A Focus on Family in Employee Assistance Programs

By

Paul Lencucha

A Practicum Report

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In Partial Fulfillment of the Requirement

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ABSTRACT

Title: A Focus on Family in Employee Assistance Programs

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As Employee Assistance Programs (EAP's) have become more "broad-brush" and provided more counselling directly "in house" a need has arisen for attention to training counsellors in wider perspective approaches. This report attempts to integrate into an EAP setting the diverse skills of Family Systems Thinking (FST).

This report documents assessment and intervention using the structured Family Assessment Measure (FAM) and the Process Model of Family Functioning using a co-counselling design that provides for routine feedback to the families.

The use of pre and posttest FAM comparisons, Client Satisfaction Questionnaires (CSQ) and Family Therapist Rating Scales (FTR) indicate that the student was able to integrate FST skills into the EAP clinical setting with resultant benefit to families and to the EAP setting.

DEDICATION:

To the Glory of God:

Baha'u'llah

To the Memory of:

Tip and Soph

TABLE OF CONTENTS

1.0 THE OBJECTIVES

1.1 Aims of the Intervention

This M.S.W. practicum and report focuses on the important role families have in influencing behaviour and promoting individual healing. This focus on the family context is guided by a formalized and standardized framework that integrates and applies concepts and skills derived from family systems thinking (FST). The intervention itself occurs in an employee assistance program (EAP) setting. The purpose of such an endeavour is to demonstrate the utility of integrating FST within an EAP environment in enhancing and evaluating the services provided to clients through the workplace.

The overall goal of the practicum is to increase and evaluate the skill development of this student in family assessment and intervention. This skill development is based on a demonstrated knowledge of EAP and FST, including adopting and testing a framework for such an application.

An important aspect of this skill development is a mutual learning objective which is achieved through a co-counselling design. The student is directly evaluated through peer supervision in terms of his ability to demonstrate the skills of the FST approach.

1.2 Educational Benefits to Student

Families are the building blocks of society in that behaviour learned there pervades the interactions and institutions of that society (Kendall, 1988). This practicum and its report has broadened my knowledge and increased my skill in being able to understand clients and to intervene within the context of their family. The process of evaluating and integrating the FST skills and material has led to an appreciation of the unending richness of knowledge in the family sphere. Further, such a view in the microcosm of the family has contributed to development of a wider-perspective systems view in the macrocosm of society.

As in other previous attempts at helping, this student is struck by the great amount of personal learning that comes from helping others. I have learned considerably about myself and my family that has made a dramatic difference to my interactions. One is struck by the importance of this in being able to help others (Nichols, 1984).

As well, involvement in an EAP setting has provided valuable perspectives on the business of helping. Being in an EAP setting provided some focus on what the helping professions have to offer to the world of work and the limitations of that helping, including "bottom-line" profitability.

2.0 THE LITERATURE REVIEW

2.1 Introduction

In order for this literature review to work in serving the objectives of the practicum it is necessary to focus on a number of key areas as well as their integration and interrelationship. Firstly, attention is given to the EAP area in order to understand the context and some of the other events, ideas and forces that accompany an FST application. Since EAP is a multi-disciplinary field and this is a social work practicum, the role of social work in EAP is addressed next. A general systems perspective is increasingly pervading many areas of thought and practice including social work and other disciplines. How these disciplines have applied this general systems perspective to the EAP area is also reviewed. Family systems thinking is both a subset and a promoter of the general systems perspective. A detailed discussion of FST looks at its history and its key concepts with a view to how these concepts could be used in the EAP clinical area. Some attempts at applying ideas from FST to EAP are reviewed and out of these lead further suggestions for this practicum in delineating a more formalized and standardized application of FST into the EAP area.

