

APPLYING A FEMINIST/ECOLOGICAL FRAMEWORK
IN WORK WITH FAMILIES IN CHILD WELFARE

By

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PETER EDMOND GRAVELLE

A 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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Peter Gravelle

November, 1987

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INTRODUCTION

The intent of this practicum was to illustrate the effectiveness of a feminist/ecological framework in working with families in a child welfare setting. My struggles as a protection worker with the New Brunswick Department of Social Services and frustrations with certain approaches led me to this current framework.

As a front line protection worker with Social Services in Fredericton, New Brunswick, I was all too soon forced to realize the undeniable limits of the largely generic approach in my social work training. The majority of my time was not spent working with family systems and dealing with realigning subsystems and inappropriate relationships. It was spent fighting slum landlords who refused to do needed repairs in apartments, begging social assistance workers for a special allowance for clients or negotiating with the oil company to refill the oil tank for some of the families I worked with so they could have heat in the winter. Further, much of the emotional support I gave to the people I worked with was to counteract the treatment they received from the agencies, institutions, and individuals they had to relate to because of who they were.

Working with a large caseload of single mothers on assistance, child protection families, and young teenagers, much of my work consisted of helping these women and other families to not unquestioningly accept the many one-way power trips laid on them by social assistance workers, the courts, schools, members of the medical profession, slum landlords and others in their daily lives. This also includes challenging them to avoid reproducing in their own lives and

relationships with significant others the contradictions they experienced in the inequality, competitiveness, scapegoating and individualism they themselves were victims of. It became apparent that there was a gap between the theories I had learned and the day to day practice I had to face as a social worker in a child welfare setting. I would soon begin a search for a framework that would offer me better explanations and answers to the daily problems I encountered in my practice.

Through my work experience and after examining the current family literature, it became apparent to me that a particular communication system exists in families and that all members have a part in keeping this family system alive. Satir (1972) examines the difficulty that people have communicating congruently and focuses on people's feeling of self worth. In her view, fundamental change is based in self validation and functional human communication.

In my family therapy training (Sept/85 to Mar/86) Minuchin's (1974) structural family therapy was studied. This approach is committed to the systems outlook and emphasizes the active, organized wholeness of the family unit. The worker must recognize that the human family is a social system that operates through transactional patterns. These repeated interactions between family members establish patterns of how, when and to whom to relate. Through these observations the worker is able to view how the family organizes itself via subsystems and functions. Structural family therapy is a helpful tool in assessing dysfunctional families and has been a very useful contribution to the development of my theoretical practice.

Since the early 1950's, the field of family therapy has grown to become a significant and separate mental health specialty. Because of this trend, many social service agencies now employ family therapists and conduct family therapy training workshops. The growth of this field allows therapists to deal with a wide range of problems including temper tantrums, school phobias, child abuse, woman abuse, neglect, delinquency, alcoholism, sexual relations, marital conflict, divorce, as well as associated problems of depression, anxiety, and psychotic disorders (Hare-Mustin, 1983).

A recent study of the theoretical framework of family therapists found three dominant orientations: communications/Satir, structural/strategic, psychoanalytic/historical. They have in common the practice of clarifying roles and relationships, endorsing appropriate self disclosure, and favouring involvement of all family members in the therapeutic process. An additional orientation, the behavioural approach, has been widely used in marital therapy. It should be remembered in analyzing these four perspectives that they intersect in various ways, and many family therapists are influenced by more than one (Hare-Mustin, 1983).

I have found both Satir's and Minuchin's approaches to be helpful, although limited, in their scope for working with families in a child welfare setting.

The difficulty in these two theories and other family therapies is that their theoretical approach fails to look beyond the family. The perspective utilized for my practicum, the feminist/ecological perspective, looks both within and beyond the family. It provides a critical analysis of the social, political and economic structures that impinge upon individual and family life. By recognizing that families live within a political and societal context, we can acknowledge that

their difficulties grow out of the social and economic system in which we live.

The feminist perspective takes into account that one of the basic tenets of our system is patriarchy. Within this male defined society, women are oppressed and exploited and, according to Hare-Mustin (1978), the primary venue for the exploitation of women is the family.

Sexism is built into the very fabric of our patriarchal society so that it affects every aspect of our lives--language, home, workplace, economic and political institutions, schools, churches, and the media. However, it is often invisible, since we tend to conclude that, 'that is just the way things are'. Patriarchy is a universal form of oppression that maintains girls and women in second class status and through a variety of institutions and structures, maintains male power and dominance over women in the family, workplace and society (Avis, 1985).

The basis of exploitation has been the economic role accorded to women--they have been excluded from the workplace other than home. Thus the family becomes an important locus of exploitation.

The ways in which we work with families as helping professionals affect the kinds of interventive strategies we develop for them. Narrow, micro perspectives will lead to limited approaches in working with families. The ecological view point stresses the need to go beyond such limited assessments of behaviour and development and to find ways to focus on the interaction of families with critical aspects of their environments (Apter, 1982). Social workers must increase their knowledge of the actual conditions in which families live, before we can see what we learn from our experience as the basis for our intervention programs (Apter, 1982). Within the last ten years the ecological perspective has gained recognition as an approach that can be usefully

employed to accommodate and meet the needs of multi-problem families (Sevick, 1984). It will be more fully described in the chapter which follows, and the remainder of the report will provide case illustrations of its application in child welfare.

SECTION 1 - LITERATURE REVIEW

CHAPTER 1. ECOLOGICAL PERSPECTIVE

INTRODUCTION

It was during the late 60's and early 70's that the family therapy movement began to broaden its focus on the family to include the crucial and important influence of the environmental factors that impinge on individual and family well being (Freeman & Trute, 1983).

Bronfenbrenner (1977), for example, proposed a broad approach in working with individuals and families that focuses on the progressive accommodation, throughout the life span, between individuals and their changing environments. The environment includes not only the immediate settings containing the developing person but also the "larger social contexts, both formal and informal, in which the settings are embedded" (Bronfenbrenner, 1977). These factors included are the social, economic, cultural and religious spheres that play a major role in one's life. The basis of this shift has come from ecological theory which is concerned with the interaction between the organism and its environment (Bronfenbrenner, 1979). This approach to family therapy views the family to be simultaneously in interaction with its immediate environment, while also being influenced by the activities that occur in the microsystem of the individual family's life (Freeman & Trute, 1983).

By understanding behaviour in the context in which it occurs, an ecological framework focuses intervention attention on the person, the environment and the interaction between them (Sevcik, 1984).

Interventions are based on an assessment of the individual's fit with

his or her environment. There is the assumption that as individuals and families we are an inseparable part of the larger and broader social system in which we live (Apter, 1982). This assessment allows the social worker to view whether one's individual or family needs are congruent with their larger environment.

The ecological environment is topographically conceived as a nested arrangement of structures, each contained within the next (Sevcik, 1984). Bronfenbrenner (1979) views these structures to be like a set of Russian dolls, each inside the next. The structural setting is a place with particular physical features in which the participants engage in particular activities in particular roles for particular periods of time. The factors of place, time, physical features, activities, participants, and roles create the elements of a setting (Sevcik, 1984).

Bronfenbrenner (1977) conceptualizes these structural settings as the microsystem, mesosystem, exosystem, and macrosystem. The microsystem is the level most immediate to the individual. It is in this actual setting that the individual experiences and creates day to day reality (Garbarino, 1982). This is the system which contains the developing person and their environment in an immediate setting, which could be the family unit, school and/or work. Mesosystems contain the relationship between two or more settings in which the developing person participates. The richness of this system is measured by the number and quality of connections (Garbarino, 1982). Bronfenbrenner (1979) uses the example of a child who goes to school on the first day without his parents. This shows there is a single connection between home and school--the child's involvement in both (Garbarino, 1982). Stronger and

more diverse links between settings will create a powerful and rich mesosystem which will benefit the developing person. The exosystem is a situation which has a bearing on the individual but in which the developing person does not participate. These settings are those which have power over one's life. An individual or family is impacted by the social structures of which they are a part (Sevcik, 1984). These may include the workplace of parents, school boards, and planning commissions that make decisions affecting the day to day lives of the developing person. Both the mesosystem and exosystem are set within the broad ideological and institutional patterns of a particular culture or subculture (Bronfenbrenner, 1979). The macrosystem is the overarching cultural fabric in which the family and its social context are embedded (Sevcik, 1984). It is the social, economic and political ideology of a society that is informal and implicit, but which becomes formal and explicit through the laws, institutions, customs, and practices of the micro and exosystems (Sevcik, 1984). It is the macrosystem which is the blueprint for the ecology of human development. The blueprints will reflect a society's shared assumptions about how things should be done (Garbarino, 1982).

Within an ecological framework the "problem" may be identified in any or all parts of these systems, and therefore the range of intervention possibilities is enlarged. Child welfare agencies are continually dealing with problems that arise not only from within the family but also with the larger systems that interact with families. For workers in child welfare agencies an ecological framework requires that the boundaries of practice not be drawn artificially around the

child, nor even the family, but must also include the social, economic and physical realities of the child, the parent and the family unit (Sevcik, 1984). When confronted with abuse or neglect cases a worker is faced with many variables that have an impact on the family. These may range from unemployment or poverty (the macrosystem), to the closing of a daycare (the exosystem), or an acting out child in school (the microsystem). An ecological framework presents a theoretical base that addresses each of these systems, and in addition focuses on the ways in which they interact with one another (Sevcik, 1984).

There is a need for child welfare agencies to develop a practice model that is grounded within a theoretical framework that can meet a family's needs within its social context. The ecological perspective provides this framework. It takes as its starting point the importance of the family unit but also recognizes the impact of the family's social context on overall well being. Whether the intervention is focused on the family, the community, or the institutional systems, the strategy is to strengthen the family unit and enrich the supportive qualities of the environment (Sevcik, 1984).

This framework moves away from explaining problems as arising solely from within the individual, the family or from the individual's socio-economic status. It views the socio-economic conditions of the family as not of their own making. It is the interaction between the environmental structures and the individual that shape the social conditions experienced by the individual (Sevcik, 1984). The ecological perspective recognizes the essentially active role of the individual--shaping as well as being shaped by social contexts

(Garbarino, 1982). Paying attention to the social environment in its many diverse forms can lead to an examination of how these interactions 'conspire against' or 'constructively support' the family in its society (Garbarino, 1982).

A family experiencing problems is influenced by factors arising within the individual, the family, community and culture. A number of families in Canada today can assume and carry the responsibilities and freedoms accorded to them by our culture. For those families who do not succeed in their efforts, our economic and social system appears to work against them. For example there are public programs, from housing, to daycare, to welfare, which do not deal with the diversity of families as they exist (McCannell, 1986). They find themselves interacting with an environment which seems to be conspiring against them. This only increases their vulnerability and leads them to a downward spiral of destructiveness (Sevcik, 1984).

Research has shown that the multi-problem family is a complex one, for which there is no simple, nor likely, single cause. An ecological framework allows for this complexity to be addressed by providing an adaptive, evolutionary view of human beings in constant interchange with all the elements of their environment (Germain & Gitterman, 1980). Human beings will change their physical and social environments and are changed by them through the continuous process of reciprocal adaptation (Germain & Gitterman, 1980). This investigation and assessment of families leads to an examination of the interaction between the individual and his or her social environment.

THE ECOLOGICAL FRAMEWORK AS A GUIDE TO PRACTICE

There has been very little effort to design services that would be supportive of all families and available under ordinary situations to aid in the meeting of normal living needs (Kadushin, 1980). Within the child welfare field new approaches are emerging that reflect a new orientation to understanding problems and a new sensitivity to the potential strengths within the family (Sevcik, 1984). These new approaches have assisted in the widening of the concept of when "child welfare services" may be applied, and have placed the emphasis on services to children and families within their own homes (Sevcik, 1984). There is the belief that not only is the desire to be a good parent universal, but many families need support and assistance to raise their children and access community resources they are entitled to (Child Welfare League of America, 1968).

Service delivery in the child welfare field is in transition. There is the perception that the aim of services should be to assist families to cope with everyday life and help them do their job better (Brown, 1982). To achieve this goal workers may have to provide services on the community level, be actively involved in policy and program planning, in advocacy for social change and in research (Brown, 1982).

A concern has always existed for the troubled family, although in practice these services have not always been available (Sevcik, 1984). If these services are to be available the child welfare service structure requires a practice model grounded within a theoretical framework that will meet a family's needs within its social context

(Sevcik, 1984). An ecological perspective provides this framework. It takes as its starting the importance of the family unit, but also recognizes the impact of the family's social context on their overall well being (Laird, 1979).

As mentioned earlier, human ecology is concerned with the inter-relatedness of embedded social systems and the mutual adaptive processes that take place between the environment and organism (Sevcik, 1984). Humans are seen as in constant interchange with their social and physical environments, changing these environments and being changed by them (Germain & Gitterman, 1980). When this process goes well human development and growth is supported, and the life supporting qualities of the environment are increased (Sevcik, 1984). When this adaptive process goes poorly, the life supporting qualities of the environment are in jeopardy, and the nurturance of the human organism is reduced with the possibility that biological, cognitive, emotional and social development may be impaired (Germain & Gitterman, 1980).

Many families live in environments that are poor in both social and economic habitability terms (Sevcik, 1984). These are families with poor adaptive skills, having entered into adulthood and parenting with impaired competence. They do not form for themselves supportive networks that would aid them in their struggle. They have experienced failure rather than success. A worker that would seek to create change in this social-economic-personalistic dynamic must also work towards simultaneously addressing the adaptive capacities of the individual and improving the nurturing quality of their environment (Sevcik, 1984).

Germain (1979) has identified four inter-related qualities of the

human organism that are involved in the adaptive process, these being autonomy, competence, relatedness to others and identity. Identity arises from one's experiences of autonomy, competence and relatedness, and will influence these attitudes. These four qualities Germain has identified are seen as the outcomes of interactions between the developing person and their environmental situation (Germain, 1979).

The ecologist perceives the environment to be both physical, i.e. natural and built, and social, i.e. the network of human relations. Both the physical and social environments will provide opportunities and obstacles to the development of adaptive capacities (Germain, 1979). The fabric of the social environment is made up of the interdependent familial, community and institutional systems. It is through and within these social systems that people relate to one another and to their larger social context, and that the developing person's behaviour is influenced (Sevcik, 1984).

In child welfare, as in any social work setting, the approach taken to alleviate a problem is influenced by how it is defined and where it is perceived to be located. Within an ecological framework the problem is defined as maladaptive transactions and is located in the interface between the environment and the person. A worker would then address the reciprocal adaptive process with the goal of strengthening adaptive capacities and improving environmental responsiveness (Sevcik, 1984). A developing person's problems, needs and predicaments are viewed as occurring from: life transitions; the unresponsiveness of the social and physical environments; and communication and relationship problems in families and other significant groups (Germain & Gitterman, 1980).

To address the problems families have will require action on several fronts simultaneously. This action may focus attention on the adaptive capacities of the family, on strengthening parental competence, on the sense of autonomy and identity, and on reducing the families isolation from social and helping networks (Sevcik, 1984). A worker may address the way a family unit functions and help establish transactional patterns that allow all family members to grow and develop. The situation may demand connecting individuals and families to community resources and services. It could be necessary to address the spatial and material quality of a family's life. It could require producing change within the larger organizational structures, and changing policies and practices to reduce the snags and increase the responsiveness to individual and family needs (Germain, 1979).

When beginning an assessment within the ecological framework there needs to be an examination of the developing person, their immediate and broader environments and the interaction and relationship among these variables, within a certain time period (Sevcik, 1984). The function is to collect, organize, and give priority to information for the sole purpose of intervention planning and implementation (Hess & Howard, 1981). Through this assessment a worker will gain an understanding of the objective and subjective facts and will begin to understand what happened, how and when. An assessment aids in understanding an individual's or families reactions and the meanings they attribute to events, and in understanding their feelings about these events. Both the worker and client mutually strive to understand how this problem has been produced and maintained (Sevcik, 1984). They work together to

establish objectives, determine how they will be achieved, and assess the clients ongoing progress. Assessment in this framework is a continual evaluation of interventions based on the client's concerns and needs, an evaluation of goal accomplishments, and the setting of new and revised goals (Germain & Gitterman, 1980). This continual, mutual and shared process will ensure that goals and objectives come from the client's defined needs and problems. A worker must be flexible in procedures and technique (Sevcik, 1984).

In the following sections three bodies of knowledge found useful in the assessment phase of this practicum will be outlined. They are eco-maps, networks, and genograms.

Within the context of this framework and during the process of assessment an eco-map may be utilized. The eco-map (Hartman and Laird, 1983), was originated to help workers in child welfare agencies examine the needs of families. It provides a visual illustration of the various systems that interact with any family or household (see Figure 1). These may include micro systems such as the extended family or friends to larger macro systems that interact with families, such as social welfare or health care institutions. Workers are now finding that the eco-map has wide applicability as an assessment, planning and intervention tool (Hartman & Laird, 1983). When utilizing an eco-map a worker is able to view the exchange of energy among the interacting parts. Ideally, there is an equilibrium between the inward and outward flow of energy in the family. An eco-map is forever changing and allows a worker to view a family at a particular time and to see what resources are coming in and going out of the family (Hartman & Laird, 1983).

