BRIEF STRATEGIC FAMILY THERAPY

WITH ABORIGINAL FAMILIES

BY

DONALD KEITH ROBINSON

A Practicum Report
Submitted to the Faculty of Graduate Studies
in partial fulfillment of the requirements
for the degree of

MASTER OF SOCIAL WORK

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

July, 2001

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Brief Strategic Family Therapy with Aboriginal Families

BY

Donald Keith Robinson

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

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ABSTRACT

Family therapy is an effective approach to helping families resolve complex issues and restore the balance enabling individual members to change and grow. Although the family therapy field has grown immensely since the 1950s, there has been little theoretical research or practical knowledge on family therapy with Aboriginal families.

The focus of this practicum was to work with Aboriginal families utilizing a brief strategic family therapy model combined with in home sessions. The practicum provided an opportunity to learn about the unique strengths and problems of Aboriginal families seeking family therapy services. The practicum was evaluated using the Family Environment Scale, an instrument never before utilized with Aboriginal families in Canada. I will present a model of working with Aboriginal families integrating mainstream approaches with an Aboriginal perspective and discuss how brief strategic family therapy principles combined with in-home sessions can be utilized effectively with Aboriginal families.
ACKNOWLEDGEMENTS

I would like to thank my committee members who helped me in part of my journey of life. I particularly thank Harvy Frankel for having the patience and kindness in supporting me to achieve this important goal in my life. Of course, I can’t forget Elizabeth Hill who influenced me in the Bachelor’s program to work with families so I thank her.

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I also have to thank the management team of Ma Mawi Wi Chi Itata Centre for their support and to the staff who all shared with me throughout the years. Thanks also to the Keewatin Indian Student Services and my community, Oxford House First Nation for their financial support. Thanks also to the Elizabeth Hill Scholarship fund for providing some timely assistance.

Thanks to many friends and colleagues who shared with me articles, books, ideas, computer help and their support. Special mention to Michael Hart, Gwen Cook, Linda Croll, Wray Pascoe, Judy Morrow, and many others too numerous to mention.

I couldn’t have achieved much without the sacrifices made by my family, Colleen who became a single parent and my children Dylan and Maynan.

Finally I thank the humble families who allowed me into their sacred circle and shared their pain, their fears and most important their aspirations.
CHAPTER I  INTRODUCTION AND OVERVIEW

Introduction

Family therapy has proven to be an effective approach to helping families to resolve complex issues and restore the balance enabling individual members to change and grow. Although the family therapy field has grown immensely since the 1950s, there has been little theoretical research or practical knowledge on therapy with Aboriginal families. A review of professional journals reveals that as a population, Aboriginal families have been under-served. The review yielded only one article dealing with a philosophical discussion of Aboriginal issues in family therapy (Dell, 1980).

It is important for the therapist working with individual families to be aware of the larger context of extended families and cultural belief systems (Tafoya; 1989, Napoleillo & Smith Sweet, 1992). Because of the limited research and practice with Aboriginal families, I looked to the work of Aponte (1994), Boyd Franklin (1989, 2000) and Szapoznik, Perx-Vidal, Brickman, Foote, Santeteban, & Hervis, (1988). The experiences of those working with minority families of the poor were also valuable (Moore Hines, 1988; Minuchin, Colapinto, & Minuchin 1998, Sharli, & Shamai, 2000). The purpose of this practicum was to experiment with an approach to working with First Nations families utilizing a brief strategic family therapy model combined with a home based approach. I use the word experiment to acknowledge an opportunity to learn about integrating mainstream social work approaches with an Aboriginal perspective.
This writer has been involved in the helping profession for many years, working mostly within the First Nations community. Since graduating from the Faculty of Social Work in 1991, I have developed clinical skills in family counseling and am seeking to build on my knowledge in family therapy. As a Cree man involved in healing work, I am interested in pursuing a study of effective methods of helping families incorporating mainstream counseling theories and Aboriginal perspectives on health and healing.

For the purposes of this practicum, I interviewed intake workers from Ma Mawi Wi Chi Itata Centre to determine the level of need within the agency and their ability to respond to requests. These intake workers receive approximately 8 requests a week for family counseling services and respond by referring families to other agencies. Since 1997, Ma Mawi Wi Chi Itata Centre has changed their approach from a social casework model to community capacity building model. Therefore the human resources have been redirected toward developing the capacities of neighborhood residents to build healthy communities. Families seeking services were referred to Northwest Health Co-operative, Hope Centre, Community Child & Adolescent Treatment (MATC), Mount Carmel Clinic, New Directions, and Elizabeth Hill Counseling Centre. The intake workers expressed concerns that were lengthy waiting lists at some of the agencies and would refer families to Elizabeth Hill Counseling Centre for this practicum. Ma Mawi Wi Chi Itata Centre was the main source of referral families for this practicum with other families being from agencies serving Aboriginal families.
Definitions

I would like to provide a definition of terms used throughout this report to clarify meanings for social workers and other people who might read it. I use the term Aboriginal to include: Status and non-Status Indians as defined by the Indian Act, Metis and Dene people. Throughout the literature, Aboriginal people will be identified as First Nations, Native, American Indian, Native American, Indian and Indigenous peoples.

When I use the term the traditional way or path, I am referring to the cultural practices, beliefs and ceremonies that are used by those Aboriginal people who believe in the traditional teachings. In this report, I also use traditional to describe the cultural values and belief systems of Aboriginal families. The elders delivered the traditional teachings in the oral tradition and recently have approved written works available to a wider audience (Bopp; Bopp, Brown, & Lane, 1984). In Manitoba, Hart (1997, 1996) and Longclaws, (1994) discuss the traditional world view and the importance of respecting the cultural beliefs of Aboriginal peoples.

Learning Objectives

As previously stated, the purpose of this practicum was to develop an approach to working with Aboriginal families and support individual family members to change and grow. Families participated in problem solving therapy sessions guided by the principles of brief strategic family therapy. This practicum provided an opportunity to learn about the unique strengths and problems of Aboriginal families seeking family therapy services. It should be recognized that Aboriginal families may have basic value differences and
these can result in communication difficulties in therapy. It is important to know that there is great cultural diversity among First Nations and these differences can create misunderstanding affecting helping relationships (Connors, 1995). A therapist entering the Aboriginal family system must be aware of this cultural and the historical context of Aboriginal families in Canada. It is not possible to become an expert on Aboriginal culture, values and beliefs given that the diversity of Aboriginal peoples in Canada.

The practicum provided an opportunity to examine family dynamics, family life cycle issues and family systems within an Aboriginal context. In the process, I hoped to expand my repertoire of skills related to family therapy and working with families. I anticipate that the information and practical application of family therapy can be useful to the social work community. A case study method will examine these factors as they arise in the process of therapy. The experience of providing direct services to Aboriginal families and receiving clinical supervision will increase my theoretical knowledge of family therapy and practical skills in working with families. Having been involved in teaching and training for six years, I hope to contribute to cross cultural education and research on the topic of mainstream counseling approaches to Aboriginal families.

Overview of the Remainder of the Practicum Report

Chapter 2 – Literature Review of Aboriginal Families in the Modern World is an examination of the various factors that are important to understand when working with Aboriginal people. I undertake to provide a literature review of developments within the
Aboriginal population of Manitoba looking the political and historical context, child welfare & Aboriginal people, social & economic context, and the cultural context.

Chapter 3 – Integrative Family Therapy with Aboriginal Families: An Exploration is a look at the different models and theoretical frameworks with a view to practical application with families in the practicum.

Chapter 4 – The Practicum Experience describes the details of the setting, the referral families, supervision, evaluation procedures and the client satisfaction survey.

Chapter 5 – Case Reviews is the description of the intervention with three families and summarizes the work with other families during the practicum. I introduce the families, the referral and presenting problem, assessment of the family system, treatment goals, intervention and the evaluation and case conclusions.

Chapter 6 – Discussion of the Practicum Experience is an examination of the learning that I experienced in applying the conceptual model. I will provide concluding comments on the relevance of the experience to the social work community and a summary related to my learning objectives.
CHAPTER II LITERATURE REVIEW OF ABORIGINAL FAMILIES IN THE MODERN WORLD

"It seems like I have been grieving all my life when I look back at my community. I have known people who died young from suicides, murder, alcoholism and many were my relatives."

Aboriginal individuals, families and communities have experienced much turmoil in the transition from traditional lifestyles to the modern world. The history of the relationship between early colonial and later Canadian governments shows that there were deliberate policies of assimilation, in cooperation with Christian churches, to undermine the authority of Aboriginal families in educating their children in the values and beliefs of their culture. Today, many people like the woman quoted above wonder why there is so much violence, family dysfunction, and social disintegration in Aboriginal communities. It is important to be aware of the history of Aboriginal people and to understand their collective experience of oppression. This chapter focuses on a study of the Aboriginal family in the modern urban setting with a focus on the political and historical context, social and economic context, and the cultural context. In introducing these issues, I will provide information on the First Nations tribes in the province of Manitoba and accompanying demographic information on the Aboriginal population.
Political and Historical Context

The Residential School Experience

The Royal Commission on Aboriginal People, (1996) examined the relationship between the government and Aboriginal people focusing on many areas, one being the historical and current impact of the residential schools. Because social workers are involved in the helping profession, it is important to understand the impact of residential schools and the role of governments in relationship to Aboriginal people. In early Canadian history, the federal government in partnership with the churches established the residential school system with the goal of assimilating the Indian into society. The elders and Aboriginal leaders of the day realized that changes were inevitable and wanted their children to be well educated. By the 1960s, the churches \(^3\) operated over 100 residential schools with approximately 100,000 children having attended these schools. \(^4\) Lederman, (1999) disputes this figure stating:

Overall, hundreds of thousands of Native children spanning several generations attended residential schools. Exact figures are not available since many records have been destroyed. Many residential schools have been razed to the ground, all physical trace of them gone (p. 61).

Furthermore, Lederman states that the residential school experience has touched all or most of the 500 reserve communities in Canada as well individuals and communities in urban centers. Researchers investigating the residential schools may determine more accurate figures, but I agree that the issue has touched many individuals, and First Nations communities. When one considers that one child has many relationships,
(parents, extended family), the loss of that child to the family and community affects a multitude of people. When researchers look at the numbers of residential school survivors, the significant others affected are often not considered.

Tragically, residential school survivors are coming forward with stories of having been abused psychologically, physically and sexually in these institutions (Grant, 1996). As the story unfolds, it is clear that the children didn’t receive an education for success in mainstream society and returned to their communities as strangers.

Many presenters to the Royal Commission expressed the pain of separation, emotional, physical and sexual abuse in these institutions. Many children were separated from their families for ten months of the year and even years in some cases and never experienced nurturing from trusted adults. Lacking a vision of individual and family well being, they themselves were unable to provide healthy nurturing environments for their children (Connors, & Oates, 1995; Connors, 1999; Krawll, 1994; Tafoya, & Del Vecchio, 1996). Many residential school survivors for a lack of a healthy vision turned to alcohol/drug abuse resulting in self-harming behaviors, family violence and criminal acts (Lederman, 1999). Tafoya and Del Vecchio, (1996) refer to these negative coping strategies as including some of the following survival skills: learned helplessness, passive-aggressive behavior, manipulation, compulsive gambling, alcohol and drug abuse, suicide, denial and scapegoating other Indians who are successful. Therapists observing these symptoms in individuals and families need to consider history to be more effective.
Tafoya and Del Vecchio, (1996) suggest that being aware of history and assisting Native Americans to become aware of the trauma must be used as a foundation to speed the healing.

During the writing of her book, Grant, (1996) was reminded that many residential school survivors had positive experiences and in fact became quite successful in their lives. Miller, (1987) writes of the irony of the government's assimilation policy being that some survivors of residential school became influential Aboriginal leaders. These Aboriginal leaders are at the forefront of addressing the racist policies of the government and creating self government models. Frank Calder and George Manuel of British Columbia, Harold Cardinal and Senator James Gladstone of Alberta, Ahab Spence and Phil Fontaine of Manitoba are advancing the strengthening of Aboriginal identity and healing strategies. While the residential schools were closed in the 1970s, families and communities continue to cope with the inter-generational effects prompting the federal government to respond with a healing strategy. The Aboriginal Healing Foundation was created to financial support healing initiatives for residential school and intergenerational survivors.
Child Welfare & Aboriginal People

"The foundation of my life, my values, and my dignity I owe to my late grandma. She did not speak English, but she was the foundation of who I am. She was the most wonderful woman in the entire world. When I was young, she taught me the values of what is right and what is good. " — Tom Porter, Elder

Judge Kimmelman, (1985) in releasing his report on child welfare in Manitoba condemned the interventions of social workers as cultural genocide. Aboriginal children were over-represented as wards in the child welfare system and were routinely placed in non-Aboriginal foster placements outside the province and even out of the country. Many were separated from their families, culture and communities (Lederman, 1999; Royal Commission on Aboriginal Peoples, 1997; Aboriginal Justice Inquiry 1991; Kimmelman, 1985). Johnson, (1983) condemned the standard child welfare practices explaining that:

The effects of apprehension on an individual Native child will often be more traumatic than for his non-Native counterpart. Frequently, when the Native child is removed from his parents, he is also removed from a tightly knit community of extended family and neighbors, who may have provided some support. In addition, he is removed from a unique, distinctive and familiar culture. The Native child is placed in a position of triple jeopardy (p. 23).

The Aboriginal Justice Inquiry, (1991) examined the circumstances of these children and noted that between 1971 and 1981 alone, over 3,400 Aboriginal children were shipped away to adoptive parents in other societies, and sometimes in other countries. My own family can attest to this practice when my parents lost custody of their children in the 1970s, two of my brothers were adopted to a non-Aboriginal family in Windsor, Ontario. Like many others, my brothers found their way back to Manitoba after they reached the age of majority.
Ma Mawi Wi Chi Itata Centre was born from the crisis in child welfare to respond to the families who were losing their children to the child welfare system. While Kimmelman's report created changes to the system, Aboriginal children still account for 75 to 80 per cent of the 5300 in the care of child welfare authorities in this province and official projections suggest that this number will soon increase. In Winnipeg, child welfare funding has increased by 16 million or 53% in the past five years and the problems in child welfare show little signs of abating. Recently, the Manitoba government has acted on recommendations and is now providing funding for the establishment of Indian and Metis child welfare agencies. These Aboriginal child welfare agencies will face many challenges as they create agencies more responsive to needs of families.

The Justice System and Aboriginal People

"I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character."

Martin Luther King

The Aboriginal Justice Inquiry examined the justice system as it interacts with Aboriginal people in Manitoba. In its report released in 1991, the investigators note that while Aboriginal people comprise 1.8 per cent of Manitoba's population, they represent at least 50 per cent of the province's prison population. It concluded that the justice system has failed Manitoba's Aboriginal people on a massive scale and made recommendations for change. In an interview recently with a prison official, he estimated that 400 of the 485 inmates in Headingley were of Aboriginal ancestry and that gang activity continues to be a concern for staff. The provincial governments since 1991 have been slow to
implement the recommendations validating Aboriginal people's fears that the report would not be acted upon. In many ways, the Aboriginal Justice Inquiry confirmed Kimmelman's observations that many prison inmates are failures of the child welfare system. Many inmates reported being former wards of the state in group homes and foster care.

The Aboriginal Justice Inquiry found that Aboriginal women are over-represented in federal and provincial correctional institutions at an even higher rate than Aboriginal men. Aboriginal women represented 70 per cent of inmates in 1982 and to 85 per cent in 1988. The inquiry conducting hearings at the Portage Correctional Institute recorded that 70 per cent (30 of the 43) of inmates jailed there were Aboriginal. These statistics were similar to other provinces, Saskatchewan, for example, showed that treaty Indian women are 131 times more likely to be incarcerated than non-Aboriginal women; while Metis women were 28 times more likely to be incarcerated. Many of the women described circumstances of poverty, cultural deprivation and a history of physical/sexual abuse. Many Aboriginal women felt racial discrimination at all levels of the justice system from the point of arrest to court to probation/parole services. The Elizabeth Fry Society who works with incarcerated women reported to the inquiry that women were more likely to go to jail for unpaid fines in spite of the existence of a fine option program. Women often cannot access the fine option programs because they have children to care for. Once in trouble with the law, women lose the custody of their children and their criminal involvement makes it more difficult to be perceived as competent parents.
In working with Aboriginal people in conflict with the law, the therapist has to look beyond stereotypes/labels to build a relationship of trust. I will discuss more about the implications for a therapeutic model given the political and historical context in the next chapter.

Social and Economic Context

The total Aboriginal population of Manitoba is 107,146 
both on and off reserve. The Manitoba Metis Federation disputes the Statistics Canada's Metis population figures of 39,000 in the province. An official of the M.M.F. is quoted as saying that "without counting children, it has over 40,000 registered adult voters." Counting children, it would be safe to say that the total Metis population in the province is at least 80,000. Added together, the Aboriginal population in Manitoba is 187,146.

A study of the urban Aboriginal population shows that at the last census taken (1996), there were 52,525 people in Winnipeg identifying themselves as Aboriginal people with projections to 2006 shows population growth to 68,000. According to Statistics Canada, the Aboriginal population in Winnipeg consists of: Indian as defined by the Indian Act 24,160 (46%), Metis 25,838 (53%) and Inuit 5,254 (1%). Urban based Aboriginal organizations also have disputed these statistics, stating that the population figure is probably double because many people are not represented in the official census.
The Winnipeg Aboriginal population figures show that there are many families with young children. The following table showing the Aboriginal population in Winnipeg by age group:

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>11,675</td>
</tr>
<tr>
<td>10-14</td>
<td>4,480</td>
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<tr>
<td>15-19</td>
<td>3,980</td>
</tr>
<tr>
<td>20-24</td>
<td>4,375</td>
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<tr>
<td>25-34</td>
<td>8,360</td>
</tr>
<tr>
<td>35-44</td>
<td>6,200</td>
</tr>
<tr>
<td>45-54</td>
<td>3,800</td>
</tr>
</tbody>
</table>

The Social Planning Council released its Child Poverty Report (2000) showing that:

In 1998, 23.6%, or nearly one in four, children lived in poverty in Manitoba ... 67.5% of children in female headed lone parent families and 42.1% of children living in other non dual parent families lived below the poverty line (p. 2).

The report goes on to state that numerically these figures represent 57.7 per cent of all poor children in Manitoba. The poverty line used in 1998 was $18,000. Aboriginal families comprise a significant number of children and their families who live in poverty with resulting negative impacts on health, school performance, recreational opportunities and adequate housing. The families that are having problems and needing therapy services have the obstacles of child-care cost and arrangements and traveling to where
agencies are located. These obstacles would daunt even the most persevering seeker of services.

One family member in the practicum reminded me of these realities when she related that spending money for bus tickets to travel to Elizabeth Hill Counseling Center was a major economic decision at times. Families of the poor in these circumstances may fail to appear for therapy sessions and be perceived erroneously as resistant.

The Aboriginal leadership has made gains that have resulted in improved social conditions for both on and off reserve families, however, the political situation still requires concerted effort.

**Cultural Context**

"There I was standing on the highest mountain of all, and round beneath me was the whole hoop of the world. And while I stood there, I saw more than I could tell and I understood more than I saw; for I was seeing in a sacred manner the shape of all things in the spirit, and the shape of all shapes as they must live together like one being. And I saw that the sacred hoop of my people was one of many hoops that made one circle, wide as daylight and as starlight, and in center grew one mighty flowering tree to shelter all the children of one mother and one father. And I saw that it was holy. " Black Elk's Vision

Cross-cultural training is assuming great importance in child welfare as Aboriginal agencies begin to assume jurisdiction. Falicov, (1995) examines four ways of thinking about cultural variables in the family therapy field. Falicov states that the position held has implications for practice and training and this issue has relevance to the social work
profession. These four positions are the: universalist, particularist, ethnic focused and multidimensional. These positions have relevance to culture as used in this practicum.