2.2 Employee Assistance Programs

"Employee assistance is a generic term denoting more or less structured programs that utilize technical, administrative, and professional human services and personnel, on either a contractual or employment basis, to meet the needs of troubled employees" (Myers, 1984, p.4). EAP contains a variety of program foci and structures in meeting these employee needs. Variation occurs in terms of who runs and funds the program, whether it be union, management or jointly. Some programs are involved with assessing employee problems and then referring to outside agencies. Other programs are staffed to be able to treat many of their employee's problems on-site. The kind of problems dealt with varies as well, with some programs more focused on a traditional approach to alcoholism. Others are more "broad-brush" in dealing with all manner of employee problems such as drug abuse, financial, emotional, legal, marital, sexual and family issues.

Trice and Beyer (1984) feel that two extreme types of EAP's exist. The one is the older alcoholism program, while the other is the newer program that deals with alcoholism and any other problems that affect work performance. At the time of the writing of their article, they felt that the new EAP's slightly predominated, while pointing out that "the movement is still a dual one with specific programs falling along a continuum from one extreme to another" (p.253).

The setting of this practicum is in a newer-type "broad-brush" counselling program where a focus on the expanded role of family is naturally accommodated.

In the setting of this "newer-type" EAP, the program is seen as an alternative to the disciplinary methods of attempting to resolve employee problems through the use of an authoritarian mode. The EAP is conceived of as a more effective and efficient way of solving employee problems through use of an "understanding" mode of treatment. The supervisor's role remains one of documenting and dealing with workplace performance issues without having to be concerned about employees personal issues. The EAP is then seen as resource for both the supervisor and the employee in understanding roles and helping deal with issues.

The "older-type" of EAP tended to be more alcohol-focused and often included a mandatory referral policy. This policy and approach focused considerable attention on helping supervisors identify employees with alcohol problems and then assisting the supervisors to constructively coerce the employee into treatment. If the employee did not respond to these initiatives, his or her job would be in jeopardy. The employee was required to go to EAP and take whatever treatment was prescribed or risk losing his or her job.

Shain and Groeneveld (1978) see a shift in thinking in the field. They find EAP being conceptualized away from this reliance on supervisory identification and referral of employees to an employee-generated identification and referral procedure. "The ideal outcome of EAP's, however, is often said to be that employees will come forward <u>voluntarily</u> with their problems and be dealt with accordingly" (p.1). As a result of this shift in thinking, a greater amount of resources are being focused on preventive and educative strategies. These strategies are aimed at

increasing employee awareness of human behaviour while also enhancing the visibility of the EAP for more likely self-referral.

The idea of self-referral, which appears to be the predominant mode in current EAP's, remains a subject of considerable controversy. A concern based on the denial, rationalizations and manipulative skills attributed to alcoholics is the fear that these employees will not be reached by the "newer-type" EAP's. This concern is widened because of "an earlier consensus that denials abound among a variety of problem employees" (Trice and Beyer, 1984, p.255). While this is not strictly the focus of this practicum it is important to be aware of this issue of denial as part of the EAP context. This context can then be an aspect of the focus on the family from an FST perspective. FST has been applied to alcohol and drug concerns (Stanten and Todd, 1982; Steinglass, 1987). These skills and special approaches can be applied in the FST - EAP integration, thus completing the circle.

EAP's can be effective in the area of outreach and perhaps there is some common ground in the debate about self and mandatory referrals. If supervisors and managers use the power they have, through careful documentation and feedback around the issue of job performance, then pressure is brought to bear on employees experiencing decreased job performance. If EAP clinicians are well-trained in the area of assessment, especially of denial and including alcohol and drug addiction, then the problems can be addressed and dealt with. If the integrity of this combined approach can be maintained then it is to the benefit of EAP and the people it serves, "how permeable its ideology has been to a variety of influences" (Trice and Beyer, 1984, p.255).