ASSESSMENT AND INTERVENTION

Eco-Map

Name _____
Date _____

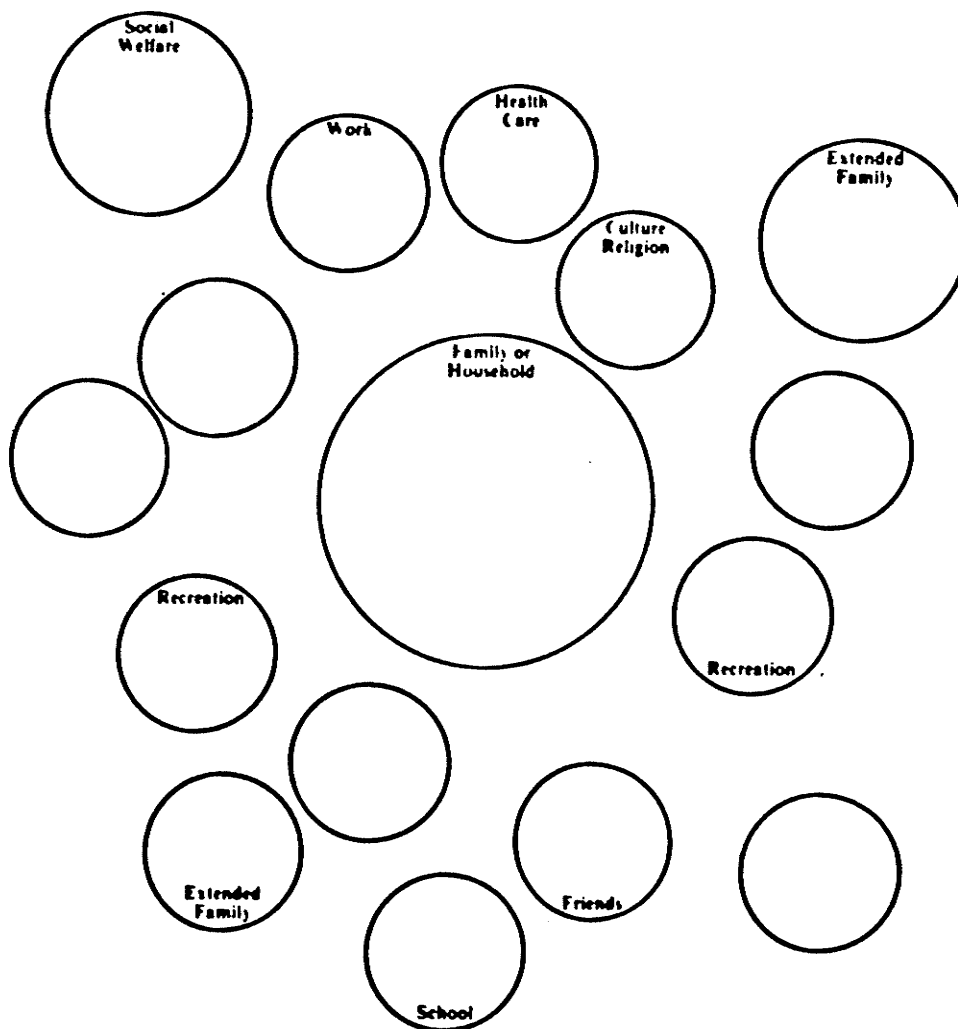


Figure 1

Hartman, A. and Laird, J. (1983).

After the first completion of an eco-map a holistic and complete picture of the family emerges. A worker is then be able to see: 1) what significant resources are available in the family's world; 2) what resources or supports are non-existent or in short supply; and 3) what the nature is of the relationships between family and environment (strong, stressed, tenuous) (Hartman & Laird, 1983). The eco-map can very quickly identify important areas for the worker to focus on.

NETWORKS

Family therapists and community practitioners have given careful attention to social networks and acknowledge the important role they can play in personal adjustment and mental well being (Freeman & Trute, 1983). Professionals have been interested in the impact of social supports on the individual and family in their interventive strategies. Workers using network concepts in their assessments would ask a variety of questions to seek out information as to which members or structures are most helpful and meet different needs. There are several key areas where networks have been shown to play an important role, in relation to physical health, during life cycle transitions and in relation to psychopathology (Saulnier & Rowland, 1985). Networks may also reduce loneliness and social isolation and provide for mutual aid and exchange of resources and emotional support (MaGuire, 1983).

A social network consists of all the social contacts an individual may have and is seen as having numerous functions when it is effective. An individual can maintain social identity, receive emotional support, material aid and services, information, and develop new social contacts through a network of personal relationships (Saulnier, 1982). However,

as Saulnier notes, networks may also have a deleterious effect on functioning, for example, undermining self-esteem or reinforcing deviant activities.

Networks can play a variety of roles in many different problem areas. They may buffer an individual from the effects of stress or illness (health protection), serve as a protective shield, provide exposure to new ideas and attitudes, and also meet emotional and affection needs (Saulnier, 1982). Gottlieb (1982) states that social support is an important factor during life transitions, which includes the loss of significant others, such as in death and retirement. There may also be a loss of support when an individual is forced to reorient or rearrange their social network, such as in first time parenthood, entering school and moving (Saulnier, 1982). Networks are formed by individuals on the basis of rewards, costs and social context. These factors will change continuously and are based on such considerations as life cycles, death, birth, moving, economic changes and interpersonal events (MaGuire, 1983).

Recent studies have shown that Canadians do have a strong network of relationships with the strongest ties being with their immediate kin. This suggests that family relationships play an integral role in the networks of most Canadians (Saulnier, 1982). Networks are defined by the context in which these relationships occur. These contexts could include family, friends, neighbours, co-workers, recreational associates, and professional helpers as segments within the network. Research suggests an individual may have 20 to 30 people in their intimate psychosocial network with 5 or 6 of these members in each of

the following subgroups: family, relatives, friends, neighbours, work and social contacts (Saulnier, 1982). Network size, however, has been shown to vary across the life cycle and is influenced by crises and mental health. Thus, the resources available within a client's social network at a given time are worthy of exploration.

Professionals are now reaching back to the beginnings of organized human services and are renewing a partnership with people who are helping one another in their everyday lives. This new shared philosophy of service delivery emphasizes the principles of self-determination, self-reliance, and mutual aid and can serve as a frame of reference for workers in providing help (Froland, Pancoast, Chapman & Kimboko, 1981). The above authors have identified four types of helping that a social worker may utilize in the helping process. These include: 1) caretaking, which includes providing material assistance and services to families; 2) friendship, which may range from simply chatting to providing emotional support for someone with a problem; 3) problem solving, which includes giving advice directly or linking an individual to others who can help solve the problem; 4) joint action, which may include cooperative communal activity, such as building a community meeting house, fundraising or the active process of advocacy, organizing, and planning that will have long range benefits for others (Froland, Pancoast, Chapman & Kimboko, 1981).

Networking is an interventive strategy which helps create a robust framework for practice. A social network focused assessment and intervention is a way of pursuing the self-help potential within the circle of family, friends, relatives, co-workers, community organizations

and society (Driedger, 1981). Network intervention now opens the door to new problem definitions that include the way friends, neighbours, and extended relatives relate to a family with problems. This intervention also assists families in the way they relate to and are treated by the representatives of the organizations that intersect their lives (Moreau, 1979). It soon becomes clear that the problem is more frequently extra-familial than solely intra-familial. Within this form of intervention, power over the helping process is completely and equally shared among all network participants including the network intervenors. This is consistent with the feminist emphasis on empowering client systems and creating an egalitarian working relationship.

It has been noted that social network members can be mobilized into a social force which counteracts the depersonalizing trend that exists in our contemporary North American culture (Driedger, 1981). Froland et al. (1981) look at opportunities for developing different linkages with networks. They have identified a horizontal linking which involves social relationships among people in similar circumstances. Workers may assist clients in their personal networks, helping them become involved in groups with people in similar situations, who can help with mutual aid. With vertical linking the worker ties the individual to larger social institutions such as schools, churches, local governments, or a human service agency. The goal of this linking is to develop a connection between the formal and informal services so that information about community services and resources would be more accessible. Thus, at both a direct service personal level, or at an organizational level,

network concepts can be utilized to both assess and intervene with families in a child welfare setting. The particular form of network assessment used in this practicum will be described in detail in Chapter three.

GENOGRAMS

The ecological framework looks at the person in the family in environment. In order to visually explore family relationships with a historical perspective, genograms were utilized.

A genogram is a format for drawing a family tree that records information about family members and their relationships over at least three generations (McGoldrick & Gerson, 1985). These maps display family information graphically in a way that shows the worker a complete picture of complex family patterns. They can provide a good source of assumptions about how this problem may be connected to the family context and the evolution of both the problem and context over time (McGoldrick & Gerson, 1985). At the present time there is no consensus upon the right way to do a genogram even though family therapists and physicians have made widespread use of them.

A genogram assists family members in viewing themselves in a new way and is an important process in joining with families in a session. This process allows the worker to reframe, detoxify and normalize emotional issues (McGoldrick & Gerson, 1985). It creates a systemic perspective which will track family problems through space and time and this will allow the family to begin to see the larger picture both currently and historically. This means the structural, relational, and functional information about a family can be seen both horizontally,

across the family context and vertically through the generations (McGoldrick & Gerson, 1985).

When the current family context is analyzed by a worker he or she is able to assess the connectedness of the immediate players in the family drama to each other, as well as to the broader system. A worker is also able to evaluate the family's strengths and vulnerabilities in relation to the overall situation (McGoldrick & Gerson, 1985). When the family system is analyzed historically, assessing previous life cycle transitions, one is able to place present issues in the context of the family's evolutionary patterns. Therefore the genogram includes at least three generations of family members and attempts to highlight critical and important events. Patterns become clear after members are questioned about the present situation in relation to the themes, myths, rules and emotionally charged issues of the previous generations (McGoldrick & Gerson, 1985).

The genogram has been primarily developed out of the family systems theory of Murray Bowen (1978). The conceptual framework for analyzing genogram patterns has been based on his ideas (McGoldrick & Gerson, 1985). In our society one of the most powerful systems a developing person will ever belong to is the family. In applying this framework, a family is seen as consisting of at least three generations.

Families tend to repeat themselves. What happens in one generation will often repeat itself in the next, e.g. a family may have a history of violence. These same issues may be played out from one generation to the next. Bowen (1980) has termed this the multigenerational transmission of family patterns. The assumption is that relationship

patterns from past generations could provide implicit models for functioning in families for the next generation (McGoldrick & Gerson, 1985). Part of clarifying family patterns involves becoming aware of them, and in this regard genograms are particularly helpful. With this systems approach it is necessary to have an understanding of both the current and historical context of the family.

When constructing a genogram a variety of information will be obtained. These different areas will be discussed briefly to illustrate their value to the worker and the family members, who help to interpret the meaning of the genogram.

First the worker identifies the presenting problem and immediate household. Information and exploration centers on who lives in the household and what is the presenting problem. The worker assesses the impact this problem has had on the family and what attempts were made to alleviate it (McGoldrick & Gerson, 1985).

The second area a worker explores is the current family situation. It is here where a worker will want to know if there have been any recent changes, crises, or life cycle transitions to cope with (McGoldrick & Gerson, 1985).

The third area of exploration involves analyzing the wider family context. This entails tracking and mapping the facts of each adult's family of origin. This includes dates of birth, marriage, divorce and other significant information (McGoldrick & Gerson, 1985).

The fourth area to be examined is the family's social context. This involves exploration of the family's friends, clergy, helpers and physician. As well other community resources, schools and larger social

institutions which impinge upon family life are identified (McGoldrick & Gerson, 1985).

The fifth aspect of a genogram to be analyzed is the historical perspective of a family. This involves tracking the family's evolution through time. The areas examined are the family's shift around births, deaths, and other transitions and the exploring of patterns of adaptations to losses. This allows the worker to view a family's flexibility in adapting (McGoldrick & Gerson, 1985).

In the sixth area a worker will track the family relationships and roles. This will involve exploring the nature of relations within and across generations. These relationships may be closed, conflicted, distant, or cut-off. Other areas of exploration center on the functions and roles of family members (McGoldrick & Gerson, 1985).

The last area that is examined in the construction of genograms involves analyzing whether there is serious individual dysfunction in a family. This may include: 1) medical or psychological problems; 2) work failures; 3) drug and alcohol problems; 4) trouble with the law; 5) family violence; and 6) abuse (McGoldrick & Gerson, 1985). The genogram is a useful adjunct to the eco-map. The eco-map provides a broad picture of person in family in environment, while the genogram provides more detail i.e., the specific family history. These assessment devices help the worker apply the ecological theory to a particular situation.

Within an ecological framework a "problem" may be identified in any or all parts of the various systems (Meyer, 1976). A worker may be required to intervene at a number of different levels and therefore it is important that practitioners have competence and skill in a variety

of service modalities. Service modalities must be chosen that best meet the assessed problems and needs and capacities of the client (Sevcik, 1984).

There are many variables in force when working in child welfare that come from within the individual, the family, the community, and the institutional structures. Within an ecological framework each of these systems is addressed and in addition there is focus on the ways in which they are related to each other (Sevcik, 1984). The goal of helping families cope with everyday life in child welfare is, within the ecological framework, produced by strengthening the adaptive qualities of the parent/family and by improving the supportive and nurturing qualities of the environment (Sevcik, 1984). The worker must develop plans that flow from the ways in which the child-parent-family-environment impinge upon each other (Sevcik, 1984). These transactions will assist the worker and client in defining the problem area and in suggesting the helping task (Auerswald, 1968). The child welfare field is now working towards a family-centered orientation. Within an ecological framework this goal may be partially achieved by being active in the community, in social and economic policy development, where the aim is to strengthen families and support them in their everyday lives.

The ecological perspective is a broad framework which takes into account the environmental, social and political factors which impinge upon and interact with the individual and family. However, having considered the literature available on this perspective, it must be noted that many proponents of the ecological approach neglect to view or consider the importance of gender issues or patriarchy in the family

(McCannell, 1986). A feminist/ecological framework takes into consideration the many diverse and profound difficulties that exist in our society and works towards appropriate assessment and interventions that will meet the needs of women, men and children in a fair and just manner. The following section will outline the feminist perspective which was used in this practicum as a complement to the ecological approach.

CHAPTER 2. A FEMINIST APPROACH

INTRODUCTION

A feminist approach to practice came into being due to discontent with more traditional approaches in the helping professions. This dissatisfaction was rooted in the sexist assumptions in existing theories and approaches and in measures of therapeutic outcome (Gilbert, 1980). Within these assumptions are a presumed difference between genders that perpetuates a patriarchal society in which power, prestige and status rightfully belongs to the male gender (Gilbert, 1980).

The basic premise underlying a feminist approach is that ideology, social structure, and behaviour are inextricably interwoven. This approach incorporates an awareness of the effects of ideology and social structure on the behaviour of men and women. A feminist approach to the helping profession of social work asserts that knowledge of particular areas is essential when working with women, men, and children. These areas include knowledge regarding family violence, sexual abuse, physical abuse, rape, and issues of power and gender. Traditional therapists have tended to exclude these areas, leaving many unanswered questions concerning an individual's well being. A feminist analysis has sought to scrutinize a woman's experience in families and society and to examine how these experiences affect their mental health.

The tenets of a feminist approach do not preclude considering men as feminist therapists (Gilbert, 1980). Yet, Chesler (1972) and others believe that a female client will best be served and understood by a woman who is herself a feminist. Efforts need not be focused solely on

the effect of a worker's gender on outcome but rather on the investigation of what happens within a feminist perspective. Clearly workers need to provide a service which delivers more effective treatment for women. Within this framework a set of procedures and practice should foster a feminist framework of the psychology of women among the helping professionals and consumers of their service (Gilbert, 1980).

HISTORICAL BACKGROUND OF WOMEN'S OPPRESSION

A brief chronological look at the historical background of the oppression of women will be useful to illustrate how women's roles have served the patriarchal and capitalist system.

Prior to the nineteenth century all family members worked, because it was primarily an agrarian society. The husband was the head of the household but family survival depended a great deal on his wife's work. This included her production of all the food and clothing and her ability to produce children to help with the family work. As the world moved into an industrial era children were no longer productive family members and were seen as an economic burden. As factories sprang up the world of 'work' became increasingly separated from the home. It was at this time that men went to work outside the home and were paid wages, while women's roles were going through important changes. These new industries were providing many of the products that women used to produce in their home. Now clothes, canned foods, bread, and soap were available to the public (Penfold and Walker, 1983).

The role of children in the family went from asset to liability. Children had to attend school, were prevented from working until certain

ages and soon were seen as a strain on family resources. Women's roles were soon devalued as housework and motherwork became separated from the production of visible goods and services. Society was beginning to be divided into two spheres, the public and private. Family life was viewed as private where women provided their husbands with domestic, emotional, sexual and reproductive services. When the children were born they became the legal property of their father (McIntyre, 1981). This division of labour successfully conditioned and socialized women into a dependent and subordinate role in private and public life (Levine, 1975).

In this era a new ideology developed whereby women were proclaimed to have the natural biological features, womb and breast, and the natural maternal instincts to become full time mothers. To reinforce this notion nineteenth century men, including the church and state fathers, told women how children require full time adult attention and how women are especially endowed to do this.

The events that occurred at the end of World War II are a prime example of men cajoling women back into the role of motherhood. Women had flooded the labour market during the war to fill all types of necessary jobs, but when the men returned from the war and wanted jobs, women were persuaded to relinquish their employment to the warriors who had saved them from tyranny (Levine, 1981). This persuasion was supported by male experts who provided scientific data about motherhood with emerging ideas about 'maternal deprivation' that reinforced the idea that women should remain home. With this resurrected ideology, the reduced employment opportunities for women, and the lack of child care

services, women had to withdraw back into the private life of family and motherhood (Levine, 1981).

