newly married stepfamily. They had only been married for three years. Sarah had two sons, Kenneth (15), and Brian (13), from a previous nine year marriage. Sarah got pregnant immediately after high school and eventually ended up marrying Duane. Sarah was physically abused in that relationship however. Sarah stated that in hindsight, she didn't feel as though she gave herself enough time to recover, prior to entering her relationship with Clarence.

Kenneth and Brian reside at the family home, however during Sarah and Clarence's first year of marriage, Kenneth and Brian lived with their biological father, Duane. Kenneth and Brian's relationship with their mother was strained, after Sarah separated from the boys'

father. Kenneth and Brian did not accept the divorce, and they initially refused to live with their mother.

Clarence also had a child from a previous common-law union. Clarence's daughter, Alysha who was six, lives with her biological mother, Nicole. Clarence saw Alysha every other weekend. Clarence and Sarah also had one child together as well. Gary was born one year after the couple had got married.

Sarah and Clarence had already been separated twice in their three-year marriage. The first separation was for one month, and the other period of separation lasted six weeks. Sarah and Clarence admitted that the problems had a lot to do with Clarence's anger, jealousy, mood swings and inability to remain employed. Sarah was also unemployed, because Clarence did not want her to socialize with other men unless he was present. Clarence suffered from bipolar disorder. Clarence was recently diagnosed with the disorder, but he admitted that he really did not understand the disorder that well.

Sarah and Clarence admitted that they experienced a lot of unnecessary arguments and fights, because they had a difficult time communicating with one another. I was informed that Clarence would typically shout and speak in a derogatory manner, rather than discuss matters calmly. Clarence was violent and he admitted that he previously hit Sarah. Sarah informed me that she would often withdraw whenever they were fighting. Sarah said that she did not like when they argued and that Clarence always had to get his way. Given that Sarah would often withdraw, matters were usually left unresolved. Kenneth and Brian did not approve of Clarence. They compared him to their father Duane, once they learned that Clarence had previously struck their mother.

Ecosystemic Analysis

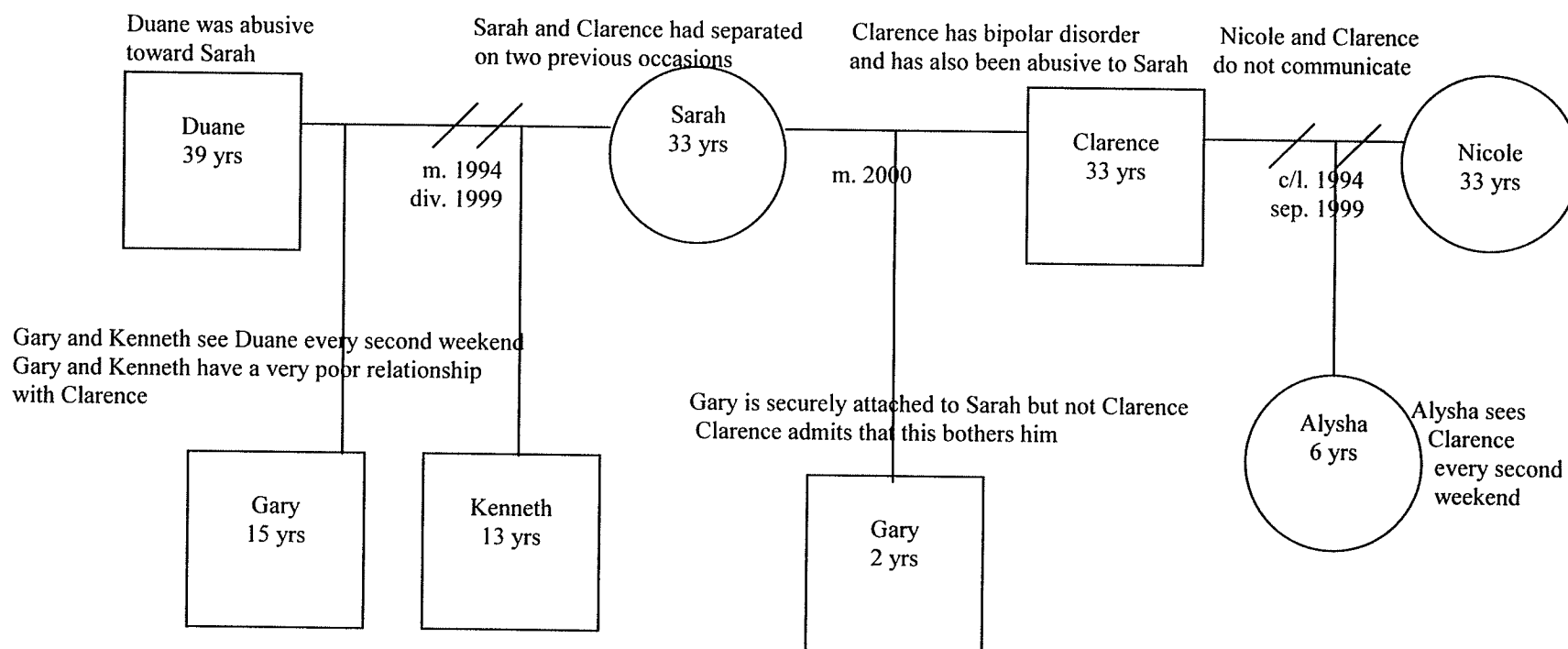
In terms of assessing this family I met independently with Sarah and Clarence, as they initially did not wish to see myself while being together. I exchanged letters with Kenneth and Brian, as they were uncomfortable in talking about the problems in the family and with coming to the Family Centre. Near the middle to the end of sessions, I met exclusively with both Sarah and Clarence. I found these sessions to be quite productive and that it was not uncommon for either Sarah or Clarence to be overcome with emotion.

The ecosystemic analysis focused heavily on the environmental cues and social concerns impacting this stepfamily. More specifically, Sarah and Clarence were conscientious of their individual and family self-image. Sarah and Clarence both reported being bothered by not having a vehicle, having to borrow money, and never being able to do the things they would like to do as a family. I sensed that the couple felt unsuccessful, as they were unable to meet their personal goals, and that they were not financially stable.

It appeared as though the family's present coping mechanisms were rendered ineffective, as there seemed to be higher than normal levels of distrust, jealousy and animosity amongst the family members. As a consequence, the family was unable to move forward, as they were failing to meet their individual and family needs.

Figure IX

**Family Genogram -- Client Family: # 7
(Stepfamily/ Married)**



This stepfamily is experiencing numerous difficulties stemming from: emotional abuse, poor communication patterns and adjustment difficulties concerning stepfamily life. Both spouses have had previous histories of marital problems. Clarence is also experiencing difficulties forming relationships with all of the children. As a result of an unstable marriage and weak stepparent-stepchildren relationships, Sarah is becoming more distant and withdrawn from Clarence.

It was evident that Clarence instigated the emotional abuse toward Sarah. Clarence was constantly criticizing Sarah and putting her down over trivial issues. I also found that Sarah and Clarence worried a lot about the other's shortcomings. For example, it appeared as though Sarah and Clarence seemed to be constantly looking for faults in the other's behavior. As a result of this constant agitation Sarah and Clarence seemed to annoy one another. An argument would usually occur thereafter where Sarah would end up saying nothing, and Clarence would continue to pass judgment on Sarah's character.

Given the intensity and frequency of these arguments, I felt that Sarah and Clarence suffered from poor self-esteem. I believe that financial stress contributed to a lot of the stress that they were experiencing. Sarah and Clarence both had aspirations of working in professional positions, but due to unforeseen circumstances, such as Sarah becoming pregnant at an early age and Clarence not attending college. They were both unable to reach their goals.

Clarence was a mechanic and sought to receive his license, but due to his difficulties with his superiors, he rarely was offered continual employment after his probationary period expired. Clarence also had to pay for child support. Clarence did not pay Nicole regularly, and as a result, his wages had to be garnished anytime he found employment. Clarence was therefore several months behind on other bills.

Over the last three years, Sarah only worked part time hours in various positions in the food industry, even though she aspired to be a nurse. I felt that Sarah struggled with her self-worth, by not being able to return to school. I sensed that she felt resentful that:

1. She had to stay at home with Gary as the family could not afford daycare

2. She was unable to return to school due to finances
3. Clarence seemingly did not support any activities that Sarah wished to do on her own.

Sarah and Clarence were struggling emotionally, as both suffered from previously unresolved grievance issues, failed relationships, marital violence and having few community and social supports. Collectively speaking, I felt that once these social and environmental factors were combined, they perpetuated feelings of vulnerability, anxiety, self-doubt, and insecurity. Overall, I found there to be numerous interfamilial-interpersonal adjustment problems being experienced by this family.

Kenneth and Brian were upset with their mother's decision to remarry. I believe that they felt that Clarence was needy, and that he was unprepared to provide for the family. I found Kenneth and Brian to be extremely sensitive and protective of their mother. There was an extremely affectionate bond between them with their mother. I found that Gary also had an unusually close relationship with Sarah. Kenneth and Brian did not associate with Clarence at all.

Clarence was aware that Kenneth and Brian did not respect him. As a result, Clarence did not attempt to form a relationship with either Kenneth or Brian. Clarence admitted that he felt frustrated and that he wanted to form a relationship with the boys, but he did not know where to start. Clarence's reluctance also negatively affected Sarah, as she often found herself defending either Clarence or her children whenever the family was experiencing conflict.

Sarah did not like conflict, and she would usually withdraw whenever Clarence and her were having an argument. Sarah mentioned that during these arguments she just wanted

to be left alone and that she needed time for herself. Sarah and I discussed how these arguments with Clarence were affecting her. Sarah mentioned that she felt tired and that once she gave herself some quiet time away from Clarence, she was okay again. Sarah mentioned that in order to recover from these arguments, she would sometimes take Gary for a walk, or that she would talk to her mother on the phone.

Sarah seemed to have different activities that she would do after having an argument with Clarence. While having individual sessions with Sarah, we discussed having additional activities besides her going for walks and talking on the phone to her mother. We talked about Sarah staying with a close friend, if she needed to be away from Clarence for a longer period of time. We also discussed Sarah having a friend come over, in order to provide her with a sense safety. Sarah was appreciative and stated that she would try out some of these ideas in the future.

A spillover effect occurred whenever Sarah and Clarence had an argument. The entire family became discontented and the family did not interact as a unit. Sarah informed me that Gary would become very scared, and that he would cry for long periods whenever Clarence and her were arguing. Kenneth and Brian informed me that they became upset, whenever they saw their mother being unhappy with Clarence. They refused to speak to him as they blamed him for making their mother upset. Clarence also became confused and expressed frustration in understanding why Sarah did not want to talk to him.

In order to assist the family over come their difficulties, I had the family comment on the family ecomap that we had created. I was very interested in learning the following.

1. How they felt about one another?

2. Why they felt his way?
3. What preparations they would make in order to address how as a family, they could create a vision for change?

It was very important for me to hear from the family at this stage, as I felt that this information would help the family identify themes such as: individual resiliencies, family strengths and vulnerabilities.

In terms of assessing the subsystems, I found that the stepparent-stepchild relationship was poor. Clarence was unable to form a relationship with Kenneth and Brian, as they did not wish to form a relationship with him. I sensed that Clarence wanted to have a relationship with the boys, but he did not know how to establish rapport with Kenneth and Brian. Clarence mentioned that he wanted to be on better terms with the boys, and that he felt that he was apart from the family, but Clarence admitted that he wanted to be connected to the boys. Clarence admitted that he did not know what to do. Clarence said that he wanted to be able to take the boys out, teach them things and do things with the boys. Clarence also mentioned several times to myself that he wanted to have a good relationship with Kenneth and Brian,

Sarah on the other hand did not want to force her children to do anything they did not want to do. She felt that Kenneth and Brian might leave, if she forced them to accept Clarence. Given her fears of losing her sons again, Sarah chose to say and do little regarding improving this relationship.

The marital subsystem was equally in disarray, I found that Sarah invested more in her relationship with her three sons, than she did in her relationship with Clarence. I believe

that Clarence felt threatened by Sarah's actions. Clarence would usually raise his voice speak negatively toward Sarah and the boys, whenever he felt that he was losing control, or when he felt that his needs were not being met. Sarah and Clarence had previously been separated, and they were contemplating separating again, due to Clarence constantly raising his voice and getting angry.