The universalist position holds that all families are more alike than they are different and that family processes can be understood by applying normative standards. The limitations are that normative standards may vary geographically or are developed using the values of the dominant society. The particularist position is opposite in that it holds that families are more different than they are alike. The weakness of this position is that culture is defined by the internal beliefs of each particular family and could ignore the influences of the larger society, particularly social injustices. An ethnic group position stresses that families are different but the diversity is due to belonging to an ethnic group. The limitations in this thinking are that one may over-generalize and stereotype ethnic groups by assuming more homogeneity than is true.

The multidimensional position seeks to integrate complexities not covered by the other three positions. This position recognizes that tribal groups change and evolve by exposure to or imposition by the dominant culture. Falicov states that an eco-structural model (Aponte, 1976) or the multisystem model (Boyd Franklin, 2000, Figure 1) are good frameworks that fit with the multidimensional position. It is important to consider the following cultural variables: ecological context, migration/acculturation, family life cycle, and family organization. The therapist is able to organize this information into a cultural sensitive map. In this section, I will attempt to address some of these cultural variables relating to Aboriginal people in Manitoba.
First Nations in Manitoba

There are distinct tribal groupings of Aboriginal people in Manitoba. The Aboriginal nations in Manitoba are the Dene in the northern most parts, the Cree in the north, Oji-Cree of island Lake in the northeast, the Ojibway or Saulteaux in the central and eastern, the Dakota or Sioux in the south and western regions and the Metis throughout the province. In the early history of this province, the French fur traders meeting the Ojibway living in this called them Saulteaux. Many Aboriginal people relocate to the city so these Aboriginal nations are represented in the urban Aboriginal population. The Winnipeg Aboriginal population in terms of strength in numbers is first the Metis, then Ojibway or Saulteaux, Oji-Cree, the Cree, Sioux or Dakota and the Dene.

For Aboriginal people, cultural identity is important and holds important meanings for relationship. During a recent trip to North Carolina, I was thrilled to meet American Indians and they immediately tell you their tribe and territory. I met Cherokees, Sioux, and Crow people and we were in relationship.

In the Aboriginal world, relationship is paramount (Hart, 1996). I have traveled to many reserve communities in Manitoba and other regions of Canada. Aboriginal people have a cognitive system that defines relationships complete with a set of rules on appropriate ways of behaving. I have found out that whenever Aboriginal people meet each other for the first time, usually the first question asked is: Tan-te-oschi-kina? Where do you come from? (Tafoya, 1989). In my experience, Aboriginal people perform an automatic relationship genogram in their minds as soon as the question is answered. The response to this question establishes one’s relationship to the other and provides a frame of reference
Figure 1

THE MULTISYSTEMS MODEL

Reaching out in Family Therapy.
for communicating. The other person may be of the same tribal nation or from a community known to both parties. The next question Aboriginal people ask is: Tani-is-sini-kaso-wun? What is your name? The response again provides information about the relationship that the two parties may have. The two parties may discover a mutual relative or relationship by marriage. Extended family and clan relationships are important even though they may be distant cousins, aunts and uncles (Longclaws, 1994).

Migration/Acculturation

Many urban Aboriginal families have relocated to the city for better educational, training and employment opportunities, health reasons and for a better infrastructure of social services and housing. 11 A Cree woman stated she was on a waiting list for housing on the reserve for five years and lived in over-crowded conditions. Many Aboriginal people move because of high unemployment conditions on the reserves with one reserve for example reporting an 85 per cent unemployment rate. Basically, Aboriginal people want a better future for their children and more opportunities than are available on the reserves.

Aboriginal families may be first generation urban residents but some are second generation residents of the city and both groupings may have left extended family and support networks on the reserve. For many Aboriginal families, this was a difficult decision because they are leaving behind loved ones. Some Aboriginal families; like the Metis and Ojibway, a large population in southern Manitoba may have always lived in the city.
Aboriginal Family Forms and Organization

In this section, I describe a traditional family system that existed in my memory and for many Aboriginal people of my generation, this was how they were raised. I describe this traditional family system as the journey of life that begins upon conception and ends at the elder stage. These are not traditional spiritual teachings that I would expropriate for personal gain, but describe the life ways of the Cree of Oxford House, where I spent my formative years. The journey of life begins when the child is conceived and takes form in the womb. In this stage of life, the child is beginning to learn about the world using a sense of hearing. The elders taught that the growing fetus has the capacity to know the voices of his/her mother and father and instructed the expectant mother to talk and sing to her baby while in the womb (Campbell, Noskiye, & Chocan, 1995). The baby would feel the love and kindness the mother had for him/her. The woman and man who conceived this child assumed a tremendous responsibility shared by the extended family, particularly grandparents but included uncles, aunts and friends of the family. The woman was to take good care of herself and the man was to take care of her needs. As soon as this child was born, the parents and extended family were there to love and care for this child.

As the child grew to toddlerhood, school age and young adulthood, he/she learned teachings at every stage of life that prepared the child for the next stage. In Oxford House, adolescence was not a stage as it is taught in mainstream society. A young man or woman was prepared for adult responsibilities so he/she assumed household chores at any
early age to teach that work ethic. No person was unemployed in Oxford House because everybody had jobs to do to ensure the survival of the family.

Every person was important and people lived together in large family groups. The elders of the family lived with family and were influential in all aspects of family life. In the Cree language, the elders told the children their history, their legends, their humor and played an important role in child development. Aunts, uncles, grandfathers, grandmothers from both clans/family groups were involved with each other in a complex web of relationships. This large extended family group intervened and took responsibility whenever misfortunes plagued the family (Robinson, 1997). Pepper, & Henry (1991) confirm my experiences that Aboriginal people had developed societies that nurtured children, young people and families through all stages of human development. Connors, (1999) writes that Aboriginal people developed a strong sense of identity, family and community inherent in the philosophy and ceremonial rituals of the different tribal groups.

There have been many changes in the traditional family system in the past fifty years and the Aboriginal family has evolved leaving this traditional form that I have described. When they leave the reserves, many never leave the important meaning of the traditional family system. Non Aboriginal practitioners working with Aboriginal families must consider the extent to which this value is operational in the living contexts. Aboriginal families living in the city often have extended family visitors from the reserve sharing their food and space freely. Many non-Aboriginal social workers have interpreted this
cultural pattern as chaotic for children and enmeshed. I will cover the topic of enmeshed families in the section describing the integrated model.

In Winnipeg, there are different family forms ranging from nuclear families to families where extended family members have a strong influence in family dynamics. The nuclear form may consist of two parent or single parent family with friends playing a supporting role in absence of an extended family. Many families adjust to urban living, find secure employment and develop a stable family structure to cope with life's problems as they arise in the family life cycle. It should be noted that many Aboriginal families have acculturated to the values of the dominant culture through exposure to it but also imposed through the residential schools. One consequence of this acculturation is that many Aboriginal people do not speak their language so they can't transmit the language to the next generation. Another consequence is that Aboriginal people have been separated from their values and beliefs that were passed on through an oral tradition. I will comment more on the acculturation from the research information completed in the practicum. Aboriginal people today are experiencing a revitalization of their culture and traditional ways, so many have returned to the elders for the traditional teachings and for the language.
**Mino-Pimatisiwin (A Good Life)**

We were given four laws by the Creator to live by; to be honest, to be kind, to share and care, and to have that strength that comes with faith. We have to wear these laws like the clothes we wear and live each day according to these laws. We have to thank the Creator for our lives and our gifts. When I pray, when I use these medicines like sweetgrass, sage, tobacco, I scream to the Creator for life for these young ones coming behind us.

An Elder, 1997 - Little Black River

Although there is a great diversity of Aboriginal people and cultures, Aboriginal parents want their families to grow emotionally, physically, mentally and spiritually healthy. The Cree call this vision of individual and family well being a good life or “Mino Pimatisiwin” (Hart, 1999, 1997, 1996). The Ojibway have a similar vision that they call “Pimadiziwin.” The view of human nature is holistic, meaning that an individual’s mental, emotional, physical, and spiritual aspects must be in balance and harmony (Bopp, Bopp, Brown, & Lane, 1984). Professional helpers often focus on the mental health aspects of stressed individuals presenting in need of services. Therapists need to be aware that when they concentrate on the mental component without considering their physical, emotional and spiritual development, they are not helping them to become well balanced persons (Hart, 1996). Those utilizing the medicine wheel framework in healing work with families recognize that all people are at different learning stages, all human beings have problems and have the power within to solve the human dilemma (Longclaws, 1994).

Kay-Te-Yaht-Ti-Sak (the elders) transmitted their cultural knowledge from generation to generation, in the process ensuring survival of the whole tribe and their way of life (Longclaws, 1994). The holistic learning model (commonly referred as the medicine wheel) promoted the integration of values, beliefs and attitudes with relationships. It is
important to take into consideration the spiritual beliefs of Aboriginal people who may appear as "clients" for services because it may hold the key to resources and strengths.

Conclusion

The relationship between Canada and its Aboriginal people is a complex subject that covers historical issues from pre-confederation to the present. This literature review covers a few historical issues which impacted on individuals, the families and communities and have relevance to family therapy with Aboriginal families. I could not do justice to other important cultural issues within the framework of this practicum. I refer to the Indian Act and its powerful influence partnering with the church to separate Aboriginal peoples from their cultural traditions. I also refer to the history and culture of the Metis Nation that could also have been covered, but I had to limit the discussion.

Aboriginal families have experienced massive changes in the form and function of tribal societies resulting in lost family members, identity problems and impaired functioning. Aboriginal parents have been caught in the middle of governments, total institutions (residential schools) and bureaucracies (child welfare, income security), controlling their lives and on the other having that responsibility to create a future for their children. Many of the families seeking social services are likely to be poor, stressed and dealing with unemployment, underemployment, inadequate housing, racism, and structural inequality.
Many of these same families also have strengths and capacities waiting to be harnessed provided the opportunity.

Once Aboriginal families of the poor access services, are likely to terminate pre-maturely having to cope with issues related to basic needs. Aboriginal families seeking Mino Pimatisiwin will search for answers to promote their healing. In one survey, Aboriginal people stated that it was important to separate from an unhealthy life, obtain social supports and resources, experiencing a healthy life, and living healthy life (McCormick, 1995). The respondents stated that establishing social and spiritual connections, gaining an understanding of the problem, setting goals, self care and anchoring self in tradition were important components of healing. These components are all connected to the work with families in this practicum. Aboriginal people believe that healing starts when one looks within at body, mind and emotion and that the healing has to include the family and the community (Krawll, 1994).

While there has been much talk about healing with the residential schools, Aboriginal people are also concerned about justice in child welfare practice and to having those powerful institutions become more sensitive to the needs of families. Waldgrave (1990) states that:

therapy can be a vehicle for addressing some of the injustices that occur in a society. It could be argued that in choosing not to address these issues in therapy, therapists may be inadvertently replicating, maintaining, and even furthering existing injustices (p. 1).

Any therapy has to consider the political and historical, social, economic and cultural context of the families seeking help.
CHAPTER III INTEGRATIVE FAMILY THERAPY WITH ABORIGINAL FAMILIES: AN EXPLORATION OF MODELS

When the family becomes disrupted or destabilized by problems or crises, the individuals in the family lose not only the support but also the mediating agency that helps to define the parameters of the world. Aboriginal families appearing for therapy services would most likely identify with a tribal nation. As previously stated, the Non-Aboriginal helping professional needs to be curious about the cultural background and remain open to learning from the family (Dyche, 1995). Aboriginal families may have been directly affected by the residential school experience or have experienced the inter-generational impacts. These families may have backgrounds of having been involved in the child welfare system and the criminal system. It is important for the Non Aboriginal helper to be aware of the history of oppression experienced by Aboriginal people.

Family therapists had to consider the context of day to day concrete issues that hindered the family’s effective functioning (Boyd Franklin & Bry, 2000; Minuchin, 1974; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967; Minuchin, Colapinto, & Minuchin, 1998). The families were often adversely affected by poverty and the larger social issues related to unemployment, adequate housing, racism and inequality (Rabin, Rosenbaum, & Sens, 1982; Schact, Tafoya, & Mirabla, 1989). Many Aboriginal families seeking family therapy services are often affected by these same social issues as well as the family problems they bring to therapy. At Ma Mawi Wi Chi Itata Centre, intake workers have observed the majority of families seeking services are on social assistance or low income. For example, in the period from January 1998 to March 1999, all 15
families referred to the Family Group Conference program from child & family services were on social assistance.

At the micro-level, therapists becoming involved in the lives of these families must often intervene with other systems that are involved with the family (Aponte, 1976; Boyd Franklin, 2000; Minuchin, et. al., 1998). Therapists may organize systems meetings to coordinate resources and treatment and often act as an advocate for the families (Rabin, et. al., 1982). At the macro-level, these issues suggest a holistic approach involving our responsibility to bring about social transformation in the political, economic, social and cultural environments (Madanes, 1995).

The Brief Strategic Family Therapy model was developed from interesting work being done in the United States with the Hispanic community (SzapozniK, et.al, 1998; Szapoznik & Williams, 2000). The therapists were working with minority populations and utilizing structural/strategic family therapy had to identify and develop culturally appropriate treatment interventions. The model was included in a reassessment of the effectiveness of family therapy and results show the model was effective (Roy & Frankel, 1995). This approach was appealing for its potential applicability to Aboriginal families and consists of systems thinking and structural/strategic interventions. In this section, I will discuss these models in greater detail with the purpose of integrating the Aboriginal perspective. I will also examine the experience of work with families of the poor and home based models in family therapy.
Integration of Systems Thinking and the Aboriginal Perspective

Social workers began to examine the human dynamics of families through the lens of general system theory. This perspective directed focus away from the linear cause and effect model to viewing the person as a part of his/her total life situation. Robbins and Szapoznik (2000) articulated a model that utilizes a family systems perspective and assumes that:

each family has its own unique characteristics and properties that emerge and are apparent only when family members interact. This family "system" influences all members of the family. Thus, the family must be viewed as a whole organism rather than as merely the composite sum of the individuals or groups that compose it (p. 3).

The family as an organization structure is defined as a system composed of interdependent parts called sub-systems (Okun & Rappaport, 1980). The whole system is a complex web of inter-relationships where a change in one part of the system causes changes in other parts of the system. Family therapists have identified sub-systems as targets of intervention as well as the family as a whole (Minuchin, 1974; Minuchin, Fishman, 1981; Minuchin, et.al, 1998). The system takes care of itself when conflicts arise between sub-systems attempting to regulate the behavior of the members of a sub-system to maintain a balance called homeostasis. Minuchin (1974) understood this regulating behavior as predictable in the beginning of therapy as the system was attempting to keep things as they are. Therapists and other outsiders often label this predictable behavior as resistance and may prematurely terminate treatment.
Another concept is that the family as a whole is greater than the sum of its parts and that one can not understand the whole by studying the parts. Therapists have to consider the individuals and sub-systems in the context of the whole family system. All systems develop patterns of recurring behaviors and have rules governing the interactions through established communication patterns. These communication and relational rules may be flexible allowing growth and adaptability or they could be rigid working against the effective functioning of members.

While family systems thinking sounds mechanical and highly abstract, the model does provide a perspective for a holistic view of the individual in the context of his/her family and community. Family systems theory fits with the holistic model of the Medicine Wheel framework.

The Medicine Wheel Perspective emphasizes the importance of wholeness, balance, connectedness, harmony, safety and growth (Awassis Agency, 1997; Hart 1999, 1997, 1996). Longclaws (1994) describes the Ojibway life cycle teachings promoting the healthy development of a human being. In this model, the human being achieves self-actualization in the physical, emotional, mental and spiritual aspects of his/her life. In the Cree culture, elders stressed the restoring of balance and safety internally and externally. The elders say "Kee-spin-ke-wun-too-ta-na-ni-wun Kee-noo-chee-ta-ni-wun Akwa Kee-mee-noo-stah-ni-wun Se-mak " (Whenever there was wrongs committed, the people concentrated on setting things right as soon as possible). Aboriginal people had ways of intervening in family and community disputes always focusing on
restoring the balance. When Awassis (1997) did research in northern Cree communities, the people spoke of inter-relationship as most important and stressed three beliefs:

1. The self is never separate from the whole.
2. The community is family and family is community.
3. The identification with community is self-identity.

This is definitely systems thinking from the perspective of Aboriginal people.

I propose that this model can be expanded from the individual to encompass the family taking into consideration changes in the family life cycle. In taking into consideration the family' physical, emotional, mental and spiritual aspects, Maslowe's concept of a hierarchy of needs is helpful as it includes; basic needs, safety and security needs, social needs, self esteem needs, and self actualization needs (Maslowe & Lowry, 1998).

A healthy system operates in a way that ensures the family's basic needs are met. They feel relatively safe and secure in their home and hopefully in the neighborhood. Some Aboriginal families of the poor feel unsafe in their neighborhood because of crime and vandalism. At a recent community gathering organized by Ma Mawi Wi Chi Itata, neighborhood safety and the need for community policing were big issues for inner city residents. The parents in their executive role are ensuring that their children are succeeding in peer relations, education, and have a positive place in the family. In this manner, children get their self-esteem needs met and parents' efforts are validated. The family not only survives, but also thrives in their family environment feeling optimistic about the good life. Aboriginal families of the poor are not defined by their poverty, but
by the quality of their relationships with each other. Families of the poor can address the physical, emotional, mental, and spiritual aspects of their family as a group. Furthermore, in order to understand issues from the macro level, I will examine the circumstances of the families involved in the practicum through the political and historical, social, economic and cultural lenses. (Figure 2) This model was developed from the work of the Four Worlds International Institute for Human and Community Development.
FIGURE 2

ABORIGINAL SYSTEMS PERSPECTIVE
Integration of Structural Family Therapy

Salvador Minuchin has been influential in the field of family therapy since the 1960s when he began working with poor families and making observations of their family structure (Minuchin, Montalvo, Guerney, Rossman, & Schumer, 1967). Minuchin developed his theories of family organization partly based on his life experience. He was born in Argentina, raised in a community of 4,000 people and was related to almost everyone there. He describes a family system similar to the experience I've described in my formative years and would describe his own family of origin as enmeshed in a positive way. Partly through these experiences, he developed concepts of proximity and distance within families. Minuchin subsequently developed a framework for looking at family structure and intervening to create changes.

Minuchin presented this model as a map to guide the therapist through the complexity of family structure and presenting problems (Minuchin, et. al., 1967; Minuchin, 1974). This model consists of three constructs; family structure, sub-systems and boundaries. First, structure is the organized pattern in which family members interact, therefore there are predictable sequences that are repeated (Nichols & Shwartz, 1995). The therapist is able to observe these patterns as they occur and ascertain the rules that govern the conduct of family members. Families come to therapy when they get stuck in repeated negative patterns of interaction. The therapist in joining the family becomes part of the system to form a new therapeutic system and becomes a witness to the family dynamics. Structural family therapy is based on three axioms (Minuchin, 1976).
1. A person influences his context and in turn is influenced by it in repeated patterns of interactions.

2. Changes in the family structure lead to changes in sub-systems and in the inner psychological processes of individuals.