Throughout history and up to present day society, women have been meeting men's needs in a male defined society. Women's roles have been shaped and changed according to the requirements of our patriarchal system. This oppression of women has affected every facet of their lives and has led to a power imbalance in our society. This imbalance is firmly entrenched in our dominant, patriarchal ideology which precludes equality for women (Berlin, 1981).

Presently in our society there have been improvements in the inequalities that exist in the power structures of families. These have come through equal rights legislation, family law changes and the ever increasing numbers of women entering the labour force. Despite these improvements the institution of marriage and motherhood remain vehicles for oppression and male dominance (Avis, 1986). Many women's lives are characterized by the realities of violence, sexual stereotyping and subordination (Avis, 1987).

In today's society, the traditional family structure is one institution that is particularly effective in the containment and oppression of women (Levine, 1975). Women as a group have been molded into future wives, mothers and housekeepers, who through their feminine work of raising and nurturing children, and loving and sustaining families, have been able to keep our human society going (Levine, 1975). This work has kept women in a subordinate role to men and has been devalued and exploited by our patriarchal society (Greenspan, 1983). It is women's subordination and economic exploitation that is maintained by

the traditional family ideology, roles and arrangements (Avis, 1987).

Feminists have pointed to women's unpaid labour in the family, their economic dependence, isolation and exclusion from status, power and material resources, as being directly related to their segregation in low-paying, overworked and under-appreciated job ghettos and exploitation in the marketplace (Avis, 1987). The power differential between men and women is regarded as a major cause of women's social, emotional, psychological and economic problems (Avis, 1987). In our society men have been oppressed, but it is the double oppression of women, both within the family and in the workforce, that maintains their second class minority position (Levine, 1975).

The helping profession has not been excluded from the influence of 'male experts' shaping and defining our views of family, motherhood and childrearing. For years therapists have been dealing with numerous problems involving individuals and families and have focused on the interests of the entire family over those of the individual. The therapist's goal is often to restore family functioning by reinforcing traditional models (Hare-Mustin, 1983). Helping professionals have the opportunity to intervene to change the oppression of women and children but have for the most part neglected to do so.

THE FEMINIST APPROACH AS A GUIDE TO PRACTICE

The feminist perspective provides an alternative to more traditional theories and practices which have dominated our helping professions. This approach, which combines theory and practice skills for counselling is useful for all members of society and not just women. There is the recognition that both men and women are victims of gender

role socialization but due to our patriarchal capitalist system women and children have suffered much more (Avis, 1985). This approach identifies the power inequities that exist as contributing to many individual, couple and family problems.

Feminism in social work rests on a critical analysis of the sexism that is embedded, not only in our patriarchal capitalist system, but also in the helping professions. Presently in our society, mental health agencies tend to employ mainly women in nurturing front line positions, with men in supervisory and decision-making capacities. Thus, the analysis provided looks beyond a particular client's life.

With regard to understanding human behaviour, the feminist perspective differs from a traditional approach in that it is based on a female value system rather than a male defined system. For years a male "yardstick" or value system has been applied for both men and women. As Brickman notes (1984) women's experience in life is different than men's and, therefore, their value system is different. Feminism involves an attempt to develop a world view based on women's experience. Feminists believe that women have been custodians of some special and important values in our society--these being, nurturance, caregiving, flexibility, responsiveness, relatedness, empathy, depth of feeling, altruism, warmth, creativity, and spirituality (Brickman, 1984). These values are traditional strengths of women (Brickman, 1984). Women are socialized to the values of the female system but live in a patriarchal capitalist society which is dominated by the male value system.

The feminist perspective is an approach to working with women, men and families that focuses on the interrelationship of women's oppressed

status in society, gender role socialization and the unique experience of life as women know it (Avis, 1985). This perspective is underpinned by the interrelatedness of ideology, social structure and gender role behaviour (Gilbert, 1980). The key issue in the feminist approach is the examination of the power imbalance between men and women (Levine, 1981). These power inequities exist in marriage and in society where the devaluation of women in educational, religious, political and economic institutions is reflected in and reinforced by their secondary status in marriage (Avis, 1985). This framework looks at both sides of the power structure: the effects of too little power on women, and of too much power on men (Brickman, 1984). It provides an understanding of how the social environment and intrapsychic structure both separately and together contribute to the oppression and victimization of women.

The feminist perspective recognizes the unique problems that women face and tries to change those situations. It demands a broad view of our political, social, and economic institutions and is gender sensitive. Women's work both within and outside the family is supported and validated by the feminist approach. This perspective is distinguished by its particular focus on changing family structure and by its involvement of the family system in this process (Avis, 1985).

A feminist framework in working with families includes many aspects of family systems thinking. These are: 1) an emphasis on social context as a prime determinant of behaviour; 2) the use of reframing and relabeling to shift the conceptual or emotional perspective on a situation; 3) modeling; and 4) an emphasis on action and behavioural

change (Avis, 1985). Where it differs from family systems theory is in its questioning of power dynamics. For example, rather than assume that everyone in a family is equally responsible, a feminist analysis would look at, if violence occurs, who in the family has the most power, privilege, and choice.

A feminist framework recognizes the unique problems women face as a result of their socialization and position in our society. Feminists have been credited with bringing our attention to the victimization and oppression of women. The oppression of women has been located and reinforced in the institutions of marriage, motherhood, and the world of paid employment. A feminist framework allows the worker to observe and understand the family through an expanded lens. This shift changes the focus of therapeutic attention, the meaning a worker attaches to a particular family problem and the intervention approaches selected from the interpersonal to the political (Avis, 1985). For example, with this approach in mind a worker would view the behaviours of a nagging wife and withdrawing husband in the context of their relationship system. The 'nagging' would be seen as a behaviour of powerlessness and withdrawing as an exercise of power (Avis, 1985). This view will alter the worker's goals, assessments, and intervention plans.

As this practicum took place in a child welfare agency the labour which occurs in a family was seen to be of prime importance in understanding presenting problems. Thus, the next section looks in more detail at what feminist call "motherwork".

MOTHERWORK

Women in our society have been deemed responsible for the welfare of the family (Avis, 1987).

The physical and psychic weight of responsibility on the woman with children is by far the heaviest of social burdens (Rich, 1976).

This responsibility is greater than that of 'providing a living' because any failing of that provision can be blamed on the political and economic institutions, whereas, if the woman has 'failed' her children, her very character and status as a woman is questioned.

It is she, finally, who is held accountable for children's health, the clothes they wear, their behaviour at school, their intelligence and general development...Even when she herself is trying to cope with an environment beyond her control--malnutrition, rats, lead paint poisoning, the drug traffic, racism--in the eyes of society the mother is the child's environment (Rich, 1976).

With a feminist perspective a worker would begin to view a woman's and mother's reality in a different light. For example, post partum depression would be seen as "on the job stress" and not as rooted in the female psyche (Levine, 1975). These attitudes lead to the exploitation of the greatest work force of the world, - those employed at motherwork. This reproductive, domestic and emotional labour of women goes unrewarded, in terms of financial benefit. The job has no minimum wage or trade union, so the workers are dependent on the benevolence of their male counterparts for almost any privilege. If a job description for motherwork was ever presented it would include all the domestic tasks, the socialization of children, servicing the adult male sexually and domestically as well as all the emotional work women do (Levine, 1981).

For love, women are assumed to provide unflagging emotional care, not only to children but to men, while in terms of the physical work we do our enormous unpaid contribution to every economy is everywhere dismissed as only the natural science of women to men and children (Rich, 1976).

Thus, this contribution to society is not counted in our gross national product.

Patriarchy ignores this form of labour and scorns the values and qualities involved in it. Motherwork usually becomes visible to men only when it malfunctions or when it is no longer available as a service to them (Levine, 1981). Women who are unwilling or unable to perform this work are severely penalized and labelled cold, castrating, frigid, and neurotic (Levine, 1981). Emotional work, if it is recognized at all, is seen to be mainly concerned with children. Even though mothers bear the majority of the responsibility for children, they are also expected to maintain the stability of the family (Levine, 1975).

When women work for paid wages outside the family, their motherwork does not end. Women make up the lowest echelons of the service, clerical and professional fields, and are mainly involved in frontline service delivery systems, doing the housekeeping and emotional tasks of the workplace (Adams, 1971). When women are working for wages in the labour force they are still held primarily responsible for motherwork inside the home. The division of labour within the house remains unchanged. Women perform both roles with little additional help from their husbands (Armstrong, 1978). Recent research has shown a slight increase in male's participation in household duties but some duties still are performed primarily by women (Andre, 1981).

Women too need a loving, nurturing spirit directed at them but,

within the institution of motherhood, where the woman, husband and children live separate from other families and compete with others to survive, there is little chance for those needs to be met. Mothers may be so concerned with nurturing others that their own needs go unmet. Indeed, a feminist view of depression includes the notion that a woman may be "starving for nurturance" and "going on strike" to protest her abnormal working conditions (Levine, 1981).

VIOLENCE IN FAMILIES

The work women do within families is sometimes conducted in very dangerous working conditions which includes the occurrence of violence. Feminist analysis of family life has made visible the "dark side" of families. Prior to the women's movement several 'invisible' problems, such as rape, incest, battering, and abuse, were concealed, condoned, and protected by fear and silence (Berlin, 1981).

Violence does not exist in isolation and it is not based on inherent individual pathology, for "...violence towards women is a learned behaviour" (Goguen, Leger & Robichaud, 1984). Society has historically been aligned with male supremacy. There has been a definite economic, political and social distinction between the sexes. As far back as Roman times, before Christ, the oppression of women and the dominance of men were clearly embedded in our culture. In 19th century England, Engels suggested that the family had become a microcosm of the political economy, whereby "the man is the bourgeoisie, the woman, the proletariat" (Eisenstein, 1979). The family has been viewed as the man's property, over which he has power and authority. This private aspect made the family the favoured place where

patriarchal authority could be imposed (Goguen, Leger & Robichaud, 1984). Institutions in society uphold the private notion of the 'family'; it is felt that what happens behind closed doors should stay there.

The violence experienced by women has always been tolerated, accepted, even promoted, as a means of keeping the woman in her traditional role (Goguen, Leger & Robichaud, 1984). The vast majority of literature supports the assumption that sex-role stereotypes are in fact related to violence. "Sex-role stereotypes are the bedrock of American culture" (The Feminist Counselling Collective, 1975) and according to Engels, "the first class oppression is that of the female by the male sex" (Fox & Seanzoni, 1980).

Women have been socialized, through global education transmitted by school, religion, family, media and so on, to be nurturing, caring and always giving. "In a patriarchal society, a woman's place is in the home..." (Martin, 1983). Her primary role in life is to be a wife and mother.

Women are socialized to assume primary (and often exclusive) responsibility for parenting, for serving the emotional and physical needs of their husbands and children, for domestic labour, and for maintaining the health and stability of their families (Avis, 1984).

Men have been socialized to be aggressive, dominant, and independent, and violence is seen as "...a result of the need to dominate" (Goguen, Leger & Robichaud, 1984). Man's primary role is to be the economic provider for the family. He is to provide for the basic needs of food, clothing and shelter. As well, he is the 'head of the household', which means he is to rule over and protect the family unit.

Here a paradox emerges, for the man's role is to protect the family, yet the most dangerous place for a woman is in her own home (Roberts, 1982). The marriage license is a hitting license society gives a man to use violence against his wife without fear of retribution (McLeod, 1980). Although this has changed to some extent, women abuse has survived because until recently women had no rights. Legal sanctions against this violence have gone largely unenforced. The incidence of violence does not seem to be declining.

Violence in families is reflected in many shapes and forms in Canada today. Women and children are the targets of violence, with this oppression occurring in their homes and society. Recent reports indicate that every year one in eight Canadian women who are in a relationship with a partner are abused (McLeod, 1987). Therefore, workers in child welfare always need to assess whether it goes on. For many families this behaviour is downplayed and minimized and often becomes a way of life in the family. In these families women and children are the primary targets. Violence has a powerful and detrimental effect on an individual's self esteem, self worth, and mental health.

In the last few years helping professionals have begun to work towards solutions and treatment of women abuse which is viewed as a major social problem in our society. Given the incidence of abuse and its destructive consequences to the family, it is imperative that child welfare personnel are sensitive to its occurrence when assessing and intervening with families.

In implementing a feminist approach as a guide to practice it was

found that two important principles form the backbone of this framework: the notion that the personal is political, and a view of the worker-client relationship as egalitarian. These two principles will be discussed next.

THE PERSONAL IS POLITICAL

The underlying theme of the 'personal is political' involves helping individuals understand that their problems have societal as well as personal causes (Sturdivant, 1980). It is only when the personal is addressed that women and men can hope to understand their own lives and the common ground they share with other people. It is only when the political is addressed, meaning the broader social and economic issues, that women and men can begin to reshape the very system that has been a dominant influence in every individual's life (Levine, 1975). There exists a separation, an artificial division, between the private and public spheres of life.

Human behaviour in our society, whether it is individual, family or organizational, is shaped by our social and economic institutions. The values, roles, expectations and social controls that affect the lives of men, women, and children in our society are rooted in our politics and practice of individualism and in the patriarchal capitalist system (Levine, 1975). In this country women are a numerical majority yet a psychological minority. This differential has emerged out of a particular social and economic order that has successfully conditioned and socialized women into a dependent and subordinate role in private and public life (Levine, 1975).

The notion of the personal is political involves validation of each

person's experience (Gilbert, 1980). Through the process of counselling the client comes to understand the role of society in shaping all individuals and, in particular, its role in shaping the behaviour of women. In child welfare, many single parent mothers need validation of work they are doing. Men also need to understand how society has shaped their behaviour. This includes their difficulty in expressing feelings and emotions.

Within the principle of the 'personal is political' is the exploration of values and attitudes by the workers (Gilbert, 1980). A worker should constantly explore his or her own values and attitudes concerning women and confront tendencies within his or her own practice that maintain structures as they are. By using feminist values a worker is able to help women, men, and children become aware of the existence of sex-role stereotyping, sex-role oppression, and the effects of our social context on the developing person (Thomas, 1977). For example, a worker may spend time with a family helping them explore whether their ideas of masculinity have kept them distant from their father. Through a feminist perspective the feminist value system is validated by the worker and also transferred to the client (Thomas, 1977).

Finally, the personal is political principle places an emphasis on change rather than adjustment to the status quo (Gilbert, 1980). The feminist perspective recognizes the historical and current oppression of women and children in our society. The socially and economically determined role for women has had many effects on their lives. With the carefully prescribed behaviour norms, women have a difficult time being confident, resourceful, self focused, independent or aggressive. They

are expected to be the opposite, and are censured, either consciously or unconsciously, if they exhibit what are seen as male traits. The worker helps women recognize the ways in which they have internalized their oppression. Through this process women and children are able to recognize that they have experienced a long history of oppression and victimization and this has led to their present minority status and role in society. Women, men, and children are encouraged to work towards societal changes in our social, economic, and political structures so that significant improvement can occur in their lives.

EGALITARIAN WORKER-CLIENT RELATIONSHIP

A second important principle of a feminist perspective is to work towards creating an egalitarian working alliance between the worker and client. This is done through a variety of methods. Feminists define the therapeutic alliance as one in which the worker and family members have equal status in terms of their responsibility and capability for problem resolution (Avis, 1985). There is not a hierarchial helping arrangement and feminists believe the rigid line must be dissolved between the worker and client (Greenspan, 1983). The client is encouraged to take a consumer attitude and 'shop around' and interview several therapists. As a consumer of service the client has the right to know the attitudes and values of the worker (Gilbert, 1980). This attitude will keep the client informed and 'demystifies' the worker as a person of unique power and knowledge. Every worker brings their own bias to practice, consciously or unconsciously, and clients have the right to know of some of this personal information (Levine, 1975).

Another aspect to equalize this relationship is reducing the power

differential between the worker and client. The worker has inherent power in this relationship due to the client needing this service. Within this perspective both the client and worker are seen as equals in a struggle. By selectively using self-disclosure and self-reference and sharing similar or relevant life events when appropriate, the worker can reduce the hierarchy and power in this relationship (Levine, 1975). This will dispel the myth that the worker is a problem-free human being.

A third aspect to consider to develop an equal worker-client relationship is modeling by the worker. Effective modeling by a worker often includes self-disclosure of a worker's experience as a person in our society. This is thought to assist the client in validating their experience as well as to widen their options and goals (Gilbert, 1980). It is important for the worker to model both strengths and weaknesses which will present a more holistic view of women and men.

The final aspect that is related to this principle is that the expression of anger is encouraged. The process of assuming power in one's own life may bring up feelings of anger, and dealing with anger is essential to a feminist perspective (Gilbert, 1980). Once women and men begin to understand the broad implications of their traditional role and place in society, they are unable to participate as they did before. This understanding will make them aware of their oppression and how everything is defined in terms of 'he'. This experience may create a great deal of anger about her expected societal roles and how each person relates to various individuals (Gilbert, 1980). This anger and

working through it, are a part of a feminist process of work with clients.

Other factors which assist in creating an equal relationship include the absence of jargon, of professional mystification, or mechanistic techniques used with the consumer. The presence of simplicity, clarity, and sharing, with the simple acknowledgement that the consumer, at this point in time, needs assistance is emphasized. It could be the worker who at some other point in time has been or will be a user of service and this must be made known (Levine, 1975). These notions of egalitarianism are entirely consistent with the network theory emphasis on empowering.