Sarah did not want to be a lone parent, she admitted that she did not want to continue to live in perpetual fear either, as she was being verbally assaulted and emotionally abused regularly. Sarah talked about wanting Clarence to change and asking him to try to work out their problems while in session, but she felt as though Clarence was extremely stubborn. Sarah stated that she would try to avoid arguing with Clarence by refusing to speak when he was shouting, but she admitted that Clarence was getting worse, and that she was becoming quite unhappy with the relationship.

The sibling subsystem was quite strong. I felt that due to the adversity that they had likely faced in previous years, Kenneth and Brian had formed a strong union and I found that they supported one another rather well. Kenneth and Brian spoke of how they were affected by their mother's decision to remarry and how they were coping with these changes. The two boys mentioned that they were still unhappy with mother's decision to remarry, and that they did not like how Clarence became angry so easily. Kenneth and Brian stated that it was difficult for them to accept Clarence, because they did not like how he always seemed to be angry. The boys felt that their mother was trying to keep everyone happy, but Clarence seemed to make her sad and they did not understand.

I felt that Kenneth and Brian were behaving as typical adolescent males. They did not want to see their mother being unhappy, and they did not like Clarence raising his voice whenever he disagreed with a family member. I felt that Kenneth and Brian set up barriers in order to prevent themselves from having a relationship with Clarence. I also felt that the boys did not know how to relate to Clarence. It appeared that Kenneth and Brian wanted Clarence to improve his anger management and communication skills. I felt that Kenneth and Brian would be more receptive to Clarence if he improved in these areas.

Therapeutic Goals

Establishing goals was fairly clear in this case. I learned that Clarence was very concerned that Sarah was considering leaving him. Clarence wanted the family to remain intact, avoid an impending separation, and for Sarah to give him another chance. I felt that Sarah wanted to believe in Clarence, but Clarence had disappointed Sarah too many times. Even though Sarah did not want to be a lone parent, she also did not want to continue to live in perpetual fear either, as she was being verbally assaulted and emotionally abused regularly.

Sarah stated that Clarence would often raise his voice and yell if they were having an argument. Sarah also said that Clarence would often put her down if he was having a bad day. I noticed that Sarah was becoming more withdrawn over the course of our sessions. Near the latter half of our sessions, she admitted that she was less affectionate, and that she was becoming disinterested with Clarence.

Kenneth and Brian clearly did not respect Clarence. They did not identify with him, and they stated that the family would be better off without him. I sensed that Kenneth and

Brian felt as though they were protecting their mother, and that she needed to understand that the family did not need to have Clarence around. The two boys repeatedly stated that they felt that Clarence was destructive, and that he disqualified himself from being in the family, given his violent tirades, and social problems.

Clarence admitted that he was facing a lot, and he admitted that he did not feel as though he even had an identifiable relationship with Gary, or Alysha anymore. Given all of these difficulties, Clarence was seeking assistance in order to save his family.

I felt that Clarence and Sarah's relationship might improve if Sarah and Clarence continued to attend family counseling, and that Clarence attended individual counseling sessions. I felt that individual counseling would help Clarence deal with his anger and mental illness. I also felt that the family counseling would help the family develop strategies in order to improve the family's well-being.

Clarence initially did not agree with my recommendation. Clarence told me that he had been in jail before for drug possession and that he had taken several anger management courses in the past, but he found them useless. Nevertheless, I encouraged Clarence to consider attending individual counseling, as he could learn some anger management and communication skills. I felt that if Clarence attended individual counseling he could learn how to effectively deal with his anger. I also felt that Clarence could develop skills on how to improve his relationships with the different family members.

I felt that Clarence's emotional abuse toward Sarah may have been aggravated by Sarah having no knowledge of bipolar disorder. I felt that if Sarah knew more about bipolar

disorder, some possible conflicts could be avoided as Sarah would have some knowledge on how to deal with Clarence's seemingly erratic behavior.

I encouraged Sarah to learn more about bipolar disorder, as Sarah admitted that she knew nothing about the disorder. I asked her to review the materials that I provided for her. I also asked her to provide Kenneth and Brian with information about the illness. I felt that it would be easier for the family to assess how to manage difficult situations, by learning as much as possible about bipolar disorder. I felt that if I provided the family with information on learning how to live with a family member affected by bipolar disorder, they would be better prepared on how to cope with Clarence's behavior.

One of the other goals that the family had was to learn how to communicate, without having fear of being rebuked. Sarah and Clarence had shown tendencies to be jealous of one another in the past. They had also appeared to distrust one another, as they mentioned that a lot of their problems stemmed from trust issues. I felt that even though the family all lived in the same home, they did not clearly understand one another's tendencies, interpretations and expectations. I sensed that the family would really benefit by having the opportunity to hear from one another, and learn about the dynamics and norms of stepfamilies.

Intervention

My intervention involved applying various Structural family therapy and Bowenian systems techniques. The family was suffering from many issues such as distrust and jealousy. More specifically, Clarence was very distrustful of Sarah. Sarah reported that Clarence would often yell accuse her of being unfaithful that he would put her down. Sarah was becoming

more withdrawn as a result of Clarence's emotional abuse. Sarah admitted that she was thinking about separating as she was becoming quite unhappy with the relationship.

Clarence and Sarah stated that the family was seeking assistance because their relationship was falling apart. Clarence admitted that he was becoming very difficult to live with, and that Sarah and the boys were unhappy. Given these concerns Sarah and Clarence stated that they wanted to work on the following:

1. Establishing structure
2. Identifying family systems
3. Improving poor relationships
4. Identifying family systems

In order to help the family identify family systems and assess their functioning, individual ecomaps were initially constructed. Sarah and Clarence willfully participated during these exercises, as they stated that they had previously never analyzed themselves before. I felt that Sarah and Clarence were supportive of one another. With the support of the family, I integrated the ecomaps and the narratives provided by Kenneth and Brian there afterwards.

The family ecomap revealed that the family was co-dependent on one another. I found that Sarah and Clarence did not participate in any activities independent of the other. Sarah did not support Clarence's individual activities, such as hockey and slow pitch softball. Clarence did not support Sarah's individual activities such as horseback riding or taking flying lessons. I was also I was unable to find any activities in which the entire family participated. Moreover, as previously mentioned, there were few social supports and extended family resources that the family utilized.

It was evident that the family morale was poor. It was also apparent that Kenneth and Brian were becoming too involved in Sarah and Clarence's relationship. The parent-child boundaries were nonexistent, and many of the arguments involving Sarah and Clarence, ended up having Kenneth and Brian becoming involved.

In order to provide a meaningful intervention, I felt that it was necessary for Sarah and Clarence work on their communication skills, for Sarah to have a safety plan and for both Sarah and Clarence to show support for each other as parents and heads of household.

During my individual sessions with Sarah we discussed her safety plan, and thoughts about leaving the relationship. Sarah and I identified safe houses, and friends that she could stay with, if she ever felt threatened or that she needed to be away from Clarence. Sarah and I also addressed what supports she would require in order to support the children. We talked about how she was dealing with Clarence's temper, and how she was feeling about herself. We also discussed that possibility of naming individuals that Sarah could invite to the home, once Sarah felt as though Clarence was beginning to lose control. Sarah seemed to be pleased with these discussions.

I felt that it was important to establish clear lines of communication, and have the family members speak about past traditions and rituals. Sarah and Clarence had two separate ideas about parenting, and encouraged that they work toward sharing a common understanding. I provided them with information about stepfamilies, and we discussed some of the characteristics of stepfamilies. I felt that providing information about stepfamilies was important, because I found that the family members behaved independently of the actual family unit.

I found that Sarah seemed to be comfortable during these sessions. She did not discuss any thoughts about leaving during this time. Clarence also appeared to enjoy these sessions as he commented on how he saw his own stepfamily and family of origin.

I did not gain a sense of family unity, nor togetherness. Kenneth and Brian did not respect or identify with Clarence. In turn Clarence stated that he felt as though his parenting role was undermined, he accused Sarah failed to validate his role in the family. In order to improve this relationship, I felt that Sarah could help provide a sense of family unity and cohesion by assisting Clarence. I felt that Sarah could be instrumental in helping establish a relationship between the boys and Clarence, as I felt that since Sarah had a special relationship with her children and Clarence, she could help connect Clarence with her sons.

I also felt that Sarah could help the boys explore their feelings on why they were uncomfortable with Clarence. I encouraged Sarah to explore these ideas as I felt that Kenneth and Brian may better understand Clarence, and that the stepparent-stepchildren relationship could possibly improve.

Some of the exercises that we worked on involved having family meetings twice a week, where Sarah and Clarence would define their roles and talk to Kenneth and Brian about their responsibilities as parents.

I used psychoeducation throughout my intervention. The family was unaware of stepfamily functioning, and they were equally unaware of the characteristics of bipolar disorder. In terms of providing an intervention, a lot of time was spent on providing resources in the community for the family. I provided the family with resources from Klinik, Anxiety Disorders Association of Manitoba (ADAM), Canadian Mental Health Association (CMHA),

Mental Health Educational Resource Centre (MHERC) and Mood Disorders Association of Manitoba (MDAM). Once the family was able to review the materials and ask questions, we used the flip chart to help strategize effective means of overcoming present and potentially difficult matters.

In an example of these discussions, I would typically ask Sarah to identify the types of arguments the family had during the week and discuss how they resolved the issue. I would write down Sarah's perspective on one third of the flip chart, Clarence's perspective would go in the middle, and then Kenneth and Brian's perspective would be written on the last side of the sheet. At this point, we would discuss their similarities and differences in the family's statements. Once this was done, I would then ask the family to identify if there were any social factors, affecting them such as medical and health related problems, financial difficulties, or other areas causing them distress.

I felt that it was very important to acknowledge additional stresses in the social environment and how they were impacting the subsystems marital, parental and sibling. I also found that it was also important to provide feedback on the family's strengths. I focused the discussion on evaluating what was working and how the family felt about their current efforts. I praised the family for talking about their difficulties, communicating their differences, and attempting to improve family cohesions by spending time addressing how they could improve their relationships. I referred thereafter to the practice and mental health resource literature, and helped the family implement the necessary changes.

The ecosystemic intervention focused a lot on educating the family about stepfamily life and mental illness. The family was somewhat involved in a collaborative sense, as a lot

of attention was directed at establishing change efforts, which would restore family functioning. My role throughout this stage was to guide the family, validate their concerns and provide education on how they could cope given their family strengths.

Evaluation

I used the FES to evaluate Sarah and Clarence's views of the family. Kenneth and Brian provided written reports, as they did not want to complete the assessment. I found that the pre-intervention FES scores accurately identified the family's level of functioning. According to FES family classification types, this was a conflict orientated family. Sarah and Clarence's pre-intervention FES scores revealed that there was high conflict, very low cohesion, and low independence scores.

Sarah's pre-intervention FES conflict subscale score was seventy-five. Her pre-intervention cohesion subscale score was eleven, and her independence subscale score was only twenty-nine. Clarence's conflict subscale score was seventy. His cohesion subscale score was four, and his independence subscale score was thirty. Sarah and Clarence's organization subscale scores were the same, both scored thirty-two. I found that given the low independence and cohesion scores, both Sarah and Clarence were overly worried with how the other evaluated them. The pre-intervention FES scores revealed that the family was co-dependent and that Sarah and Clarence reported having similar views of problems areas in the family.

I felt that the pre-intervention FES scores accurately revealed that Sarah and Clarence's marriage required immediate intervention services. Sarah and Clarence's pre-

intervention FES scores were the most extreme out of all the families that were seen during my practicum at the Family Centre.

The post-intervention FES scores revealed further deterioration in Sarah and Clarence's relationship. The post-intervention scores showed even lower levels of cohesion, increased conflict, and higher levels of control. Sarah's FES cohesion subscale score fell from eleven to five, her conflict subscale score rose from seventy-five to eighty-five. Sarah's control subscale score rose from fifty-four to sixty-nine. Clarence's post-intervention cohesion subscale score remained at four, his conflict subscale score rose from seventy to eighty-six. Clarence's control subscale score fell from forty-nine to forty-six. Both Sarah and Clarence reported that they were having more arguments, due to both individuals attempting to exert their control and independence over one another. Sarah's independence score fell from twenty-nine to twenty-five, and Clarence's score fell from thirty to twenty-one.