3. When a therapist works with a family, his/her behavior becomes part of that system.

Minuchin formulated the theory regarding how sub-systems should function when they are in a state of health. The parental sub-system should function effectively as an executive leader of the family with appropriate boundaries between parents and children. In order to function effectively, the spouse sub-system should have reasonable boundaries allowing time for the marital couple to be there for each other. Minuchin (1974) articulated the concepts of enmeshed and disengaged family systems to describe relational patterns among families. He described family types that ranged from the extremes of enmeshed meaning intensely involved to the detriment of the system to healthy functioning family to what he called disengaged meaning family members appear very distant from one another. The therapist has to unbalance the system by challenging the family reality and in the process changing the family structure.

Minuchin (Nichols & Schwartz, 1995) states that the structural therapist joins the family in a position of leadership and develops interventions:

The structural family therapist joins the family system in order to help its members change their structure. By altering boundaries and realigning subsystems, the therapist changes the behavior and experience of each of the family members...so that the family can solve their own problems (p. 218).
Structural family therapy is deceptively simple in its theoretical formulations but is complex to apply in the therapy session. Structural family therapists view normal family life as consisting of changing life circumstances that families adapt to, solving problems as they arise. Minuchin (1974) states that families face changes in the family life cycle: a family is subject to inner pressure coming from developmental changes in its own members and subsystems and to outer pressure from demands to accommodate to the significant social institutions that have an impact on family members (p. 60).

Structural family therapy is process oriented, present focused and the success of therapy hinges on an accurate understanding the context of the family in its environment.

In terms of its application to Aboriginal families, I agree with the concepts of a family organization where the parents have to be in charge of the family. In terms of boundaries, the spousal sub-system in the Aboriginal family needs space for intimacy as well as individual space. I would be careful of the application of normative standards to Aboriginal families and would take into consideration the strength of the traditional family belief system. Boyd Franklin (1989) describes the Black family structure as being enmeshed because of close family ties. I would agree that this might be the case for Aboriginal families appearing for therapy services. One must be willing to suspend judgement on what appears to be enmeshed patterns and to investigate cultural norms of the family and their community.

If observing patterns of abuse, therapists should be aware that violence is not culturally sanctioned among any Aboriginal nations. In the traditional way, elders would call these
behaviors "Muchi-Kiskinomakowin" which is translated as bad (muchi) teachings (kiskinomakowin). One may notice patterns of disengagement within Aboriginal families, the disengagement is defined by the history of the family. This Aboriginal family member may have been affected by abuse in their formative years and some histories may reveal residential schools as a factor. When working with Aboriginal families of the poor, structural family therapy has to concern itself with other systems that undermine the capacity of the family. This issue will be discussed in a later section.

Integration of Strategic Family Therapy

The strategic family model developed with influences from the theories of Salvador Minuchin and the works of Milton Erickson. Milton Erickson rejected the psychoanalytical tradition of long term therapy and began to focus on brief problem solving approaches (Nichols & Schwartz, 1995). Erickson believed in the power of the unconscious mind for positive action. He therefore avoided the treatment model of his profession, which was insight through interpretation. Strategic family therapy developed into distinct models as represented by the proponents of the following schools; the Mental Health Research Group, the strategic therapy of Jay Haley and Cloe Madanes and the Milan model. Each model shares a systems view of problem maintenance and planned approach to change. For the purpose of this proposal, I am presenting the ideas of Jay Haley and Cloe Madanes (Haley, 1976, 1986,1987; Madanes, 1981, 1995, 1990).
Like structural family therapy, this model is process oriented and present focused with the therapist expected to devise a solution to the family's presenting problem. Like structural family therapists, the goal is to shift the family organization so the problems no longer have the same function. Haley focuses on communication patterns in the immediate moment and repetitive sequences of behavior (Nichols & Schwartz, 1995).

Haley's ultimate goal often is structural reorganization of the family, particularly with the hierarchy and generational boundaries. Haley (1976) approaches therapy in stages so he has intermediate goals along the way. Unlike structural family therapy, however, all of these goals are connected to the presenting problem.

This therapy model stresses that the hierarchical structure of the family be recognized giving validation to the executive authority of parents in the family. Haley (1976) considers cultural contexts where grand parents have a high status as may be found in Aboriginal families. From the initial interview, the strategic therapist is focused on developing a clear definition of the problem from family members. Therapists are provided with a blueprint for family sessions consisting of: the social stage, problem stage, interaction stage and task setting and ending (Haley, 1976). The therapist sets clear goals, which always includes solving the presenting problem and are always designed with consideration of the family life circumstances.

Strategic therapists theorize that families often encounter a crisis at critical stages of the family life cycle and that families sometimes need help past a crisis (Haley, 1976; Madanes, 1981). These family life cycle stages are described as: the courtship period,
early marriage, child birth and dealing with young children, middle marriage, weaning parents from children and finally retirement and old age (Haley, 1986). Therapy may focus on problems involving behavior sequences of several people in a family hypothesizing that a symptom represents a contract between people. Madanes (1984) gives an example of children developing symptomatic behaviors, acting out or worrying to help out the parents.

The main therapeutic tool of strategic family therapy is the directive that is used in sessions but more important for the family to take action outside of therapy. The therapist may give directives for a variety of reasons: (1) to get people to behave differently so they will have different subjective experiences; (2) to intensify the therapeutic relationship by involving the therapist in the family's actions during the time between sessions; and (3) to gather information about how the family members will respond to the suggested changes.

Haley (1976) stresses that directives must be designed with the intention of changing the sequences of behavior in the family, that is changing the ways family members deal with one another. He stresses a therapy of action believing that families have the power to change their own behavior.

Madanes (1990) has recently revised her thinking on strategic therapy, expanding beyond structural goals and a problem focus to a personal growth orientation. This kinder, softer version moves strategic therapy closer to the existential models espoused by clinicians
such as Virginia Satir (1983). Madanes (1990) describes four levels of family interactions with specific types of problems. These levels are: (1) to dominate and control; (2) to be loved; (3) to love and be protected, and (4) to repent and forgive. She prescribes strategies including correcting hierarchies, changing negative patterns of behavior, ordeal therapy for repentance and actions designed to activate family members' caring for and protecting one another. In this revised framework, the therapist promotes goals that help families restore balance, harmony, forgiveness, work fulfillment, compassion, love and regain a sense of spirituality. This change in the strategic model is a testimony to changing times and the creativity of family therapists.

I believe that Aboriginal people have practiced strategic therapy when they intervened in conflicts in the family of community. When the Cree say: “Kee-spin-kee-wun-too-ta-nani-wun Kee-noo-chee-ta-ni-wun Akwa Kee-mee-noo-stah-ni-wun Se-mak.” (Whenever there was wrongs committed, the people concentrated on setting things right as soon as possible). They are acknowledging the wrongs committed and validating/joining with the victim to set right the damaged relationship. They also make attempts to contain the offender or perpetrator of the wrong with kindness and justice. In order to do this, they have to be strategic thinkers and focus on the patterns of behavior that created the problems. When Aboriginal people say Se-mak, it means right away or as soon as possible. Strategic therapy is concerned with and dealing immediately with the problems presented by the family. Mino Pima-ti-si-win (the good life) is concerned with solving the human dilemmas encountered in everyday life. Strategic family therapy offers specific techniques for problem solving.
Integration of Work with Families of the Poor

Families of the poor have been called disorganized, disadvantaged, hard core, (Minucin, et.al., 1967; Minuchin & Montalvo, 1968) underorganized (Aponte, 1994), isolated (Goldstein, 1990), unorganized, families in extreme distress and multiproblem families (Sharlin & Shamai, 2000). Families of the poor have always presented challenges to the helping professions, family therapy being no exception. Minuchin (1967) describes his growing awareness of the importance of context in the lives of clients. In his training as a psychiatrist, he was conducting individual therapy with the clients at the Wiltwyck School for Boys. The Wiltwyck School for Boys was a residential treatment center for children who came from the most disadvantaged neighborhoods of New York. Minuchin found that in spite of improvements while in individual treatment, boys reverted to antisocial behavior almost immediately upon leaving the center. Out of that experience, Minuchin began to involve family members in therapy sessions and he developed ideas for structural family therapy.

Sharlin and Shamai (2000) describe families in extreme distress as requiring concerted effort on the part of the therapist. Families in extreme distress were likely to suffer from poverty, inadequate housing, poor health, impaired couple functioning, impaired parenting function, child focused problems, substance abuse, antisocial behavior, and lacking adequate support systems. Families were likely to be involved with the criminal justice system, child welfare agencies, and other social services. Families in extreme distress could not organize the time or make the commitment to come to the therapist’s office, so the therapist goes to the home. In their work with families of the poor, Sharlin
and Shamai (2000) utilize the techniques of structural family therapy, strategic therapy, systemic therapies and narrative therapy. Sharlin and Shamai state that families need to re-author their life narratives because they have been judged incompetent and as social failures by helpers. The authors also utilized a working team of a family therapist and a case manager. The case manager would take care of social service needs providing advocacy with other systems involved while the therapist is focusing on clinical issues. It is suggested that the therapist working with families of the poor needs to be really patient and hang in there with the family who are used to being disappointed by helpers. Relationship building is important at all stages but especially in the early stages.

Aponte (1994) states that families of the poor bring with their personal problems two distinct factors: 1) difficult social conditions, and 2) the destructive effects of these conditions on their lives. He recommends that the therapist assess the extent to which poverty’s injuries have handicapped the family. For example, families may live in dangerous neighborhoods affecting their sense of safety and security (Aponte, 1986). In my experience, families of the poor often feel powerless to advocate for their rights with powerful social agencies like child welfare and income assistance departments. Aponte (1977) experienced a life of poverty in his formative years and is of Puerto Rican heritage, so he understands these contexts affecting families. In his clinical experience, families of the poor may express their under-organization in defeatist ways appearing needy and powerless. The therapist could be drawn into their paradigm and play a rescuing role or feel as defeated as the family. The structural family therapist looks for strengths in the family organization to build on and must engage with the family.
intensively to find resources. In spite of the social conditions surrounding families, Aponte (1994) has knowledge of families that are economically poor, yet are emotionally, socially, mentally and spiritually healthy. With intact communities and culture, families of the poor can maintain their identity, self esteem, sense of belonging and hope for the future.

Piazza and del Valle (1992) recommend involving community leaders as advisors, utilizing community strengths, values and structures as a complement to work with families of the poor. The therapist working in isolation from available community systems can burnout. Goldstein (1990) describes families of the poor as disconnected from their kin and disengaged for various reasons. He presents a case for exploring social connections if the extended family is not involved. He advocates reaching out to absent fathers, extended family members or other community members to create a quasi-family. Aponte (1986, 1976) recommends an eco-structural approach looking at all systems involved with the family and uses the family-school interview as an example. In working with the school, the therapist can marshal the resources of that system to problem solve and work with the family. Boyd Franklin (1989) and Minuchin, et. al., (1998) examined another aspect of systems intervention when a number of these agencies are working in opposition with each other and the families are triangulated by them. The therapist should be aware of all other systems working with the family and develop an understanding and possibly a partnership.
**Integration of Home Based Family Therapy Models**

Boyd Franklin & Bry (2000) articulated a multi-systems model to help families with multiple problems and includes home based sessions. Like Aponte’s eco-structural approach, the model includes assessment at different level from the individual, sub-systems, family household, extended family, non blood kin and friends, churches and community resources, social service agencies and other outside systems. Boyd Franklin & Bry, (2000); Rabin, Rosenbaum, & Sens (1982); Schact, Tafoya, & Mirabla (1989); Minuchin, et.al., (1998) found that the therapist utilizing home based treatment has the opportunity to do the following:

- Meet important members of family (boyfriends, fathers), extended family, and supportive friends who would not likely attend clinic based sessions.
- Engage the truly powerful figures in treatment.
- Get a first hand view of the family’s living situation and the realities of poverty, housing conditions and neighborhood climate.
- Be exposed to the culture of the family.
- Observe the family’s child rearing practices.
- Experience the home through the family’s eyes.

There are challenges to a home based approach when you are on the family’s turf. Boyd Franklin and Bry (2000) recommend a go-slow approach to building a relationship and to respect the family’s turf. The family may be in the midst of their routine and sessions may be shortened for various reasons. The therapist needs to go with the flow and maintain a sense of balance/humor with families. Joining is the one of the most important interventions in work with minority families (Boyd Franklin, 1989; de Kemp & Van Acker, 1997; Seelig, Goldman-Hall, & Jerrell, (1992).

In home based treatment with adolescents, Seelig, et.al., (1992) stress the importance of learning from failures because the therapist and family may experiment with an
intervention. Keim (1997) talked about failed interventions as experiments because families have tried many of their own strategies to be rebuffed by the uncooperative adolescent. Seelig, et.al. (1992) experienced many lessons of failure and began making efforts to expand the family system. The therapist must maintain a strengths-focus in order to be a source of hope for the family.

Rabin, et.al. (1982) stress that the home based therapist often must advocate for physical, psychological and social services on behalf of the family and be a connecting link to the community.

Rabin, et.al (1982) noted five therapeutic principles in home based treatment:

1. It was important for the therapist to visit the family frequently but for short periods of time.
2. It was important to create a family environment in sessions and encouraged the therapist to share his or her own family backgrounds.
3. Treatment is based on doing rather than talking. The therapist should be active in assigning tasks for family to do outside of sessions and take responsibility to help the family if they need assistance.
4. The therapist introduces the family to patterns of behavior and beliefs more compatible to the larger society.
5. The therapist presents to the family a model of new behavior and ways of thinking.

With the exception of principle 4, Rabin, et.al. (1982) present useful guidelines for home based treatment and proved useful in this practicum. In their conceptualization of principle four, the authors stressed consideration of the cultural context of the family and focused on abusive behavior. I found this principle to be ambiguous and of limited use with Aboriginal families.
Lindbald-Goldberg, Morrison-Dore, & Stern (1998), in their comprehensive review of home based services, support the theoretical foundations described in this practicum report. It is noted that the therapist in the home will be working with many possible distractions. Minor distractions include loud radios, televisions, extreme thermal conditions, smoking, pets and lack of cleanliness in the home. The therapist can be straightforward about his or her need to reduce the distractions. Minichin, et. al. (1998) iterate that “home visits require sensitivity to the wishes and reactions of the family.” In my experience, families may have visitors or homes may be the neighborhood drop in center for the children of the area. I have experienced all the above distractions even, pre-adolescents farting. In structuring sessions in the home, the therapist needs to be flexible and maintain a sense of humor always utilizing the information in an ongoing search for competence.

An Integrative Family Therapy Model with Aboriginal Families

“...They want action. They want solutions. They want a therapist to solve their problems. Families present problem after problem, crisis after crisis, and demand that the therapist do Something.”

Salvador Minuchin

I will be utilizing aspects of Minuchin’s model (1974, 1998) with Aboriginal families in this practicum and believe that the techniques of structural family therapy are conducive to relationship building with families. As was previously stated, Aboriginal families hold relationship to be important to healing and therapists need to truly join the family system to effect any changes. Napoleillo and Smith Sweet (1992) believe similarly that structural family therapy has relevance to the Aboriginal context of extended family relationships, family and community members as healers, and a holistic perspective incorporating
spirituality. The work of Boyd Franklin (1989, 2000) has been tremendously useful in integrating information for work with Aboriginal families.

The strategic family therapy model is one that combines family systems theory and structural family therapy concepts into a holistic approach. A holistic model considers the self in the family, the family in the context of their community, in context of the systems that are involved in their lives and the context of their culture. Furthermore, home based sessions will bring this model closer to the realities of every day life of Aboriginal families. Aboriginal families live daily with the realities of poverty and having powerful social institutions taking away their decision making power. In my experience with Aboriginal families of the poor, I have advocated for the rights of individuals who at times are confronted by bureaucratic nonsense. Aboriginal families in my experience do want help in solving problems. This approach is strength focused and oriented towards building family's ability to solve their own problems.
CHAPTER IV THE PRACTICUM EXPERIENCE

The Setting

The Elizabeth Hill Counseling Center was the setting for this practicum that began in January, 2001 and ended in June, 2001. Elizabeth Hill was the driving force behind the creation of the Community Resource Clinic, a university outreach program for training social workers and clinical psychologists to work with inner city families. The Center located at 321 McDermot Avenue in Winnipeg, Manitoba also provides free therapy services to children, individuals and families. Elizabeth Hill, of Cree and Blackfoot heritage, believed that Aboriginal families have the power within to develop to their fullest human potential and in the capacity of the Aboriginal community to develop its own social services. As an academic, she believed in the integration of mainstream social work practices with Aboriginal ways of thinking and analyzing. Elizabeth died of cancer on August 30, 1991. The Community Resource Clinic was renamed the Elizabeth Hill Counseling Centre in her honour.

The Families

Beginning in December, 2000, I approached Ma Mawi Wi Chi Itata Center intake workers to discuss the practicum and potential referrals. Upon commencement of the practicum, I received four referrals from Ma Mawi Wi Chi Itata that met the following criteria:
• Ma Mawi Wi Chi Itata Centre may refer an Aboriginal family that may benefit from a family therapy approach.
• The family voluntarily agrees to the referral
• The family system referred may be either a single parent or two parent family with children.
• The children are living with the parent or parents.

I began work with the four families referred by Ma Mawi Wi Chi Itata Centre and ended up working with three of those families. One family, an adult sister and her younger sister, was referred in crisis following a foster placement breakdown. The 15 year old sister had been a runaway from her foster home and would not return there. An older sister, Ms. C., was willing to care for her younger sister. I met with the family (two sisters) once and the older sister twice and participated in a systems meeting to advocate for the family.

An Aboriginal child caring agency was initially reluctant to agree to such a placement, but agreed to the arrangement. The family requested family counseling sessions to help them integrate the young sister into the family after being in care for several years. I had already scheduled an intake session with the family when unfortunately, the young sister disappeared from home and was on the run again. She subsequently was placed in a group residential treatment facility and would be referred for services through the Aboriginal child welfare agency. I began to see three other Aboriginal families awaiting services at the Elizabeth Hill Counseling Center as part of the practicum.
Activities to achieve the objective of the Practicum

1. Conducted family therapy sessions with a minimum of 4 and maximum of 6 families.
   Harvy Frankel provided the consultation and supervision for the majority of the therapy sessions.

2. In consultation with families and the supervising therapist, a number of sessions were held in the homes of the families. In consultation with families, some sessions were held at the Ma Mawi Wi Chi Itata Centre with the goal of establishing social connections with neighborhood resources.

3. Conducted family assessment interviews before therapy sessions began. The interviews were conducted using the Family Environment Scale (1994) to assess family strengths and weaknesses.

4. Conducted family interview sessions after completion of the agreed upon number of sessions. The Family Environment Scale (1994) was used as an assessment tool and a measure of treatment outcome.

5. A case study method was utilized including the therapist's observations and the family's progress in meeting the stated goals.

6. A client satisfaction survey was completed after the agreed upon number of sessions.
Supervision and Practicum Committee

The following members of the committee are:

Harvy Frankel, Ph.D - Associate Dean, School of Social Work - University of Manitoba,
David Charabin, M.S.W. - Director - Elizabeth Hill Counseling Centre, and Gerard
Bellefuille, M.S.W. - Assistant Executive Director – Ma Mawi Wi Chi Itata Centre, Inc.