Thus, the feminist/ecological framework presented is the approach taken by this writer in working with families in child welfare. This approach can be utilized in all types of practice situations which include individual, couple, family, or group work. In my practicum, this framework was utilized with individuals and families.

SECTION 2 - THE PRACTICUM

CHAPTER 3. DESIGN OF THE PRACTICUM

I. Introduction and Purpose

The child welfare field includes a very dynamic and active organization that is constantly evolving to meet the ever-present demands of the public. Working with families presents many unique problems and challenges to the service provider in child welfare. Yet, despite the progressive nature of this field, there still exists a prevalent concern as to how much emphasis should be placed on examining the characteristics of the individual, the family, and their environments. Another area of focus centers on past events and their relationship with ongoing family behaviours and difficulties (Bodin, 1968). Each of these areas can provide relevant corroborating information with regard to the family, and it is essential to integrate these varying perspectives (Trute, 1985). Therefore, a worker must possess the ability to select a mode of intervention that will best respond to the individual and the particular problem that is faced.

When working with families, there are many different behaviours that occur simultaneously. A worker must be able to consider not only the individual and the family, but also the larger social systems that have influence upon the client and his/her behaviour. Since approximately 1978, workers in Canada, have been concerned with the intra-family dynamics and the transactions that occur between families and their social systems (Trute, 1985). This change in theory and

practice represents a major paradigm shift in clinical orientation, and demands a new approach to working with families.

The nuclear family is the basic unit in western society, and becomes one of the most important and influential aspects in a child's development. In most families parents are able to give their children the loving care they require, and encounter only the typical problems of childbearing. Yet, for many families the difficulties they experience may prove to be too much for either the parents or guardians to deal with. The child welfare field has always expressed a concern for the complications that families encounter, but until now has not been able to deliver this service due to the lack of a mandate and necessary resources (Sevcik, 1984). It is now recognized that the best way to help and protect children is to work with their families and environments. The ultimate goal is to keep families intact.

The year 1985 saw the passing of the Child and Family Services Act in the province of Manitoba. The mandate specifically directs agencies to work with families to prevent crises from arising, and to respond to the particular needs and wishes of the communities they serve. At present however, the child welfare field is in transition. With the development of these new, community-based child and family services, many of the agencies find themselves lacking in the resources necessary to fulfill their mandate. These new responsibilities and services are being added to the caseloads of the already overburdened social workers. The lack of funding for new programs and additional staff has limited agencies in their ability to help prevent and solve a family's problems.

It is with this knowledge that the following social work practicum

was designed--to work with families in child welfare and to develop a service that could truly meet the needs of individuals and their families. In addition, this practicum presented the opportunity of developing my practice in a feminist/ecological framework, and gave me the occasion to work with families in child welfare for five months.

II. The Setting

The child welfare agency selected as the setting for this practicum was Child and Family Services South of Winnipeg. In 1985, the former Children's Aid Society of Winnipeg was dismantled, and the new, community-based Child and Family Service agencies established. In Winnipeg, services are provided by six regional community-based agencies of which Winnipeg South is one. These services are organized on community lines. Hence, they are not centralized in large urban offices. Instead, they are located in common urban settings such as churches, storefronts, and community centres. All six offices have a similar function--to provide child and family services on a community or neighbourhood level. The workers are to have knowledge of the areas in which they work, as well as an understanding of the range of problems faced by the people in their assigned communities. The Winnipeg South office is located in the Townhouse Motel on Pembina Highway, and serves the residents of Fort Garry and St. Norbert. The social workers at Winnipeg South are constantly dealing with a broad scope of issues and concerns, ranging from adoptions, child protection, services to families, counselling, and work with single mothers, to liaisons with other social services, hospitals, schools, medical services, the courts, and the police. Workers also become responsible for developing links

with community organizations, and for establishing contact with local resources such as foster homes for children. Within the Winnipeg South agency, some workers have become very skilled and specialized in certain areas, such as the following: 1) adoption, 2) foster homes, and 3) sexual abuse. However, this office is also prepared to deal with problematic family issues and emergencies, and to work directly with its community.

As part of the community, the Winnipeg South office is guided and advised by a board of directors which is elected by community members. Thus, the agency is able to develop a clearer insight into the special needs and concerns of the individuals and families it serves. This sensitivity better enables the workers to help prevent and resolve family problems. The Winnipeg South office is becoming an increasingly important resource to its community in terms of guidance, support, and information.

Presently this agency has found its transition to a community-based service, as well as its commitment to working with children and families to be very taxing. With its limited resources, the agency was very supportive of a practicum that was designed to work with individuals and families on an intensive basis, offering services that the agency was already mandated to provide. By the same token, the Winnipeg South office as a child welfare agency was a great resource to this practicum. Not only did it offer the opportunity to work with families on an intensive basis, it also provided opportunity for crisis counselling, short-term work involvement with voluntary as well as involuntary clients, and working with families both familiar and unfamiliar to the

child welfare system. In total, this setting allowed for a comprehensive experience as a service provider in a child welfare setting.

When working with this agency, a counsellor often has to work in the evening. This is necessary as it becomes difficult to arrange meetings with entire families during daytime hours. The worker is often required to conduct visits in the family home. This necessitates an agreement between the worker and the family to ensure that no disturbances occur during this time. On the other hand, when families meet in the office, the family room provides a comfortable and relaxed atmosphere for all family members, including the young children who are surrounded by many toys and games with which they may choose to play. Families were seen both in the home and at the office depending on their particular situation and needs.

III. The Clients

(a) Selection

Several procedures were utilized to select a client population suitable for this practicum. It was necessary to have families agree to meet for at least ten sessions. It was also important to select families whose presenting problems indicated a long period of involvement, and who requested the service themselves. It was decided that voluntary clients would best meet the needs of this practicum. However, before any selection could be made, it was necessary to review the information that the agency had already received concerning any of the possible clients.

By March 1987, six families were selected for counselling on an intensive basis, of which four had previously been involved with the agency. All six families had reached a crisis point that was disruptive to the lives of the parents and children alike, resulting in serious family deterioration. It was at this point that they felt outside assistance was needed if their families were to regain a stable home environment. A variety of backgrounds and presenting problems were present in the sample.

Throughout this practicum a total of twenty-five families were seen. As stated earlier, services included working with voluntary families, crisis work, and short-term involvement of 3 to 4 weeks. Concerns and issues ranged from child sexual abuse, physical abuse, and family violence to adoption issues, blended families, runaway teenagers, and working with single mothers. Often the counselling sessions would involve home and office visits, as well as numerous telephone conversations dealing with matters of immediate concern.

For many of these families, our service provided an opportunity for members to discuss issues with which they were previously unable to deal. For some, this included negotiating new family rules for their quickly maturing children, and procuring information concerning services and resources within their community. For others, it meant intervening on their behalf with the larger social systems such as schools, hospitals, the courts, and the police.

(b) Description of the Client Population

The caseload for this practicum consisted of individuals and families from a wide variety of circumstances. The families covered every socio-economic level--the lower, middle, and upper classes; consisted of one and two parent families, younger and older parents, as well as a wide variety of cultural and ethnic backgrounds. In some families, there was a history of abuse, alcoholism, divorce, unemployment and involvement with child protection services. However, for other families, this was their first experience with Child and Family Services, having had no previously reported family difficulties. The children involved ranged from the ages of two to seventeen years. All of the families resided in the Fort Garry and St. Norbert areas.

The six families who received long-term, intensive involvement had widely varying demographic characteristics. They may be categorized as follows:

1. Ages and Life Stages

- divorced father in his late 40's with a teenage daughter;
- married couple in their early 30's with a teenage daughter by the mother;
- divorced mother in her late 30's with 3 teenage sons;
- divorced mother in her late 30's with two adopted teenage children;
- divorced mother in her early 40's with a teenage daughter;
- married couple in their late 30's with a teenage son by the mother.

2. Economic Status

- one family maintained a comfortable upper-middle class lifestyle;
- four families were working-class supported by a single wage earner;

- one family maintained a comfortable middle-class lifestyle.

3. Type of Community Life

- all six families lived in the Winnipeg suburbs;
- three families owned their own home;
- three families lived in apartments.

4. Religion

- one family was involved in the Mennonite religion;
- one family attended a Protestant church;
- four families did not attend or practise any religion.

5. Ethnicity

All families were Caucasian, of English, Ukranian, or German origin, and all family members spoke English.

6. Marital Status

- four couples were divorced and not remarried; this included one single parent father and three single parent mothers;

- one couple was remarried; the woman for a second time, and the man for a third time;

- one couple was living together.

7. Special Circumstances

- violence and abuse were present in four families;
- alcoholism was present in two families.

The Counselling Process

(a) Assessment

After each family was selected for this practicum, I called to arrange suitable meeting times. Due to differing work schedules, some interviewing took place during the day, while others occurred in the evening. This allowed me the opportunity to encourage the notion of the value of time--both the clients' and mine--as an initial step toward the equalization of the worker-client relationship.

The first session provided me with the opportunity to begin to understand and explore the present situation of each family. It was during this introductory period that I could decide whether or not I could be of benefit to them. Individuals and families were encouraged to use this same time to ask questions of myself, and to decide whether or not they could work with me for an extended period of time. Since these were voluntary clients, I indicated to them that the choice was their's as to whether or not they would continue in this working relationship. Such choice is a component of the feminist/ecological framework. In reality this choice does not exist at the agency but never the less each family was given the opportunity to decide whether they wanted this worker.

After this decision was made, each family agreed to work together for at least ten sessions. I further explained that I would be using some assessment forms which would be filled out early in the counselling process. Then at the end, two more forms would follow which the families themselves would be asked to complete. All of the participants were agreeable to this. Finally at the end of the ten sessions, a

mutual decision would be made between the clients and myself, based on issues, concerns, and needs, as to whether or not a few follow-up sessions would be of benefit to the family members.

(b) Intervention

The intervention process was flexible, and was based on the individual's and the families' needs at each session. Within this process there were educational, political, supportive and change-oriented elements involved. An emphasis always remained on helping the individual to describe his/her ideas, feelings, or behaviour, and on exploring his/her own strengths. It was important, for example, not only to recognize a woman's isolation, but also a family's isolation and the need to have someone to talk to. With this in mind, each individual was given ample time to express him/herself. It was integral to the process to establish a relationship of dialogue which would include mutual problem-solving, and spontaneity, as well as openness, empathy, and equality. Each session was of one and a half to two hours in duration depending on the size of each family. During these counselling periods the various possibilities of intervening were discussed, and it was determined whether I could continue to work with the family or couple, and/or with the individuals involved.

Within the intervention process a problem-solving model was utilized. This model rests on the belief that for any individual family or social system to work towards a productive change, there is the need for that system to engage in rational, goal-directed thinking, and to divide this cognitive activity into specific stages (Compton and Galaway, 1979). Each stage will involve work that is aimed at a goal

determined by the worker and the client as being important to the resolution of the problem. The manner in which this work proceeds in each stage will have a direct bearing upon the progress that is made in each subsequent stage (Compton and Galaway, 1979). Within this model, it is the client who solves the difficulties in his/her own life, and it is the client who reaches the necessary decisions in order to make choices that are deemed appropriate for him/herself. This model is following a life model of human growth and development. The worker does not find a cure for the client's troubles, but facilitates the forward motion of the client, helping him/her to strengthen his/her capacity to cope more effectively with life (Compton and Galaway, 1979).

The problem-solving component within a feminist/ecological framework follows a life model of human growth and development that considers interaction with the larger social system, but also redefines the problem to include the personal and political dimensions of the client's situation. A worker is concerned with the individual, but in listening to the client's problem, the counsellor keeps foremost in his/her mind with whom they are dealing and what the societal rules of time and space are for that individual. For example, when working with a depressed woman, there is the knowledge that the majority of women in western society have been socialized to placate others, to put their own needs aside, and to put the needs of others, especially men and children, ahead of their own. There is also the recognition that women are apt to be discriminated against economically and institutionally (Moreau, 1979). With this in mind, a worker is able to view the client's position with regard to power within the system, and this in

turn helps the service provider not to lay total blame on the individual for his/her present situation. Consider the single mother living on assistance in public housing. Before she begins to express herself, a social worker operating within this framework would understand that this woman is already disadvantaged by social, economic, and political institutions, by virtue of being just who she is. It is from this perspective that a worker begins to focus his/her attention and efforts before engaging in a project to change the person.

The problem-solving component within the feminist/ecological framework begins with the examination of who the client is politically. Consider again the woman on assistance. From said perspective, the worker is able to understand the treatment that a client receives institutionally, based on his/her particular power position within the social, political, and economic structures (Moreau, 1979). The worker is further able to comprehend the interaction between the larger environment and the individual's power position with respect to the client's thoughts, feelings, and behaviour.

(c) Termination and Evaluation

Every family that was counselled on a long-term basis was able to fulfill its commitment to the working contract initially agreed upon. In all cases, each family was able to resolve some of the issues that first brought them to Child and Family Services. Each of the family members was asked to complete the post-test forms and evaluation questionnaire, and none objected.

(d) Assessment Measures

The paper and pencil measures utilized with these families were for assessment and evaluation purposes both on a pre- and post-test basis. Four areas were seen as particularly important in working with families within a feminist/ecological framework. These included intra-family functioning and concerns, interaction with larger social systems, support networks, and isolation. The measures utilized with the families were able to determine the impact of each area on the individuals' or the families' well-being.

The first measure used was the Morrison Center Family Concern Form (see Appendix A) which is a 24-item problem checklist that records levels of satisfaction with aspects of the family's functioning and interaction. The checklist illustrates various levels of satisfaction in a number of specific areas of concern that have client utility. These include the following: 1) the use of physical force, 2) relationships between parents, 3) making of sensible rules, and 4) methods of dealing with matters concerning sex, alcohol and drugs. This form has been in use for over seven years at the Morrison Center for Youth and Family Service in Portland, Oregon. It is brief, simple to administer and easily understood by family members over the age of ten.

The form will show a relatively large range of change. Family members may respond at either end of the scale, permitting either a very low or a very high indicator of satisfaction. An individual has five categories of response in which to reveal a change in feelings about his/her family. This does not present an overwhelming number of response answers. The 24 items on this form allow for changes to be

observed in some areas, while no change may occur in others. Furthermore, no general satisfaction or dissatisfaction is inferred on the basis of limited information.

Currently there are no figures available on this form's reliability. This is a disadvantage that must be weighed against its merits and utility. Bloom and Fischer (1982) have stated that self-report measures are not any more or less reliable or valid than many other types of measurement. This form appears to have face and content validity when considered in the context of the feminist/ecological framework, and when allowing the client to determine his/her own level of satisfaction with respect to family functioning. It is the individual and the family who will make this subjective judgement.

The second measure utilized was the Support Network form (see Appendix C). It has been shown that social networks play an important role in one's personal health and well-being. As outlined in the literature review, networks are shown to have an influence on physical health, the life cycle, and psychopathology (Saulnier and Rowland, 1985). Findings from Saulnier and Rowland (1985) indicate that high-risk multi-problem families tend to have networks that are smaller than average. A feminist/ecological framework is concerned with a family's social support, and the impact a limited network has on its well-being.

The Support Network form taps the client's network that most influences his/her attitudes, behaviour, and well-being. This is seen as the individual's "core" network. This approach defines the core

network as the set of people who are most likely to be sources of a variety of rewarding interactions, such as discussing a personal problem, borrowing money, or social recreation. The method is based on the exchange theory of relations and leads one to believe that people who are sources of rewarding interactions will be particularly important in the shaping of attitudes and behaviours (Saulnier and Rowland, 1985).

The Support Network form has face and content validity in that it seeks to measure and record an individual's network size. In this practicum the measure was not scored - rather it was used to identify areas of strength and weakness with the client.

The Family Inventory of Life Events and Changes or FILE (McCubbin, Patterson, and Wilson, 1981) was the third method of assessment (see Appendix D). It measures those recent and past events of a family which are assumed to be stressful. The family's behaviour is measured in response to the following: a) situational stressors (economic conditions, illnesses, b) developmental events (first time parenthood, retirement), and c) transitional stressors (death, divorce, or moving to a new location). A feminist/ecological framework is concerned with these family life changes, and looks at the sum of normative and non-normative stressors and intra-family strains (McCubbin and Patterson, 1982). This may explain why some families are more vulnerable to stressors and lack the regenerative power to handle their present situation. A family's resources may already be exhausted in dealing with other life changes. Therefore, family members may be unable to make further adjustments when interacting with their social environment.

The overall scale has internal consistency and reliability with a Cronbach's alpha of .72. Validity assessments of FILE were made by correlating the ten scales from FILE with a measure of family functioning, the Family Environment Scales or FES. A comparison between FILE and FES show FILE to have construct validity.

This self-report measure of 71 items was not scored, but was used as an indicator of stressors that impinged upon family well-being. These areas include intra-family strains, marital strains, pregnancy and child-bearing strains, finance and business complications, work-family transitions, illness, losses, transitions in and out of the home, and family legal issues. From a feminist/ecological framework this information was used to partially assess how a family was able to cope with its social environment, and in which area they are having the most difficulty.

Finally, a Consumer Satisfaction Questionnaire (see Appendix E) was administered to the families at the termination of services. This will be elaborated upon in the chapter dealing with evaluation of outcome. All forms were utilized with the six families which received long term involvement from this agency.