I believe that Sarah and Clarence reacted negatively to one another, because they both longed for independence and individuality. The couple was having more arguments as they were interpreting each other's actions as being self serving and inconsiderate. Near the middle to end of our sessions, it became much more evident that Sarah and Clarence were not at all pleased with one another. In fact Sarah and Clarence were planning on separating, as the marriage was not working out.

The FES evaluation reveals that Sarah and Clarence were experiencing unusually high levels of conflict and a lack of cohesion and independence. The partners communicated with one another, but usually with anger. The FES scores revealed that family members were experiencing a lot of frustration in communicating with one another.

Unfortunately, I regret to report that I was unable to receive post-intervention reports from Kenneth and Brian. They were pleased with their mother's decision to separate from Clarence, because Clarence was becoming more and more difficult to understand or to live with.

In summary, I found that Sarah and Clarence were unable to overcome their previous difficulties, as they would constantly mention how their past problems were affecting them from overcoming their present difficulties. Consequently, there were notable declines in family cohesion, and increases in family conflict, independence, and control amongst Sarah and Clarence. The psychoeducative emphasis of focusing on understanding Clarence's illness in order to affect change did not fare well.

Figure X Pre & Post Intervention FES Scores
Family Case # 7: (Sarah Only)

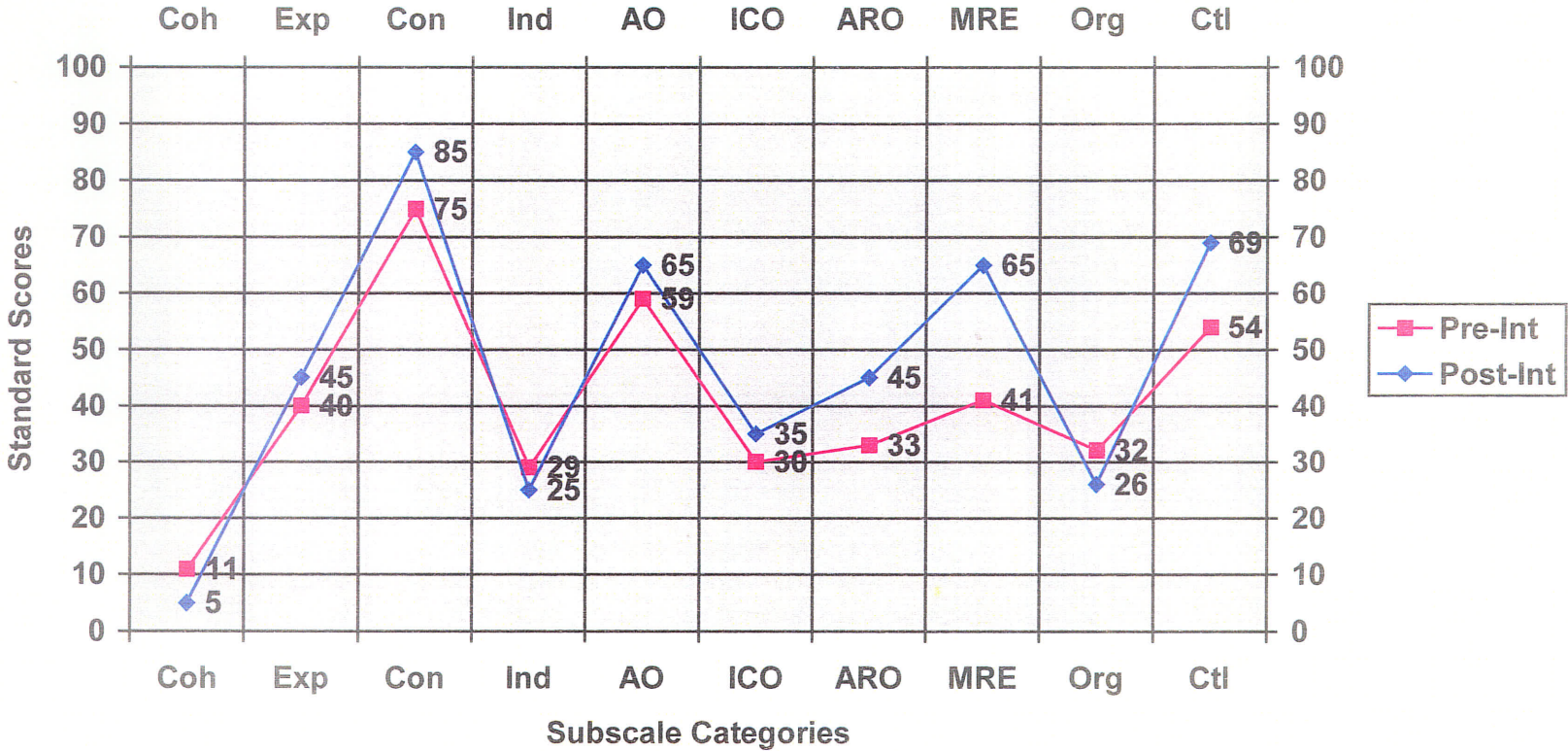
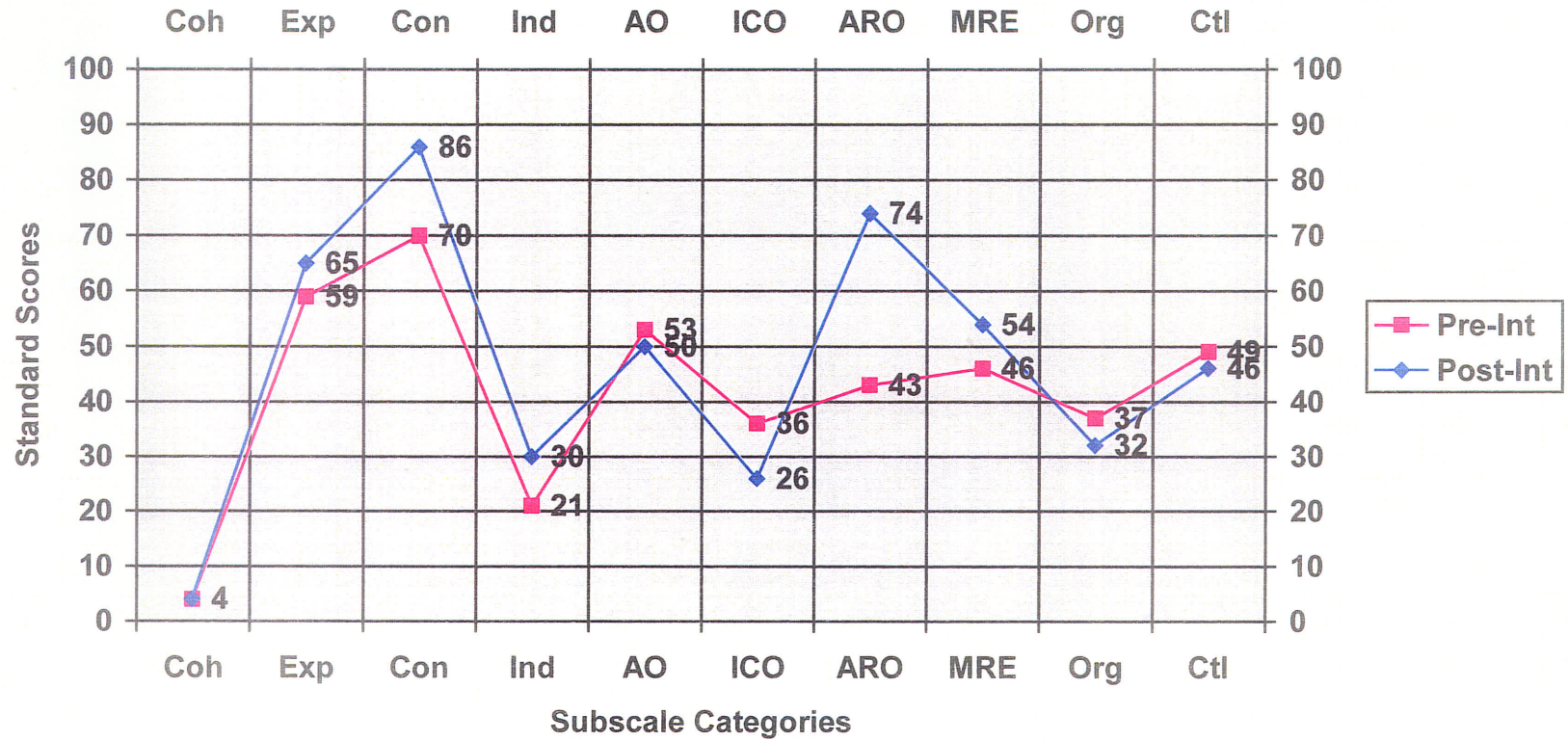


Figure XI Pre & Post Intervention FES Scores
 Family Case # 7: (Clarence Only)



Termination

Termination occurred after approximately sixteen sessions. Sarah and Clarence decided to terminate, because Sarah no longer wanted to continue her relationship with Clarence. Kenneth and Brian were supportive with their mother's decision, as they shared that they never agreed with their mother's relationship with Clarence.

Clarence did not accept Sarah's decision. He was desperate and tried in vain to convince Sarah to stay with him, but Sarah had made up her mind. Clarence's demeanor had changed and he became very distant to me. I believe that near the middle to end of our sessions, Clarence found me to be ineffective. Clarence stated that he did not feel as though counseling helped him, and that it gave Sarah a good reason to leave him.

In terms of developing a safety plan for Sarah, I learned that Sarah had a lot of support from her friends and parents. Many of her friends were willing to provide her with transportation and temporary accommodation. Sarah's parents were providing her with money and Sarah mentioned that she had a lot of support from her church. Sarah also mentioned that she would consider attending individual sessions at the Family Centre.

Conclusion

Sarah and Clarence decided to separate indefinitely after three and one half months of therapy. Sarah did not feel that Clarence was serious about the relationship. Clarence was not going to Klinik, he was not taking his medication, and he was still experiencing difficulties maintaining employment. Sarah also believed that the children and her own safety was at risk, given Clarence's erratic demeanor, and comments that he had nothing else to lose, if

Sarah left him. As Clarence was becoming more desperate, Sarah eventually completely withdrew from Clarence. Sarah did not report that Clarence was abusive toward her during this period.

I felt that my intervention did not help Sarah and Clarence improve their marriage. I found Sarah and Clarence's marriage to be very unstable when our counseling sessions began. Sarah reported that Clarence's emotional abuse did not decrease over the course of therapy. Sarah also reported that Clarence continued to treat her quite poorly, even though they both had learned how to communicate differently. I also felt that the intervention did not help the couple to overcome their previous difficulties regarding jealousy and distrust issues. It appeared as though Sarah and Clarence's relationship was based on conditions, and that each person had a separate agenda concerning what they wanted to receive from the relationship.

I felt that my intervention was only as effective as when Sarah, and Clarence chose to implement the strategies that I showed to them whenever they were arguing. What I found the most frustrating was that Sarah and Clarence did not implement any of the concepts and strategies, from what they learned during counseling sessions.

In hindsight, I believe that Clarence was unable to make the connection between the purpose of attending counseling, and he actually attempting to alter his behavior. I had my suspicions that Clarence seemed to feel as though that the purpose of the counseling was to show Sarah that he was interested in saving the relationship, but he did not necessarily have to change his behaviors.

On the other hand, I believe that Sarah wanted to save the marriage. I believe that she felt that Clarence may change, and she was willing to attend to see if it made a difference. The verbal and emotional abuse did not stop and the relationship continued to suffer as a result.

One of the primary weaknesses of the ecosystemic approach is that it is not a problem solving approach. I did not feel as though I compensated for this weakness, even though I applied structural techniques, such as: realignment, restructuring and identifying boundaries.

It is very difficult to answer the question, what could be different in this case? The family was experiencing a lot of problems throughout the course of therapy. Clarence's verbal abuse did not stop, he was not taking his medication, and the family was experiencing debt. Sarah was losing hope in the relationship, because she did not see anything changing. Having a problem solving approach would only be as effective as the family was willing to follow the prescribed techniques and strategies. In hindsight I do not know whether that would be more effective as Sarah would have still likely left the relationship.

Another problem with the ecosystemic approach in this case was that the model lacked gender specificity and gender sensitivity. The ecosystemic approach focused a lot on the interrelatedness of the various systems at hand, yet there was very little attention directed toward understanding how Clarence's negative behavior affected his relationship on the other family members. A lot of the family's problems could be directed mainly toward addressing Clarence's behavior. The ecosystemic approach viewed the family problems differently, and as result, the intervention and overall outcome differed because of the approach practiced.