Harvy Frankel as the supervising therapist of the clinical practicum has many years of
marriage and family therapy training and supervision experience. He is an American
Association of Marriage and Family Therapy approved supervisor. David Charabin has
many years of direct clinical experience in family therapy and understands the context of
families living in the inner city. Gerard Bellefuille is the past Executive Director of
Awassis Agency, and has many years of experience working with Aboriginal people and
organizations. He has a working knowledge of systems theory, the child welfare system
and a critical understanding of how bureaucracies undermine the capacities of
individuals, families and communities.

Evaluation of the Intervention

Family health research is being done to understand the family climate and the continuous
interactions of the physical, mental, emotional, social, economic, cultural and spiritual
dimensions. The Family Environment is one of the instruments being used to measure
family health (Lewinsohn, Rohde, & Seeley, 1994; Holihan, Holihan, Moos, & Cronkite,
2000; Pardeck, 2000). Szapoznik and his colleagues (1988) used the FES in assessing the
effectiveness of family interventions (also reported in Moos, et. al., 1990). The practicum
was evaluated using the Family Environment Scale developed by Moos and Moos (1994). The Family Environment Scale is composed of 10 sub-scales and 90 questions related to those sub-scales. The sub-scales are self reports on: cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active-recreation orientation, moral-religious emphasis, organization and control. I used the Real Form that measures people's perception of their current family environment. The Real Form measures the family environment and consists of the following dimensions: Relationship domain, personal growth domain, and system maintenance domain (Figure 3). Moos also developed the Ideal Form that measures people's preferences about an ideal family environment and the Expectations Form measuring people's expectations about family settings.

**Cultural Sensitivity of the Family Environment Scale**

The instrument has been widely used in the United States and other countries (Holahan, et.al, 2000; McHale, 1997; Saito, Nomura, Noguchi, & Tezuka, 1995). It has been successfully adapted and translated into many languages (Moos & Moos, 1994). Saito, et.al., (1996) describe some concerns in translatability of concepts into the Japanese culture and recommend further research. Moos advised (Appendix A) that the Family Environment Scale has not been used with Aboriginal families in North America and accepted that the model needs modification. Readers interested in the definitions of concepts may refer to Figure 3.
Figure 3

Family Environment Scale Dimensions

Relationship Domain

1. Cohesion: The commitment, help and support family members provide for one another.

2. Expressiveness: How much family members are encouraged to express their feelings openly.

3. Conflict: The amount of anger and conflict among family members.

Personal Growth Domain

4. Independence: The extent to which family members are assertive and self-sufficient.

5. Achievement Orientation: The extent to which activities (such as school and work) are cast into an achievement-oriented or competitive framework.

6. Intellectual-Cultural Orientation: The interest in political, social, intellectual, and cultural activities.

7. Active-Recreational Orientation: The participation in social and recreational activities.

8. Moral-Religious Emphasis: The emphasis on ethical and religious issues and values.

System Maintenance Domain


10. Control: The extent to which set rules and procedures are used to run family life.
The Family Environment Scale was utilized with a wide population composed of the dominant cultural group and included Black people, Hispanic people in the United States. The research also included families with varying incomes and rural/urban based populations (Moos & Moos, 1994). It was through this research, that the norms were established for the instrument. Since research has not been done with Aboriginal families, one cannot safely conclude that these norms apply to Aboriginal families.

In this situation, the scale is not being translated into any other language but cultural variables should be considered. I was concerned to see if the Family Environment Scale contained concepts that were difficult from an Aboriginal perspective. To obtain feedback, I asked 9 non-therapy Aboriginal individuals to complete the revised Family Environment Scale for me, giving the same instructions as for therapy families. I know that the 9 Aboriginal people who volunteered to do this were varied in their educational backgrounds, with six having dropped out of school early to two having completed grade twelve. The seven women and two men who completed the survey were working but not earning high wages. I had to disregard one of the surveys because she answered both true and false to 9 items on the scale and I had no opportunity to question her about the responses. They were aware that it was for educational purposes and that confidentiality would be respected. They were asked to leave their names blank, because I just wanted their feedback and small sample data.

The 9 individuals completing the form stated they found the statements to be understandable and had little difficulty with the concepts. Two individuals did comment
that Item 16, that says: We rarely go to lectures, plays or concerts, is not applicable to Aboriginal culture. The other 6 people answered the item and did not comment. I concur with the two respondents who remarked that this is not a cultural activity within the Aboriginal community. This issue is a research question better answered by other investigators. In retrospect, I should have revised this item to say we rarely go to community gatherings, celebrations and other events.

I obtained the sample group’s mean score and converted it to a standard score using Moos’s research (Moos & Moos, 1996). Figure 4 shows the sample group’s profile across the sub-scales. The FES profile shows the scores falling in the normal range 50 for all the sub-scales. Although this is a very small sample and not useful for scientific purposes, it does suggest that non-therapy Aboriginal families easily understand the 90 item scale and present in the normal range.
Modification of the Family Environment Scale

I had discussed with Dr. Moos the following modifications of the Family Environment Scale. The Family Environment Scale (Appendix B) is included for those interested in the original version. Upon examining the scale, I had to modify it to fit the context of Aboriginal families but the changes are not likely to affect the validity of the instrument. In statement 8, I took out synagogue leaving the statement to read: "Family members attend church or Sunday School fairly often." I changed statement 36 to inquire about the family's involvement in traditional practices or rituals. The statement now reads: "We are not that interested in traditional activities." These 90 statements will reflect the family member's perspective on the social climate of their family and will be the basis of measurement in the practicum. I added three statements at the end of the scale to inquire into the following area and these statements are not included in the scores presented.

91. Extended family members are important to us for support.
92. Extended family members often come over for dinner or to visit.
93. The traditional teachings of the elders and ceremonies are very important in our home.

These questions are included to obtain information on the involvement of extended families in the day to day lives of the family and ascertain the strength of the traditional family belief system. (Appendix C)
Consumer Satisfaction Survey

Lindblad-Goldberg, et.al. (1998) note that there is a trend to providing services to high-risk families in the least restrictive setting usually in their home and/or communities. The model requires that attention be given to the relationship between the therapist and the family. Laszlof (2000) reported that consumer satisfaction with beginning therapists was lower than those with more experience. Laszlof (2000) also discussed the importance of the therapist-client relationship, the ability of the therapist in helping the family solve problems and therapist’s use of self.

I decided that the consumer satisfaction survey utilized previously by a student (Zachidniak, 1997) would provide an opportunity for the families to provide feedback. Since my interaction with families was in very different contexts, home and office, I need to pay attention to whether I am respectful, professional and therapeutically helpful.
CHAPTER V FAMILY CASE STUDIES

"Initiatives to restore the healthy functioning of individuals, families and communities must be undertaken with full awareness of the collective experience of Aboriginal people in Canadian society, the context in which individual problems are generated and in which must be solved."

The Royal Commission on Aboriginal People

In this chapter, I will provide an overview of the sessions with the families with whom I came in contact and discuss three family cases in depth. I have changed the names of family members to protect the confidentiality that was assured in treatment. In providing an in depth discussion of Families A, B, C, I will introduce the family group, the referral and presenting problem, background information, an Aboriginal systems perspective, assessment of the family system, treatment goals, intervention, evaluation and case conclusions. I also include personal reflections to record how I was thinking and feeling as I joined the family systems.

Summary of Sessions

I will discuss the first three families in depth so in this section I will focus on the other three families as part of my practicum experience. As Figure 5 shows, I met with families D, E and F for a total of 16 sessions including 9 home visits. Each family has unique presenting problems and at different family life cycles that I will now discuss in more detail. The families; D, E, were young people involved in raising families and having the struggles that all families have, but in their case, was complicated by the immaturity of youth. Family F is composed of a single parent family struggling with a limited income complicated by a gambling problem.
### Figure 5

#### Summary of Sessions

<table>
<thead>
<tr>
<th>Family</th>
<th>Who was seen</th>
<th>Gender &amp; ethnicity</th>
<th>Ages &amp; gender of children**</th>
<th># of sessions in total</th>
<th># of home visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family A</td>
<td>Family, Couple &amp; Individual</td>
<td>Male &amp; Female Ojibway</td>
<td>Michael (11) Ronald (9) Rhonda (7)</td>
<td>13 sessions</td>
<td>4 home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 systems meetings</td>
<td></td>
</tr>
<tr>
<td>Family B</td>
<td>Family, Couple &amp; Individual</td>
<td>Male - Ojibway Female - Metis Children are Metis</td>
<td>Sabrina (9) Shawna (3)</td>
<td>12 sessions</td>
<td>3 home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 systems meeting</td>
<td></td>
</tr>
<tr>
<td>Family C</td>
<td>Couple &amp; Individual</td>
<td>(Male – Caucasian) (Female – Oji-Cree) Children are Metis</td>
<td>Nicholas (5) Keith (3)</td>
<td>6 sessions</td>
<td>1 home visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 systems meeting</td>
<td></td>
</tr>
<tr>
<td>Family D</td>
<td>Couple</td>
<td>(Male – Ojibway) (Female – Metis) Children are Metis</td>
<td>Sheena (3) May (9 months)</td>
<td>5 sessions</td>
<td>2 home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family E</td>
<td>Couple</td>
<td>Male &amp; Female Ojibway</td>
<td>Jordon (6 months)</td>
<td>8 sessions</td>
<td>2 home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 systems meetings</td>
<td></td>
</tr>
<tr>
<td>Family F</td>
<td>Single parent family</td>
<td>Female Ojibway Children are Metis</td>
<td>Richard (12) Norman (6)</td>
<td>5 sessions</td>
<td>5 home visits</td>
</tr>
</tbody>
</table>

** The names of the children are fictitious to protect the family's identity.
Family D is composed of the parents; John (19) and Joanne (19) with two children Sheena (3) and May (9 months old). They were referred through Ma Mawi Wi Chi Itata for couple counseling. They were having intense arguments almost every day and often in front of their children. Over three months, I had 5 sessions with the family (3 at the Elizabeth Hill Counseling Center and 2 in the home). They were on social assistance and had limited resources for child care, so I met them at their home twice. They also missed 3 appointments scheduled at the Center and that was directly related to lack of child care.

I quickly engaged with both John and Joanne to begin the process of problem solving. In joining with them, I used an enactment strategy to have them talk to each other about a difficult issue they often fought about. This was related to Joanne always accommodating her mother whenever she wanted something. Joanne would always help her mother who lived nearby leaving John with the children. They were able to discuss the issue without the explosive emotional intensity that occurred when they were alone. I noticed that they were always parenting and never had an opportunity for individual or couple time. They had been together for five years and although they had extended family nearby, they rarely asked for help so this was a stressed family system. Joanne and John were tired and often afraid to ask each other for help because of their frequent arguments.

In the sessions, I focused on the both parents to create opportunities for communication and for them to ask each other what they needed. An improvement that I noticed was they were able to be kinder by letting each other have a much needed rest. At times they stated they had periods of harmony but they still had a rocky relationship. I found that most of
their arguments were about respect and how they were treating each other. Being young, they relied on brutal personal attacks to illustrate their point. On the positive side, they were not physically violent to each other and they were devoted parents and kept their home in good condition. This showed that the parents had an organizational structure that was functional.

The couple had begun their Family Environment Scale at what was to be the last session and did not have time to complete them before the baby woke up. I did not see them in session again but I did talk to them by phone in May and listened to one of their intense arguments. I was able to calm both John and Joanne on the phone and made an appointment to visit them. They were not home the next day when I visited. The last time John called was in June to say he was attending a training program and would call some time to schedule an appointment. I wrote a letter to them in June to inform them about day care centre openings for young children close to their home. Ma Mawi Wi Chi Itata Centre was opening the day care centre for parents in the neighborhood. I also advised John of the young fathers’ group starting in July. In past sessions, Joanne had indicated she would like to attend school, if she could get child care. In summary, these young people were tired parents needing respite from the stresses of parenting. In sessions, I focused on decreasing the stress by connecting them with their own strengths and directed their attention to extended family resources that were available. In my experience, some families like this will ask for help only when they feel overwhelmed and therapy in these situations tends to be crisis focused. I can not evaluate whether I was helpful in this case, but I feel like I was able to respond to them in a time of crisis.
Family E was a young couple who did not live together and recently had a child. The couple; Steven (23) and Candace (17) were referred by Ma Mawi Wi Chi Itata Centre for counseling services. They recently had a boy (Jordon) and were planning to live together in several months. The referring worker’s main concern was that Steven was a controlling person in the relationship and often spoke in disrespectful ways to Candace. If they were to succeed in living together, Steven and Candace would have to solve problems together in an environment of respect. I met this young couple 5 times plus 2 visits to Candace’s place of residence, where I met both of them. In sessions, I focused on the relationship issues that they were bringing and found that relationship building was especially important with Steven. He was a young man who grew up in an alcoholic home and learned not to trust anyone. He did not even trust Candace, and this was a critical issue in their relationship. He was very insecure and accused Candace of flirting or contacting former boyfriends.

He had been violent toward Candace in the past, but stated he was trying to become a better human being. Even though physical violence was not a part of the relationship, I focused on the emotional, mental, and spiritual violence that was occurring in the relationship. I stressed Steven’s personal responsibility for the non-physical violence in the relationship. Steven in his presentation was seeing himself as a victim of Candace’s behavior and therefore not responsible for reacting how he does. I confronted the pattern of violence as one that could lead to physical violence (Fishman, 1988). Candace confirmed the patterns and related that she feels helpless to respond to accusations. If she
remains silent, she must be guilty and if she protests, she must be guilty. Steven began to develop trust as he showed the hidden side of himself to me in session. He and Candace had a serious argument the same day about her mother and continued into the session. In previous sessions, I had talked to Steven about the use of time outs when he was feeling out of control. In the session, he began to escalate and showed his aggressive nature toward Candace. He finally got so angry that he walked out of the session using the time out method. I did not know how angry he was, so I walked Candace out of the building just in case he was out of control. By the time we were leaving, he had calmed down and was able to talk calmly about his feelings. I felt we were making progress in the sessions in that Steven was beginning to see the violence. Suddenly, Steven was arrested for a crime he had committed in the past and he abruptly quit sessions due to this crisis. I believe that this young man can become violent in intimate relationships, if he is not confronted. I did not hear from this young man despite an effort to make contact.

Family F is a single parent family consisting of: Phyllis (32) and her children; Richard (12) and Norman (6). This family was referred by the Child Guidance Clinic social worker for family therapy with the presenting problem identified as Richard being an angry child. Phyllis lives in a low-income housing project and stated that it would be difficult to attend Elizabeth Hill Counseling Center. From March to May, I visited her at home 5 times with most sessions being approximately an hour. I had great difficulty connecting with her as she was never home when I called. When I finally connected, I found that her mother was living with her. She always seemed to have visitors from the
reserve in her home. During one session, she had company, so I made my visit short focusing on a brief update with her.

In the first visit, I was able to connect with Phyllis, her mother and Richard to obtain their perspectives on why everyone thought Richard was so angry. I thought this was the most valuable of the interviews that I did with the family because I able to gain a good picture of what was going on in the home. In discussions with the mother and the referring social worker, it was believed that Richard was angry because father abused him when he was small.

When I talked to Richard, he stated he was angry because he had been abused when he was a child. I validated his response and the nodding heads of the mother and grandmother, but moved to ask him why he was angry in the present. It emerged that he was angry for two valid reasons; 1) he had to keep his brother all the time while mom went to bingo or the casino and 2) he often intervened in the fights between his 6 year old brother and the 6 year girl grandmother was fostering. The mother and grandmother confirmed the content and informed me that the grandmother temporarily in the city for medical reasons, and would be returning home within a few weeks. The two 6 year olds arrived home and I was able to ask them about the fights and they confirmed that Richard butts his nose into their fights.

In designing a strategy for this particular family, I was reminded of strategic therapy with three generations involved in the sequences of behavior (Haley, 1976). Whenever
Richard intervened to rescue his brother, his mother or grandmother misunderstood his intentions. He stated that sometimes the little girl was too rough on his brother and his mother did not intervene. In this case, the grandmother is powerful and Phyllis would not think of challenging her authority by intervening with the girl. It was important to respect the traditional family system of beliefs operating in this family. So I asked both the mother and grandmother to take notice of the fights that Richard was so carefully monitoring and that whoever was home would intervene. Up until grandmother went home, this strategy seemed to work because Richard was able to attend to his own interests.

In other sessions with Phyllis, she confirmed that she was gambling, when she received her social assistance. After buying the basic needs, she would go either to bingo or the casino, spending money and rarely winning. She revealed that she was on the verge of losing her hydro service as a consequence of this bad habit. She was not paying bills regularly. Since it was February, I did not believe that the utility would terminate the services because she had young children. She tried calling the utility only to be told pay your bill in total or we will cut off the service. I found that the bill was not exorbitantly high and that she could probably negotiate a payment plan. She had already done this and reneged on her agreement. I contacted hydro and was able to negotiate on her behalf. She was receiving a child tax credit check that week and this formed the basis of a new agreement. In terms of gambling, she was not leaving the children as often with Richard. She was trying to gamble less and to connect with a local social worker she had a good relationship with, and planned to start attending a woman’s group nearby.
In the short time I was involved with this family, we focused on problem solving with an angry son and began to address the real issue bothering the family, the gambling habits of the mother. I had a difficult time connecting with her again after May and left messages to contact me. In retrospect, I should have written brief letters to her as suggested by some therapists (Rabin, Rosenbaum & Sens, 1982). I felt like I was chasing and working harder than the family, and speculated that I intervened during a time of crisis for them. I do realize the difficulty of expecting parents, with limited finances and children to tend to after school, to travel across the city for a therapy session. I was able to accommodate her by meeting her in the home and was able to appreciate these details. In her busy family life, the timing was never good to ask her to complete the Family Environment Scale.
Family A

This Ojibway family group includes James (42), Darlene (31), their children; Michael (11), Ronald (9), and Rhonda (7). Michael was in the care of Winnipeg Child & Family Services at the time of this referral.

Source & Reason for Referral

James and Darlene requested couple counseling to help them resolve interpersonal relationship conflicts in healthier ways. Both reported frequent arguments ending with blaming each other for the conflicts. In the past, these arguments have ended in periods of separation when James left or escalated into violent incidents. During the last incident (July, 2000), James physically assaulted Darlene. This episode ended only after the children ran out to call the police. Both James and Darlene admitted to having problems with alcohol abuse and prescription drug abuse.

Background Information

This family along with extended family members participated in a family group conference at the Ma Mawi Wi Chi Itata Centre in December, 2000. As the Family Group Conference Coordinator, I became involved with the family and in that role facilitated the conference process. The family group conference involved child welfare officials because Michael was in care at this time. A social worker from Winnipeg Child & Family
Services referred the family to Ma Mawi Wi Chi Itata Centre due to the history of family violence. At the time of the conference, (December 14, 2000) James was at the Headingley Correctional Institute, being held for parole violation and an upcoming court appearance. I visited James twice in Headingley to secure his views, but was unable to obtain his release to attend the family group conference. The family group decided to proceed with the process since it was uncertain when he would be released. He was represented through my presentation of his concerns for his family. A total of 11 people attended the family conference and as provided for in the model, the family group deliberated in private to discuss the child welfare concerns and to develop a plan of safety for the children.