CHAPTER 4. CASE ILLUSTRATIONS

Introduction

My search for a framework that would offer better explanations and answers to the many problems families faced led me to this practicum. At Child and Family Services I had the opportunity to work with six very different families on a long-term basis in a child welfare setting. As discussed in Chapter One, a feminist/ecological framework works both within and beyond the family. All families live within a political, societal, and economic context and are in constant interaction with their immediate and larger environment.

In our society families are socialized to believe that their private struggles belong in the home and are the responsibility of each family member. Throughout this practicum the families I encountered showed evidence of this socialization. They all believed their difficulties were due to a failing within their own family.

A feminist/ecological framework gave me the opportunity to incorporate many of the practice principles of working with families that were cited in the literature. The problem solving approach utilized with these families revealed similar intra-family strains and concerns that became the focus of our work. These included:

1. power struggles
2. communication patterns
3. renegotiating family rules
4. family violence

5. sharing feelings (good and bad) and problems with the family.

In addition all families were involved with a larger social system, which included:

1. school
2. courts
3. police
4. employers

In this chapter the process of a feminist/ecological framework with families will be illustrated by four case examples. The themes and issues that were discussed in the literature will be explored and examined as they pertain to the individuals and families. The information I obtained from the assessment measures will be woven into each account.

Case Examples

Case 1: The R. Family - "Work with a single father"

Initial Referral

The Child and Family Service agency received the R. family as clients two years ago. Their involvement began when Mrs. R. requested assistance from this office to control the acting out behaviour of her daughter Kristie. This behaviour included missing school, running from home, and constantly moving between her divorced parents' houses. Mr. and Mrs. R. were divorced in 1979 and, since that time, the family had seen a number of helping professionals. Little was gained, however, from the involvement with these professionals and the family continued to see their difficulties escalate.

Kristie's current behaviour appeared to be the result of two significant events that occurred concurrently in her life. An older cousin sexually assaulted Kristie during a summer vacation and it was during this time that her parents marriage was undergoing a bitter and traumatic breakup.

Since October 1986, Kristie had been living with her father but, as previously mentioned, she frequented her mother's home as well. This arrangement had only been sustained because of the close proximity of Mrs. R.'s home and her continued involvement with Kristie. In January 1987, the R. family required further assistance with Kristie. During the fall, she had excelled in school and exhibited acceptable behaviour. However, after receiving a glowing report card, her attitude and behaviour began to deteriorate. Following discussions with Kristie it

became clear that she was afraid of failure in that she felt that she could not continue to perform at such a high level. She had difficulty in handling any form of success. Kristie was expelled from school as a result of her unacceptable behaviour.

Through the influence of her father, Kristie was enrolled in a new school program at St. Vital Mall in early January 1987. This program is designed for children who do not perform well in the regular school curriculum and requires strict attendance and behaviour in order to avoid expulsion. This expectation again set up Kristie for failure. Within a few weeks, Kristie was missing school and was asked to leave in mid-January 1987.

When my initial contact was made with Mr. R., he was despondent and without hope for Kristie. He was upset by the fact that Mrs. R. would be absent in Europe for four months and that the role responsibility of parenting would rest on his shoulders. It had only been in recent months that Kristie and he had begun to get along and he was concerned that the next four months would be very trying for both individuals.

Due to Mrs. R.'s absence and the recent events in Kristie's life, the R. family appeared to be heading down a path of personal destruction. Mr. R. and Kristie were refusing to live together for the four month period and demanded a solution to their problem. With these events in mind I met the family seeking immediate tension relief.

Working Sessions

When I first met the R. family, it was apparent that they had been involved in similar sessions with helping professionals. All family members were very comfortable, relaxed, and extremely open to showing

anger and hostility towards each other in my presence. Mrs. R. was scheduled to leave for Europe in one week and agreed to attend the initial session. Her eagerness to resolve this problem seemed to trigger "open warfare" between Mr. R. and his daughter. They were constantly yelling and exchanging insults with each other. This behaviour was causing a great deal of anxiety for Mrs. R. who wanted to go to Europe with no worries or concerns about this situation.

The conjoint interview was an opportunity to review the history of involvement that the R. family had with Child and Family Services and to assess their current needs. Throughout this discussion, Mr. and Mrs. R. updated me on the efforts the family made to resolve their difficulties. They presented themselves as tired, frustrated, anxious, and concerned parents. They wondered aloud what their next course of action should be. Kristie was quiet and showed no external interest for the majority of this conversation. Only when the conversation was focused on her, did she work herself into a rage and yelled at her parents for giving the wrong version of the story. This interview gave me the opportunity to observe the family's style of communication. I was able to assess their degree of openness and flexibility as a family in discussing and handling their problems. It was apparent that this rigid and angry style of communication blocked any movement towards positive change.

Each family member was very clear about what their present needs were. Mr. R. was tired of the whole situation and wanted Kristie brought into care. He wanted the weight of parental responsibility removed from his shoulders. Mr. R. did not like Kristie's behaviour, attitude, and disrespect for authority. He foresaw only further

distress over the next four months if Kristie was to continue living with him.

Kristie, for her part, was adamant that she was not going to live with her father. She felt abandoned by her mother and rejected by her father. She decided that independent living was the only solution to the problem and that this would allow her to begin forming a relationship with her parents from a distance.

Mrs. R., during the entire discussion, felt awkward and uncomfortable because she was departing in one week. Of primary importance to her was the immediate resolution of the situation so that she could leave for Europe without concern for her family.

Intervention activities were quickly geared to finding an immediate solution to this dilemma. It was agreed that I would investigate the option of independent living for Kristie, while she and her father agreed to explore new approaches to living together.

The majority of our work was spent talking about the differences that existed between Mr. R. and Kristie. Discussions were primarily centered around the personality differences between Mr. R. and Kristie. Mr. R.'s difficulty in understanding his daughter's behaviour was the result of his own socialization and the particular societal context in which he lived. He had treated Kristie in a particular way and instructed her as to what he considered to be right and wrong. These ways reflected Mr. R.'s own ideology and material position in society. The consideration of these factors facilitated the recognition that Mr. R. was frustrated and embarrassed when interacting on his daughter's behalf, with larger social systems such as the schools and the police.

The condition that he found his family to be in, was as far from the ideal as Mr. R. thought possible.

Kristie, having been socialized to act in a particular societal context, found herself unable to fulfill her father's expectations because of unresolved emotional pains and losses. Kristie's difficulty in interacting with the larger social environment led to her conflict, defiance, and failure. These difficulties in turn, led to the conflict and hostility experienced by her and her father.

It was important that both Mr. R. and Kristie have a positive experience with their immediate family and larger environments. As already stated, the direction of the assistance was focused on improving the living arrangements and the family's style of communication. These two problem areas were also highlighted by the R. family on the Family Concern form as the basis for their struggles.

Based on the problem-solving approach, family members were asked to describe the changes they sought in their family. Kristie's demand for independent living was really a request to be treated as an adult and allowed the opportunity to share in making family decisions. Presently, Kristie felt that family expectations were constraining and did not allow for choice in her life. Kristie was very open about these concerns during our sessions which allowed her to let Mr. R. know how important it was to have a say in her own lifestyle. Mr. R. confessed to being rigid with Kristie, believing his decisions were in her best interest. It was at this point that Kristie and Mr. R. began to acknowledge for the first time how these differences led to conflict in their living arrangements. If the next four months were to be

successful, Kristie and Mr. R. had to communicate effectively and generate solutions to these differences.

Mr. R. was the first to raise his concerns. He felt that for Kristie to live in his house she must either go to school or work. It was important for her to be doing something constructive in her life because Mr. R. could not accept her living idly in his home. Kristie was willing to seek employment but not to return to school this year. She felt stigmatized at the high school she attended and believed her return would not be looked upon in a favourable light by her peers. Her recent lack of success and run-in with school authorities had left Kristie alienated from this system. Everyone agreed that the employment environment would offer more success for Kristie at this point in time. Mr. R. was satisfied with this arrangement but expected Kristie to look for employment on a regular basis.

Mr. R.'s second concern was focused on family rules. For the last two years Kristie had ventured to and from home as she pleased. She often stayed out all night which created many sleepless nights for Mr. R. and caused a great deal of disruption to his life. These events led to anger, frustration, concern, and worry. Mr. R. had reached his breaking point and was ready to let Child and Family Services find a secure living arrangement for Kristie. This was not, however, his preferred choice. Kristie recognized her father's frustration but was unable to explain her behaviour. She did not think it was inappropriate to stay out all night but she realized it was important to call her father. These realities highlighted the need for family members to show respect and decency for one another. Kristie's desire to be treated as

an adult demanded that she begin showing respect to her father and vice versa. It entailed informing Mr. R. of her whereabouts and constantly renegotiating family rules when necessary.

For the next few weeks attention was centered on assisting Kristie in securing employment. Time was spent on resume writing and developing interview skills. It was evident throughout this process that Kristie lacked a great deal of self confidence and self esteem. She did not believe she had any skills to offer an employer. Kristie's lack of success in school had permeated her whole sense of self. We talked about activities she had succeeded in and jointly discussed how these successful activities indicated her ability to succeed. Shortly after, Kristie found employment in a local restaurant.

The majority of our working sessions then focused on the R. family's style of communication. For the last two years a social distance was beginning to develop between Kristie and her father. This alienation eventually created a closed and rigid communication pattern that led family members to share their positive and negative feelings with individuals outside the family. Information gathered from the Family Concern form indicated dissatisfaction in sharing feelings with the family for both Kristie and Mr. R. The R. family had difficulty expressing feelings to each other and were impeded by their closed style of communication.

We began to examine this social distance and the implications it held for the R. family. Social distance is what can frequently happen between a parent and child (ageism) and this will limit the opportunity for each individual to identify with and understand the other. Mr. R.

and Kristie could see that they were stuck in this cycle of alienation.

It was apparent that Mr. R. and Kristie did not know or understand one another. They were able to recognize their personal differences through the anger and hostility that they directed towards each other. It was during these sessions that Kristie and Mr. R. began to express positive attributes about each other. They had been unable to communicate kind expressions about each other and these exercises, that required them to do just that, proved to be very rewarding. Both individuals were often surprised and touched that the other person had noticed certain qualities in them. These shared feelings were beginning to break down the barrier between father and daughter and allowing for new light to be shed on their relationship.

These positive interactions allowed us to focus our attention on how the family had handled the anger and hostility within this household. Through our work they realized that the anger, hostility, and differences they shared was partially responsible for their rigid and closed style of communication.

As explained, for the last few years, Kristie had been in constant conflict with her parents and other authorities. She had learned to cope in different ways with the oppressive forces in her life. These coping mechanisms included running from home and denying any emotional pain in her life. With this discovery we began to explore Kristie's reasons for running from home. Mr. R. and Kristie stated that this usually happened after a family argument. Kristie felt these fights occurred when she was not being listened to or getting her own way. Mr. R. believed his daughter was always looking for a fight and refused to

listen to the opinions of others. This episode caused Kristie to explode and accuse her father of being too rigid, inflexible, and always defensive.

These disclosures provided the opportunity to further examine the differences that existed between Kristie and Mr. R. Kristie stated that it was always her parents or others (school authorities) who refused to understand her situation. She believed that if she was living independently, these misunderstandings would not happen. Kristie had learned to cope with the anger and hostility in her life by blaming her parents and other authorities for these problems. She believed it was necessary to protect herself and to avoid getting close to other people.

At this stage of our work Kristie began to talk about her parents' marital breakup. She felt betrayed, shattered, and angry by the breakup of her family and the constant conflict between her parents. Kristie changed from being a very happy and caring individual to a distrustful and distant person. We discussed how Kristie used others to meet her own needs. This often included using her mother and father and having them to blame if things did not succeed for her.

Over the last few years Mr. R. learned to cope with this anger and hostility within his family by becoming a calm and controlling individual. Mr. R. explained that he will rarely react with outbursts of emotion. He will attempt to be logical and rational and base decisions on his own life experience. This often resulted in Mr. R. not recognizing the feelings and experience that Kristie may have.

Kristie and Mr. R. were able to see how these contradictions in their own coping mechanisms maintained their differences. Through our

work the R. family began to exhibit tolerance, flexibility, and understanding for each other. The old methods for handling difficult situations were soon replaced by negotiating, compromise, and respect.

On the family's post-intervention Concern Checklist forms, changes were evident in items that focused on feelings about the family and themselves. Specifically, each family member had increased their satisfaction in items relating to discipline, making family decisions, and feeling good about their family.

In summary, it can be said that a majority of the R. family's difficulties were maintained by their closed and rigid communication style. Throughout this process an emphasis was placed on each individual being able to express their anger, frustration, hostility, and grievances. For the first time in two years Kristie stayed home for four months. In the beginning Kristie and Mr. R. were refusing to live together. By the time June rolled around their house was becoming a settled environment. There was evidence of caring, sensitivity, and flexibility within this family structure.

Kristie had presented herself as a distant, overweight, and unhappy teenager. The high expectations and continued failures at school dragged Kristie's self confidence and esteem to an all time low. This resulted in her pursuing activities which involved drugs, drinking, and running away from home. By successfully obtaining a job, Kristie was able to have a positive experience with her larger social environment. It was during this time that Kristie began to lose weight and gain a new sense of self. This resulted in a change of behaviour and attitude which gave Kristie the opportunity to view herself in a different light.

The R. family will continue to be tested in many of these struggles. It is hoped that the sessions provided each family member with an alternative approach in handling these struggles.

Case 2: The H. Family - "Work with a subsystem"

Initial Referral

Mrs. Sally H. called our agency requesting assistance with her children. For the past year and a half, problems had surfaced with her fourteen year old son, Dave. He had become heavily involved in drugs, stopped attending school, and was arrested a number of times on break and enter charges.

During this time, Dave's attitude and behaviour changed dramatically. A few years ago, he excelled in hockey and golf, and was even scouted by a few junior hockey teams. As Dave became more involved in drugs, his interest waned in these activities. He had since become violent and aggressive in his home, and was insistent upon determining the course of his own life. Sally felt powerless, and was beginning to fear for her own safety.

Sally was a single parent with two adopted teenage children, Dave and Joan. Sally separated from her husband in 1978 when she found out he was homosexual. In the last two years, Dave discovered this, and Sally believed that this had caused him a great deal of difficulty. Mr. H. was still seeing his son on a regular basis.

Sally was very upset over her present situation, and felt she had lost the control she needed to manage her home. I contacted Sally by phone to arrange our first meeting. During the telephone conversation, it was apparent that she was very nervous and distraught. Sally told me that Dave would not attend this meeting since he felt no family problems existed. I assured Sally that the meeting would be held regardless of whether or not Dave chose to attend.

Working Sessions

The first meeting with the H. family proved to be very difficult and abounding with tension. The children had not been informed that a social worker had been asked to see the family, and remained totally uncooperative throughout the initial interview. I began this session by introducing myself, and by summarizing the reasons I believed that a social worker's assistance was requested. Dave and Joan appeared puzzled throughout this introduction, and eventually told me they did not feel that a problem existed in their home. I asked Dave if he would elaborate on his recent difficulties with his school and the legal system. He explained that he had already moved beyond these incidents, and that they were no longer causing either himself or the family any difficulties. Dave also told us that he used drugs regularly, but did not see this as a problem. I tried to pursue this line of conversation, but my efforts were constantly being sabotaged by Sally. She made it clear that this meeting disturbed her, and that it must be terminated directly.

The children left when the session ended, and this gave me the opportunity to speak to Sally in private. We initiated discussion regarding Sally's attempt to interrupt this family meeting. It was at this point that she broke down. She cried and shook throughout the remainder of our meeting. Sally admitted how in the last year she had been losing control of her family. This feeling of powerlessness had caused her to feel confused and lost. She did not know what to do, and had no one to whom she could turn for help. During this time, a distance had developed between Sally and Dave. This was due in part to

the emotional and psychological abuse inflicted on a regular basis by Dave. He was constantly shouting and directing vulgar language at his mother, and she believed that it was only a matter of time before he would strike her.

As I listened to Sally describe her situation, I tried to convey feelings to ensure her that I understood. There were few supports in her life, and this had made her situation almost unbearable at times. There were only a handful of family members and friends to whom Sally could turn for help, and for the most part, she would not discuss her worries with them. Sally was able to collect herself, and we discussed her need to confront Dave with this subject. There was a great deal of apprehension on Sally's part in continuing with counselling, but she was willing to attend one more session.

This second session was marked by the absence of both Dave and Joan. Sally explained that both children refused to take part in any more meetings. This caused her a great deal of anxiety and embarrassment. She was completely frustrated, and felt that there was no hope left for the family. Once again, Sally broke down and cried. I tried to reassure her, but this was very difficult since she was so distraught. Sally's unresolved personal pain and powerlessness had left her in a vulnerable position. She was emotionally, physically and psychologically impeded from dealing with the situation effectively, and this had left her unable to cope with her family. Therefore, I suggested that we select an alternative approach to the family work.

It was apparent from our first two meetings that Sally had difficulty in taking charge of her family and in dealing with the

emotional pain this had brought her. Information from the Family Concern form also indicated Sally's dissatisfaction with agreeing upon and being consistent with discipline and making sensible rules, as well as with feeling good about the family and herself. With this in mind, it was agreed that we meet separately to work. Sally was pleased with this alternative suggestion, and felt that by working through some personal issues she may be better equipped to take charge of herself and her family.

Before beginning with the alternative method, it was important to negotiate work priorities. We decided that our focus would change from Dave to Sally. Sally felt there were many personal issues which contributed to her feelings of powerlessness. She agreed to write them down in preparation for our next meeting. We agreed to work together for eight sessions, and if further work was desired by Sally, a referral would be made.