Brief Case Histories (Families 3-6 & 8)

Family: # 3 (Quincy & Stan)
Joint custody/ Lone parent family (Father & son)

Quincy presented as a fifty year old man, who requested counseling for his twelve year old son, Stan and himself. Quincy reported that he has a joint custody order granting him biweekly visits with Stan; however, Quincy wanted to have full custodial rights. Quincy was prompted to make this decision as Stan had been telling his father that he would like to live with him. Moreover, there has been a long history of feuding between Quincy and his former spouse regarding visitation, discipline and parenting styles.

Quincy rationalized that by coming to counseling, he and Stan would be better prepared, should a sole custody order be granted. I sensed that Quincy felt that attending counseling would provide him with the validation that he was an attentive father. I also believed that counseling would allow Stan to identify with Quincy more thoroughly.

Ecosystemic Analysis

After talking to Quincy on the telephone about his request for counseling, arrangements were made for Quincy to see myself initially without Stan. I felt that this would be ideal, as I foresaw the need to establish a historical perspective concerning identifying important dates and details regarding Quincy's former relationship, analyzing Quincy's relationship with Stan, and evaluating the details regarding Quincy's custodial rights. This process of identification took approximately two sessions; I saw Stan and Quincy together thereafter.

After conducting my first two interviews, I assessed that Quincy wanted to take more of an active role with Stan. Quincy stated in earlier sessions that he felt that he was prevented from raising Stan. Quincy felt that he was denied the opportunity to spend quality time, during Stan's formative years. Consequently, Quincy admitted that he wanted to make up for lost time, as he failed to profit from helping shape his son's character.

It became apparent that as I observed Quincy and Stan during the fourth session, that they really cared for one another. At times, both Quincy and Stan became emotional, and they needed to console one another. They each spoke compassionately about why they wanted to live together. During this session, Quincy and Stan described what it was like for them to live apart for ten years, and they addressed their feelings of withdrawal, and sadness because they were not together.

Therapeutic Goals

The primary goal for Quincy was to discuss how he would structure rules and responsibilities and how Stan and he would function as a team at home. Quincy wanted for Stan and him to voice their concerns about living together. Quincy thought that it would be a good idea to go to the Family Centre and have a counselor listen to their concerns, as they had never lived together.

Intervention

In terms of therapy, I felt that it was important to have Quincy and Stan discuss their expectations of one another, and address concepts such as learning how to accept personal differences. Since this family was not beset with hostility, or multiple, long standing problems, the intervention was directed as being more of an educative exercise focusing on

understanding thoughts and perceptions, and becoming more familiar with learning how to accommodate, given an impending transition in the father-son relationship.

An example of one of the guided discussions that was conducted, involved having Quincy discuss the transition from being a non-residential parent to becoming a residential parent. In terms of this new role, we discussed how he would establish rules, routines, and provide consistency for Stan. In terms of assisting Stan, we spoke about the differences that would likely exist in parenting practices. Thus, we spoke in detail about what Stan would contribute, in order to contribute to the family's well being.

Evaluation

I did not assess Quincy using the FES. I did not see the purpose of having Quincy complete the scale, as he and Stan were not yet living together. Stan was not given the FES to complete either, as I did not have a children's version of the FES. Nevertheless, I was able to learn through the course of therapy that Quincy and Stan were eager and optimistic about the possibility of living together. Both talked a lot about helping one another around the house, making rules together and having shared responsibilities. I sensed that they were both sincere and that they recognized the difference in roles and responsibilities they would likely share.

Termination

Quincy was impressed with the quality of our six sessions. He said that he felt that he learned a lot about his relationship with Stan, and he felt that it would likely improve by having more sessions. After the sixth session, arrangements were made at Quincy's request to

have a case transfer. I also suggested that Quincy consider taking parenting classes, as they would likely help further enhance his parenting skills.

Family: # 4 (Carl)
Sole-custodial/ Lone parent family (Male-headed)

Carl presented as a thirty-three year old lone parent father of two children, Sue, (10) and Ross, (8). Carl's former spouse, Gayle abandoned the family four years earlier and she never returned. According to Carl, Gayle apparently lives in Winnipeg, but her whereabouts is unknown. The family has not fully accepted this loss. Carl felt as though Sue and Ross were still grieving the loss of their mother. Carl stated that he was seeking counseling so that his family could talk about Gayle leaving and the impact on the family, and how the family could function better at home.

Carl also suggested that were other precipitating factors, which prompted him to seek family counseling. Carl stated that he was exhausted physically, emotionally, and mentally, and that he was on the verge of giving up. According to Carl, he was compelled to do something, as Sue and Ross were exhibiting constant acts of open hostility and aggression towards each other and even himself. Carl admitted that he was beginning to feel resentment regarding his circumstances. Given his unique situation, Carl was now looking to provide his children with a stable home. Carl was also looking to learn about how to communicate better with Sue and Ross.

Ecosystemic Analysis

Carl was frustrated with his ineffectiveness and he wanted to learn some new communication skills. I initially saw Carl without Sue and Ross for the first two sessions. I learned that Carl was feeling as though he was failing as a parent, because he was not able to communicate effectively with his children. It became clear to myself that Carl was overwhelmed. I learned that Carl had a short temper, and he admitted that he was losing control at home. Carl admitted that he did not feel as though Sue and Ross were following any of his directives.

During the third session, Sue and Ross came with their father. Sue and Ross admitted that they did not listen to their father consistently. Sue and Ross admitted that they saw their father as more of a friend than as a parent. This statement intrigued me and I was prompted to ask more questions regarding this topic. I learned that Sue and Ross felt this way because Carl did not practice setting consequences for Sue and Ross.

The entire family was affected by Gayle's absence. Upon further investigation, Sue and Ross indicated that they were hurt, and that it was hard to listen to their father. Sue and Ross wanted to see their mother and have a relationship with her. Since they were unable to do so, they admitted being frustrated. I attributed that this frustration manifested in the children's outward defiance and hostility toward Carl.

Therapeutic Goals

The therapeutic goals for this family focused on strengthening both parent-child relationships. Carl was a lone parent who was working hard to keep his family from falling apart. Carl was not pleased with Sue and Ross' behavior and he wanted them to be respectful,

honest and kind. Some of the other goals that Carl wanted the family to have were as follows.

1. For Sue and Ross having less arguments
2. For the family to have one recreational day per week
3. For Carl to develop different ways of dealing with his anger

Intervention

My intervention focused on helping restore order and consistency in the family. The family wanted to work on learning how to get along better, so the family suggested that they should have daily meetings. These family awareness meetings would focus on individual thoughts, concerns and feelings regarding the family well being. The fifteen minute meetings were to be scheduled at regular intervals, and they were intended to be non confrontational and supportive. The purpose of the meetings was to promote a sense of family togetherness, and provide Sue and Ross with an opportunity to talk to Carl about Gayle and other issues.

I also suggested that Carl, Sue and Ross construct an expectations sheet, where family rules, chores and consequences would be listed in an area for all to see. With my assistance, Carl, Sue and Ross initially constructed the expectations sheet at the Family Centre. I felt that the expectations sheet allowed the family to take ownership of their problems, and empower them, as to decide how best to handle their affairs. My role was that of being a mentor. I helped guide the family focus their expectations of one another. The interventions proved to be successful as parenting consistency, and fewer conflicts occurred thereafter. Near the end of our sessions, I was informed by Carl that the family was beginning to work together to

meet their goals. I was also informed that the children were more receptive to him, due to the increase frequency of family meetings and group activities.

Evaluation

Carl completed the FES on the second and tenth sessions. Carl's pre-intervention FES scores showed high levels of control, and low levels of active recreation, and family organization. The post-intervention FES scores revealed increases active recreation, family organization, and lower levels of control. I determined from evaluating the FES scores that the family was actively working on achieving their goals. I also assessed that the family was working on improving their relationships, as the level of control had decreased.

Termination

Termination occurred after twelve sessions. Carl was pleased with the counseling and the interventions. Carl attributed their success as a family, as due to the new concepts that they learnt at the Family Centre. Carl felt pleased with the sessions, however he did not want to terminate, as he figured that there was still a lot of work that the family needed to do. It was decided that family counseling would continue, because Sue and Ross were starting to function better at home. It was decided that the case would be transferred to another counselor after the eighth session.

Family: # 5 (Heather & Jim)
Common law stepfamily

Heather recently entered a common law relationship with Jim. Heather had two previous partners with whom she had two children, Ivan, (14) and Haley, (12). Jim also had two children in which he saw every second weekend. Heather had previously attended individual counseling, however Heather wanted counseling for her two children due to the violence that they had witnessed in her last relationship. Heather feared that Ivan and Haley were upset with their mother, and that they were acting out due to the problems in her previous relationship.

Jim and his children were not seeking counseling, however he did support Heather attending counseling with her children. What was unique in this case was that Heather and Jim were in the early stages of their relationship. They moved in together and there were a host of problems, due to the two families adjusting to one another.

Ecosystemic Analysis

My initial focus was to learn more about what Heather, Ivan and Haley wanted to receive from counseling. It became quite clear that Ivan was uncomfortable with counseling and that he would not communicate with his mother and sister. Ivan displayed anger, and seemed to be quite angry with his mother. I later learned about this behavior, as every time Heather entered another relationship, Ivan's life became disrupted. Moreover, Ivan was still upset that he had never met his father, nor has any knowledge of him. I sensed that Haley was equally upset with her mother, because she could not identify with her mother, nor any of the

male figures that Heather introduced into Haley's life. I soon learned that Haley had very poor relationships with Heather's previous male partners.

Haley and Ivan were very angry about the decisions their mother had made. Most of the decisions their mother made for the family were negative, and as a result the family did not identify with each other. Heather had moved the family several different times and she became involved in many relationships where the children were unhappy. I attributed the hostility as being a result of the children not having a say in family matters. I also recognized that due to the lack of familiarity with one another, and inconsistency, this prevented this family from developing healthy relationships. I believe that the majority of this family's problems were due to the fact that the children were unable to predict how long their mother would be staying with Jim.

Therapeutic Goals

The primary goal for this family focused on improving the parent-child relationship. Heather did not have a good relationship with her children and she wanted to work on the relationships by attending counseling. Heather felt that the children had a lot of anger toward her, and she felt that family counseling would help improve matters in the family. Some of the other family goals included the following.

1. For Ivan to work on his anger management skills
2. For Heather to spend more time with the children talking to them about their concerns

Intervention

My intervention focused on addressing the two separate parent-child relationships. This was a challenging task, as the children seemed to be unmotivated to improve their relationships with their mother. Ivan and Haley did not want to work on their relationships, because they felt uncomfortable talking to their mother about personal matters. Nevertheless I assigned family tasks. Some of the tasks included having weekly family awareness meetings to discuss past events; having Heather would talk to Ivan and Haley every third day and separately, to discuss her expectations of them, and for Ivan and Haley to practice keeping a journal to record how they saw their family life and write down how they handled conflict.

Implementing the interventions was difficult, because the Heather was not attentive, nor consistent in keeping family meetings. I gathered that Heather needed individual counseling as she always had excuses why the family did not tend to matters as previously discussed. Moreover, there appeared to be a lot of underlying issues, in which it seemed more convenient for family members to discuss what they didn't like about one another, rather than what they were willing to work on. In order to over this impasse, I conducted several individual sessions, as well as sessions involving Heather and each child. I found that these sessions were more helpful than the actual family sessions, because more information was shared.

Evaluation

The pre-intervention FES revealed low family cohesion, high conflict, and low active recreation scores. The FES scores revealed that the family was experiencing a lot of conflict and that the family members were independent of one another. The post-intervention scores

did not show any changes in the areas of family cohesion and active recreation. The family did not seem to make progress in any of these subscale areas. It became evident near the end of our sessions, that the children were still upset and they had a lot questions for their mother.

Termination

Termination occurred after thirteen sessions. The family decided that they would end their sessions, as they were not seeing improvement or that much change at home. The family felt that the experience was positive, but they were disappointed that they were still having problems. The case was not transferred, as the family did not feel that further involvement would help them.

Family: # 6 (Donna & Zach) Nuclear family

Donna and Zach had two adolescent children, Brandy, (17) and Dean, (15). This family was fairly close and they did not present as having major difficulties. Nevertheless, Donna and Zach had reported that they were not pleased with either Brandy or Dean's performance in school. Donna and Zach had professional careers and they felt as though their children were not applying themselves. Brandy was singled out as being more disruptive, because she would skip classes, and while at home, Brandy would lie and sneak out of the house in order to go to parties.