The family group shared the concerns of the child welfare agency about the alcohol/drug abuse, the family violence and the effects on the children. The extended family was aware of the problems between the couple that seemed to be worsening. They supported the couple reuniting, provided that both James and Darlene were sincere in a program of sobriety. This program of recovery included attendance at Alcoholics Anonymous, Addictions Foundations Program for James, and family counseling. The family counseling was to include all the children with the intent of having Michael returned to the care of his parents by March 2001. James was aware of the issues and agreed that he would attend these programs upon his release. The social worker accepted the family group’s plan agreeing to implement the plan as outlined. In discussion with James and Darlene, both agreed to a referral for my practicum project at the Elizabeth Hill Counseling Centre. For this family, I had to be clear about my continuing role as the
Family Group Conference Coordinator and my new role with the family at Elizabeth Hill Counseling Centre. I had formed a good working relationship with James and Darlene as well as the extended family. In this report, I will be clear when I was working with the family in my role at Ma Mawi Wi Chi Itata Centre and as therapist. I scheduled most of the therapy sessions for the evenings at the Elizabeth Hill Counseling Centre and several sessions at the couple’s home.

James went to court on December 23, 2000 and was sentenced to time he had served in Headingley. He returned to his home much to the concern of the social worker who obviously did not expect his release so soon. The agency worker was so concerned about the instability of the couple’s relationship and the potential for family violence, he was considering apprehending the other two children. In my role as the Family Group Conference Coordinator, I advocated for the plan that the social worker had approved, reminding him that the family had to be provided an opportunity to implement their plan. The social worker accepted my rationale, but not without intense discussions involving senior levels in the child welfare agency and Ma Mawi Wi Chi Itata Centre. After this initial crisis, James and Darlene came to their first session. As the case review will demonstrate, this was definitely therapy in stages with the couple needing to address the alcohol and drug issues before progress could be made. I will comment more on this issue in later sections.
Assessment - Beginning Difficulties

January Session

In the first session, a scheduled intake, James and Darlene came highly agitated and quite angry with each other about continuing alcohol/drug abuse. Darlene stated for one thing, James immediately upon his release began drinking and purchased prescription drugs that he was abusing. James confirmed that he did have a few drinks on the day of his release but he didn’t get intoxicated and went home later in the day. Darlene was very angry at James stating that he was high on pills at this moment because she knew his normal behavior. James vehemently denied this and accused Darlene of abusing prescription drugs herself not only in the past, but as recently as the week they were coming for the intake appointment. Darlene confirmed that she was also abusing valium and that she was able to obtain these drugs through her doctor. James became increasingly angry, noticeable in his voice, body posture and language. The couple was so reactive to each other that they could not hear the content of concern to both.

In consultation with the supervising therapist, it was concluded that the intake would be a work in progress and that little could be accomplished by confronting James or supporting the police investigation role that Darlene had taken. For the rest of the session, I focused on de-escalation of tensions by reminding the couple of the family plan developed in their group conference and their commitments to the children. James and Darlene agreed they would attend Alcoholics Anonymous meetings, as they had intended. They agreed to contact James’ brother, a long time Alcoholics Anonymous member willing to help them. This brother participated in the conference and had
committed to taking them both to meetings. As the Family Group Conference Coordinator, I was in contact with most of the extended family and was able to obtain their support in addressing these concerns. The extended family was a valuable resource in keeping me advised of the couple’s progress or lack of it. As individuals struggling with issues of addictions, James and Darlene needed to have the support to begin a journey of sobriety and would in all likelihood have relapses. At the same time, the family, especially Darlene and the children, needed to be kept safe from violence during a relapse episode.

Sessions 2 – February

In session 2, Darlene arrived without James, stating they had an argument earlier in the day ending with his leaving angry. Darlene stated that she was abusing prescription drugs and has been feeling overwhelmed, since James returned home. James and Darlene were having frequent arguments about the drugs and financial matters. Darlene stated she needed to take two weeks off from work and requested a letter from Elizabeth Hill Counseling Center. I told her I did not see how her situation was going to improve in two weeks and refused her request. James arrived 45 minutes late and wanted to discuss the argument, but I advised him that this would be unproductive. Darlene completed the Family Environment Scale and James requested that he complete his form at home. I asked the couple to think about whether they were ready at this point to commit to the therapy sessions as they had agreed. I was straightforward with James and Darlene about my concerns with their continuing abuse of prescription drugs and my responsibility to share these concerns with the child welfare agency. At this point, I advised the couple
that we needed to reconvene the family group conference to review what had transpired since December. The couple agreed with this explanation and would participate in the reconvened family group conference.

**Personal Reflections**

I discussed the session with the supervising therapist, telling him that I felt like I was hitting a wall with this couple and was concerned about the family environment of instability for Darlene and the children. Although the couple expressed their desire to address the issues, they were hitting walls between themselves and could not hear each other to begin solving their interpersonal conflicts. Budman and Gurman (1988) stress that enormous amounts of time could be wasted in sessions, so the problem of drug abuse must take precedence over all others. It was time to utilize the strength of the family group to intervene with both James and Darlene and use the leverage of child welfare in a positive way.

**Therapy in Stages - Treatment Goals of the Couple**

Both James and Darlene would address the drug abuse and participate in Alcoholics Anonymous meetings. James would contact a sponsor with whom he had developed a good relationship. Darlene would attend an Alcoholics Anonymous women's group in the area near her home. The couple would participate in a reconvened family group conference to review the family plans and make revisions as the group decides.
Ma Mawi Wi Chi Itata Center Family Group Conference

In February after the couple counseling session at Elizabeth Hill Counseling Center, James became increasingly more involved with drugs and alcohol, precipitating another family crisis. In spite of his family members reaching out to him, he refused their assistance and continued to contact this writer in crisis. James related that his 19 year old son had been murdered a year ago and that he was struggling with feelings of rage towards his son’s killers. I spent time with him and was able to connect him with a men’s program at Ma Mawi Wi Chi Itata. He joined a group of 14 men for a week long intensive personal development workshop outside the city in February. Upon returning, he escalated his abuse of alcohol and drugs to the extent that the child welfare agency asked him to leave the home. Prior this event, the family group met without James because the family was unsuccessful in finding him. The family group was committed to Darlene and to support her in her program of recovery that included counseling sessions at Elizabeth Hill Counseling Center. The child welfare agency would help Darlene with in home supports to help her attend Alcoholics Anonymous meetings. I was prepared to work with Darlene in therapy and also willing to provide ongoing supportive counseling to James, should he want help. I continue to maintain contact with James and he is still struggling with alcohol and drugs. Since he left at the end of February, he has not requested visits with his children, although this option was offered to him. I anticipate that he will in time seek help to stop the cycle of violence and alcohol/drug abuse.
Aboriginal Systems Perspective

First, I will provide an Aboriginal systems perspective on the political and historical issues, economic issues, social issues and cultural issues affecting the family at their stage of the family life cycle.

Political and Historical

Following a separation in the spring of 2000 from James, Darlene continued to experience ongoing problems with Michael being out of control. She would call the police when Michael (10) was often away from home for days at a time. The police sometimes were able to locate and bring Michael home. Darlene finally called child and family services and placed Michael in care for 6 months on a voluntary placement order. As previously stated, James returned home and was subsequently arrested for assaulting Darlene. He was released on conditions to abstain from alcohol and after violating these conditions, was taken into custody. Following his court appearance in December, he was sentenced to time served and placed on probation. He has to report regularly to his probation officer and attend the Family Violence program at Ma Mawi Wi Chi Itata Center. The family group in its family plan suggested this as well. James began the program in January and attended 4 sessions until his relapse.

The child welfare social worker in cooperating with the family plan reached an agreement with Darlene to extend the voluntary placement agreement to March 30, 2001 to enable the couple to stabilize with their program of recovery. Darlene began seriously to address the prescription drug abuse in March and extended her voluntary placement
agreement to June 30, 2001. With advocacy in support of Darlene, the agency made arrangements for regular weekend visits for Michael to re-connect him with the family.

Family of origin - Darlene is the oldest of five children and reports being raised in a home environment where she experienced the impact of family breakdown. She maintains regular contact with her mother and her siblings, but only sporadic contact with her father. Darlene stated that alcohol abuse is common in her family of origin and resulted in the death of her sister 7 years previously. Her sister had been killed in a traffic accident where alcohol was involved, leaving behind two children. Darlene maintained close contact with her niece (18) and nephew (9) and could not rely too much on her two brothers or her sister. Darlene stated that her sister (28) was often unreliable and could not always be counted on in an emergency.

In James’ family of origin, several of his siblings were in the residential school system and he described a background of family violence in his formative years. This family and community violence were factors in the suicide of his brother (20) ten years ago. The family is still grieving about the loss of this young man. James stated he started drinking at an early age and has always relied on alcohol and drugs in his life. He learned to be violent and not to trust any people, including his brothers. When I visited him in Headingley, he had time to consider the murder of his son a year previously and grieved in his cell. He also grieved the time lost with his own children while he was incarcerated. I believe that this grieving is not growth enhancing, that he needed to do a grieving ritual
with his family group. He was interested in this idea and would talk to his brother, a pipe carrier, about it.

**Economic**

James is unemployed and Darlene recently began employment at a local restaurant. Since this is a low paying job, the family receives supplemental assistance from Employment & Income Assistance. James stated in the first session that he feels like a failure because Darlene is working and he cannot contribute to the family income. This was a source of conflict within James, affecting his self-esteem. Because of the limited income, the family is constrained in planning recreational opportunities for the children and for themselves. They rely on the resources of community centers that provide recreational activities at low cost. They have to spend the bulk of their money for basic needs and clothing purchased from second hand stores.

**Social**

The family lives in the Fort Rouge area in a quiet neighborhood, where the children have many opportunities for peer relationships. They occupy a fairly well kept older 3 bedroom rented home and have a landlord who responds promptly to their concerns. The parents themselves have few friends who have a sober lifestyle and they have to make new friendships to sustain a program of abstinence. Darlene does have a positive relationship with her mother and niece, however her mother has not approved of James.
James is antagonistic toward his mother in law and preferred that Darlene have no contact with her. James had a positive relationship with his brother in January, but this deteriorated with the alcohol and drug abuse.

Cultural

In the calm of his stormy life, James believes in the traditional ways, wants to go to sweats and to follow the elders’ teachings, but was caught in a cycle of violence learned in his childhood. His brothers were on a path of healing that involved the traditional ways and the Alcoholics Anonymous program. Two brothers wanted to help James to conduct a healing ceremony for his son. I discussed this possibility with James, but he was not ready at this point in his life to embark on this path. Darlene is interested in the traditional ways so she can introduce her children to cultural traditions. Presently, the children attend Sunday school on a consistent basis.

Assessment of the Family System

The family structure is the invisible set of functional demands (rules) that organizes the ways in which family members interact (Minuchin, 1974). Family A have a structure where the couple sub-system is highly conflicted and not well organized to provide for the needs of the children. This family was in the life stage where the parents are responsible for the care of young school age children. The parents due to the history of chemical dependency regularly expose their children to frequent arguments and acts of
violence. Silvern and Kaersvang, (1989) documented the effects of children witnessing violence against mothers and that this leads to trauma that in some cases, requires treatment. In this case, Michael was out of the control of his mother and frequently running away from home. Michael was running from a home where there was a lack of safety and attention to individual needs in the family. Michael regularly had enuresis that may be related to the trauma of family violence. The episodes of violence lead to circumstances where the children had to rescue their mother. Darlene had episodes of depression for which she took valium on a regular basis. At the point of intake, the physical, emotional, mental and spiritual needs of the family were neglected, both for the children and for each parent. With the departure of James, the family structure had to adjust to a single parent family system with the responsibilities falling on Darlene.

In terms of strengths, Darlene has the ambition to improve the life circumstances of her family, as demonstrated by her success in finding and keeping a job in spite of the obstacles. She also realized that she needed help to contain Michael for his own safety and was willing to participate in therapy with the family. She is dedicated to her children and wanted a good life for them and herself.

The family’s circumstances in this case demonstrate the complexities of life affecting families as they struggle with the day to day realities. I understood James better once I became aware of his life and maintain hope that he will realize his power to change in the future. I was concerned for Darlene in her new role as single parent. Carter and McGoldrick, (1988) believe that family stress is highest during life cycle transitions. I
was also concerned about Michael's lengthening stay in the child welfare system. I will comment more on the child welfare system's response to Aboriginal families with this family's case as an example.

Therapy in Stages - Treatment Goals of a Single Parent Family

The following goals were developed in the initial sessions with Darlene:

1. To assist Darlene to establish and maintain a program of recovery, free from alcohol and prescription drug abuse.
2. To identify the resources existing and needed to maintain the program of recovery.
3. To identify possible stressors that could lead to relapse and to develop personal strategies for safe, positive action.
4. To support Darlene in designing effective strategies for handling child misbehavior in a consistent, loving way.
5. To assist Darlene in the transition to a single parent family by adding to the problem solving skills and capacities already present.
6. To involve Michael in the family sessions with his siblings and mother, identifying with Darlene issues needing to be addressed.

Intervention

I met with the family for a total of 13 sessions including 4 home visits for usually one hour, with three visits being of short duration. Following the principles of strategic
therapy, the focus of therapy in the beginning stages was increasing Darlene’s personal efficacy to maintain her program of recovery. Lewis, Dana, & Blevins (1994) state that individuals beginning programs of recovery typically are ambivalent about their success and therapists need to focus on self-efficacy defined as:

An individual’s belief that he or she can solve a problem, accomplish a task, or function successfully has been labeled by Bandura (1982) as self-efficacy. Efficacy involves a general ability to deal with one’s environment, mobilizing whatever cognitive and behavior skills are needed to manage challenging situations (p. 10).

As mentioned previously, Darlene and her family were making the transition to single family status and having to cope with major changes. Coupled with the challenges of maintaining a program, Darlene honestly stated she was still taking valium on prescription, but she believed she was not out of control as on previous occasions. I did not focus on what she should be doing (some programs insist on total abstinence), but on the things she was doing right. She agreed to maintain a record of the times when she needed the valium, to note the circumstances and number of pills taken. Darlene had begun attending the Alcoholics Anonymous women’s group and was planning to look for a sponsor in the group. Darlene identified the need for family support services because her niece was not always available to help. We arranged a system meeting with child & family services and were able to obtain in home support two evenings a week.

Minuchin (1974), and Minuchin & Fishman (1981) discuss the importance of joining with the family as an important tool for empowerment. Joining is more an attitude than a technique…is letting the family know that the therapist understands them and is working
for and with them (Minuchin and Fischman, 1981, p.31). I understand the process of seeking a sponsor and shared the knowledge with Darlene, answering her questions about some aspects of the Alcoholics Anonymous program. Darlene quickly made progress on the valium use and made the decision to discontinuing using the drug after four sessions. At first, I was concerned about the possibility of James creating a crisis in the home, so a safety plan was created with Darlene. Gerald, James’ brother, agreed to intervene in the event of such a crisis and if he was unavailable, Darlene would call the police emergency number. James never did cause any problems for Darlene and the family, but he did appear at her place of work in an intoxicated state. Darlene was able to handle these crises and was supported by her co-workers.

Acknowledging her self-efficacy, I continued to validate Darlene for her efforts in coping with the problems of single parenting. She identified the sequence of events that lead in the past to feelings of depression and a lack of self-efficacy and how usually these precipitated a relapse to drugs. She identified overly negative thinking, loneliness and the stress of problems as being part of the relapse pattern. In terms of alcohol use, she never felt cravings to drink, but did occasionally have a craving for valium. Darlene however felt so strongly about improving her family’s life, that she was determined to overcome these times.

In family sessions, I supported Darlene in her leadership role by focusing on communication, parenting strategies and establishing a family structure more effective than the previous chaotic organization. In the background history provided, Michael
presented as oppositional in the period before Darlene placed him into care. Ronald was also described by extended family as following in his brother’s patterns. Michael and Ronald have been diagnosed as having learning disabilities and are enrolled in special education classes. James Keim talks about the hard and soft side of hierarchy believing that there needs to be a balance in dealing with oppositional children (Morrow, 1996).

The hard side is when parents have to take a firm position on the limits of behavior whereas the soft side has to do with providing the love and guidance children need. When depressed or drinking, Darlene had a laissez faire parenting style with her children and had a hard time being consistent about enforcing rules. She stated that the kids, especially Michael walked all over her. Parents ending abusive relationships often feel guilty about having exposed their children to violence and will tend to be softer. We focused on sequences of problematic behavior between her children and began to support Darlene to design strategies for such behaviors and maintaining consistency balanced with the soft side. The parenting strategies were designed to deal with problem areas such as sibling conflicts, chores, and guidelines for children to follow, such as the boundaries beyond which they could not go and times to be home. Darlene in the past was not consistent with curbing violations of her rules and often changed her mind on consequences.

On the weekend visits, Michael often presented challenges by becoming physically aggressive with his siblings and refusing to listen when Darlene intervened. Darlene often would say that Michael “needs anger management counseling” because he can not control his anger. I noticed the themes of the males in her life who can not control their anger and therefore must become violent and her powerlessness evidenced by her passive
tone of voice. In a strong subtle way, she kept repeating the theme “I’m powerless and need to be rescued.” Child and family services had a male youth care worker who regularly rescued Darlene on the weekends, when these episodes occurred. At the systems meeting, we were able to clarify the role of the youth care worker as supporting Darlene to enforce her rules, not to take over the parenting role. The situation improved with weekend visits and Darlene was noticing a great change in Michael’s behavior. In terms of her powerless/victim language, I gave her message that she was strong and powerful to have achieved so many changes in a short time, validating her strengths. She gradually made the powerless/victim statements less and less and believed in her own strength of character.

Minuchin and Fishman, (1981); Haley, (1976); Madanes, (1995) call this strategy of challenging beliefs “reframing” the unworkable reality that families come to therapy with. After joining with the family to explore their reality, the therapist can retell the family’s story in a new way. In Michael’s case, I hypothesized that he was testing his mother to see if she really had changed. He did not want to come home to a chaotic home again. I challenged the mother to take charge of Michael’s violent behavior because he could control his anger, giving her the message she needed to contain his aggression with the loving consistent hard side of hierarchy rules and consequences. Darlene needed to experiment with parenting strategies that will work sometimes and may not work at other times. Darlene understood that she needed to be consistent with all the children and was experiencing more success by her report of having more quality time with her children.
The homemaker reported that Darlene was feeling more positive and noticed the
differences in the home environment with the children. Darlene reported that Michael
was still wetting the bed twice a week and she obtained plastic sheets from her mother.
She had in the past taken Michael to doctors for the enuresis, but the treatment strategies
had not worked. She agreed to see about obtaining more medical advice on enuresis and
agreed to a referral to a clinical psychologist. Michael was scheduled to see this
psychologist in July for an assessment. Michael was returned to his mother’s care on

Personal Reflections

When I first began therapy sessions with this couple, I knew there would be many
challenges working with families where substance abuse is a problem. At times, I felt
frustrated with James and Darlene in the ways they became so self absorbed, forgetting
about their responsibilities as parents. Sometimes I felt drawn into feeling as powerless as
Darlene felt, but realized the need for the observing eye to do systems thinking. I could
then extract myself from the powerless vision to reframe more positive outcomes and
translate those to Darlene.

Evaluation and Case conclusions

Figure 6 depicts the pre-therapy scores for Darlene in February and the post-therapy
scores in June. The results show positive growth. James never did complete the Family
Environment Scale, but Darlene's FES scores measure the family environment as perceived by a significant member of the family. The February scores confirm the family assessment on several sub-scales, the important ones being the relationship domain and the system maintenance domain. The February results on the relationship domain show a highly conflicted family and low cohesion. On the expressiveness sub-scale, Darlene scores at 45, close to the standard norm of 50. The scores on the systems maintenance domain show a family structure low on organization, (37 on the organization sub-scale) but close to the norm on the control sub-scale. (43 on the control sub-scale) The expressiveness presented a question in that they are close to the norm and explored two possible answers. First, I would share with Darlene the Figure 5 results and ask her if she had difficulty with the concepts. Second, I would examine the sub-scale items for expressiveness and control to analyze the items and Darlene's response to those items. Darlene stated that she had little difficulty with the concepts or in completing the instrument. She felt like validated by the scores showing improvements in the family environment and stated she certainly felt more positive and in control. In terms of expressiveness, she stated that the children would not keep things bottled up inside and would express their positive and negative feelings.