The major issues Sally brought to our attention focused on the following: 1) her inability to deal with confrontation; 2) the guilt she felt for not being a good parent; and 3) her need to be consistent in her decision-making. These issues related directly to Sally's poor self-concept and her inability to communicate with herself and others.

For many years, Sally had been a passive, calm, caring, and giving person. These positive attributes had been exploited, helping to maintain her secondary status in the home. She was unable to escape this secondary position. The guilt Sally felt as a parent was based upon the current troubles plaguing her family. We talked about some of the "myths of motherhood," and the expectations women place upon

themselves because of society's directions regarding maternal instinct--that "women are destined to be mothers." In the last two years, Sally had been totally responsible for her children, and she acknowledged that it is very difficult to be a mother, especially a single-parent who must work full-time outside the home to sustain the family.

It was important to help Sally understand that her positive attributes are traditional and special female strengths. We also discussed how individuals have taken advantage of this repeatedly, and how Sally needed to begin to assert her basic human rights. Sally's inability to deal with confrontation was in part the result of being powerless in her own home. She had learned to cope with the oppressive forces in society by constantly meeting the needs of others. Sally was able to recognize that her soft, gentle, and agreeable nature is a characteristic of one who denies their own power. Societal rules had conditioned Sally to be placating, and for Sally this had meant always putting others ahead of herself. Sally was forever doing things for her children and her new boyfriend, Mr. W., to keep peace within these relationships.

The fear existed that these relationships would cease to be if she were to stop nurturing them. Discussions focused on what would happen if Sally began to assert herself, and she realized that these relationships would not suddenly disintegrate without her assistance. Such thoughts had never entered Sally's mind before, and she was beginning to entertain the possibility of exploring these new avenues. For years, Sally had accepted all the blame and grief in her family due

to her own fear of confrontation and resultant powerlessness.

It was important to help Sally explore how these societal rules had shaped and controlled her underlying emotions. For Sally, many negative feelings existed that had helped to damage her self-image, and together we discussed these. Sally explained that she felt rotten about herself, scared of disapproval and anger from others, afraid of taking chances, and fearful of asserting herself. She felt that the mistakes she had made throughout her life, such as marrying her first husband, going into financial debt, and experiencing behavioral difficulties with her children, had assisted in making her feel very vulnerable. These feelings contributed to Sally's discipline problems with her children, but she decided that she was no longer willing to suffer any more pain or loss in these relationships. I pointed out to Sally that many parents feel the same way she does. No one wants to be disliked or regarded as the villain.

Her situation was especially trying because of her position, as a single mother. We discussed the importance of her being consistent in the messages she sent her children. This would alleviate any incongruencies, as well as the anxiety that was caused by her children challenging her contradictory messages. By having acknowledged Sally's difficult position, she also recognized the need to allow herself to be less than "perfect."

The same could be said with regard to Sally's relationship with her boyfriend. Important issues needed to be discussed here, but these were continually avoided. She was at a point where she desperately wanted to have a special man in her life. Thus far, Mr. W. had been able to

fulfill all of her needs for companionship, sex, and social contact, and this had made her extremely happy. We discussed how the fulfillment of these needs would become insignificant if Mr. W. were to continue to exercise his total dominance over her. These proved to be difficult issues to discuss with Sally. She had been trying to ignore and erase the inequalities that had existed in this relationship for fear of losing Mr. W.

For Sally to achieve the peace and harmony she desired in her life, it was necessary to eradicate the negative feelings that had permeated her being and distorted her self-concept. These emotions had caused Sally to feel powerless in her relationships with both her children and Mr. W. Throughout our work, Sally and I rehearsed listening and attending skills. These were particularly important when relating to the incongruencies present in Sally's communication with herself and others. This work helped untangle the conflicting messages that had been received and given to others.

Through our individual sessions, Sally was able to see positive changes develop in her relationships with her children and boyfriend. She expressed her amazement in Dave's new behaviour. He is now working full-time, keeps regular hours, and has not been in any more trouble with the law. Dave has also done housework, has brought his mother breakfast in bed, and has taken his sister to a concert. Sally is now able to refuse the children's requests if she sees fit, and is able to abide by her own decisions. Finally, she is able to understand that these significant changes in her family life are really a result of the transformations within herself.

Sally's post-intervention Concern form indicated that changes were evident on items that focused on discipline, the making of sensible rules, and feelings about herself. Specifically, Sally increased her satisfaction with regard to items relating to the following: 1) agreeing and being consistent with discipline; 2) making family decisions, and 3) seeking help for family problems. The most significant change occurred for Sally in feeling good about herself. She progressed from feeling frustrated to being satisfied with herself.

In summary, it can be said that using the subsystem approach of individual work had positive effects on the larger system. Sally's poor self-concept and inability to communicate congruently and consistently left her in a powerless position. The individual work helped Sally take charge of her situation, enabling her not only to act on her own behalf, but also to become more directly assertive in all of her relationships. She is now able to present herself as a strong, caring, giving, and decisive individual.

Case 3: The M. Family - "Work with a blended family"

Initial Referral

Mrs. M. contacted our office concerning the problems she was having with her teenage daughter. In the past year, fifteen year old Kate's marks had dropped dramatically, she had broken house rules, and both parents were suspicious that she may be involved in drugs. This behaviour had totally disrupted the home environment, and led to conflict among all the family members.

For three months, the family saw a counsellor at the Child Guidance Clinic. These sessions were unsuccessful due to Kate's refusal to participate, and to Mr. M.'s domination of all these meetings. The counsellor explained that Mr. M. was well-meaning, but would continually speak for Mrs. M. and Kate who is Mr. M.'s stepdaughter.

The existence of the M. family could be described as being full of ups and downs, peaks and valleys, rather like riding a roller coaster. These dramatic inconsistencies in behaviour had a very negative effect on the family's well-being. It was the latest episode which forced Mrs. M. to seek outside help. Kate had left home on a Friday night, and did not return for five days. During this time, she had been spotted throughout the city, and was believed to be "high" on drugs. It was only after the police located her that she returned home.

Working Sessions

The M. family was very clear as to what problems were disrupting their homelife. According to both Mr. and Mrs. M., it was Kate's current behaviour that was at fault. Both parents experienced

difficulty in setting appropriate guidelines for a young teenager. They thought their rules were sensible and fair, but Kate was constantly testing the limits her parents set for her by ignoring her curfew.

Through the use of a Family Concern form, it was clarified that both parents were unhappy in the area relating to feeling satisfied with their family. Yet, on the remainder of the checklist both Mr. and Mrs. M. conveyed feelings of contentment where the other facets of their family life were concerned.

Throughout our conversation, Mr. M. constantly spoke for Mrs. M. I explained to the family that it was very important for everyone to have the opportunity to express themselves. There would be ample time for everybody to air their concerns.

Kate was able to paint a very different picture of her family. Because her parents were both present, she presented herself initially as very withdrawn and fearful of parental disapproval. I explained to her that these sessions were important for resolving the family's troubles, and that her contribution was integral to and vital for the solution of these problems, as well as for the fulfillment of her own unmet needs.

Kate identified her concerns as relating specifically to items concerning house rules and participation in family fun and recreation. She felt that the present rules were unreasonably strict, and that this contributed to her continual running away. Kate also explained how the family members do not participate in family activities. Instead, they all seem to lead very separate lives.

Before Mrs. M.'s remarriage, Kate used to spend a great deal of

time with her mother. This had changed dramatically in the last three years, and both parents agreed that little time was spent together. Mr. M. is the superintendent of their apartment building, and also maintains a part-time job. Mrs. M. assists him with the cleaning of their building, leaving them both little time for any family life. They were quite surprised when Kate raised the lack of family participation in recreational activities as her major concern.

It was apparent that Kate had been labelled the "problem" in the family, and it was equally obvious that this message had been communicated to her. The couple stated clearly that their marital relationship was stable, and that the one problematic area in their otherwise tranquil family life resulted from Kate's constant breaking of family rules. Kate assumed the role of family scapegoat by successfully maintaining her function. She would break her curfew and run away from home.

An intervention was quickly designed to settle this dispute which involved agreeing upon a new set of house rules. Mr. and Mrs. M. hoped Kate would be able to follow these rules, thereby reinstating the trust that had existed between them at one time. For Kate the emergence of a social worker and a new set of rules offered her the opportunity to shed her label as the family "troublemaker."

As the work proceeded, information was procured through the use of the Family Concern form, the Support Network form, and a genogram. This information was helpful in aiding the M. family in resolving and explaining Kate's constant running from home. Her running eventually led her to the home of relatives in St. Vital, distressing Mr. and Mrs.

M. greatly, as such behaviour was contrary to the dominant ideology of the M. family. Mr. and Mrs. M. explained that the mixing of one's personal life with one's public life is unacceptable, and that work-related problems should remain at the jobsite, while family-related troubles should be guarded by the privacy of the home. They did not believe in "washing their dirty linen" in public. The involvement of relatives was especially difficult for Mrs. M., as it was in her family that Kate sought solace. The M.'s believed very strongly that the extended family should remain separate from the nuclear family.

The Support Network form further illustrated this belief. The M.'s extended family included over fifty people, and yet they named only five individuals as social supports. Only two of these people could be counted on consistently for assistance in a variety of areas. Both Mr. and Mrs. M. were surprised and shocked at this small number of reliable supports. They had perceived themselves as having a far wider circle of people to whom they could turn. We discussed how these limited supports blocked the exchange of different attitudes, beliefs, and values with other people. The M. family was beginning to see that they lived in a very closed world. Kate, in fact, was trying desperately to enlarge this world by running away and getting more people involved in her family.

Further examination of their network illustrated a lack of personal resources. The M. family did not have any neighbours or friends on whom they could count for help. They associated this problem with their recent move to this part of the city. We talked about the importance of developing new friendships, so they would not be as isolated. With this

in mind, the family met to discuss the possibility of membership in a number of available clubs and voluntary associations to assist them in meeting new people.

As our work continued, it was apparent that the M. family's closed world was a result of Mr. M.'s control and leadership style. He had access to all of the family's financial resources, as well as to all available vehicles, as Mrs. M. and Kate did not drive. Also, as explained earlier, his busy work schedule limited the family in the time they could spend together participating in family activities. These factors, together with Mr. M.'s refusal to allow his wife and stepdaughter to speak for themselves, resulted in the majority of family power resting with his position.

We began to discuss a variety of avenues that might help divide this power more equitably. Mrs. M. was hesitant at first, but then introduced the possibility of getting her driver's license and a job outside the home. She also recognized Mr. M.'s domination of the conversation, and felt this too could change. She admitted that he did not always express what was really on her mind. We continued along this vein, working toward a more democratic household, and dealing with pertinent issues as they arose.

The distance and difficulty Mrs. M. experienced with her extended family necessitated the drawing of a family genogram. This exercise proved to be very rewarding, as it illuminated a number of issues which were important to this family. The time spent drawing the family tree was also enjoyed by all. Mr. and Mrs. M. shared quite a few stories with Kate bringing about laughter, tears, and a new understanding of her

family heritage.

During this activity, it became increasingly apparent that Kate's acting out behaviour was similar to behaviour her mother had exhibited during her own adolescence. This involved failing academic subjects, leaving school with only a grade nine education, and running from home when she was sixteen. Mrs. M. was able to share with Kate her concerns regarding her daughter's behaviour as it related to her own past. For the first time, Kate began to understand why her mother worried about her running away and her failing grades. It proved important to spend time discussing major events in Mrs. M.'s life, such as her relationships with her parents and first husband. Discussion of such emotionally charged issues of the past was very difficult for Mrs. M., and created many feelings of anxiety and tension. Mrs. M. had never before broached these subjects with Kate having feared that she would appear as a failure in her daughter's eyes. It was during these sessions that mother and daughter began to see each other in a different light. For the first time, Mrs. M. told Kate about her father and their divorce, and how the first six months of her life were spent living with her grandmother.

Mrs. M. also discussed the current conflict she experienced with her extended family. Her previous failures in life had caused her to have a poor self-concept. She believed she would be blamed and criticized by all family members for her troubles with Kate. This had led her to exclude the extended family from her personal life.

The M. family was encouraged to begin to communicate with one another. For the last three years, the family members had been giving a

variety of conflicting messages to each other. This was true particularly where Kate was concerned. The M. family began to reconsider the manner in which they maintained these patterns of communication with each other. It was discovered that during breakfast, lunch, and supper, Mr. and Mrs. M. discussed the day's activities together, while Kate's presence went unnoticed. They slowly recognized that activities in the family were done either separately, or to the exclusion of their daughter. At this point, it was mentioned that Kate had repeatedly expressed a desire to be more involved in family matters, and her parents were quite surprised to find that over the last three years they had subtly excluded her from all family concerns. Tasks were quickly designed to help the family develop activities that would lead to the socialization of all members, and would concentrate on sharing and spending time together.

In summary, it can be said that the closed world of the M. family was at the root of many of the problems they experienced. Their closed and rigid style of communication, their lack of social supports, and their unrealistic house rules set Kate up to be the family's scapegoat. This role was successfully maintained for years. Yet, through the use of a genogram, the Family Concern form, and the Support Network form, the M. family began to break down old barriers of silence and misconception.

Our time was spent productively in examining the family's ideology and communication pattern which had ultimately resulted in maintaining their family dysfunction.

Throughout this period, Kate returned to school and successfully

completed her year. She was able to abide by the new house rules and to negotiate for herself when differences arose. During this time, Mrs. M. developed a new sense of self, and began to assert herself in the family. She found a job outside the home and gave the impression of being a much happier woman. Initially, Mr. M. was threatened by our discussion of his leadership and control over the family, and he argued that this was not related to Kate's running from home. Through our shared work, however, we were able to convince Mr. M. that his control had a negative impact on the entire family. In the final Family Concern form, each family member indicated a substantial increase in satisfaction relating to themselves, and to their family as a whole.

Case 4: The D. Family - "Work with a family when there is a history of violence"

Initial Referral

For the majority of the D. family's life, alcoholism and family violence had plagued their time together. The physical abuse of Mrs. D. and her children would occur after bouts of drinking by Mr. D. His indiscriminant attacks were violent, aggressive, and witnessed by all family members. For fifteen years this home was also permeated with constant yelling, screaming, swearing, and hitting between the siblings and parents.

Mr. and Mrs. D. were separated in 1979 and this was when our agency became involved with their family. This involvement had always focused on the children's behaviour within the home and outside the family. Their behaviour within the family involved yelling, hitting, swearing, and consistently breaking house rules. Their behaviour outside the family involved school difficulties, stealing, and fighting within the community. These troubles were compounded by Mrs. D.'s attempt to secure a new lifestyle. Initially she was forced to seek social assistance and live in subsidized housing. These events caused Mrs. D. and her sons to feel stigmatized and isolated from family and friends.

It was in March of this year that Mrs. D. once again contacted our office. She was having problems with her 14 year old son Kelly, who had been a discipline problem for a number of years. Kelly was doing poorly in school, breaking his curfew, lying, and stealing. Mrs. D. was very concerned and was afraid of what she might do to him if the problems persisted. Mrs. D. and her children had lived in an environment which

promoted violence and aggressiveness. Over the years they had learned few skills for coping in stressful situations within the home and outside the family. A number of professionals had been involved with this family and it was with this knowledge that I directed my efforts to focus clearly on their present situation. Living with Mrs. D. were her sons, Jack, 20, Pat, 19, and Kelly, 14.

Working Sessions

The D. family presented themselves as being very needy and having many issues to be resolved. Upon entering the home I was met by Mrs. D. and her three sons and was immediately overwhelmed by everyone talking to me at once. It was very important for each son to tell me about himself and how he thought he was seen in the family. I explained to them that every family member at each session would get ample time to talk. I noted that it was important that when someone was talking there would be no interruptions. By the end of our sessions each individual was able to respect this rule.

As was stated earlier, many issues pervaded this home. Mrs. D.'s recent struggles with Kelly were just the presenting problem. She explained that his difficulties in school, lying, and stealing had escalated in the last month. I asked if any other behaviours had increased during this time and all family members replied. Mrs. D. told me that whenever there was an increase in tension or stress with one child, there was then an outburst of negative activity within the entire family. For this family their coping mechanisms involved yelling, hitting, and swearing between family members. The dominant ideology of the D. family was rugged individualism. They learned to survive by

taking care of themselves. When problems would appear it was "every person for themselves." They told me that these sessions were the only times they sat down and participated in a family activity.

At this point I asked all family members if they could write down what they believed to be problematic in their home. This gave each individual the feeling that their opinion was worthwhile. The similarities were quite remarkable between all four family members. Each member identified the yelling, striking out, swearing, and lack of communication between the brothers and their mother as being the major source of trouble. They all had different reasons for not wanting to be around the other person. This included being compared to their father, being jealous of their older brother's material possessions, or the frustration of feeling taken advantage of in their own home. They all stated that these issues had never been discussed before. This discussion was emotional with each family member feeling very defensive. They did not want to be labelled as the "problem." Throughout these sessions emotions ran very high. The D. family was riddled with pain from the emotional and physical abuse they had all endured. There would be many times that either the boys or their mother would be in tears while explaining a particular event in their life. I viewed their crying in front of me as an indication of the trust they had in me.

It was agreed that our work together would continue in exploring aspects of violence that existed in this family. Everyone agreed this was a problem but did not understand why it happened and still existed. Information from the Family Concern form also indicated that each individual was dissatisfied with the item that related to being positive

and saying nice things to each other. It was hoped that this aspect of family functioning could change.