Given these circumstances, Donna and Zach felt powerless. They wanted Brandy to become more responsible, yet they did not know what else to do. Donna and Zach felt that if

the family attended counseling, they would learn on how to communicate better, and eliminate some of their problems at home.

Ecosystemic Analysis

In order to assess this family, I focused my attention on how the family defined success. Donna and Zach were professionals, and had aspiring careers in their chosen fields. Donna and Zach appeared to work very hard, in order to provide special opportunities for Brandy and Dean. I sensed that Donna and Zach were hurt especially by Brandy, because she did not appear to share the same values of hard work and dedication alike her parents. Secondly, I sensed that the family was unable to determine why their children were not consistently meeting their expectations.

I felt that Brandy did not want to have a strong relationship with her parents, especially with her father. I also felt as though Donna was in denial, as she admitted that she had not taken an active role, as to identifying the family's problems until now. The parent-sibling relationships in this case were poor.

I felt that that Zach had a fairly strong relationship with Dean, and that he wanted to have a better relationship with Brandy, but she did not seem to be interested. Zach seemed to have a fairly strong sense that there were communication problems between he and Brandy, but he did not know how to overcome their difficulties.

I was informed that Brandy had a history of poor academic achievement, and she was deliberately acting up in order to exert her autonomy. Brandy was indeed very bright; however she simply did not share the same views about her future, alike her parents. I did not

see Dean to be as problematic as his parents suggested. Dean's faults were magnified due to Brandy's unpredictable nature.

Therapeutic Goals

The therapeutic goals for this family focused on improving the parent-child relationships. Zach wanted to improve his relationship with Brandy and he wanted for Dean to be open and honest with himself. Donna wanted the family to be more cohesive, as she saw the children becoming more independent of herself and Zach. Donna and Zach also wanted the children to make be more responsive toward them.

Intervention

My intervention focused on exploring the relationship between Brandy and Zach. Individual ecomaps and were constructed, and I was able to show to the family, that independence was very important to Brandy. However in terms of Zack's ecomap, achievement and personal success were seen as being just as important to him, as independence was for Brandy. In order to help the family cope with their differences, I had asked that Zach and Brandy choose regular intervals, in which to voice their concerns. I suggested that their discussions should focus on understanding and accepting differences, rather than arguing, which would be unproductive. I also suggested that during their discussions, they should use: "I" statements, and discuss their values openly.

Another idea that I had would be having Brandy and Dean volunteer in the community. I felt that if Brandy and Dean were participating in their community, *i.e.*, being

involved with worthwhile causes such as, Winnipeg Harvest, their relationships with their parents may improve. Given that Donna and Zach worked very long hours, I felt that Brandy and Dean needed to manage their time in a more constructive manner. I felt that they needed to show their parents that they were capable of making good decisions, and in turn their parents would be willing to give them more independence. Additionally, by showing their independence of their parents and participating in purposeful activities that they enjoyed, I reasoned that the family relationships would likely improve.

I felt that it was important for Donna and Zach to have realistic expectations of their children and their friends. I also felt that Donna and Zach needed to spend more time listening to their children. I believed that this would help in terms improving the parent-child relationships, as well as help Donna and Zach better understand their children's behavior. Lastly, I also thought that it would be beneficial for Donna and Zach to share stories of their adolescence with Brandy and Dean. I reasoned that Donna and Zach could help improve their relationships by having the children possibly identify with their parents.

Evaluation

The family completed the pre-intervention FES on the second session. The pre-intervention FES scores revealed that Donna and Zach saw the family very similarly. Donna and Zach scores showed low control, the remaining nine subscales were fairly stable however. Brandy and Dean's scores showed similar results. I regret that I was unable to gather the post-intervention FES scores, as the family chose to end their counseling sessions soon afterwards.

Termination

Brandy and Dean did not want to continue attending counseling after four sessions. They felt that they were becoming too busy with other activities as both were volunteering at Winnipeg Harvest, Brandy was attending summer school, and Dean was going to be attending two different sports camps. Donna and Zach saw some changes at home, but they still were experiencing difficulties in trying to motivate Brandy to want to succeed in school.

Family: # 8 (Kate & Tom) Married stepfamily

Kate and Tom were married four years ago. Tom had never been married, nor did he have any children from a previous relationship. Kate on the other hand had previously been married, and she had two sons, Trent, (13) and Michael, (9). Kate had two more children in her new relationship with Tom. The names of the toddlers were Andrew, (2) and Lacey, (1). Due to their ages, they did not participate in any of the sessions.

I found this stepfamily to be fairly well adjusted. They were actively involved with their church, and as a family, they participated in many activities together. It was clear that given their stories, this family appeared to enjoy spending time together. I had reason to believe that Trent and Michael enjoyed Tom, and that they respected and accepted him as their father figure. Kate wanted the family to attend counseling, due to the problems she was experiencing with Trent over the course of the last year. Trent's attention span was very limited and both Kate and Tom felt that many of the family relationships could improve, if Trent was more attentive and less egocentric. I sensed that Trent was the family scapegoat, and that many of the family's problems were directed toward him.

Ecosystemic Analysis

I assessed this family as being a fairly cohesive unit. I found that they shared similar interests and strengths. Nevertheless, Trent's inconsistent behavior was causing a lot of unnecessary problems. I felt that Kate and Tom were trying to provide a stable home environment, but they were not pleased with Trent resisting them whenever they asked for him to complete tasks around the house. I was concerned that Trent had previously been diagnosed with suffering from Attention Deficit Hyperactive Disorder, ADHD and that he had been on medication. Nonetheless, Trent had been taken off of Ritalin a few months ago, as I was informed that Trent started to get headaches and that he felt sleepy from being on the medication.

Given the family's previous efforts to have Trent on medication, I felt that it was clear that the family would have to become more consistent and develop different strategies to captivate Trent's attention. I felt that should they decide to do otherwise, the same patterns would continue.

Therapeutic Goals

I found that the therapeutic goals for this family focused a lot on what the parents wanted, and not that much teamwork. Kate and Tom wanted to learn to help Trent control his temper, and have him become more accountable for his actions. Kate and Tom were also focused on learning how the family could improve their communication skills, but they were equally as interested in having Trent and Michael become more involved around the house.

Trent and Michael did not have any immediate goals. However Trent did mention that he wanted his mother to lay off, and not be on his case so much.

Intervention

One of the interventions that I proposed to Kate and Tom was to increase the amount of extra curricular activities for the boys. I felt that it was incumbent to have Trent and Michael involved in extracurricular youth activities, as well as providing Trent with a Youth Worker. The family liked this idea and they agreed to look into getting the boys involved in different activities. During the practicum Trent and Michael were not involved in any extra curricular activities, they were at home all the time and they rarely went out on their own. The family agreed that it would be helpful to get the boys into different activities. It was agreed that later during the practicum, Kate and Tom would make arrangements for Trent to have a Big Brother, and attend the Air Cadets with Michael. Trent and Michael were very pleased with their parent's decision.

Another one of my ideas was to schedule regular family meetings to discuss weekly goals that the entire family would work on. The family was to place visual reminders around the house, in order to help promote desired behavior. For instance, we talked about identifying one problematic family issue, family arguments occurring, because the boys had not completed chores on time. The family would collectively work on reducing the number of arguments. During the weekly meetings the family would evaluate their performance, and discuss how they could help reduce the number of arguments. I reasoned that if the family regularly talked about how matters could be improved, rather than arguing and getting frustrated, they would be in a far better position to likely succeed rather than fail.

One last strategy focused on developing a reward/ incentive system for Trent and Michael. The scale would work similarly to a token economy where the boys could receive points for good behavior, and eventually be able to purchase items or take part in special activities. This behavior modification program worked well. I was informed that the boys were contributing more around the house, and that the family was having fewer problems.

Evaluation

Kate and Tom's pre-intervention FES scores were quite similar. Their FES scores revealed high scores in the areas of conflict, moral religious emphasis, active recreational orientation and organizational scores. Trent's pre-intervention scores revealed higher conflict scores than his parents. Trent also scored similar scores in the areas of control, organization and moral religious emphasis. Michael was not given a FES assessment to complete given his age.

Kate and Tom's post-intervention scores revealed decreases in the areas of conflict and control. Trent's post-intervention scores also showed a decline in his conflict subscale score. The active recreational, moral religious emphasis and organization scores remained stable on the family's post intervention scores

Termination

Termination occurred after seven sessions. During each of the counseling sessions the family incorporated the lessons learnt from previous sessions, and they progressed steadily. Kate and Tom stated that they met their goals, and they were generally pleased with the

content of the sessions. Kate and Tom stated that the interventions were extremely helpful, and that the counseling experience was refreshing, as it helped provide much needed insight pertaining to their parenting practices and marriage.

CHAPTER VI

Summary/ Conclusions & Recommendations regarding the Ecosystemic Therapeutic Process

In this final section I will provide some brief conclusions regarding my learning goals, and provide my final critique the ecosystemic intervention. I will address my personal thoughts regarding the practicum, and recommendations regarding future practice with using the ecosystemic model.

I am pleased with this practicum for the most part. I believe that I reached most of my learning goals, and I am satisfied with most of the client outcomes. Over the course of the practicum I felt as though my counseling skills improved, and that I became more of an active participant in family sessions. I also felt as though I had made a positive impact on the families that I counseled. I feel this way because most of the families that I saw commented that they enjoyed the counselling experience and that they saw positive changes in their families. I learnt that family counseling in particular takes a lot of time while in session and while preparing for the next session. Nonetheless I was fortunate in my case, as I worked with a diverse group of family types, which was helpful in allowing me to evaluate the effectiveness of my model.

I learnt that it is important to have a flexible approach. I felt that the ecosystemic intervention was the appropriate model for this practicum as it recognizes how factors in the social environment, impact individual, family and society roles. I learnt that if structured in the appropriate manner, structural techniques were indeed compatible with the ecosystemic approach. For instance, when presenting ecomaps and mapping the family history, I found

that implementing structural techniques such as boundaries, realignment and restructuring are as quite useful.

One of the most important things that I learnt in this practicum was that the ecosystemic model worked well as a metaframework. I found that the model was flexible, where I was easily able to identify family strengths and acknowledge the presence of the social environment.

One of the major problems with the model however was that it lacked a problem solving focus. The model is not prescriptive, so sustaining change efforts was difficult to achieve. An example of some of the problems was when certain families wanted to hear specific answers on how to solve their difficulties. These families wanted a direct approach that would help fix their problem. These families were not interested in re-evaluating and analyzing how social environmental factors may be affecting family stability. These families seemed to be preoccupied by time and not interested in reflecting and addressing other social environmental issues. I found this to be problematic as my orientation focused a lot on how events in the social environment affect families. The ecosystemic model was not a good match for these types of families. In these cases, I found that implementing structural techniques, and introducing reinforcement as being helpful.

Overall, some of the unique characteristics that most of the families preferred in therapy were:

1. They wanted to preserve the family unit. These families did not want to separate, as they wanted to remain intact and resolve their issues.

2. They wanted to share their narratives. These families wanted to talk about their experiences and discuss how these experiences shaped their identity.
3. They wanted to have their concerns validated. I found that these families wanted to share their thoughts, be listened to and not be judged. They wanted to be reassured that their concerns were legitimate.
4. They wanted to find out whether or not their problems were shared by other families. These families wanted to be reassured that there were others who had experienced the same problems as themselves. The practice of normalization was implemented in these cases.
5. They wanted to learn how to get along better as a family.

In order to meet these requests, I found that implementing the following techniques really helped families throughout the course of therapy

1. Drawing ecomaps on flip charts
2. Using self disclosure
3. Using enactments
4. Working in subgroups
5. Normalizing family experiences

What I found to be unsuccessful in therapy was:

1. Having fewer than six family sessions
2. Structuring too many activities for one session
3. Having biweekly sessions

In summarizing these points, I learnt that

1. The model's overall effectiveness is questionable
2. The implementation of the model is arduous and time consuming
3. The model has to borrow techniques from other models
4. Client willingness to sustain change efforts will affect the course of therapy

I felt that I was successful in terms of reframing and coaching. I felt that I was able to demonstrate to families how to become more knowledgeable in communicating with one another. I also felt that the families developed newer responses, and that they showed more patience towards one another. I still feel as though I have much to learn in the manner of providing effective interventions, when facing multiple problem families. My experiences are limited in this area, and I feel that I need to gain more practical experience in order to assist these families. All of the families that I saw presented with complex and multiple difficulties. The practicum was challenging, especially in terms of prioritizing, and having family members agree on identifying what issues required the most attention.