In examining the expressiveness sub-scale items related to these concepts, the statements relate to expression of positive feelings, openness of communication, expression of negative feelings, sharing personal problems, spontaneity, sensitivity and reactions of other family members to expressiveness, talking about money, and time/attention for everyone. In relating Darlene’s response to these items and the prevailing highly
Family "A " Family Environment Scale

June: Post-therapy
February: Pre-therapy
Darlene's FES scores:

Figure 6
conflicted family climate, the expressiveness sub-scale scores are incongruent with the other relationship domain sub-scale scores. In opening sessions, she stated she could not talk about anything with James, when he was on drugs. So she may have expressed more to her children or was responding to the way she saw her children behaving. She did confirm that the children were more expressive than she tends to be.

The February pre-therapy scores showed the following. She had a score low on independence (29), close to the norm on achievement orientation, (53) on intellectual cultural orientation, (41) low on the active recreational orientation, (33) and close to the norm on moral religious statements (56). I anticipated that the active recreational orientation would be low, because this family was severely limited in choices by their financial circumstances. The recreational opportunities available to families with higher incomes will not be available for families with low incomes. So the main recreational activity is home entertainment such as television, Nintendo, playing and visiting friends in the neighborhood. Darlene will treat them to a fast food restaurant on paydays.

In examining the post therapy scores, Figure 6 shows positive movement on the important sub-scale scores related to the relationship and system maintenance dimensions of the family climate. Darlene perceived her family environment as more cohesive, less conflicted, (54 close to the norms), more organized and having more control. The personal growth dimensions didn’t change radically over the course of the therapy. The low score on the independence sub-scale possibly reflects the feeling that independence is
out of reach for Darlene at this point. Darlene is striving to improve her standard of living and is looking for better paying jobs. Overall, Darlene has made positive changes in the living circumstances of her family and maintained a program of recovery with almost four months of drug free sobriety. She has achieved the goals set at the beginning of sessions. Figure 7 shows her satisfaction with the services provided. This family has experienced so many changes, positive and negative, and able to survive intact as a family.
## THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counseling service you have received. Put an "X" in the box that best describes your opinion about the service your counsellor has provided.

**Name:** *Family A - Darlene*  
**Date:** *June 25, 2001*

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Dissatisfied</th>
<th>In Between</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
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<tbody>
<tr>
<td>Communicates clearly</td>
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<tr>
<td>Demonstrates an understanding of our family</td>
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<tr>
<td>Demonstrates warmth</td>
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<td>Listens to our family</td>
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<td>Demonstrates acceptance of our family</td>
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<tr>
<td>Helps our family to see things differently or in a new way</td>
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<td>X</td>
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<td>Helps our family to define and discuss our needs, concerns</td>
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<td>Provides information to our family in a way that is understandable</td>
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<td>Helps our family find solutions</td>
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<tr>
<td>Provided a relaxed atmosphere</td>
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<tr>
<td>Demonstrated that he/she was &quot;in charge&quot; of the sessions</td>
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<tr>
<td>Therapist used self disclosure of own life experience in a way that was helpful to our family</td>
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<td>Uses humor appropriately</td>
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<td>X</td>
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<td>Overall quality of services</td>
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<td>X</td>
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<tr>
<td>Additional comments:</td>
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<tr>
<td>Of all the workers I've been involved with, Don has helped my family the most.</td>
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<td>X</td>
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Personal Reflections

At the beginning of June, the social worker from the child welfare agency reported that Michael was becoming out of control in his foster home and the school. He was concerned about Darlene’s ability to contain this behavior. He was thinking about asking Darlene to sign another V.P.A., extending his stay in care. I felt angry about the injustice being done in the best interests of the child. In my meeting with the social worker, I reminded him that micro-experiences of this family were being replayed time and again in the child welfare system. The current crisis in the system is directly related to this drama where Aboriginal children, once they are in the system have a greater chance of staying in care. Elizur and Minuchin (1989) comment on this injustice stating: “Families that could be helped are all too often simply written off, as yet another child begins a career of foster placement” (p. 8).

In advocating for this family, I was recommending that the social worker change the way he was seeing the family’s story and to adopt an Aboriginal systems perspective. The social worker agreed with the dangers of having Michael continue in care and while there are no guarantees that Darlene could succeed, she was provided the opportunity. Social workers are trained in the ecological perspective, but once some enter the child welfare system they become oriented to a micro-perspective of the world. There are many families like Darlene’s in the system and they do not always have a voice. I was reminded of the terrible power of child & family services when I was sitting in their waiting room for an appointment. A social worker was sitting with two children waiting for a supervised visit with their father. The father arrived obviously antagonistic toward
the social worker, but he kept his social smile for his children’s sake. In that instance, I saw the face of child welfare in the innocent faces of those children and I felt great sadness. I realize that the child and family services workers have to make difficult decisions to protect children, but I wondered about the children sitting there. Darlene and her family are now entering another period of transition in their journey of life, one of many such transitions yet to come. It is too early to say that therapy was successful in this case because we need to evaluate in several months. I can say that Darlene has taken some first steps on the journey of a thousand miles.

Family B

This family includes Frank (24) who is Ojibway, Jessica (25) who is Metis and their children; Sabrina (9) and Shawna (3).

Source & Reason for Referral

Jessica called the Elizabeth Hill Counseling Center concerned about herself in relationship to her daughter, Sabrina. Jessica stated that she is emotionally abusive towards Sabrina and had in the past been physically abusive. Jessica wants to deal with her childhood abuse issues and be a loving parent to her children. Jessica wanted counseling services for herself and Sabrina, stating that she feels positive about her parenting of Shawna.
Beginning Assessment

In the first session, Jessica offered more information about the sequences of behavior in relationship to her daughter. With strategic family therapy principles as a guideline, I was concerned with following the problem-solving model involving a social stage, the problem stage, the interaction stage and a goal setting stage (Haley, 1976; Boyd Franklin, 2000). In the social stage, I asked where she and her family were from, because her last name was not familiar to me. We engaged in a social discourse about herself and her family roots. In this short encounter, I found out that her common law husband is from a community that I know and have visited. Being Aboriginal, I utilized the relationship genogram that I referred to earlier and ascertained possible connections.

In the problem stage, I determined the problem bringing her to therapy, who is included in the family system, where the significant members of the family are, who else is concerned about this problem, and began to explore sequences of behavior around the problem. She described a highly conflicted family organization with a high level of stress around parenting issues. Frank was presently in his home community visiting and setting the framework for a seasonal business enterprise. He was to return home in several days. The problem Jessica came with was that she was often quite angry with Sabrina, almost all the time. She described her daughter as having a whiny voice that annoys her greatly and at times “can not stand her.” Jessica felt that the current feelings she has towards her daughter is rooted in her past abuse, that she also wants to address in therapy. In exploring the sequences of behavior, I was looking at the spousal sub-system and beginning a map of the hierarchy in this family (Haley, 1987).
I found out that Sabrina’s father is still involved with her, although he has not been consistent. Frank has accepted Sabrina as part of his family and had a good relationship with her.

I asked about Sabrina’s performance in school and found that she was doing well in all of her subjects. In her search for counseling services, Jessica requested that a Child Guidance Clinic be assigned for Sabrina, so she would have someone to talk to. I asked about child abuse and Jessica confirmed that she had abused her daughter in the past. In the last incident (November 2000), the school contacted the agency after Sabrina told officials that her mother hit her. Child and Family Services investigated, concluded there was no risk for further harm and closed the file. She admitted that she physically punished Sabrina for misbehavior and felt badly about the incident.

Jessica threw me a “red herring” stating that Sabrina has been caught stealing items from other children in school. Jessica stated she may be trying to compensate for the love she is not receiving at home by stealing. Upon exploration of this issue, Jessica revealed that it happened last year over a misunderstanding and it was not an issue right now. The themes that I noticed in this session were Jessica’s fear of losing control and being enmeshed with her daughter. Although she felt distant emotionally from Sabrina, she was intensely involved with her, really focusing on misbehavior.

Minuchin (1974) describes enmeshment as a transactional style that can be positive or negative. Parents and young children may be enmeshed, but that is needed for the child to
grow. Some cultural groups like Aboriginal people may have enmeshed styles of interacting and caring for one another. When Minuchin uses "enmeshed" with families in therapy, he refers to a style of interaction where is diffuse boundaries between sub-systems. This family structure becomes destructive over time as each sub-system affects each other negatively, discouraging change and growth. In this family, Jessica is so intensely involved with her daughter in a negative sequence of behavior that she is not in touch with her positive personal power. Families with enmeshed patterns like this may exclude the father. This certainly was happening with Jessica and Frank who were not functioning well as a spousal sub-system.

I felt that I needed to involve Frank and asked if he would attend the next session. I needed more information to complete the assessment. At this point, I focused on Jennifer as the parent in charge and in that capacity she needed to develop the soft side of hierarchy in relationship to her daughter. She agreed to an evening bedtime ritual with her daughter where she combs her hair and reads her a short story. Jessica stated that Frank would assist with Shawna, while she spent time with Sabrina.

In the next few sessions, I continued to gather information while focusing on the establishment of positive regard from Jessica to her daughter. Fishman, (1988) states that it is important to create a home environment, where there is more warmth and less stress. In the beginning stages, I listened to Jessica as she spoke of the abuse she experienced in her life, validating her pain and acknowledging that she had survived with the strength of her character. As I listened, I was aware that she perceived the world in concrete terms, in
black and white, and that she had a limited repertory of parenting skills. I noticed her language of therapy when she spoke about inner child work and getting in touch with her deeper self. I found that in her youth, she did have a Child Guidance Clinic psychologist who connected with her pain and she valued this therapy encounter. This psychologist helped her deal with a bad time in her life when she was feeling suicidal. I began to use her language to reframe the meanings she had given for some of her living problems. First I validated that her inner child had been hurt unjustly and that she had received bad teachings (Muchi-Kiskinomakowin). For the 3rd session, I went for a home visit with the express purpose of meeting Frank, however he had returned back home. I was finally able to finally meet Frank (4th session) and began to involve him in the process.

**Aboriginal Systems Perspective**

**Political and Historical**

In exploring the past with Jessica, she had experienced injustice at the deepest levels of her being. Her mother, Terry had physically abused her and was a strict disciplinarian, who expected perfection from her young child. (See Figure 8) Jessica learned these patterns in her formative years and wanted to end the cycle for her own family. In her early teens, a friend who she trusted raped her during a date and bragged to his friends about the incident. She left that small community and traveled to Winnipeg where she met Sabrina's father. He was an abusive young man who abused alcohol and drugs and she followed him into that life style. She was drinking and using drugs until she was placed in care pregnant at the age of fifteen. By this time, she was estranged from her
mother, but she had maintained a close relationship with her father. She was discharged from the care of the child welfare agency and decided to leave Sabrina in the care of the agency. In retrospect, she realizes that she probably made a good decision at that time.

She spoke candidly about the abuse inflicted by her mother recalling incidents where she was punished for the smallest infractions. She stated that "what hurts me today is my mother says that I made up the stories and they didn't happen". For a time, she began to doubt her memory, but the psychologist was able to validate her experiences. Somehow she states she was able to turn away from the alcohol and drug life style and rarely feels the need to drink or take drugs. Sabrina was in care for five years but Jessica maintained visits consistently and was an active part of her life. In 1996, she regained custody of Sabrina close to the time she met Frank and began a relationship with him.

Winnipeg Child & Family Services became involved after the Child Guidance Clinic social worker began working with her daughter. Sabrina told the social worker that her mother had hit her, so the referral was made. They reopened the family file and assigned a worker to investigate the persistent allegations of abuse. I participated in a systems meeting with the assigned worker and Jessica. Child & Family Services was willing to provide any in home supports that Jessica needed. In mid June, Jessica was more concerned about her impending move to another place. She was highly anxious when she had not found a suitable apartment yet.
Frank has a close relationship with his family – often visits. Trying to start a business in the country.

Brian lives out of the city.

Terry – divorced & remarried 10 years ago.

Sheila (9)

Frank

Jessica

Sabrina (9)

Shawna (3)

Significant events:
- Mother Terry physically abuses Jessica as a child.
- Jessica was sexually abused in her early teens.
- Jessica is placed in care at age 15 and gave birth to Sabrina at age 16 (1991).
- Jessica has a history of alcohol/drug abuse at this time. Left agency at the age of 17 (1992). Left Sabrina in care until 1996 but maintained visits.
- 1996 – regained custody of Sabrina – she has physically abused Sabrina in the past but stated the abuse has stopped. Last incident – November, 2000.
- Involved spanking too hard. Agency became aware and is involved.

Themes – Emotional cut-offs in Jessica’s family. No close relationship between Jessica’s 9 year old sister Sheila and Jessica’s children – Jessica feels much tension between her and her mother. Jessica has a positive relationship with her father. Frank has a large extended family at a nearby reserve community – the family draws their support from his side. There is a tenuous relationship between Jessica and Sabrina’s father.
I did not have an opportunity to explore Frank's background, because he only participated in three sessions. By Jessica's account, he had a good upbringing and does not drink alcohol to excess. Jessica enjoys the support of his family and feels totally accepted whenever she visits them. They have the kind of family life that she envisions for her family.

**Economic**

Jessica had been on social assistance at the time of the referral, but the family was now living on Frank's income from employment insurance. They live on a tight budget with little room for any leisure activities and recently disconnected their phone service. They only had enough money for basic needs and had to rely on food banks to survive. Jessica and Frank probably qualified for supplemental income assistance, but Jessica was against that option when I suggested it. She states that the "welfare workers make you jump through hoops just to qualify and then they can order you to attend dead end courses. They cut you off if you refuse." She would rather go to food banks where she is treated with more dignity.

**Social**

Jessica and Frank have been together for five years and live in the Windsor Park area of Winnipeg. Jessica chose this area because she grew up here and has a friend nearby. They are in the process of moving and wanted to stay in the same area. They feel safe in their
neighborhood and the children have friends nearby. In the past, they have lived in the reserve community where Frank’s family resides but Jessica’s roots are in the city. Jessica states that she receives little family support from her mother who lives nearby. Jessica is connected to Service DeConselleur, a counseling agency in the area. She was assigned to a female worker who is helping her with family of origin issues. She is close to her foster parents who kept her and Sabrina, so she calls them regularly and visits. Foster parents like these should be recognized for maintaining a relationship such as the one with Jessica.

Cultural

As previously mentioned, Frank was raised in the traditional family system and enjoys the support of his family. Frank states that his family does not follow the traditional ways, although some relatives go to sweats and ceremonies. He has some knowledge, but is not interested in exploring the practices. Jessica is unaware of her Metis roots and history, but has desires to create a family environment similar to Frank and his family. Frank and Jessica are motivated to succeed in creating a better future for their children. In one session, Frank became animated talking about his business ideas and wanting to succeed in the enterprise he was involved in. His father was helping him with a business plan and financing. Jessica wants to help Frank as much as she can to promote the business and participate if Frank is willing.
Assessment of the Family System

As presented above, political and historical, economic, social and cultural issues have affected this family and the impacts need to be considered in an ecological approach.

This is an enmeshed family structure that excludes the father for several reasons, not all negative. As mentioned previously, the therapy task is to create a positive environment and decrease the stress level in the home. As I see it, the strategic task is to activate the resources of the system to interrupt the negative sequences of behavior occurring between Jessica and her daughter. The strategy is to engage Frank in problem solving with Jessica, strengthen the spousal sub-system, and to bring more ideas to an impoverished repertory. Jessica and Frank communicate poorly with each other with a great deal of mind reading going on between them. Minuchin and Fishman (1981) talk about increasing the repertoire of the therapist so that he or she can transfer these skills to clients in therapy. When I had mentioned diffuse boundaries, I was referring to Jessica’s intimating that Sabrina was causing her these feelings she had and acted like she was the victim. Fishman (1988) cautions that:

perpetrators of family violence often see themselves as responding helplessly to the victim’s baiting and plead for understanding of their plight as a helpless victimizer (p. 82).

He advises that therapy should be directed toward reorganizing the family rules around established, functional boundaries.
Treatment Goals

1. To create a climate of safety and warmth for the family, especially for Sabrina.
2. To have more quality time with both Sabrina and Shawna and explore new ideas.
3. To develop an awareness and responsibility for angry feelings and thoughts with a view to finding alternatives to aggressive behavior.
4. Work toward decreasing the intensity and frequency of the angry feelings and expressing them in more appropriate ways.
5. Work toward healing of childhood traumas and identify resources that could help with this process.
6. To help Jessica and Frank problem solve around the major concerns of the family and in the process, build better communication.

Intervention

I met with the family for a total of twelve sessions from February to June, averaging one hour per session with two weeks, sometimes three between visits. Jessica called to reschedule sessions due to sickness or other day to day issues. I found in the course of my working with the family that they did not make it to sessions, because they had no bus fare or they used the money for basic needs. I made three home visits and was never able to connect with Frank when he was home. Frank did attend three office visits with Jessica and they were most productive.
At the family's request, three sessions were held at the Ma Mawi Wi Chi Itata Center offices at 94 McGregor, because it was in close proximity to their child care person. This arrangement worked perfectly for two reasons:

1) I wanted to connect them with Ma Mawi Wi Chi Itata Center because they visited the north end often and may need to know the resources, and

2) When their child care plans fell through twice, they were able to bring Shawna to the child drop in center.

We held the systems meeting with child & family services at 94 McGregor and introduced the child & family services social worker to this site office.

As mentioned before, I needed to join with the family and explore their world view. I had to maintain an attitude of curiosity to learn about the past, present and future vision of the family. I used re-framing as a tool to have Jessica see another possible option and to awaken her curiosity for other learning to take the place of bad teachings (Haley, 1976).

Because Frank was absent for most of the sessions, I used circular questions to involve him in the sessions. I would ask what would Frank say or think about that decision. These questions prompted Jessica to think more about their relationship and awakened her curiosity. She would say “I don’t know. I’ll have to talk to him about that.” In many ways because she and Frank didn’t talk much, I offered a male perspective on the decisions she was thinking about and would trigger questions for her to discuss with Frank. In any tasks I gave her, I attempted to involve Frank in some way with the objective of strengthening the spousal sub-system.
In one failed experiment, I decided to try the miracle question (de Shazer, 1985) with Jessica. What if you woke up tomorrow and all your major problems were solved, what would be different? The question bombed with Jessica because she was really struggling that day and I did not pick up on it right away. Maybe I was so involved in this technique that I was going to try. Jessica could find nothing positive that day about the miracle question because she was angry at Frank. I found this out during the course of the session that Frank was supposed to return the night before and accompany her to the session. He never called or indicated in any way what his plans were, so she was fuming and had no patience for my miracle question.

I did use this anger in the next session when Frank accompanied her. I used an enactment technique to create intensity around his absence last week and his lack of explanation (Minuchin and Fishman, 1981). I had to block their habit of only talking directly to me and asked them to speak to each other. Jessica wanted to know about last week and she was able to have a quality conversation with each other. As part of their faulty communication patterns, Frank assumed that she would not mind because she never asked. I used humor in this session asking if I could utilize them to read people’s minds for me since they were such experts. I felt that this was the most productive session for this couple, as it opened blocked doors of communication.