The history of EAP has been well-documented by many writers. Trice and Beyer (1984) put EAP history in the context of performance-oriented and humanitarian ideologies. They look at ideologies beginning in the 1800's, document their influence in these two spheres as well as their subsequent effect on the development of EAP. Social Darwinism of the 1880's had an extreme emphasis on maintaining good employee performance. This was as a result of its focus on the process of survival of the fittest. This extreme approach was balanced at the turn of the century by the Industrial Betterment movement's interest in providing a helping hand to employees. They believed that doing so was good for business and the employee. Around the same period the Taylorism movement influenced managers to engineer better performance from their workers using impersonal methods of more pay for meeting higher standards. The Human Relations movement, which still has its influence today including its subspeciality Organizational Development, concerned itself with the feelings of employees towards work and the people at work. Methods included encouragement of a nondirective employee counselling system. Modern scientific management extended the technical solutions of Taylorism with an interest in refining the compatibility of the worker and work, and an emphasis on conditions in the workplace. Finally is documented the Quality of Work Life (QWL) movement's interest in re-structuring the world of work to attempt to have workers more meaningfully involved. The authors see EAP as a movement like these others and show how it was influenced by them. "By emphasizing individual-level causes of poor performance, and not the effects of groups or organizational structure, the EAP movement differs from Human Relations and QWL and resembles Social

Darwinism, Industrial Betterment, and Taylorism. But in its central concern with the psyches of workers and their welfare, it incorporates some of the humanitarian flavor of Human Relations and QWL" (Trice and Beyer, 1984, p.249-250).

It is generally acknowledged that the prime impetus for the development of the EAP movement came from Alcoholics Anonymous (Myers, 1984; Trice and Beyer, 1984). This self-help group began with the spiritual experience of Bill W. and his mutual support of Dr. Bob to stop their alcoholic drinking and to make other positive changes in their lives. As it is part of Alcoholics Anonymous (AA) program to try to help fellow alcoholics, it was natural for AA to affect the workplace. Within the context of the previously discussed movements that affected the workplace, AA provided a catalyst for change and a hope that led to the development of formal programs for helping alcoholic employees. These programs came to be called Occupational Alcoholism Programs (OAP's).

Experience with OAP synchronized with forces for change that resulted in a broadening of the scope of these programs. Trice and Beyer (1984) highlight some of the forces for that change. They saw union and management generally agreeing on the value of OAP's and also agreeing that the programs were too narrow. The managers of the alcoholism programs were looking for ways to promote the use of the service through reducing its stigma. The concern about impaired performance, that was brought about by increased attention to the issue, also put attention on the impaired performance caused by other emotional problems. Treatment facilities, social workers, clergy and counsellors brought their interest to the area as well as a support for a wider concept. Very important

also, was the increasing number of women in the workplace. This resulted in a tendency to a wider view of problems, given the lower incidence of alcohol problems among women (Trice and Beyer, 1984). These forces were further institutionalized through policies of the United States National Institute of Alcohol Abuse and Alcoholism. In 1971 they "introduced the 'broad brush' approach - a strategy that called for broadening the scope of job-based programs to include employees with a variety of problems other than problem drinking" (Trice and Beyer, 1984, p.252).

From the perspective of alcoholism, too, there was a thrust for the broadening of the OAP's in order to deal more effectively with alcoholism. This interest in a broadening of program strategies was based on the OAP experience of finding that they were dealing with late stages of alcoholism. The widening of the OAP's to other problem areas, it was hoped, would uncover earlier stages of alcoholism hidden within the web of other problems. The involvement of family had a similar thrust in trying to deal with underlying alcoholism issues at an earlier stage.

"These occupational alcoholism programs (OAP's) were so successful in terms of saving money, of increased production, and of ultimately 'rehabilitated' skilled workers that it was reasonable to assume that such an approach to alcoholism problems would be effective for other human problems as well" (Dickman, 1985, p.8). Dickman credits the Kemper Group in 1962 with expending its OAP to reach families of alcoholics as well as persons with other living problems. These expanded programs came to be known as Employee Alcoholism/Assistance Programs, later simply Employee Assistance Programs.