Another problem that I faced was once the service plan was identified, I felt, as though I initially struggled with the implementation of the ecosystemic intervention. I believe

that I struggled in adapting the model to suit the needs of the families that I was working with. I found that it took me two to three sessions to figure out what kind of family that I was working with. Some families were time and task orientated, some were conceptual and intuitive, while some others were generally difficult to categorize. In order to implement the ecosystemic model, I found that I had to gain a sense of the family type that I was working with in order to identify their strengths. I was thereafter better prepared to implement the ecosystemic model given the knowing how the family would respond to the model. Overall I would state that even though I had a basic understanding of the ecosystemic intervention approach, I felt that my knowledge increased, once I gained more experience applying the model.

Several conclusions can be drawn from this practicum regarding the nature of an ecosystemic intervention with diverse family types. Some of these conclusions are listed as follows.

Therapeutic Utility of the Ecosystemic Model

As evidenced in the literature review and demonstrated in the case studies, all families face varying levels of adversity, regardless of their unique structural integrity. Hence, it was absolutely imperative to have a non-bias stance in understanding and appreciating the formation and differences of the families (Nichols & Schwartz, 2001). I consider the ecosystemic model as an ideal intervention model, as it considers the role of the individual as well as other systems such as family and society. I believe that this model provides the

appropriate framework of analysis needed, given the level of diversity as confirmed in this practicum, as well as contemporary society.

For instance, in order to address the multiple issues facing stepfamilies, the approach was seen as being quite practical to implement. I found that the ecosystemic approach allows room for creativity, where therapist is able to develop themes, coordinate and synthesize: diverse histories and patterns of bonding; cultural, economic, legal and social systems; internal family interrelationships/ subsystems and their reciprocal impacts on family dynamics (Hartman & Laird, 1983; Rodway & Trute, 1993). I found that in each of my stepfamily cases I was able to develop a basic understanding of how why their family problems were occurring, once I was able to review individual ecomaps and then form family ecomaps.

It had also been noted that in order to address the distinctions between stepfamilies, that it was necessary to incorporate working with specific individuals, subsystems, or the entire stepfamily as the target for intervention (Berger, 1998; Visher & Visher, 1996). For instance, I found that by initially working with the married couple subsystem (Visher & Visher, 1996; Wood, 1989), I learned a great deal about how the couple saw their marriage, family and community relationships. I also learned how to structure and strategize future family sessions, given my perspective on the couple's degree of congruency, willingness to resolve the family dispute and expectations of therapy.

The ecosystemic intervention proved to be effective when working with stepfamilies, as many of the stepfamilies seemed to be receptive and appreciated discussing how previous family (sub)systems, relationships, and expectations had been altered. This intervention

worked well, as the key therapeutic tasks involved focusing on developing new strategies to promote: family togetherness, cohesion, healthy communication patterns, rituals and traditions (Bray, 1995; Papernow, 1993).

Lone Parent Families in Therapy

I found subtle differences between the female-headed and male-headed families. For instance, I found that the male parents which I saw had less tolerance towards their children, and that they were experiencing more frustration than the female-headed parent. I found this to be particularly revealing because in each case, the male-headed lone parent families had greater financial resources available to them, and extended family members assisting them. It is difficult to understand why these men felt more frustrated than the female lone parent, given that they had more resources. Perhaps some of the frustration was in having to deal with the additional responsibilities, and having less independence to partake in their individual interests.

I found that the female-headed lone parent family on the other hand, had less control of their children. She had fewer social support structures, and that many of her problems stemmed from overcompensating, and becoming over involved in their children's lives. Subsequently, due to her over involvement, I found that parent-child boundaries were blurred.

I found that the ecosystemic intervention was helpful, when working with lone parent families, because of the intervention's focus on understanding changes in the family's immediate social environment. The therapeutic tasks focused on strengthening the parenting

role, boundaries, participating in clubs and group activities, in order to provide access to other role models. It was rationalized that by providing the children of the lone parent families, with activities where they can develop social skills, and take pride in creating their own achievements, that these compensations would aid in re-stabilizing relationships found in the lone parent family (Jack, 1997).

Planning and Preparing Family Therapy Sessions

Although I did not anticipate that the proposed session length would be a concern, I soon realized to the contrary. It became readily apparent that in order to successfully implement an ecosystemic intervention, the proposed length of sessions would have to be increased. For the most part, I required one and three quarter hour sessions with most of the families that I counseled. I found that mapping out individual ecomaps, and having family members help interpret the ecomaps and coordinate interrelationships initially took a lot of time.

In order to keep younger children focused, I had them participate in family flip chart activities. I also worked with sibling dyads and parent dyads near the end of many sessions. This was helpful because it provided me with valuable feedback on what each of the family members saw as being helpful.

I believe that the client families saw the benefit of the ecosystemic approach. They seemingly enjoyed focusing on voicing their perspectives, sharing their narratives and being actively involved in the sessions. Many of the families seemed poised to be able to finally discuss how they are feeling about themselves, their family and what they would like to see

change. The majority of my client families came weekly and they seemed motivated in wanting to discuss their problems. I believe that I was able to engage my clients, and that the client families were anxious about wanting to resolve their problems.

I structured each of the weekly sessions to build on previous sessions, which provided the basis for future sessions. I felt that many of the families gained further insight on learning how to overcome their difficulties. Almost all of the eight families came for weekly sessions, without having to be reminded to attend their sessions. Unfortunately, I have been unable to retrieve any literature comparing the appropriateness vs. inappropriateness regarding having weekly sessions, as opposed to bi-weekly sessions. Nonetheless I found the weekly sessions, were beneficial as the client families were readily able to address pass issues and discuss interventions that may have been attempted at home.

Addressing Client Resistance

I felt powerless at times, as some families seemingly refused to implement any of my interventions. These families would report that matters were not improving, even though considerable time had been given towards resolving their issues. Two out of the eight families that I saw presented as displaying resistance. I saw these families as being resistant, as they reported little, if any success in resolving family disputes. I was very concerned because I questioned the motives of these families for coming to counseling. If they were not going to try to implement any of the interventions, how would anything change?

I had reason to believe that implementing a structural or behavioral approach would be more successful, as the therapist's position is more rigid, and the course of therapy is very

specific and ordered. Additionally, having the family set specific and observable objectives, would be favorable, as the therapeutic objective is to problem solve.

I was also tempted to introduce paradoxes in order to disrupt this pattern. Paradoxes are a form of treatment in which therapists give families permission to do what they were going to do, thereby lowering family resistance to therapy and increasing the likelihood of change (Gladding, 1998). Paradoxes are designed to block dysfunctional sequences using incorrect or illogical means (Nichols & Schwartz, 2001). I was afraid that I would lose my focus if I were to implement paradoxes. I thought that I should maintain my therapeutic approach, as implementing paradoxes could be very challenging (Colapinto 1991; Nichols & Schwartz, 2001). In some cases, I became frustrated as I saw the same behavioral patterns of negative behavior being rewarded. I believed that due to acts of indifference, for example by choosing not to implement consequences or deciding to sit on the fence produced more damage in some situations.

In order to resolve these issues I challenged the families. I asked them to explain their inactivity. I learned that factors such as fear and vulnerability led them to become indecisive and uncertain. In order to help overcome this problem, I placed more emphasis on having family members work on improving their insecurities and motivation. I modified past interventions, and focused on promoting dignity and self-esteem in the family. This proved to be somewhat successful, but it was evident that individual counseling as well as family counseling was needed in for these families.

The ecosystemic model was not helpful in this area, as there was very little literature on client resistance. There is also very little information on implementing different methods

on how to alleviate these matters. Due to the scarcity of literature concerning this issue, I do not recommend this approach when addressing resistance. In order to improve client resistance I would recommend looking for the factors, in which the client resistance is based on. I believe that the therapist would have to spend time helping the client explore previous issues which may help explain why the resistance has formed.

Young children and the Family Environment Scale

One difficulty that I encountered with the FES was that I could not use the FES with young children. I did not purchase the children's version of the instrument. Therefore in order to learn about how young children saw their families, I had to be creative and structure inventive ways in learning from them. In order to address the children's concerns regarding their families, I asked them similar questions as to those found in the FES. I had these children draw me pictures of their families. I also drew a line on a flip chart and recorded what the children liked or disliked about their families. This was helpful, but in retrospect it would have been quite interesting to have been able to score the younger children's comments pre and post-intervention. Due to poor planning on my behalf, I regret that I do not have actual quantifiable scores.

Multiplicity of Common Themes

Three persistent themes were found in all of my practicum cases. They included financial concerns, communication problems, and the absence of religious, spiritual and/ or meditative activities. Many of the families seen in this practicum presented as having a fatalistic outlook on life, when questioned on their well-being. Seven out of the eight families seen in the practicum did not attend church, or partake in any meditative or spiritual activities. Many of the families seen during this practicum, also stated that they had a lot of stress due to a lack of financial resources. Collectively speaking I felt that this was quite revealing, because many Canadian families are experiencing increased levels of debt and fewer families are attending church (Statistics Canada, 2002; VIF, 2000).

I believe that the implications of these issues will result I more families requesting intervention services. I believe that more families will attend family counselling sessions, as there appears to be a greater need. I am now intrigued to know whether these same social trends can be identified on a larger context, such as the level of occurrence of families in contemporary society? More importantly, perhaps these themes have implications for clinical practice, as they indicate common problem areas as seen in families, regardless of typology. I believe that having sensitivity to these themes would be seen valuable for the therapist, as having understanding in these areas could help structure therapy.

Self-Disclosure in Therapy

Therapeutically speaking, I found that using self-disclosure with young children was quite beneficial. I believe that a special understanding was given when I used self-disclosure. The young children immediately responded and became more engaged in the discussion. I also found that the younger children were able to make connections and ask more questions, on how to cope with a difficulty. Whenever I used self-disclosure, I was also able to further identify with them in a manner that their parent(s) could not. As a result these children seemed to trust me more, where I sensed that they felt that I was genuine, sincere and wanted to help their family overcome their problems.

Identification of Self

The theme of identification became prevalent for myself during the practicum. I believe that experiential knowledge played a prominent role in my learning. For instance in my case, I was able to identify with the client families, by way of my personal journey of experiences by living in: a lone parent (male-headed family), a biracial stepfamily, and now a biracial common-law relationship. It was truly fascinating to be able to observe how other families interact and discuss their concerns. I felt that I was able to identify with these families in my own unique manner. In retrospect, I do not believe the practicum would have been as fulfilling, had I only worked with stepfamilies.

I also believe that my personal experiences allowed me to identify with the client families, in a manner that the relevant literature could not provide further clinical insight. I felt privileged and I believe that I was more engaging, rightfully knowing how to present

questions by way of my personal experience. Lastly, I also appreciated the experience as being therapeutically relevant to myself, as I was better able to understand my own past unresolved issues and experiences.

Client Feedback

As noted in verbal and written feedback provided by some of the client families, they reported that they felt that the therapeutic approach was generally good. They suggested that they enjoyed coming to the Family Centre, and that they now started to understand why negative interactions occur in their families. The lone parents were most receptive, as they reported seeing changes in themselves as parents. They felt empowered from the counseling sessions, and they felt more confident in having someone to talk to about their problems. Many of the lone parents agreed that they would benefit by having a larger support network.

One stepfamily that did not make that progress in resolving their family goals did not feel better at the end of our sessions. This stepfamily talked about separating once they terminated with myself. I did not feel that termination was a smooth process in this case, due to the multiplicity of problems that they were continually experiencing.

I noticed that many of the families in general, seemed to be fixated on past injustices, such as alcoholism, family violence, infidelity, and depression. These families eventually had to be transferred, as they continued to experience present difficulties concerning past events. In order to help these families overcome their difficulties, I found it very important to acknowledge the problems, highlight the family strengths, and identify what are the potential change efforts that the family is willing to implement. Many families seemed to like this

approach, and I found that given my presence and involvement, many of the families really began to listen to one another, on how they could resolve their problems.