Jessica and Sabrina came to a session together in the beginning so I could meet her. In the session, I asked her to draw a picture that would remind her of her feelings about her family. While I was talking with Jessica, she drew a forest scene with a fire around one tree. At the same time, Jessica was talking about being consumed with worry and
happened to glance at the drawing. She said that's how I feel. Jessica and Sabrina discussed the drawing and the feelings each had about their fire. Sabrina was anxious about her visit with her father and hoped he would keep his word. Jessica was able to respond to her daughter's concerns by stating she would call and verify the plans. During the first home visit, I noticed that they had many photo albums, so I asked to see them. In this two hour visit, I looked at many pictures in four big albums and asked many questions about their family. They were telling a story of competence and past good times of trips they had taken together and fun they had. Jessica, Sabrina and Shawna all had questions and stories of their own and I could not have asked for a better way to create a warm environment.

I explored family of origin issues through question asking and initiated a healing strategy that was long term for Jessica. She was open to ideas and of her accord, she found the Service DeConseller Center and was assigned a female counselor. I gave her a relaxation tape that she used immediately and gave her the book "Outgrowing the Pain by Eliana Gil. She read this three times and was looking for more books on the topic. I gave her another book "Healing from Childhood Sexual Abuse." by Steve Farmer that contains many ideas for healing. The emphasis of these books is on personal responsibility for healing.

In another session with the couple, I did more tracking around who does what when Jessica gets angry and looking at alternatives to aggressive behavior. Hafey, (1984) incorporated ordeal therapy in his approach with troubled individuals. The approach
consists of having the individual perform a task that would be onerous for the person with the problem. The criteria for the ordeal was that it had to be safe and respectful of people and that it had to be beneficial to the one doing the task. I designed a task that would benefit the Frank and the girls and Jessica. Jessica found some evenings stressful with cleanup and children playing and fighting with each other so she would get angry and begin yelling. Jessica agreed that she would take a long walk with weights attached to her ankles. She agreed to walk only until she felt tired and not to hurt herself. Jessica liked this task, because she had wanted to exercise. She reported that she tried the experiment and that it was effective.

In terms of her unresolved issues with her mother, I discussed the option of asking her mother to come in for a session, but Jessica was not ready for this step. Since she moved on June 30th, I have not connected with her to discuss a referral to Ma Mawi Wi Chi Itata Center, possibly the family group conference program. She is close to considering approaching her mother, but was pre-occupied with moving.

**Evaluation and Case conclusions**

In this case, I had the couple complete a Pre-therapy Family Environment Scale and had planned to have them complete another FES at the end of June for the purposes of the practicum and to obtain from both of them, Consumer Satisfaction Surveys. However, like the miracle question, my hopes were gone with the wind and where ever they moved. In my experience with this family, sometimes they did not schedule another session for
three weeks. However, I can utilize the results in Figure 9 to confirm my assessment of the family and to obtain some data on their perspectives about their family climate.

As I had expected, the family would score low on cohesion with some discrepancy between Jessica and Frank on that sub-scale. They agreed on expressiveness and on the conflict sub-scale on which they both rated the family environment as highly conflicted. In terms of independence, the scores reflect differences of thinking about the concept and similarly with the achievement sub-scale. Frank aspires to succeed in business, while Jessica is not future oriented at the present. They both scored below the norm for the other personal growth dimensions of intellectual/cultural orientation, active/recreational orientation and the moral/religious sub-scales. Like Family A, they scored low on active/recreational orientation because they are more concerned about basic needs. In terms of the system maintenance dimensions, they differ in perception of the family organization and agree on the control sub-scale. They both agree that there is a high emphasis on set rules and procedures to run the family life. This matches the themes of having to be in control. The level of incongruence is obtained from the individual differences on raw scores on each of the sub-scales. The total sum of these differences are given a standard score using the table provided by Moos & Moos, (1996). The family have a high level of incongruence (65) meaning they differed radically on how they perceive the family environment. This was not surprising, because of their major communication difficulties.
In conclusion, I feel that this family is on the healing path, but I did not fully succeed in drawing Frank into an equal role in the spousal sub-system. So Jessica was for all intents and purposes was functioning as a single parent. To be fair, Frank was investing time into building a business that was to begin operations in June, so his absences were directly related to that endeavor. Jessica has shown determination in overcoming the legacy of shame and hurt she inherited from her mother and significant others in her life.

**Personal Reflections**

As I was getting to know the family and noticing their great financial struggles, I felt feelings of pity for Jessica. She had pride and would not seek financial assistance that would have alleviated some of that stress. Having been on social assistance myself in the 1970s, I did understand the feelings of dis-empowerment and disrespect that she encountered as a client. So I felt pity for the humble woman who was determined to survive going to food banks, then remembered the traditional teachings about pity that I had heard. A traditional sweat lodge holder told us that we should never feel pity for the Aboriginal person, because this feeling is destructive. He went on to say Aboriginal people have taken pity and transformed it into lives of irresponsibility, alcohol/drug abuse and violent behavior. They say, pity me, I’m a victim. So I remembered these powerful teachings when I work with people and take a different view of the family.
Figure 9
Family C

Gail (22) is of Ojibway-Cree descent, known as Oji-Cree, from northern Ontario. Brian (24) is of Caucasian background from a small community in Ontario. They have 2 children, Nicholas (5) and Keith (3). The children are Metis.

Source and Reason for Referral

The North End Women’s Center where Gail had been going for support services referred the couple. Gail and Brian were requesting couple counseling because they had been constantly arguing and never seemed to solve any problems.

Background Information

The North End Women’s Center did not provide any background information about the family, nor was there an assigned worker to contact. Gail called the Elizabeth Hill Counseling Center requesting an Aboriginal counselor and did not provide many more details other than the frequent arguments. She did state they had been together for 5 years and that Brian is not Nicholas’ biological father. I would obtain more information as I met the family and will now provide the Aboriginal system perspective.
Aboriginal Systems Perspective

When I met the couple at the first session at EHCC, I inquired immediately into their ethnicity during the social stage and didn’t find common ground for a connection. Tammy and Brian were from communities that I had never visited and Tammy’s family of origin was unfamiliar to me. The first two sessions were spent building a relationship with the couple and gathering information.

Political and Historical

Gail was raised in a northern reserve community and described her early years growing up in the traditional family system. She remembers when her traditional family system began to break down due to the alcohol abuse of her parents. She began to witness alcohol parties and episodes of family violence in her home. Gail started drinking alcohol at a young age and tragically was raped at the age of 14. After this occurred, she left the community and moved to a small town in Ontario and escalated her drinking in this small town. During one of these drinking episodes, she was raped at a drinking party. She became briefly involved with a young man who fathered Nicholas. This relationship ended and she met Brian shortly after. Nicholas’ father has never made an effort to contact her or to maintain a relationship with his son. Brian accepted Nicholas, treats him as his own and bonded with him.

As Nicholas was growing up, the parents began to notice he wasn’t reaching developmental milestones and sought medical advice. Nicholas may have been affected
by alcohol use during pregnancy and had significant delays in speech and cognitive functioning. After getting married in 1997, Gail and Brian had a child of their own who was born healthy. The parents moved to Winnipeg in December 2000 for better medical care for Nicholas and for increased opportunities for employment.

In Brian's family of origin, he reported growing up with good parents, but that he experienced much bullying from other children. He remembers being beat up and picked on throughout his school years and as a result he says he is "social phobic." He didn't complete high school and began working, shortly thereafter met his first love, Gail. He stated that he was depressed about not being able to find employment and hoped that he succeed soon.

The parents upon their move to Winnipeg were referred to the Child Development Clinic for further assessment of Nicholas. Through the clinic's intervention, they began to receive services from child & family services. Child & Family Services has an in home support worker to help Gail with a stimulation program.

**Economic**

The family was on social assistance and when they moved to Winnipeg, they did not know the city or have supportive relatives here to stay with. The result was that they moved into a well-known slum landlord's building in the north end of Winnipeg. In the first few sessions, they never indicated any problems with their living situation. I did not learn anything about their living situation until I did a home visit on the 3rd session. They
were living in a mouse infested home with ancient plumbing that provided little hot water for their family. They complained to the landlord and to their social assistance worker, but received little response. The landlord stated that he would install an upgraded hot water heater in their suite immediately (December) and this was already in March. The parents made the decision to move and were planning to find a place at the end of March to give themselves time to find a good place.

I was familiar with the landlord and knew that he took advantage of a social problem to increase his profits. The Employment & Income Assistance were partners to the injustice by providing direct payments to the landlords and did not have to worry about the living circumstances of poor people. Many Aboriginal families of the poor suffer these living conditions in many slum houses in the core area. Through previous contacts with this landlord, I knew that he had little conscience about the families renting his facilities while he lived in Tuxedo. I provided the couple with Aboriginal resources, Native Homefinders, Ayawin, Kinew Housing and would provide letters of support to these agencies and Manitoba Housing.

Social

The parents did not know many people in the city except Brian’s parents. Brian did not want to ask his parents for support and only went to visit occasionally. Gail didn’t want some of her drinking relatives to know where she was living because they took advantage. The parents had few supports and were isolated in the community. I directed
the couple to other places in the north end, Andrews Street Family Center, Ma Mawi Wi Chi Itata Center where they could find support and resources.

Cultural

Both parents described a clash of cultural values when they first met and this continued to be an issue on occasion. Gail had the traditional family system of beliefs so she would have many visitors from her reserve community in their home. Brian, being of Caucasian background, was not raised in this way. He said you grew up, left home and did not bother with your family after that. You were supposed to be independent. The couple also felt their family’s anger with the choice of mate and neither clan accepted the new in laws. Gail’s parents did not want her to marry a white man and Brian’s family did not want him to marry an Indian woman. They still struggle with this issue, but it was not a priority.

Assessment of the Family System

The couple wanted marital counseling to help them deal with conflicts in healthier ways. They described arguing frequently about their relationship needs. Brian longed for the times when they spent quality time together and wanted that kind of interaction. He referred to it as cuddling and she called it sex. She stated she could not stand Brian at times and harbored resentments towards him. At this time, she was not sure she wanted to continue in the marriage and that was why she sought counseling.
In the first session, they threw a red herring describing their conflict as being related to their differing values. At the end of the first session, I began to explore the history of their sexual relationship. Brian had been a virgin when he first met Gail so this relationship was the most significant in his life and was still important. Gail stated that she had cheated on Brian three times in their marriage. Brian corrected her "four times." Gail offered that the 4th time was actually twice with one man. I was struck by the casual way they talked about devastating issues and the destructive use of humor by both. Brian said these incidents devastated him, but he swallowed his pride and took her back.

In the 2nd session, I followed on the previous questions inquiring into the current status of their sexual relationship. They had sex approximately once a week, a perfunctory motion only to satisfy Brian. She stated she wanted to explore her sexual feelings towards women and had been seriously considering having liaison with a woman she met through the lonely women ads. She stated she had long conversations with this female friend into the night. Brian was aware of this going on because Gail did not hide the fact. I asked them to think about the level of commitment to their marriage in terms on a scale. I used a Likert scale to ask them from 1 to 10 with 1 being the lowest: What is your level of commitment to saving this marriage? Brian quickly answered 10 while Gail responded with 4. Brian’s answer indicated a desperate feeling about the relationship ending, while Gail was more tentative. I suspected that Brian was seriously depressed and would check this out with him. I knew that there was no physical violence in their relationship, but was concerned about the mental, emotional and spiritual violence.
Treatment Goals

I advised the couple if we were to do any serious work, I wanted an agreement for 8 sessions where the couple could come to an agreement about the marriage. I asked for a moratorium on the lesbian relationship and late night phone sex talks. I also saw that it was important to decrease the use of destructive humor between Gail and Brian by blocking the usual communication.

I noted that both were victims of violence in their past and were currently perpetrating patterns of violence toward each other. She was accomplishing this by directly bullying him and challenging him to care for her. He was being passively violent in never standing up for his beliefs or his marriage and by playing the victim.

Intervention

In discussing this case with the supervising therapist, I felt that Gail had a deep fear of intimacy and had psychologically abandoned the family. Minuchin (1974) talks about a disengaged marital sub-system where the spouses are emotionally separated. Gail and Brian have not been able to confront their feelings in a safe environment and to hear each other. I had 6 sessions with the couple including a home visit where we didn’t actually focus on relationship issues. I used an enactment strategy to create a different kind of intensity than had been their pattern (Minuchin, 1974; Minuchin and Fishman, 1981). In joining with this couple, I had to unbalance the existing family organization (Fishman, 1988).
I challenged the violence language of the humor and the victim position that Brian was taking. In using enactment, I had the couple face and talk directly to each other, I found that Gail and Brian found it difficult initially to be honest, but the feelings quickly intensified and they began to hear each other. In order to create an environment of positive regard for the other, they had to stop the negative use of humor and blocked it whenever I heard the sarcasm and veiled put-downs (Fishman, 1988).

The couple missed three sessions, once due to Brian’s finding a training opportunity and others due to a lack of child care. With the family’s approval, I connected with the child and family services social worker to advocate for in home supports other than was already in place. The agency agreed to place a homemaker once a week to enable the parents to attend sessions or do other family business. The first two sessions were once a week and every two weeks after that. So they could use the homemaker for respite, if they choose. In April, the couple abruptly ended the sessions and I did not hear from them again. They had their telephone disconnected so I did a home visit at the beginning of May and discovered that their building had been condemned by the city. I suspect that they were thrown into crisis to look for other housing, so counseling took a low priority.
Personal Reflections

Whenever Aboriginal families terminate for their own reasons, I sometimes wonder if I could have done things differently. With this particular family, I wondered if I pushed them too hard with the unbalancing technique and the use of enactment (Minuchin and Fishman, 1981). I suspect that they dealt with as much as they could at this time in their life. I have to admit that I was shocked at the hurt they were inflicting on each other through the humor. I wondered how could the couple transform the negative humor into healing power. It helped in assessment and intervention to notice themes in the relationship (Papp and Imber Black, 1996). I do not know if I succeeded in creating with the couple a more positive environment, but I feel that I opened a door. In discussing this family with the supervising therapist, we agreed that they probably would not separate from each other at this time. I was very happy to see the condemned sign on the building and see it as one strike for Aboriginal families of the poor.

Evaluation and Case conclusions

Figure 10 shows the couple’s perception of the family environment when I met them in February. The scores show they both perceive the family cohesion and level of expressiveness as being below the norm of 50, but not significantly lower. Gail perceives the family climate as highly conflicted (80) whereas Brian sees a different picture (69). The conflict scores indicate a family in the clinical range and indicate a high level of stress. In the personal growth dimensions of independence, achievement, intellectual
cultural orientation, active recreational, moral religious, they differ in their scores fairly significantly. Gail feels trapped in the family and that may be reflected in the low score on the independence sub-scale (12). Brian perceives more independence (80) in the family climate possibly indicating he relies mostly on his own resources than in the marital partnership with Gail.

In the system maintenance dimensions, Gail and Brian are in close agreement on family organization as being close to the norm. This score seems to be incongruent with the high conflict environment, but this could indicate that they strive to maintain things well organized for the children’s sake. They are incongruent on the control sub-scale with Gail believing that is less control and Brian seeing the need for more control perhaps. The level of incongruence is high (76) between how they perceive the family environment. Clearly, Gail sees the family as more troubled than Brian does. The family environment would be useful in assessment and evaluation for this couple.
Family "C" – Family Environment Scale

Couple's Incongruence Score = 76
CHAPTER VI THE PRACTICUM EXPERIENCE

In this chapter, I will discuss the families who each in their unique way presented challenges and provided a social work education for me. I use the word challenges because I had to constantly examine my thinking and the lenses through which interventions were guided.

Concluding Comments: Training the Person of the Therapist

At times, I identified strongly with the individuals in sessions as they struggled with family of origin issues. As someone who has experienced the poverty of welfare, I understood the struggle families of the poor face on a daily basis. As a survivor of child abuse, I have been on a healing journey since 1984 to confront the secrets and shame I carried for years. I had to confront my alcohol abuse as part of my healing journey before I could make any progress on my path. In my healing journey, I was most fortunate to reconnect with the traditional ways lost to my community. With this life experience, I am able to connect with the shame, sense of invalidation and social isolation that individuals felt in session. Aponte (1992) discusses this clinical issue, concluding that therapists can utilize such hurtful personal experiences in direct engagement between therapist and client. The person of the therapist or social worker has to join with the "client" at their level and feel safe enough to connect with the pain being witnessed.

I continually questioned the theories in my mind, the lenses through which I view healing work with families (Najavits, 1997). I question my thinking because I have to integrate
mainstream conventional social work practices with the Aboriginal world view as I interpret it. I have followed Socratic principles in conversations with other social workers doing therapy work and my fellow travelers on the traditional path to clarify my vision in this practicum. At times, I felt like I was looking through the glass darkly because the lenses of family therapy seemed to dominate. A traditional woman summed it up for me when she said: “I feel like I don’t know the path I’m supposed to be on.” I understand this to mean that this is a life long learning journey, that you never have all the answers and sometimes one might become confused. So I thank these families for contributing to my confusion, education and hopefully to the field of social work.

Some non Aboriginal professional helpers make the mistake of putting all Aboriginal people into one category; Indians, Natives and in the process disrespecting the unique culture of the tribal nations. There is a danger when Aboriginal parents become involved with agencies and professional helpers, that their family process is diluted encouraging a dependent relationship (Colapinto, 1995). In the case of Family A, the mother could have been encouraged to keep her son in care longer and really diluted the family process. Colapinto (1995) advocates for respecting the strengths of the family and working toward the nurturance of the family process. The respectful therapist will build on relationships that endures the challenges of the treatment process.

In terms of research, I found that taking the time to fully explain the Family Environment Scale to families helped individuals to understand the instrument. I also took the time with Family A to go over the results asking for more feedback on the items in the scale. I
appreciated the volunteers who took the time to fill out the scale and valued the feedback received from these individuals. I wanted to be respectful with the research instrument because Aboriginal people have been over-researched and under involved in the process. The Aboriginal families who participated in the family environment scale show the acculturation processes that result in loss of cultural traditions and language. Combining the (13) therapy and non therapy responses to the question of traditional beliefs and practices, 9 of the 13 people do not follow the traditional way or appreciate the teachings of the elders (Items 36 & 93 – Appendix C). In this small sample, people still believe in the traditional family system with most respondents (8) stating that they regularly have family for visits and as supports (Items 93 & 93 – Appendix C).

In meeting and working with the families, I had to examine the model of service for Aboriginal families, concluding that I had to consider family of origin work. I find that some Aboriginal families, like Family B, have to do healing work related to the past, so I utilize genogram work to explore family of origin issues. The therapist has to consider this healing work particularly with residential school survivors. I believe that the problem solving model utilized is an important component in working with Aboriginal families who want concrete results.

Concluding Comments: Systems Issues

As the Aboriginal systems perspective shows, Aboriginal families have been affected politically and historically, economically, socially and culturally by larger society processes and institutions. As the practicum illustrates, Aboriginal families of the poor
face incredible challenges as they survive on a limited income but also the struggles they face when they access social services. The social worker intervening with Aboriginal families should take time to assess these important issues. I use the political to emphasize that when you remove children to a residential school or a foster home, this is a political act. When an Aboriginal family is dependent on others for financial support, this is a political act. When people say, I don’t bother with politics, they fail to realize that inaction is a political response.