Combined with the broadening of programs to include potentially any problem employees had, was an increased emphasis on self-referral as a way of accessing EAP services. This was soon followed by a shift of some programs beyond assessment and referral to in-house treatment. The result of these forces was a lessened stigma for seeking help and an increased utilization of services. Evidence of this broadening of services would appear to be in the increasing number of labels by which programs had become known. "While the title Employee Assistance Programs is the name used most frequently to define a formal mode of employee assistance, many other titles are used - Personnel Assistance Program, Employee Counselling Program, Employee Health Program and Employee Counselling and Assistance" (Myers, 1984, p.4).

Trice and Beyer (1984) see EAP as a social movement that has grown out of long term social trends. Some of these trends are a widening and institutionalization of compassion, a broadening in focus of the community mental health system and the involvement of non-psychiatric professionals in a more populist and democratic therapeutic process. The authors indicate that EAP contains the necessary features for a social movement such as, "a shared value system, norms for action, an organizational structure and a sense of community" (Trice and Beyer, 1984, p.261). As indicated the key value is a combined concern with compassion for and the performance of troubled employees. Constructive confrontation is a highly-valued strategy for action that is balanced by an interest in self-referral and discipline. Referral to outside treatment facilities by internal counsellors is another important norm. The existence of EAP organizations locally, nationally and internationally such as ALMACA

(Association of Labor Management Administrators and Consultants on Alcoholism) is a further aspect of EAP as a social movement.

"EAP in order to be disseminated successfully must be considered as a system of intervention with its own philosophy, goals and methods. These goals and methods are based on human-relations management principles and are related to public health objectives which we expect somehow to accommodate in the womb of production goals and systems" (Shain and Groeneveld, 1980, p.20). EAP is more than policies and procedures for treatment. It can be seen as part of a humanizing process of change at potentially many levels of impact within the workplace. Shain and Groeneveld conceptualize EAP on one of its most important dimensions, as a process of consultation that can help influence the workplace towards healthy resolution of problems.

Current trends in EAP show an increasing breadth of program strategies to supplement the core competencies of assessment, referral and treatment (Dickman, 1985). Increasing attention is being shown to holistic health and stress issues from a secondary prevention and educational framework. A wellness and fitness perspective further widens the possibilities and potentially blurs the boundaries in EAP. Dickman (1985) has proposed a new label to replace EAP. He suggests that EEP (Employee Enhancement Program) would be a more accurate term to describe the new breadth in the field. No new research has utilized this term but it does indicate the conceptual advances made in the EAP area.

The EAP area is one that is developing at a fast pace and it is commonly held within the area that the potential for future development is great. Trice and Beyer (1984) document a five hundred percent increase in

such programs over the past decade. As indicated there are numerous individuals, groups and professions involved in the EAP area and many are putting forward ideas for the consolidation and future direction of EAP.

Hankinson (1984) describes EAP as being in a transitional stage. The current developmental stage, while including considerable uncertainty, diversity and some disunity; is said to be moving towards a more mature and solid identity. The present stage is seen as an adolescent-type "pushing of limits", "quest for identity" and "feeling that nothing is impossible". Hankinson indicates that the mature EAP of the future will come from the attention that is currently being given to training and credentialling. He feels that the focus on accountability for core competencies will move EAP into being viewed as a profession in its own right.

Myers (1984), too, comments on EAP developmental issues. He sees a number of groups vying with each other for control of EAP and its current and potential job market. Myers notes that psychology, social work, alcohol and drug counsellors and even psychiatry are seen as being involved with "turf protection" (p.216) and to some extent with trying to legitimize their involvement in EAP. Myers feels that this is producing disunity in the EAP area especially because he sees exaggerated claims being made by the various groups about what their training can do for EAP. He sees these issues being resolved through accreditation of EAP personnel and programs, a process that he proposes be based on interdisciplinary education and training.