A number of families wanted to continue with myself as their counselor, and they were disappointed that the length of sessions could not be increased. They mentioned that they needed more time, and that they preferred to continue with myself. One family even mentioned not wanting to have to repeat their stories to another counselor. I felt some tension with these families, yet due to the amount of work that was still needed, I felt that it was best to transfer five out of the eight cases to the Intake team. I felt that this provided these families some level of assurance, that their previous work was not in vain, and that they could work further on their difficulties.

I felt as though the ecosystemic intervention was fairly successful overall. I certainly did not intend to resolve all of family issues that I was presented with; however I did learn that because the intervention was not prescriptive, a lot of my success relied heavily upon my level of creativity and ability to provide family members with insight of their communication patterns and behavioral responses. I learned that since the intervention was limited in the area of theoretical support, I had to be inventive, and interpret many family situations without having the benefit of a proven methodology.

This limitation was indeed disadvantageous, because I found myself constantly in the library, researching different interventions currently being used in family counseling. The negative aspect of this process was the tedium, and the sheer amount of time, that it took researching other prescriptive methods. Another challenging aspect of this process was then

fashioning these methods to incorporate an ecosystemic orientation. I felt as though I was spending more time preparing for the upcoming sessions, than I was actually counseling.

The one positive that I can take from that experience is that I learned a lot more about different intervention methods. I also feel as though I developed a lot of useful skills, and I became a better educator.

Psychoeducation in Therapy

Psychoeducation was used throughout the entire intervention process. Within this process, my central goal was to help educate the families about characteristics and processes that are typical of families. I was able to draw attention toward helping all of the families identify their subsystems, and how they could develop healthy resolutions by modifying their existing efforts.

I was able to provide information to stepfamilies about healthy lifecycle development, transitions, normalcy, and share statistics as obtained from clinical research findings (Bray 1995, Browning, 1994; Papernow, 1993; Statistics Canada, 2001; Visher & Visher 1990, 1996). My purpose in this regard was to provide as much information on the particular difficulty that was being presented. For instance, in one case I obtained resource materials from the Mental Health Educational Resource Centre, (MHERC) and provided one family with information on bipolar disorder.

I was able to use psychoeducation with the lone parent families, by providing them information on their functioning and dynamics (Bilge, 1983; Hanson, Heims, Julien, & Sussman, 1995; Inhinger-Tallan, 1995; Nesto, 1994). I also provided information about group therapy and the availability of programs within the community such as: The Family

Centre, New Beginnings, Riverheights Family Life Education Centre, and Adventures for Successful Singles. My rationale was that these parents could share their stories and possibly learn from other parents.

I found psychoeducation as helpful, but it took a lot of time researching the precise information that I required. For instance I found that researching relevant information on: families coping with mental illness as arduous, and equally as difficult in teaching the important themes, of which I had learnt in such a short period of time.

Implication to Social Work Practice

In order to address the implication of this practicum to the practice of social work, I propose the argument that the character of a society is personified within the lives of its community members. As such, it is generally understood that these same communities are made up of different kinds of families. Thus, since family therapy attempts to enhance stability, family preservation and social functioning, the implication of this practicum is multifold, in that I believe that the family, community and society are all impacted by this intervention.

The social work discipline plays a vital role in that all of us play a role and share a collective responsibility in helping improve the social fabric and quality of life of families, communities and societies. As stated earlier, I hold the belief that this practicum not only increased my knowledge, but also the client families I had the pleasure to work with. Above all, I feel as though that I made a difference in most of the families whom I counseled.

The social work profession is indeed multifaceted and complex. There are several models of practice and within each subtlety, for example clinical practice, social policy, justice and mental health. However it is my belief that advancements in the area of family counseling will help society better understand how to address certain social problems such as child abuse, adolescent substance abuse and some forms of criminal activity.

It is my belief that since the family constitutes the basis of all human relationships, that in order to develop better social programs, advancements in family therapy is needed. I believe that family therapists help elevate societal consciousness, by providing much needed insight and knowledge regarding human relationships, functioning and behavior in the social environment. Thus, if one accepts the view that a community and societal relationships are based on human relationships, change will only occur once efforts are made to continually challenge and develop higher forms of practice methodology.

I found the ecosystemic model to be a particularly useful in helping the client families focus their attention on the social realities impacting themselves. Moreover, I believe that the application of this model helped the individual client families reexamine the desirable and undesirable qualities within their families. I also believe that the model also helped enrich their family values, and expectations of one another. In turn, I foresee that these families will influence their extended families, friends and other spheres of influence.

Lastly, I believe that family therapy as the profession of social work focuses on relationships and helping people help themselves. This project was beneficial to myself as social worker, as it allowed me to examine how I can use my knowledge to help improve family relationships. As social worker I desire to help people improve their lives, and to help

society improve the lives of many. I support the concept of social justice, and I believe that every human life is important and that everyone should be treated equally. This practicum enriched my life as I gained a considerable amount of knowledge of learning different practice methods, on how to address problems in divergent family types, identifying patterns of behavior and the like. Given my interest in the area of helping others empower themselves. I am now compelled to continue to strive to improve my knowledge and understanding of learning, how to help make a difference at a larger scale.

Personal Comments

I was concerned that being a visible minority, I would likely face additional challenges. I believed some families would feel unfamiliar or uncomfortable and not wish to participate in counseling. To my benefit, this was not the case however. One family who shared the same racial identity as myself, was very pleased. I sensed that they felt most comfortable with myself than out of all the other client families. This family worked very hard on improving their family's functioning, and they followed most of the proposed interventions. In addition, this family kept all of their sessions, they called the office for advice, and they requested additional learning materials, in order to help them better understand how they could resolve their difficulties.

The children and youths in all the families seemed to gravitate towards myself as well. I questioned whether they accepted me, because of any one of the following points:

1. Due to increases in societal tolerances towards visible minorities, more specifically, knowing that I was safe, because they had few encounters with minorities.

2. Knowing that I was also a student
3. Knowing that perhaps that I was aware of their culture, music, fashion, that they would accept me as being knowledgeable of their concerns.

I also felt that the separated and lone parent fathers and even the lone parent mothers felt safe with myself. In terms of the males, many mentioned feeling comfortable/ pleased in having a male counselor. The lone parent mothers mentioned feeling comfortable, because either their children were seeing another man who seemed to understand what they were going through. I was also told that I was sensitive, and that I was unlike their previous partners.

The creation and completion of this practicum was indeed a challenging task for myself. Not only did I question my therapeutic approach, but also I questioned whether or not I could teach useful skills, and promote changes in the families I was counseling. In hindsight, I admit that I often found myself questioning the adequacy of my abilities. I chose to keep these thoughts to myself, as I feared they would reveal either a lack of preparedness, incompetence or vulnerability. These thoughts began to dissipate over time. On my spare time, I read the personal comments entries on other practicum reports, and learnt that some other students also admitted feeling unsure of their abilities. I then began to recognize that my personal views, biases and questions regarding my therapeutic approach were not unnormal.

In reflecting upon this psychological experience, I believe that I learnt more about my role as both a counselor and educator within the therapeutic process. I also believe that I

became better prepared, and conscientious of the integrity of my decisions and comments which I shared.

The task of implementing an ecosystemic framework, contributed toward a clearer integration of theory and practice in my growth as a social worker. The use of flip charts, FES, and videotaping sessions also provided me with important feedback, which I feel further contributed to my development. Given these practice methods, I believe that I became more adept and had more confidence in my abilities. Thus as my confidence grew, I began to feel as though my creativity and productivity increased.

This practicum provided myself with an opportunity to work with a diverse group of families. I believe that due to the variety of family types that I was exposed to, I was able to develop new and creative approaches in service delivery. Initially speaking, I thought that I would only work with stepfamilies, as they were my initial choice of family types to counsel. Yet, I soon learned after advertising this was going to be quite difficult, I decided at that point to broaden my sample to include lone parent, common-law and nuclear/ biological families. This proved to be worthwhile, as I gained a much better understanding of the effectiveness of my therapeutic approach, with respect to how different families types function. By far, this was particularly pleasing, as I was able to readily assess how different family types: respond to their social environments, resolve conflict, and communicate.

I learnt that it is an arduous task in locating families seeking intervention. Out of all the eight families, each admitted having experienced some degree of family problems, before they sought assistance. Each family when initially interviewed either spoke of feeling ashamed or fearful in admitting that they had family problems. Moreover, many family

members in each of the different families seemed visibly anxious about coming to the Family Centre for counseling. This presentation made me feel uneasy, as I had more own concerns over my preparedness. I was concerned because I felt that I needed to be the expert and have all the answers. I soon learned otherwise however.

I learned that my therapeutic approach allowed me to readily identify family systems and subsystems, traditions, boundaries, and resources all by way of completing ecomaps. By being able to map out and integrate common themes and relationships I gained the immediate attention of my client families. My approach provided me with a lot of flexibility as it was not as structured as other approaches. Consequently, I believe that the families I counseled were better able to recognize their family problems, as the integrated ecomaps allowed them to comment on what I had mapped out for them.

The entire practicum experience was indeed very rewarding. I am more conscientious of what therapeutic methods work, and why certain techniques maybe more beneficial for certain types families. Above all, I learnt a great deal about counseling, but just as importantly I learnt more about myself.

Conclusion

The focal point of this practicum was directed at developing new skills, when working with different family types. As evidenced in the literature review, it was revealed that due to the increases in divergent family forms, such as lone parent families, common-law couples, stepfamilies and/ or nuclear families, therapist need to adopt newer therapeutic approaches such as the ecosystemic model. It was also revealed that subtle changes in societal

attitudes towards divorce and remarriage, (Statistics Canada, 2001) have in turn affected societal perspectives and general attitudes concerning the family construct.

Given the emergence of different family typologies, it was proposed that an ecosystemic framework would be the ideal therapy when working with either lone parent families, common-law couples, stepfamilies or nuclear families. The ecosystemic model was chosen, given the model's level of flexibility, and my ability to identify with its tenets and philosophy. Psychoeducation was favored as complimenting the ecosystemic framework, given its ability to provide information, coping skills, and social support concerning a specific area of family life. Much of the practicum report, focused on the techniques, methodology and strategies concerning the ecosystemic model. One of the major concerns was the model's efficacy and whether the integration could be applied in working with different family formations. I was also concerned that the model did not take into account gender sensitivity or specificity, given one case reported that there was ongoing abuse issues. Overall, I viewed the integration as being favorable, even though there were several problems, as the model lacked a prescriptive discourse. As such, I was challenged in having to be creative, and borrow heavily from more prescriptive theoretical models.

I learned that in each family case, I had to adjust the model, in order to address the unique family issues being presented. I believe that I had met my learning goals, by adapting my approach and identifying common themes and parallelisms. I will conclude in stating that the ecosystemic model could be used successfully, should the therapist be aware of its obvious limitations.

References

- Anderson, C. M. (1983). A psychoeducational program for families of patients with schizophrenia. In W. R. McFarlane (Ed.), *Family therapy in schizophrenia* (pp. 99-116). New York: Guilford Press.
- Anderson, C. M., Griffin, S., Rossi, A., Pagonis, I., Holder, D. P., & Treiber, R. (1986). A comparative study of the impact of education vs. process groups for families with patients with affective disorders. *Family Process*, 25, 185-205.
- Barrera, M., Sandler, I. N., & Ramsey, T. B. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology* 9, 425-447.
- Benner-Carson, V. (2000). *Mental health nursing: The nurse-patient journey* (2nd ed.). Philadelphia, PA: W.B Saunders & Company.
- Berger, R. (1995). Three types of stepfamilies. *Journal of Divorce and Remarriage*, 24(1-2), 35-49.
- Berger, R. (1998). *Stepfamilies: A multidimensional perspective*. Binghamton, NY: Haworth Press.
- Bilge, B., & Kaufman, G. (1983). Children of divorce and one-parent families: Cross-cultural perspectives. *Family Relations*, 32, 59-71.
- Billings, A. G., & Moos, R. H. (1982). Family environments and adaptations: A clinically applicable typology. *American Journal of Family Therapy*, 10(2) 26-38.
- Billings, A. G., & Moos, R. H. (1984). Treatment experience of adults with unipolar depression: The influence of patient and life context factors. *Journal of Consulting and Clinical Psychology*, 52, 119-131.
- Bobes, T., & Rothman, B. (1998). *The crowded bed: An effective framework for doing couple therapy*. New York, NY: W.W. Norton & Company.
- Bolton, F., & Bolton, S. (1987). *Working with violent families: A guide for clinical and legal practitioners*. Beverly Hills, CA: Sage Publications
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Jason Aronson.