The family had many questions about the violence and alcoholism that existed in their home. The boys wondered why their father hit them and why their mother stayed with him for so long. The two younger boys wondered if the abuse was their mother's fault. Mrs. D. described herself as being weak and incompetent and felt partially responsible for the violence she and the boys had to live with. It was evident that the D. family had internalized many of our societal myths that concern family violence.

As a family we discussed physical abuse. I gave them information about the types of men who batter, the cycle of violence, and the messages women and children receive from society about abuse. I explained that this behaviour has been learned through the socialization aspect of violent behaviour and talked about the historical roots of women's oppression. We also discussed how all people get angry at times but we have choices as to how this emotion may be expressed. I pointed out to Mrs. D. and the boys that the physical abuse was not their fault. They did not provoke or deserve this treatment. The responsibility for this violence belonged to their father, Mr. D. Mrs. D. and Jack welcomed this information and support and were beginning to view their situation differently. Kelly and Pat were still confused about this issue and continued to question their part in this activity. I realized at this time a genogram would be a helpful tool to illustrate to the family that violence has been a learned behaviour. Through previous conversation Mrs. D. had hinted at violence occurring with other family

members.

The genogram was a new way for the D. family to view themselves. It allowed us to discuss emotional issues in a creative, fun, and safe atmosphere. Each member had stories to tell about a favourite aunt, uncle, or cousin. This process proved to be both rewarding and emotionally taxing. Many family secrets were revealed by Mrs. D. and at times this proved to be very stressful. It was important during these times to stop our work and talk about their feelings. Through the genogram the D. family began to see how their family repeated past behaviours. In both parent's families there was a history of abuse and alcoholism. This approach helped the family understand both the current and historical context of violence within their home. These discussions enabled Mrs. D. and her sons to view their violence as a product of their socialization and as a pattern they could choose to interrupt. At the end of these sessions I left articles for the boys that were concerned with adult children of alcoholics. It was hoped that these articles would assist the boys in understanding their own particular situation.

Another major element that prevailed our sessions was the D. family's anger. Mrs. D. and her sons had continually yelled, screamed, and hit each other. This negative reaction to anger had not allowed any individual to feel hurt or sad. Family members had previously indicated that their frustration and irritation with each other would cause them to verbally explode. Each individual was afraid that this explosion would eventually lead them to continually hit and harm one another. It was apparent they all had a great deal of anger raging within them. I

helped all of them express some of these hostile feelings and we began to devise plans that would assist in curtailing these negative reactions. This included time outs when discussions became heated and helping them recognize what situations created stress.

This work helped the D. family recognize their vulnerabilities and begin to learn new ways of behaving that would enhance their personal lives and relationships within the family. Each individual eventually had the opportunity to share with one another a positive attribute they saw in that person. This was a very rewarding experience for everyone involved and eventually led the D. family to participate in their first family activity. The family spent the evening together planning Kelly's graduation from grade nine. They all expressed amazement that the entire evening passed without a negative word said.

In summary, it can be said that a majority of our work was spent on helping the D. family understand their current difficulties in a new way. We were able to track family problems through space and time and this allowed the D. family to see their problems in the larger picture both currently and historically. These educational sessions eventually led the family to working on their pain and anger. I felt for the first time a start was made with the D. family. Their new awareness will assist them in not feeling as isolated and stigmatized in a world of violence.

CHAPTER 5. EVALUATION

I. Introduction

As stated in earlier chapters, this practicum was designed to help me search for a framework that would offer better explanations and answers to the daily problems I encountered in the child welfare field. The feminist/ecological framework was utilized as the basis for my work with families and the extent to which this approach was able to fulfill these objectives may be evaluated against certain criteria.

II. Evaluation of Outcome

The evaluation procedures selected for this practicum involved two major strategies:

1. Examination of changes in clients' satisfaction with family functioning (on the basis of pre- and post-intervention scores on the Family Concern form).
2. Examination of clients' reported improvements in their problem areas, and reported satisfaction with the services received at Child and Family Services. This information was reflected in responses to the feedback form administered upon termination of our work.

Each of these is considered below:

(a) Evaluation on the Basis of Pre- and Post-Intervention Scores on the Family Concern Form

All six families who received counselling completed both pre- and post-intervention concern forms. Results for the families who completed

both before and after self-reports indicate increased satisfaction in some areas of family functioning, decreased satisfaction in other areas, but an overall increase in satisfaction for every member of every family (see Appendix B).

More specifically, in Family A, across-the-board increases (i.e., in every member) were reported in relation to item 4 (listening and understanding), item 5 (being patient or calm with others), item 7 (being positive, saying nice things about others), item 16 (deciding, agreeing upon discipline), item 19 (making individual decisions), item 20 (making family decisions), and item 23 (feeling good about our family). Across-the-board decreases in satisfaction were reported in item 12 (taking on responsibilities) and item 15 (proper use of alcohol, drugs). On some items, one person reported increased satisfaction where another reported a decrease or no change.

In Family B, the only member (Mrs. H.) reporting indicated increased satisfaction in several areas of family functioning. These included item 4 (listening and understanding), item 5 (being patient or calm with others), item 10 (making sensible rules), item 11 (being able to discuss what is right and wrong), item 17 (being consistent with discipline), item 19 (making individual decisions), item 23 (feeling good about our family), and item 24 (feeling good about myself). No decreases in satisfaction were reported on any items.

In Family C, the three members reported increased satisfaction with item 4 (listening and understanding), item 5 (being patient or calm with others), and item 23 (feeling good about our family). There were no across-the-board decreases in satisfaction reported in any items,

although two members reported some individual decreases.

In Family D, the four members reporting indicated increased satisfaction with item 1 (showing good feelings, joy, happiness, pleasure, etc.), item 7 (being positive, saying nice things about each other), item 8 (knowing what behaviour to expect at different ages), item 10 (making sensible rules), item 16 (deciding, agreeing upon discipline), and item 23 (feeling good about our family). There were no across-the-board decreases in satisfaction in family functioning. For some items, one family member would report increased satisfaction while another would report a decrease or no change.

In Family E, both members reported increased satisfaction in several areas of functioning, including item 2 (sharing feelings like anger, sadness, hurt, etc.), item 3 (sharing problems with the family), item 5 (being patient or calm with others), item 7 (being positive, saying nice things about each other), item 8 (knowing what behaviour to expect at different ages), item 10 (making sensible rules), item 16 (deciding, agreeing upon discipline), item 23 (feeling good about our family) and item 24 (feeling good about myself). Each individual reported a decrease in satisfaction in a few areas.

In Family F, the three members reporting indicated increased satisfaction with item 1 (showing good feelings, joy, happiness, pleasure, etc.), item 6 (showing care and concern), item 10 (making sensible rules), item 11 (being able to discuss what is right and wrong), item 16 (deciding, agreeing upon discipline), item 18 (participation in family fun and recreation), item 23 (feeling good about our family), and item 24 (feeling good about myself). There were

no areas in which they all reported a decrease, although each member did report some individual decreases.

In all the families, areas of increased satisfaction included items which were the focus of our work and items which were not. The same may be said for areas of decreased satisfaction which included items that were the focus of our work and items which were not. This may be expected when one part of the family system begins to change. These changes have an effect on the larger system and demand its reorganization. For some families our discussion of individual decreases in satisfaction revealed that our work had stimulated awareness of other problem areas within the family system. This included some family members beginning to recognize that other problems within their family, such as abuse and alcoholism, contributed to their difficulties. They reported a decrease in satisfaction because of their desire to be more realistic concerning these items. In all these situations, a reported decrease was seen as positive change.

Overall, the results of the Family Concern form were positive. Satisfaction with family functioning as reported on the form utilized did generally increase. In particular, in all families there was increased satisfaction in item 4 (listening and understanding), item 5 (being patient or calm with others) and item 23 (feeling good about our family). These specific changes in family functioning will assist all members in their future efforts at resolving family difficulties.

The case study design of this practicum did not permit firm conclusions to be made regarding the changes that occurred in family functioning. This is due to the lack of a standardized treatment

framework with families in child welfare and the fact that a control group of families was not used. Many factors may have had a significant impact on the changes families reported. These include:

1. history
2. testing (reactivity - because as a self report it is an obtrusive measure)
3. maturation (Bloom and Fischer, 1982).

The objective of my work was to assist individuals and families in coping with their difficulties. It could be said that maturation did influence the outcome of our work which was based on the feminist/ecological framework. It is hoped that the increases in satisfaction were a result of the intervention and the clients' ability to view their problems within a different context.

(b) Evaluation on the Basis of Clients' Responses to the Feedback Form

As stated in Chapter Three, the final stage of intervention included the administration of a Child and Family Service feedback form. This form gave all family members the opportunity to evaluate the overall benefits of the service they received. Pursuant to this, the form was used to evaluate the client's satisfaction with their worker as well as to obtain feedback on the usefulness of the Child and Family Service Agency.

In view of the fact that these feedback forms can be subject to biases such as the desire to please the worker, family members were encouraged to be honest, open, and accurate in their answers. The form included nine questions (see Appendix E). Upon completion of this form

clients were encouraged to elaborate further on the service they received. Fifteen individuals from six families completed the form.

Responses to these questions may be summarized as follows:

1. How much change have you noticed in the problem areas that you worked on at Child and Family Services?

Related to this, ten clients reported that the problem areas had changed for the "better" since coming to Child and Family Services. This contrasted with five individuals who felt things had become "much better."

2. If you noticed improvement, how much would you guess was due to the services you received at Child and Family Services (as opposed to help from friends, church, physician, self-help, etc.)?

Five individuals indicated "almost all" the improvement in their family was due to the service they received at Child and Family Services; eight indicated "more than half"; one indicated "about half"; and one indicated "less than half."

3. If improvements occurred in your family since you came to Child and Family Services, how confident are you that they will last?

Of the fifteen individuals who were seen three were "very confident" that the improvements made in their family would last; ten individuals indicated they were "confident"; and two individuals felt "in between" as to whether their family could maintain these improvements. These two individuals explained that they had never seen improvements last in their family. This led them to feel apprehensive about the future success of their family's struggles.

4. How satisfied have you been with your worker?

Twelve individuals indicated that they were "very satisfied" with their worker and three indicated they were "satisfied." Of the twelve individuals who circled "very satisfied," all offered additional comments, some of which included:

- "These meetings were the only time my father and I could sit down and talk in a peaceful manner."
- "I started to become aware of my feelings for the first time in my life."
- "It was helpful to talk to someone about your problems other than your family and close friends."
- "...these Wednesday nights are the only time we sat down as a family. It is special."

5. How satisfied were you with the number of sessions in your therapy services?

Twelve individuals indicated that the number of sessions for counselling should be "the same" and three indicated there should have been "more" sessions.

6. Were you able to get in touch with your worker when you needed to speak to him/her?

Ten individuals indicated that they could get in touch with their worker "most" of the time, while five individuals reported that they could "always" get in touch with their worker.

7. If you are a parent, how much change have you noticed in your parenting skills since coming to Child and Family Services?

Of the eight parents who answered Question Seven, six indicated

that their parenting skills had changed for the "better" since coming to Child and Family Services, while two parents said their skills were "much better."

8. Would you recommend Child and Family Services to other families if they had problems similar to those which brought you to Child and Family Services?

All fifteen individuals said they would recommend Child and Family Services to other families if they were having problems similar to those which brought them to this agency. Additional comments included:

- "...most definitely"
- "without a question"
- "At first I did not know what to expect, but now I would tell others about the help we received."

9. If difficult problems were to occur or reoccur in your family, would you: recontact child and family services, contact another mental health agency, deal with the problem yourselves, give up or ignore the problem, or other?

All fifteen individuals indicated that if difficult problems were to occur or reoccur they would recontact Child and Family Services.

In general, all clients indicated on the feedback form that they were pleased with the service they received. This suggests that they considered our work to be valuable to their families. Specifically, the intervention was viewed as timely for all family members. Both parents and children were at crossroads in their relationships and these sessions proved to be very helpful. All individuals felt their problems

changed for the better due to the opportunity to openly express their troubles, difficulties, and anxieties in a safe and controlled environment. In particular, all parents indicated that their parenting skills improved during the time we worked together. This is significant considering the state most families were in when we initially agreed to these sessions. Finally, all clients spent time during the last session to express their gratitude and satisfaction with the service delivered. This is especially satisfying when one considers that this service was being delivered by a child welfare agency.

Summary and Conclusion

The child welfare field is in a state of transition. It has always held a philosophical concern for the family and child, but in practice it has placed its emphasis on the child. Over the years there has been an effort to move away from an approach that defines the problem, and therefore, its resolution, as residing in the individual. Agencies are now focusing on the family unit, and the members within that unit. New goals and services are being developed and provided that will help strengthen and support all families within our society.

It is the position of this author that a feminist/ecological approach can be a useful framework for a social worker in child welfare to apply with families. Not only does this approach address the needs of all individuals in the family, but it also allows for the family to be viewed in their environmental context. This framework requires that human behaviour be understood within the context in which it takes place. Our attention is focused on the transactions between individuals and their specific social, political, and economic situation. By locating the problem within the transactional field between the individual and his/her environment, problem resolution is focused on change within and between the person and environment.

In addition, this framework is concerned with power--both personal and political. A key assessment question within this approach is the relationship between a client's "personal" problems, the dominant ideology and the material conditions in which a client lives due to his/her objective place in our society. The approach also flags as high risk those groups in society (i.e., women, children, and the aged) who

may experience psychological damage because they are victims of the dominant ideology that supports, maintains, and legitimizes our present unequal social order.

The themes described in the four case illustrations represent the many issues a worker may face in the child welfare field. The importance of relationships is evident in these themes, as is the need to develop a better sense of self. These various themes were the result of a number of presenting problems in each family. These included family violence, alcoholism, school difficulties, and gender issues.

The feminist/ecological framework allowed this worker to have a fuller conceptualization of the social problems that existed in these families. This led to a reformulation of our goals and objectives. I was able to widen the traditional arena of help and expand my approach as a direct social service practitioner. The service provided ranged from meetings with individuals and with entire families, to a family-community focus. Throughout these sessions families were made aware of the impact of our social, economic, and political systems which impinged upon their behaviour and family life. It is this body of ideas, beliefs, and myths which conditioned most of the families to go along with their own oppression.

Counselling within a feminist/ecological framework helped families begin to view themselves and their situation through a different lens. Individuals were able to express a variety of emotions and feelings and this led to their new sense of self. The families I saw were then able to realize that their personal difficulties had arisen for legitimate reasons. They began to realize that these problems were not just "intra

family troubles" and began to understand themselves in relation to their societal context.

A feminist/ecological approach is a framework that offers a means to work with women, men, and children in a fair, just, and equitable manner. Specifically, it provides a focus on the family and gender issues and a recognition of the impact of social, economic, political, and cultural factors which impinge upon every family's adaptive qualities.

Personal Comments

This practicum was an opportunity to develop a framework that would offer me better explanation and answers in my work with individuals and families in child welfare and it presented many challenges in that regard. A feminist/ecological framework is ideally suited to the multi-faceted nature of the client population in child welfare. It allows me to expand my repertoire of intervention techniques and skills to a wider lens when working with families. It also included focusing on areas that were particularly important to women, men, and children, such as violence in families, motherwork, and power struggles between family members.

Specifically, I learned new ways of working and communicating with individuals and families. This included using genograms, ecomaps, and working with subsystems in the family. It allowed me to gain a new confidence in my counselling skills and realize that I am capable of working with most women, men, and children, and that I am able to follow through the various phases of assessment, intervention, termination, and evaluation.

I learned to deal more effectively with troubled teenagers and their families. A majority of my time would be spent negotiating settlements on family differences and dealing with power struggles between parents and their children.

My crisis intervention skills which I already possessed were continually put to test and refined throughout this practicum. In particular, I became more comfortable with crises and learned to appreciate them as an opportunity to assess and intervene with families at various points of entry.

Finally, the evaluation component of the practicum presented the opportunity to observe the usefulness of assessment and outcome measures. The Family Concern Form and Support Network Form were especially important as assessment instruments. They assisted in focusing on the client's specific needs, wants and desires.

This practicum would also bring its frustrations. I soon realized that the long term, intensive work with families was limited to my practicum. In reality, workers at Child and Family Services South are faced with large caseloads, with the majority of their intervention being short term and crisis oriented. If there is to be a commitment to families, Child and Family Services must begin to develop a family treatment unit. It is only then that this community agency will be able to meet the special needs and concerns of all the individuals and families it serves. Workers will then be able to help prevent and resolve family problems.

Overall, the practicum was an excellent opportunity to develop a framework for individuals and families in child welfare. I learned to be more flexible, self aware and creative, and this has proved to be very rewarding as a professional social worker.

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APPENDIX A

THE MORRISON CENTER FAMILY CONCERN FORM

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing now in each area. Put a check (x) in the box (1-5) that shows your feeling about each area.