Concluding Comments: Learning Objectives

I feel that I have been on an incredible learning journey and have achieved my learning goals. I wanted to experiment with an approach to working with Aboriginal families. I feel that I have learned more about family therapy theory, practical application and integrating an Aboriginal perspective. I am more certain that elements of brief strategic family therapy fit well with the needs of Aboriginal families seeking services. The structural/strategic family therapists look to existing strengths and capacities of the family and act as a facilitator in helping families. In terms of family systems theory, I can easily relate to using the Aboriginal systems perspective as an additional lens in working with families.

As this experience has shown, Aboriginal families will appear for service, solve some problems and continue on with their lives. The elders say that we never have all the answers at one stage of life and that we are always learning. For some Aboriginal people, therapy may be defined as having solved the problem with the highest priority.
I also learned much work with families of the poor and I have to remember to be grateful for the gifts that have been placed in my life. I thank the families for their stories and leave with a Maori perspective:

We view the process of therapy as sacred. People come often in a very vulnerable state, and share some of their deepest and most painful experiences. For us, these stories are gifts that are worthy of honor. The therapists honor them by listening respectfully for their meaning, and offer new meanings which enable resolution, hope and self-determination. This process necessitates a high view of humanity and relationships, and as such is sacred (Waldgrave, 1990).
END NOTES


2. An Ojibway woman commenting on the impact of colonization in her community of Hollow Water. (Sharing circle held on the Sagkeeng First Nation in March, 2001)

3. Catholic Church (57 schools), Anglican church (26 schools), United Church (27 schools), Presbyterian Church (2 schools). Source: various church sites on the Internet.


7. Calvin Pompana, Elder: Headingley Correctional Center, November, 2000


10. Source: Social Planning council: Aboriginal people means status, non status, Metis and Inuit. Status Indians are covered under the Indian Act, Non status are those who have lost their Indian status for various reasons.

11. Based on my observations both as a 30 year resident of Winnipeg and as an employee since 1985 of various organizations serving Aboriginal families.
BIBLIOGRAPHY


APPENDIX A

January 16, 2001

Don Robinson,

Yes, I would be pleased to have you use the Family Environment Scale (FES) in your study of the efficacy of family therapy with Aboriginal families. There is quite a bit of cross-cultural or cross-national research with the FES and adaptations of it, but I do not know of any work with Aboriginal families either in Canada or Australia.

I understand the need to adapt some items to make them apply to your specific situation, and all except one of the minor changes you suggest seem reasonable. The one suggestion I have is to keep items 8 and 78 separate and to make your current item 78 and additional item 93. I recognize the need to take the word “synagogue” out of item 8, but I am concerned about also adding in the concept of the Bible as an important book. This addition means that item 8 would be assessing two quite separate issues (church attendance and the value of the Bible). It is quite possible, for example, that some people might consider the Bible important but rarely or never attend church. So I would recommend keeping those two issues separate.

Also, remember that the FES is published and copyrighted by Consulting Psychologists Press in Palo Alto and that you should have my name as the author of the scale and their name as the copyright holder on all copies of the scale.

We have just completed a third edition of the annotated bibliography of research on the FES and I will go ahead and send you a copy.

Let me know if you need anything else and good luck with your project.

Rudolph Moos

Email sent by Moos
bmoos@standford.edu January 16, 2001
APPENDIX B

Family Environment Scale

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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</table>

There are 90 statements in this questionnaire. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is mostly True of your family, make an X in the box labeled True. If you think the statement is mostly False of your family, make an X in the box labeled False.

You may feel that some of the statements are true for some family members and false for others. Mark True if the statement is true for most members. Mark False if the statement is false for most family members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember we would like to know what your family seems like to you, so do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family members really help and support one another.</td>
<td></td>
<td></td>
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<tr>
<td>2. Family members often keep their feelings to themselves.</td>
<td></td>
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<tr>
<td>3. We fight a lot in our family.</td>
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<tr>
<td>4. We don’t do things on our own very often in our family.</td>
<td></td>
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<tr>
<td>5. We feel it is important to be the best at whatever you do.</td>
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<tr>
<td>6. We often talk about political and social problems.</td>
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<tr>
<td>7. We spend most weekends and evenings at home.</td>
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</tr>
<tr>
<td>8. Family members attend church, synagogue, or Sunday School fairly often.</td>
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<tr>
<td>9. Activities in our family are pretty carefully planned.</td>
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<tr>
<td>10. Family members are rarely ordered around.</td>
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<tr>
<td>11. We often seem to be killing time at home.</td>
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<tr>
<td>12. We say anything we want to around home.</td>
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<tr>
<td>13. Family members rarely become openly angry.</td>
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<tr>
<td>14. In our family, we are strongly encouraged to be independent.</td>
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</tr>
<tr>
<td>15. Getting ahead in life is very important in our family.</td>
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<tr>
<td>16. We rarely go to lectures, plays or concerts.</td>
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<tr>
<td>17. Friends often come over for dinner or to visit.</td>
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<tr>
<td>18. We don’t say prayers in our family.</td>
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<td>19. We are generally very neat and orderly.</td>
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<td>True</td>
<td>False</td>
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<tr>
<td>19.</td>
<td>We are generally very neat and orderly.</td>
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<tr>
<td>20.</td>
<td>There are very few rules to follow in our family.</td>
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<tr>
<td>21.</td>
<td>We put a lot of energy into what we do at home.</td>
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<tr>
<td>22.</td>
<td>It’s hard to “blow off steam” at home without upsetting somebody.</td>
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<tr>
<td>23.</td>
<td>Family members sometimes get so angry they throw things.</td>
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<tr>
<td>24.</td>
<td>We think things out for ourselves in our family.</td>
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<tr>
<td>25.</td>
<td>How much money a person makes is not very important to us.</td>
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<tr>
<td>26.</td>
<td>Learning about new and different things is very important in our family.</td>
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<tr>
<td>27.</td>
<td>Nobody in our family is active in sports, baseball, hockey, bowling, etc.</td>
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<tr>
<td>28.</td>
<td>We often talk about the religious meaning of Christmas, Easter, or other holidays.</td>
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<tr>
<td>29.</td>
<td>It’s often hard to find things when you need them in our household.</td>
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<tr>
<td>30.</td>
<td>There is one family member who makes most of the decisions.</td>
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<tr>
<td>31.</td>
<td>There is a feeling of togetherness in our family.</td>
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<tr>
<td>32.</td>
<td>We tell each other about our personal problems.</td>
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<tr>
<td>33.</td>
<td>Family members hardly ever lose their tempers.</td>
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<tr>
<td>34.</td>
<td>We come and go as we want to in our family.</td>
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<tr>
<td>35.</td>
<td>We believe in competition and “may the best man win”.</td>
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<tr>
<td>36.</td>
<td>We are not that interested in cultural activities.</td>
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<tr>
<td>37.</td>
<td>We often go to movies, sports events, camping, etc.</td>
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<tr>
<td>38.</td>
<td>We don’t believe in heaven or hell.</td>
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<tr>
<td>39.</td>
<td>Being on time is very important in our family.</td>
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<tr>
<td>40.</td>
<td>There are set ways of doing things at home.</td>
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<tr>
<td>41.</td>
<td>We rarely volunteer when something has to be done at home.</td>
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<tr>
<td>42.</td>
<td>If we feel like doing something on the spur of the moment we often just pick up and go.</td>
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<tr>
<td>43.</td>
<td>Family members often criticize each other.</td>
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<tr>
<td>44.</td>
<td>There is very little privacy in our family.</td>
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<tr>
<td>45.</td>
<td>We always strive to do things just a little better the next time.</td>
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<tr>
<td>46.</td>
<td>We rarely have intellectual discussions.</td>
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<tr>
<td>47.</td>
<td>Everyone in our family has a hobby or two.</td>
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<tr>
<td>48.</td>
<td>Family members have strict ideas about what is right and wrong.</td>
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<tr>
<td>49.</td>
<td>People change their minds often in our family.</td>
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<tr>
<td>50.</td>
<td>There is a strong emphasis on following rules in our family.</td>
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<tr>
<td>51.</td>
<td>Family members really back each other up.</td>
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<td>52.</td>
<td>Someone usually gets upset if you complain in our family.</td>
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<tr>
<td>53.</td>
<td>Family members sometimes hit each other.</td>
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<tr>
<td>54.</td>
<td>Family members almost always rely on themselves when a problem comes up.</td>
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<td></td>
<td>True</td>
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<tr>
<td>55.</td>
<td>Family members rarely worry about job promotions, school grades, etc.</td>
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<tr>
<td>56.</td>
<td>Someone in our family plays a musical instrument.</td>
<td></td>
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<tr>
<td>57.</td>
<td>Family members are not very involved in recreational activities outside work or school.</td>
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<td>58.</td>
<td>We believe there are some things you just have to take on faith.</td>
<td></td>
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<tr>
<td>59.</td>
<td>Family members make sure their rooms are neat.</td>
<td></td>
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<tr>
<td>60.</td>
<td>Everyone has an equal say in family decisions.</td>
<td></td>
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<tr>
<td>61.</td>
<td>There is very little group spirit in our family.</td>
<td></td>
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<tr>
<td>62.</td>
<td>Money and paying bills is openly talked about in our family.</td>
<td></td>
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<tr>
<td>63.</td>
<td>If there's a disagreement in our family, we try hard to smooth things over and keep the peace.</td>
<td></td>
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<tr>
<td>64.</td>
<td>Family members strongly encourage each other to stand up for their rights.</td>
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<tr>
<td>65.</td>
<td>In our family, we don't try that hard to succeed.</td>
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<td>66.</td>
<td>Family members often go to the library.</td>
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<tr>
<td>67.</td>
<td>Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).</td>
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<td>68.</td>
<td>In our family, each person has different ideas about what is right and wrong.</td>
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<tr>
<td>69.</td>
<td>Each person's duties are clearly defined in our family.</td>
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<td>70.</td>
<td>We can do whatever we want in our family.</td>
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<tr>
<td>71.</td>
<td>We really get along well with each other.</td>
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<td>72.</td>
<td>We are usually careful about what we say to each other.</td>
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<tr>
<td>73.</td>
<td>Family members often try to one-up or out-do each other.</td>
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<tr>
<td>74.</td>
<td>It's hard to be by yourself without hurting someone's feelings in our household.</td>
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<tr>
<td>75.</td>
<td>&quot;Work before play&quot; is the rule in our family.</td>
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<tr>
<td>76.</td>
<td>Watching TV is more important than reading in our family.</td>
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<tr>
<td>77.</td>
<td>Family members go out a lot.</td>
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<td>78.</td>
<td>The Bible is very important in our home.</td>
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<td>79.</td>
<td>Money is not handled very carefully in our family.</td>
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<tr>
<td>80.</td>
<td>Rules are pretty inflexible in our household.</td>
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<td>81.</td>
<td>There is plenty of time and attention for everyone in our family.</td>
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<td>82.</td>
<td>There are a lot of spontaneous discussions in our family.</td>
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<tr>
<td>83.</td>
<td>In our family, we believe you don't ever get anywhere by raising your voice.</td>
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<tr>
<td>84.</td>
<td>We are not really encouraged to speak up for ourselves in our family.</td>
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<tr>
<td>85.</td>
<td>Family members are often compared with others as to how well they are doing at work or school.</td>
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</tbody>
</table>
86. **Family members really like music, art and literature.**
87. **Our main form of entertainment is watching TV or listening to the radio.**
88. **Family members believe that if you sin you will be punished.**
89. **Dishes are usually done immediately after eating.**
90. **You can’t get away with much in our family.**

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
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<tbody>
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<td>86. Family members really like music, art and literature.</td>
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<tr>
<td>90. You can’t get away with much in our family.</td>
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APPENDIX C

Family Environment Scale

Name__________________________

Date__________________________

There are 93 statements in this questionnaire. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is mostly True of your family, make an X in the box labeled True. If you think the statement is mostly False of your family, make an X in the box labeled False.

You may feel that some of the statements are true for some family members and false for others. Mark True if the statement is true for most members. Mark False if the statement is false for most family members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

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<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family members really help and support one another.</td>
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<td></td>
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<tr>
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<tr>
<td>4. We don’t do things on our own very often in our family.</td>
<td></td>
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<tr>
<td>5. We feel it is important to be the best at whatever you do.</td>
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<tr>
<td>6. We often talk about political and social problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. We spend most weekends and evenings at home.</td>
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<tr>
<td>8. Family members attend church or Sunday School fairly often.</td>
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<td>9. Activities in our family are pretty carefully planned.</td>
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<tr>
<td>10. Family members are rarely ordered around.</td>
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<tr>
<td>11. We often seem to be killing time at home.</td>
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<tr>
<td>12. We say anything we want to around home.</td>
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<tr>
<td>13. Family members rarely become openly angry.</td>
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<tr>
<td>14. In our family, we are strongly encouraged to be independent.</td>
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<tr>
<td>15. Getting ahead in life is very important in our family.</td>
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<tr>
<td>16. We rarely go to lectures, plays or concerts.</td>
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<tr>
<td>17. Friends often come over for dinner or to visit.</td>
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<tr>
<td>18. We don’t say prayers in our family.</td>
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<tr>
<td>19. We are generally very neat and orderly.</td>
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<tr>
<td>20. There are very few rules to follow in our family.</td>
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<tr>
<td>21. We put a lot of energy into what we do at home.</td>
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<tr>
<td>22. It's hard to &quot;blow off steam&quot; at home without upsetting somebody.</td>
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<tr>
<td>23. Family members sometimes get so angry they throw things.</td>
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<tr>
<td>24. We think things out for ourselves in our family.</td>
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<tr>
<td>25. How much money a person makes is not very important to us.</td>
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<tr>
<td>26. Learning about new and different things is very important in our family.</td>
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<tr>
<td>30. Nobody in our family is active in sports, baseball, hockey, bowling, etc.</td>
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<tr>
<td>31. We often talk about the religious meaning of Christmas, Easter, or other holidays.</td>
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<tr>
<td>32. It's often hard to find things when you need them in our household.</td>
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<tr>
<td>30. There is one family member who makes most of the decisions.</td>
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<tr>
<td>31. There is a feeling of togetherness in our family.</td>
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<tr>
<td>32. We tell each other about our personal problems.</td>
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<tr>
<td>33. Family members hardly ever lose their tempers.</td>
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<tr>
<td>34. We come and go as we want to in our family.</td>
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<tr>
<td>35. We believe in competition and &quot;may the best man win&quot;.</td>
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<tr>
<td>36. We are not that interested in traditional cultural activities. (sweat lodge, and other ceremonies)</td>
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<tr>
<td>37. We often go to movies, sports events, camping, etc.</td>
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<tr>
<td>38. We don't believe in heaven or hell.</td>
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<tr>
<td>39. Being on time is very important in our family.</td>
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<tr>
<td>40. There are set ways of doing things at home.</td>
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<tr>
<td>41. We rarely volunteer when something has to be done at home.</td>
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<tr>
<td>42. If we feel like doing something on the spur of the moment we often just pick up and go.</td>
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<td>43. Family members often criticize each other.</td>
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<td>44. There is very little privacy in our family.</td>
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<td>45. We always strive to do things just a little better the next time.</td>
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<td>46. We rarely have intellectual discussions.</td>
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<tr>
<td>47. Everyone in our family has a hobby or two.</td>
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<tr>
<td>48. Family members have strict ideas about what is right and wrong.</td>
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<tr>
<td>49. People change their minds often in our family.</td>
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<tr>
<td>50. There is a strong emphasis on following rules in our family.</td>
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<tr>
<td>51. Family members really back each other up.</td>
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<td>52. Someone usually gets upset if you complain in our family.</td>
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<tr>
<td>53. Family members sometimes hit each other.</td>
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<tr>
<td>54. Family members almost always rely on themselves when a problem comes up.</td>
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<tr>
<td>Number</td>
<td>Statement</td>
<td>True</td>
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<tr>
<td>55</td>
<td>Family members rarely worry about job promotions, school grades, etc.</td>
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<tr>
<td>56</td>
<td>Someone in our family plays a musical instrument.</td>
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<tr>
<td>57</td>
<td>Family members are not very involved in recreational activities outside work or school.</td>
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<tr>
<td>58</td>
<td>We believe there are some things you just have to take on faith.</td>
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<tr>
<td>59</td>
<td>Family members make sure their rooms are neat.</td>
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<tr>
<td>60</td>
<td>Everyone has an equal say in family decisions.</td>
<td></td>
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<tr>
<td>61</td>
<td>There is very little group spirit in our family.</td>
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<tr>
<td>62</td>
<td>Money and paying bills is openly talked about in our family.</td>
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<tr>
<td>63</td>
<td>If there’s a disagreement in our family, we try hard to smooth things over and keep the peace.</td>
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<tr>
<td>64</td>
<td>Family members strongly encourage each other to stand up for their rights.</td>
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<tr>
<td>65</td>
<td>In our family, we don’t try that hard to succeed.</td>
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<tr>
<td>66</td>
<td>Family members often go to the library.</td>
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<tr>
<td>67</td>
<td>Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).</td>
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<tr>
<td>68</td>
<td>In our family, each person has different ideas about what is right and wrong.</td>
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<tr>
<td>69</td>
<td>Each person’s duties are clearly defined in our family.</td>
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<tr>
<td>70</td>
<td>We can do whatever we want in our family.</td>
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<tr>
<td>71</td>
<td>We really get along well with each other.</td>
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<tr>
<td>72</td>
<td>We are usually careful about what we say to each other.</td>
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<tr>
<td>73</td>
<td>Family members often try to one-up or out-do each other.</td>
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<tr>
<td>74</td>
<td>It’s hard to be by yourself without hurting someone’s feelings in our household.</td>
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<tr>
<td>75</td>
<td>“Work before play” is the rule in our family.</td>
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<tr>
<td>76</td>
<td>Watching TV is more important than reading in our family.</td>
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<tr>
<td>77</td>
<td>Family members go out a lot.</td>
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<tr>
<td>78</td>
<td>The Bible is very important in our home.</td>
<td></td>
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<tr>
<td>79</td>
<td>Money is not handled very carefully in our family.</td>
<td></td>
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<tr>
<td>80</td>
<td>Rules are pretty inflexible in our household.</td>
<td></td>
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<tr>
<td>81</td>
<td>There is plenty of time and attention for everyone in our family.</td>
<td></td>
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<tr>
<td>82</td>
<td>There are a lot of spontaneous discussions in our family.</td>
<td></td>
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<tr>
<td>83</td>
<td>In our family, we believe you don’t ever get anywhere by raising your voice.</td>
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<tr>
<td>84</td>
<td>We are not really encouraged to speak up for ourselves in our family.</td>
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<tr>
<td>85</td>
<td>Family members are often compared with others as to how well they are doing at work or school.</td>
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<tr>
<td>86</td>
<td>Family members really like music, art and literature.</td>
<td></td>
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<tr>
<td></td>
<td>True</td>
<td>False</td>
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<tr>
<td>87. Our main form of entertainment is watching TV or listening to the radio.</td>
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<tr>
<td>88. Family members believe that if you sin you will be punished.</td>
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<tr>
<td>89. Dishes are usually done immediately after eating.</td>
<td></td>
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<tr>
<td>90. You can't get away with much in our family.</td>
<td></td>
<td></td>
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<tr>
<td>91. Extended family members are important to us for support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92. Extended family members often come over for dinner or to visit.</td>
<td></td>
<td></td>
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<tr>
<td>93. The traditional teachings from the elders and ceremonies are very important in our home.</td>
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