- Brand, E., Clingempeel, W. G., & Bowen-Woodward, K. (1988). Family relationships and children's psychological adjustment in stepmother and stepfather families. In E. M. Hetherington, and J. Arasteh (Eds.), *Divorce, remarriage and child outcomes*. Hillsdale, New Jersey: Erlbaum.
- Bray, J. H. (1995). Systems-oriented therapy with stepfamilies. In R. H. Mikesell, D. D. Lusterman, & S. H. Mc Daniel (Eds.), *Integrating family therapy: Handbook of family psychology and systems theory* (pp.125-140). Washington, DC: American Psychological Association.
- Bray, J. H., & Berger, S. H. (1993). Developmental issues in stepfamilies research project: Family relationships and parent-child interactions. *Journal of Divorce and remarriage*, 19(3/4), 197-220.
- Browning, S. (1994). Treating stepfamilies: Alternatives to traditional family therapy. In K. Pasley, & M. Ihinger-Tallman (Eds.), *Stepparenting: Issues in theory, research, and practice* (pp. 175-198). Westport, CT: Greenwood Press.
- Carter, B., & Mc Goldrick, M. (1988). *The changing family lifecycle* (2nd ed.). New York, NY: Gardiner.
- Changing conjugal life in Canada. (2002, July 11). *The Daily*. (Ottawa). Retrieved November 3, 2002, on the World Wide Web <http://www.statscan.ca>
- Cherlin, A. (1978). Remarriage as an incomplete institution. *American Journal of Sociology*, 84, 634-650.
- Cherlin, A. (1992). *Marriage, divorce and remarriage*. Cambridge, MA: Harvard University Press.
- Clarkin, J. F., Glick, I. D., Haas, J. L., Spencer, J. H., Lewis, A. B., Peyser, J., De Mane, N., Good-Ellis, M., Harris, E., & Lestelle, V. (1990). A randomized clinical trial of impatient family intervention. *Journal of Affective Disorders*, 18, 17-28.
- Colapinto, J. (1991). Structural family therapy. In A. S. Gurman and D. P. Kniskern, (Eds.), *Handbook of family therapy*, vol. II. New York, NY: Brunner/ Mazel.
- Corcoran, K. & Fischer, J. (1987). *Measures for clinical practice: A sourcebook*. New York, NY: The Free Press.
- Cowger, C.D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work*, 39(3), 262-268.

- Ditch, J., Barnes, H., & Bradshaw, J. (1996). *A synthesis of national family policies 1995*. York, UK: University of York.
- Elkin, F. (1964). *The family in Canada*. Ottawa: Vanier Institute of the Family.
- Falzer, P. R. (1984). The cybernetic metaphor: A critical examination of ecosystemic epistemology as a foundation of family therapy. *Family Process* 25, 353-363.
- Ganong, L. H., & Coleman, M. (1987). Effects of parental remarriage on children: An update and comparison of theories, methods and findings from clinical and empirical research. In K. Pasley & M. Ihinger-Tallman (Eds.), *Remarriage and stepparenting today: Current research and theory* (pp. 94-140). New York: Guilford.
- Garbarino, J., & Abramowitz, R. (1992). *Children and families in the social environment*. New York, NY: Aldine Publishing Company.
- Germain, C. (1991). *Human behavior in the social environment*. New York, NY: Columbia University Press.
- Gladding, S. T. (1998). *Family therapy: History, theory and practice*. (2nd ed.). New Jersey: Prentice-Hall Inc.
- Goldberg-Arnold, J. S., Fristad, M. A., & Gavanni, S. M. (1999). Family psychoeducation: Giving caregivers what they need. *Family Relations*, 48, 411-417.
- Goldstein, M. J., & Miklowitz, D. J. (1994). Family intervention for persons with bipolar disorder. In A. B. Hatfield (Ed.), *Family interventions in mental illness* (pp. 22-35). San Francisco, CA: Jossey-Bass.
- Gordon, T. (1980). Parent effectiveness training: A preventative program and its effects on families. In M. J. Fine (Ed.), *Handbook on parent education*. New York, NY: Academic Press.
- Griffin, W., & Greene, S. (1999). *Models of family therapy: The essential guide*. Philadelphia, PA: Brunner/Mazel.
- Guldner, C. (1983). Well functioning family. In *National symposium of family strengths*. (pp. 44-47) Oakville, Sheridan College.
- Hanson, S.M.H., Heims, M.L., Julien, D.J., & Sussman, M.B. (Eds.), (1995). Single parent families: Present and future perspectives. *Marriage and Family Review*, 20(1/2), 42-70.
- Hartman, A., & Laird, J. (1983). *Family-centered social work practice*. New York: Free Press.

- Hawkins, A. J., & Roberts, T. A. (1992). Designing a primary intervention to help dual-earner couples share housework and childcare. *Family Relations*, 41, 169-171.
- Heatherington, L. (1998). Assessing individual family members' constructions of family problems. *Family Process*, 37, 167- 187.
- Hoffman, L. (1981). *Foundations of family therapy a conceptual framework for systems change*. New York, NY: Basic Books.
- Hudson, W. W. (1982). *The clinical measurement package: A field manual*. Chicago, Ill.: Dorsey Press.
- Inhinger-Tallman, M. (1995). Quality of life and well-being of single-parent families: Disparate voices or long overdue chorus? *Marriage and Family Review*, 20(3/4), 513-532.
- Jack, G. (1997). An ecological approach to social work with children and families. *Child and Family Social Work* 2, 109-120.
- Kelly, P. (1996). Family centered practice with stepfamilies. *Families in Society*, 77(9) 535-544.
- Kent, M. (1980). Remarriage: A family systems perspective, *Social Casework*, 61(3), 146-153.
- L'Abate, L., & Milan, M. (1985). *Handbook of social skills training and research*. Somerset, NY: John Wiley and Sons.
- Levant, R. F. (1986). *Psychoeducational approaches to family therapy and counseling*. New York: Springer.
- Levant, R. F. (1990). From client centered family therapy to psychoeducational family programs. In F. W. Kaslow (Ed.), *Voices in family psychology* (Vol. 2). Newbury Park, CA: Sage.
- Marriages. (2003, July 2). *The Daily*. (Ottawa). Retrieved August 9, 2003, on the World Wide Web <http://www.statscan.ca>
- Martin, M., & Martin, D. (1992). *Stepfamilies in therapy: Understanding systems, assessments and intervention*. San Francisco, CA.: Jossey Bass.
- Mc Cubbin, M. A., & Mc Cubbin, H. I. (1989). Theoretical orientations to family stress and coping. In C. R. Figley (Ed.), *Treating stress in families* (pp.3-44). New York, NY: Brunner/ Maze.

- McFarlane, W. R. (1994). Multiple family groups and psychoeducation in the treatment of schizophrenia. In A. B. Hatfield (Ed.), *Family interventions in mental illness*. San Francisco, CA: Jossey-Bass.
- McPhatter, A. R. (1991). Assessment revisited: A comprehensive approach to understanding family dynamics. *Families in Society*, 72, 11-21.
- Miklowitz, D. J., & Goldstein, A.B. (1997). *Bipolar disorder: A family-focused treatment approach*. New York: NY: Guilford Press.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge: Harvard University Press.
- Moos, R. H. & Moos, B. S. (1994). *Family environment scale manual: Development, applications, research* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Nesto, B. (1994). Low-income single mothers: Myths and realities, *Afflia*, 9, 232-246.
- Newman, M. (1994). *Stepfamily Realities: How to overcome difficulties and have a happy family*. Oakland, CA: New Harbinger Publications.
- Nichols, M. P., & Schwartz, R. C. (2001). *Family therapy: Concepts and methods* (5th ed.). Boston, MA: Allyn & Bacon.
- Nichols, W. C. (1989). A family systems approach. In C. R. Figley (Ed.), *Treating stress in families* (pp. 67-97). New York, NY: Brunner/ Mazel.
- North, C. (1998). The family as caregiver: A group psychoeducation model for schizophrenia. *American Journal of Orthopsychiatry*, 68(1), 39-61.
- Papernow, P. (1993). *Becoming a stepfamily: Patterns of development in remarried families*. San Francisco, CA: Jossey-Bass.
- Pardeck, J. T. (1988). An ecological approach for social work practice. *Journal of Sociology & Social Welfare*, 15(2), 133-142.
- Pardeck, J. T. (1988). Social treatment through an ecological approach. *Clinical Social Journal*, 16(1), 92-103.
- Piercy, F. P., Sprenkle, D. H., & Wetchler, J. L. (1996). *Family Therapy Sourcebook* (2nd ed.). New York, NY: Guilford Press.
- Pollido, D. (1998). Content and curriculum in psychoeducation groups for families of persons with severe mental illness. *Psychiatric Services*, 49, 816-822.

- Reichertz, D., & Frankel, H. (1993). Integrating family assessment into social work practice. *Research in Social Work Practice, 3*(3) 243-257.
- Robinson, M. (1991). *Family Transformation through divorce and remarriage*. London: Tavistock.
- Rodway, M., & Trute, B. (Eds.).(1993). *Ecological family therapy*. Lewiston, New York: Edwin Mellen Press. The ecological perspective in family centered therapy. (pp. 3-20).
- Roosa, M., & Beals, J. (1990). Measurement issues in family assessment: The case of the family environment scale. *Family Process, 29*, 191-198.
- Roosa, M., Gensheimer, L., Short, J., Ayers, T., & Shell, R. (1989). A preventative intervention for children in alcoholic families: Results of a pilot study. *Family Relations, 38*, 295-300.
- Rothery, M. & Enns, G. (2001). *Clinical practice with families: Supporting creativity and competence*. Binghamton, NY: Haworth Social Work Practice Press.
- Schlesinger, B. (1998). *Strengths in families: Accentuating the positive*. Ottawa: The Vanier Institute of the Family.
- Statistics Canada (1997). 1996 Census: Marital status, common-law unions and families. Retrieved November 2, 2002, on the World Wide Web <http://www.statscan.ca>.
- Statistics Canada (2001). *2001 Census Consultation Guide*. Ottawa: Ministry of Industry. Retrieved November 2, 2002, on the World Wide Web <http://www.statscan.ca>.
- Statistics Canada (2002). Census families in private households by family structure and presence of children, provinces and territories. Retrieved August 8, 2003, on the World Wide Web <http://www.statscan.ca>.
- Statistics Canada (2002). *The Canada e-Book: Breakup*. Ottawa: Ministry of Industry. A. Retrieved August 9, 2003, on the World Wide Web <http://www.statscan.ca>.
- Statistics Canada (2003). *The Canada e-Book: Marriage*. Ottawa: Ministry of Industry. B. Retrieved August 9, 2003, on the World Wide Web <http://www.statscan.ca>.
- Touliatos, J., Perlmutter, B. F., Strauss, M. A. (Eds.). (1990). *Handbook of family measurement techniques*. Newbury Park, CA: Sage.
- Tutty, L. M. (1995). Theoretical and practical issues in selecting a measure of family functioning. *Research in Social Work Practice, 5*, 80-106.

- Vanier Institute of the Family. (1994). *Profiling Canada's families*. Ottawa: Vanier Institute of the family.
- Vanier Institute of the Family. (1998). *Divorce: Facts figures and consequences*. Ottawa: Vanier Institute of the Family. Retrieved November 10, 2002 on the World Wide Web <http://www.vifamily.ca/cft/divorce/divorce.html>.
- Vanier Institute of the family. (2000). *Profiling Canada's families II* [Electronic Version]. Ottawa: Vanier Institute of the Family. Retrieved November 10, 2002 on the World Wide Web <http://www.vifamily.ca/profiling/historian.html>.
- Visher, E. B., & Visher, J. S. (1990). Dynamics of successful stepfamilies. *Journal of Divorce and Remarriage*, 14, 3-12.
- Visher, E. B., & Visher, J. S. (1996). *Therapy with stepfamilies*. New York: Brunner/Mazel.
- Walsh, F. (Ed.). (1993). *Normal family process*. New York: Guilford Press. Conceptualizations of normal family functioning. (pp. 3-42).
- Wilson, B. F., & Clarke, S. C. (1992) Remarriage: A demographic profile. *Journal of Family Issues*, 13(2), 123-141.
- Wood, K., & Geismar, L. (1989). *Families at risk: Treating the multiproblem family*. New York, NY: Human Sciences Press.