	Very Dis- satisfied	Dis- satisfied	In between	Satisfied	Very satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)					
2. Sharing feelings like anger, sadness, hurt, etc.					
3. Sharing problems with the family					
4. Listening and understanding					
5. Being patient or calm with others					
6. Showing care and concern					
7. Being positive, saying nice things about others					
8. Knowing what behavior to expect at different ages					
9. Dealing with matters concerning sex					
10. Making sensible rules					
11. Being able to discuss what is right and wrong					
12. Taking on responsibilities					
13. Encouraging others to take on responsibilities					
14. Use of self-control					
15. Proper use of alcohol, drugs					
16. Deciding, agreeing upon discipline					
17. Being consistent with discipline					
18. Participation in family fun and recreation					
19. Making individual decisions					
20. Making family decisions					
21. Seeking help for family problems from friends, relatives, church, etc.					
22. Ability to provide help to friends, neighbors, relatives, church, etc.					
23. Feeling good about our family					
Make the last rating for yourself:					
24. Feeling good about myself					

APPENDIX B

DIFFERENCES BETWEEN PRE- AND POST-INTERVENTION SCORES
ON THE FAMILY CONCERN FORM - FOR THE SIX FAMILIES TO
WHOM IT WAS ADMINISTERED

The A Family

	Member			
	Father A	Daughter B		
1. Showing good feelings (joy, happiness, pleasure, etc.)	NC	+2		
2. Sharing feelings like anger, sadness, hurt, etc.	NC	-1		
3. Sharing problems with the family	+1	NC		
4. Listening and understanding	+1	+3		
5. Being patient or calm with others	+1	+2		
6. Showing care and concern	NC	+3		
7. Being positive, saying nice things about others	+1	+3		
8. Knowing what behaviour to expect at different ages	NC	-1		
9. Dealing with matters concerning sex	+1	-2		
10. Making sensible rules	-2	NC		
11. Being able to discuss what is right and wrong	-1	NC		
12. Taking on responsibilities	-1	-1		
13. Encouraging others to take on responsibilities	-2	NC		
14. Use of self-control	-1	+1		
15. Proper use of alcohol, drugs	-1	-1		
16. Deciding, agreeing upon discipline	+1	+1		
17. Being consistent with discipline	-1	+2		
18. Participation in family fun and recreation	NC	NC		
19. Making individual decisions	+2	+1		
20. Making family decisions	+2	+1		
21. Seeking help for family problems from friends, relatives, church, etc.	NC	-1		
22. Ability to provide help to friends, neighbors, relatives, church, etc.	NC	-1		
23. Feeling good about our family	+1	+3		
<u>Make the last rating for yourself:</u>				
24. Feeling good about myself	NC	+2		

The B Family

	Member			
	A			
1. Showing good feelings (joy, happiness, pleasure, etc.)	NC			
2. Sharing feelings like anger, sadness, hurt, etc.	+1			
3. Sharing problems with the family	+1			
4. Listening and understanding	+1			
5. Being patient or calm with others	+1			
6. Showing care and concern	NC			
7. Being positive, saying nice things about others	NC			
8. Knowing what behaviour to expect at different ages	NC			
9. Dealing with matters concerning sex	NC			
10. Making sensible rules	+2			
11. Being able to discuss what is right and wrong	+2			
12. Taking on responsibilities	NC			
13. Encouraging others to take on responsibilities	+1			
14. Use of self-control	NC			
15. Proper use of alcohol, drugs	NC			
16. Deciding, agreeing upon discipline	+3			
17. Being consistent with discipline	+3			
18. Participation in family fun and recreation	NC			
19. Making individual decisions	+2			
20. Making family decisions	+1			
21. Seeking help for family problems from friends, relatives, church, etc.	NC			
22. Ability to provide help to friends, neighbors, relatives, church, etc.	NC			
23. Feeling good about our family	+1			
Make the last rating for yourself:				
24. Feeling good about myself	+2			

The C Family

	Member				
	Mother A	Father B	Daughter C		
1. Showing good feelings (joy, happiness, pleasure, etc.)	+1	NC	+1		
2. Sharing feelings like anger, sadness, hurt, etc.	NC	NC	NC		
3. Sharing problems with the family	NC	-1	+1		
4. Listening and understanding	+1	+2	+1		
5. Being patient or calm with others	+1	+1	+1		
6. Showing care and concern	NC	NC	NC		
7. Being positive, saying nice things about others	NC	+2	+1		
8. Knowing what behaviour to expect at different ages	+1	+1	NC		
9. Dealing with matters concerning sex	NC	NC	-1		
10. Making sensible rules	-1	NC	+3		
11. Being able to discuss what is right and wrong	-1	NC	+2		
12. Taking on responsibilities	NC	+2	NC		
13. Encouraging others to take on responsibilities	NC	+1	NC		
14. Use of self-control	NC	NC	NC		
15. Proper use of alcohol, drugs	+1	NC	NC		
16. Deciding, agreeing upon discipline	+1	+2	NC		
17. Being consistent with discipline	NC	NC	NC		
18. Participation in family fun and recreation	NC	+1	+3		
19. Making individual decisions	NC	NC	+1		
20. Making family decisions	NC	NC	+2		
21. Seeking help for family problems from friends, relatives, church, etc.	NC	NC	+1		
22. Ability to provide help to friends, neighbors, relatives, church, etc.	NC	+1	NC		
23. Feeling good about our family	+3	+3	+1		
Make the last rating for yourself:					
24. Feeling good about myself	+1	NC	+2		

The D Family

	Member			
	Mother A	Son B	Son C	Son D
1. Showing good feelings (joy, happiness, pleasure, etc.)	+2	+1	+1	+2
2. Sharing feelings like anger, sadness, hurt, etc.	+1	NC	+1	NC
3. Sharing problems with the family	NC	NC	+1	+1
4. Listening and understanding	NC	+2	NC	NC
5. Being patient or calm with others	-1	+2	+1	+2
6. Showing care and concern	NC	+3	+1	+2
7. Being positive, saying nice things about others	+3	+2	+3	+4
8. Knowing what behaviour to expect at different ages	+1	+1	+2	+1
9. Dealing with matters concerning sex	NC	+1	NC	+2
10. Making sensible rules	+2	+3	+1	+1
11. Being able to discuss what is right and wrong	+1	+1	+2	NC
12. Taking on responsibilities	+1	+3	-1	+1
13. Encouraging others to take on responsibilities	NC	+4	+2	NC
14. Use of self-control	+1	+2	NC	+3
15. Proper use of alcohol, drugs	NC	+3	+2	+1
16. Deciding, agreeing upon discipline	+1	+3	+2	+1
17. Being consistent with discipline	+1	+1	+1	NC
18. Participation in family fun and recreation	NC	NC	NC	+1
19. Making individual decisions	+1	-2	+1	+1
20. Making family decisions	-2	+1	+1	+2
21. Seeking help for family problems from friends, relatives, church, etc.	-1	-1	NC	+2
22. Ability to provide help to friends, neighbors, relatives, church, etc.	-1	+1	NC	+1
23. Feeling good about our family	+1	+2	+1	+1
Make the last rating for yourself:				
24. Feeling good about myself	-1	+3	NC	+2

The E Family

	Member			
	Mother A	Daughter B		
1. Showing good feelings (joy, happiness, pleasure, etc.)	NC	+1		
2. Sharing feelings like anger, sadness, hurt, etc.	+1	+1		
3. Sharing problems with the family	+1	+2		
4. Listening and understanding	NC	+1		
5. Being patient or calm with others	+1	+1		
6. Showing care and concern	+2	NC		
7. Being positive, saying nice things about others	+2	+1		
8. Knowing what behaviour to expect at different ages	+1	+2		
9. Dealing with matters concerning sex	NC	NC		
10. Making sensible rules	+3	+1		
11. Being able to discuss what is right and wrong	+2	NC		
12. Taking on responsibilities	-1	+1		
13. Encouraging others to take on responsibilities	NC	-1		
14. Use of self-control	NC	+1		
15. Proper use of alcohol, drugs	+2	NC		
16. Deciding, agreeing upon discipline	+2	+1		
17. Being consistent with discipline	+3	-1		
18. Participation in family fun and recreation	NC	NC		
19. Making individual decisions	NC	+1		
20. Making family decisions	-1	NC		
21. Seeking help for family problems from friends, relatives, church, etc.	-2	+1		
22. Ability to provide help to friends, neighbors, relatives, church, etc.	NC	NC		
23. Feeling good about our family	+1	+2		
<u>Make the last rating for yourself:</u>				
24. Feeling good about myself	+1	+3		

The F Family

	Member				
	Mother A	Step- Father B	Son C		
1. Showing good feelings (joy, happiness, pleasure, etc.)	+1	+2	+1		
2. Sharing feelings like anger, sadness, hurt, etc.	NC	+1	+2		
3. Sharing problems with the family	NC	NC	+1		
4. Listening and understanding	NC	NC	NC		
5. Being patient or calm with others	+1	-1	+2		
6. Showing care and concern	+1	+1	+2		
7. Being positive, saying nice things about others	NC	+2	+3		
8. Knowing what behaviour to expect at different ages	NC	+2	+1		
9. Dealing with matters concerning sex	NC	NC	+2		
10. Making sensible rules	+2	+1	+2		
11. Being able to discuss what is right and wrong	+1	+2	+1		
12. Taking on responsibilities	NC	-1	-1		
13. Encouraging others to take on responsibilities	-1	+2	+1		
14. Use of self-control	+1	NC	+3		
15. Proper use of alcohol, drugs	NC	NC	+1		
16. Deciding, agreeing upon discipline	+2	+1	+2		
17. Being consistent with discipline	+1	-1	+1		
18. Participation in family fun and recreation	+1	+2	+2		
19. Making individual decisions	NC	+1	+1		
20. Making family decisions	NC	-2	-1		
21. Seeking help for family problems from friends, relatives, church, etc.	+2	-1	NC		
22. Ability to provide help to friends, neighbors, relatives, church, etc.	+1	-2	NC		
23. Feeling good about our family	+2	+1	+2		
<u>Make the last rating for yourself:</u>					
24. Feeling good about myself	+1	+1	+3		

APPENDIX C

THE SUPPORT NETWORK FORM

SUPPORT NETWORK

Using the attached form, identify family, friends and professionals from whom you can get help. Write each name beside the appropriate category and answer the next five questions about each person listed.

Under the column Near/Far, put a + if they live within 10 minutes from your home or a - if they are more than 10 minutes drive from your home.

For each of the remaining questions, identify the various ways those person(s) assist you by placing an "X" across from their name under the appropriate headings.

1. Who has helped with tasks (i.e. cleaning, babysitting, shopping)?
2. With whom do you engage in social activities (go to a movie, invite home for dinner, go for a ride, talk, play)?
3. With whom do you talk about personal worries or daily stresses?
4. Whose advice do you consider in making important decisions?
5. From whom would you get needed emergency food, clothing or housing?
6. Who can get information, locate resources, introduce you to new friends or professionals?
7. Who keeps you from changing (makes you feel uncomfortable, influences you negatively, keeps you stuck)?

* Indicate those people with whom you have a positive emotional relationship by placing an * by their name.

** Have you left someone important to you off the list? If so, add their names and fill in the corresponding blanks.

Professionals

Friends

Family

Professionals										Friends										Family										Names
																														Relationship
																														Sex
																														How often are you in contact?
																														How long have you known this person?
																														Near/Far
																														Tasks
																														Social Activities
																														Worries
																														Decisions
																														Emergency
																														Information
																														Blocks Change

F. 12/23/81

SUPPORT NETWORK

Name _____
Case _____

GROUP SUPPORT

Name _____
Case _____

Please list any groups or organizations that you belong to or attend, such as churches, support group, sports team, classes, political organizations, volunteer groups, etc. Then indicate how frequently you are in contact with the group and how long you have participated with the group.

TYPE OF ORGANIZATION	How often are you in contact?	How long have you participated?

APPENDIX D

FAMILY INVENTORY OF LIFE EVENTS AND CHANGES

Family Inventory of Life Events and Changes

	Happened in the last year.	Happened more than a year ago.
INTRA-FAMILY STRAINS		
1. Increase of husband/fathers's time away from family.	___Yes ___No	___Yes ___No
2. Increase of wife/mother's time away from family.	___Yes ___No	___Yes ___No
3. A member appears to have emotional problems.	___Yes ___No	___Yes ___No
4. A member appears to depend on alcohol or drugs.	___Yes ___No	
5. Increase in conflict between husband and wife.	___Yes ___No	
6. Increase in arguments between parent(s) and child(ren).	___Yes ___No	
7. Increase in conflict among children in the family.	___Yes ___No	
8. Increase difficulty in managing teenage child(ren).	___Yes ___No	
9. Increase difficulty in managing school age child (6-12 yrs.)	___Yes ___No	
10. Increase difficulty in managing preschool children (2-6 yrs.)	___Yes ___No	
11. Increase difficulty in managing toddlers (1-2 yrs.)	___Yes ___No	
12. Increase difficulty in managing infants (0-1 yr.)	___Yes ___No	
13. Increase in the amount of outside activities that the child(ren) are involved in.	___Yes ___No	
14. Increase disagreement about a member's friends or activities.	___Yes ___No	
15. Increase in the number of problems or issues which don't get resolved.	___Yes ___No	___Yes ___No
16. Increase in the number of tasks or chores which don't get done.	___Yes ___No	
17. Increase conflict with in-laws or relatives.	___Yes ___No	

	Happened in the last year.	Happened more than a year ago.
II. MARITAL STRAINS		
18. Spouse/parent was separated or divorced.	___Yes ___No	___Yes ___No
19. Spouse/parent has an "affair".	___Yes ___No	___Yes ___No
20. Increase difficulty in resolving issues with former or separated spouse.	___Yes ___No	
21. Increase difficulty with sexual relationship between husband and wife.	___Yes ___No	
III. PREGNANCY AND CHILDBEARING STRAINS		
22. Spouse has unwanted or difficult pregnancy.	___Yes ___No	___Yes ___No
23. An unmarried member becomes pregnant.	___Yes ___No	___Yes ___No
24. A member has an abortion.	___Yes ___No	___Yes ___No
25. A member gave birth or adopted a child.	___Yes ___No	
IV. FINANCE AND BUSINESS STRAINS		
26. Took out a loan or refinanced a loan to cover increased expenses.	___Yes ___No	___Yes ___No
27. Went on welfare.	___Yes ___No	___Yes ___No
28. Change in conditions (economic, political, weather) which hurts the family business.	___Yes ___No	___Yes ___No
29. Change in Agriculture Market, Stock Market, or Land Values which hurts family investments or income.	___Yes ___No	___Yes ___No
30. A member started a new business.	___Yes ___No	___Yes ___No
31. Purchased or built a home.	___Yes ___No	___Yes ___No
32. A member purchased a car or other major item.	___Yes ___No	
33. Increasing financial debts due to over-use of credit cards.	___Yes ___No	
34. Increase strain on family "money" for medical/dental expenses.	___Yes ___No	
35. Increased strain on family "money" for food, clothing, energy, home care.	___Yes ___No	

	Happened in the last year.	Happened more than a year ago.
36. Increased strain on family "money" for child(ren)'s education.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Delay in receiving child support or alimony payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. WORK-FAMILY TRANSITIONS STRAINS		
38. A member changed to a new job or career.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. A member lost or quit a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. A member retired from work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. A member started or returned to work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. A member stopped working for extended period (e.g., laid off, leave of absence, strike)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Decrease in satisfaction with job or career.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. A member had increased difficulty with people at work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. A member was promoted at work or given more responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Family moved to a new home/apartment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. A child/adolescent changed to a new school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Parent/spouse became seriously ill or injured.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Child became seriously ill or injured.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Close relative or friend of the family became seriously ill.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. A member became physically disabled or chronically ill.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Increased difficulty in managing a chronically ill or disabled member.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Member or close relative was committed to an institution or nursing home.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Increased responsibility to provide direct care or financial help to spouses' parent(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Experienced difficulty in for satisfactory child care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPENDIX E

CHILD AND FAMILY SERVICES FEEDBACK FORM

CHILD AND FAMILY SERVICES FEEDBACK FORM

Name of Child _____ Date _____

Your Name _____ Worker _____

Circle your position in the family: MOTHER FATHER DAUGHTER SON

The following questions are designed to assist our staff in evaluating the services we provide family members at Child & Family Services. This form is focused on your family as a unit.

1. How much change have you noticed in the problem areas that you worked on at Child and Family Services.

MUCH WORSE WORSE THE SAME BETTER MUCH BETTER

2. If you noticed improvement, how much would you guess was due to the services you received at Child and Family Services (as opposed to help from friends, church, physician, self-help, etc.)?

VERY LITTLE LESS THAN ABOUT HALF MORE THAN ALMOST ALL
HALF HALF

3. If improvements occurred in your family since you came to Child and Family Services, how confident are you that they will last?

VERY DOUBTFUL DOUBTFUL IN BETWEEN CONFIDENT VERY CONFIDENT

4. How satisfied have you been with your worker?

VERY DISSATISFIED DISSATISFIED IN BETWEEN SATISFIED VERY SATISFIED

5. How satisfied were you with the number of sessions in your therapy services. The number of services should have been:

MUCH FEWER FEWER THE SAME MORE MUCH MORE

6. Where you able to get in touch with your worker when you need to speak to him/her?

NEVER RARELY SOMETIMES MOSTLY ALWAYS

7. If you are a parent, how much change have you noticed in your parenting skills since coming to Child and Family Services? My parenting skills are:

MUCH WORSE WORSE THE SAME BETTER MUCH BETTER

8. Would you recommend Child and Family Services to other families if they had problems similar to those which brought you to Child & Family Services?

YES MAYBE NO

9. If difficult problems were to occur or reoccur in your family, would you:

RECONTACT CONTACT DEAL WITH THE GIVE UP OTHER _____
CHILD AND ANOTHER PROBLEM YOUR- OR IGNORE _____
FAMILY SERVICES MENTAL HEALTH SELVES THE PROBLEM _____
AGENCY