Bridwell, Collins and Levine (1985) see EAP moving towards a more aggressive model of service delivery. This model, which is called

"managed care", is in line with EAP's business roots while paralleling trends in other social service systems towards more accountability for clearly set objectives. Increasing concern with the costs of helping employees with their problems has resulted in increasing use of conglomerate health organizations to provide EAP services. Emphasis on cost containment focuses on such issues as gatekeeping, preferred provider agreements, utilization review, case management, claims coordination and other manner of business operations. The authors are concerned about maintaining an efficient and effective balance between the human and the business aspects of EAP. They suggest that "it is easier for EAP's to shift to meet this need by adding fiscal responsibilities to their service roles than it is for more fiscally-minded professionals and organizations to begin providing clinical services" (Bridwell, Collins and Levine, 1985, p.30).

Trice and Beyer (1984) reach their own conclusions about the current state and future development of EAP. They feel that EAP was built upon "the good will and demonstrated results that had been accumulated by alcoholism programs" (p.289). Their research shows that "managers are receptive to and have actually adopted these programs largely on ideological grounds" (p.288). The authors conclude that the continued growth of EAP requires continued attention to EAP's underlying ideology, this being its performance orientation. They warn of the danger of EAP being co-opted by the helping profession into an exclusive concern for compassion. "Obviously, the future of the EAP movement would be bolstered if careful, scientific evaluations of these programs were carried out and

produced impressive, positive results in terms of both improving job performance and reducing employees emotional suffering" (p.289).

This is the context for a practicum that focuses on clinical work in EAP. "While at first glance this context may display an aura of certainty of purpose and knowledge together with an impressive structure, its complexities and frailties are second only to the large society of which it is a part (Thomlison, 1983, p.11). Only one aspect of the clinical work is focused on here and that is a concern about families. Any other questions about EAP as a whole remain beyond the scope of this practicum and thus is unanswered. Two specific aspects of this practicum potentially make a contribution to the EAP debate. The first is the conscious application of a body of knowledge and practice (FST) that has tended to transcend the boundaries of the disciplines and the professions, as EAP has also tended to do. The second is the use of a number of evaluation tools that measure the impact of the family intervention which provides a beginning means of assessing the application of FST in an EAP setting.

2.3 EAP and the Role of Social Work

Social work has had considerable interest in the world of work through its history of industrial and occupational social work. It is a natural and predictable process that saw social workers become involved with the EAP movement just as other disciplines and professions did. This being a social work practicum, it is important, again for the sake of context and guidance, to look at the interface of EAP and the role of social work. Certainly there is a challenge for social work to grow with the rapid developments of the EAP field.

Just as social work has benefitted from joining the EAP movement so too social work has much to offer EAP. Lanier (1981) as well as others (Klarreich, Francek and Moore, 1984) note that one of the real strengths of the social work perspective is its concern with the person in his or her environment. This is really the original systems view which is seen as so necessary to skillfully working within the many dimensions of EAP. Lanier notes other strengths of social work training as being well-developed assessment skills, a problem-oriented focus and an excellent knowledge of planning.

Lanier delineates two important areas of expertise for social work to concentrate on in order to fully integrate into EAP. The first he sees as a need to make a greater commitment to understanding the world of work. The second is a need for a thorough understanding of the impact of alcoholism through the many levels of society to the individual and his or her family. It is interesting that Shank (1985) outlines the same two issues as requiring the attention of social work. She says that "social work practitioners must learn how the business environment operates,

formally and informally, relative to the power, policy and decision-making structures" (p.56). Her rationale for the need to concentrate on alcoholism is its being one of the most important and most damaging human problems. This student has filled-in these two gaps in social work knowledge through considerable training, research and experience into the world of work and alcoholism. This knowledge is brought to this practicum in a contextual way that permeates the clinical interventions with families. The focus on alcoholism is formally integrated into the FST approach.

Having pointed out the deficiencies in social work's involvement with the workplace, Shank goes on to address social work about its future in what she terms occupational social work (i.e. EAP and related areas). She sees social work as facing a challenge and an opportunity to compete and cooperate with other groups and professions; to integrate their knowledge, values and skills with those of EAP. She points out, and I agree with her, that the social worker in the EAP field requires considerable personal and professional attributes. Included in her list are maturity and confidence, accompanied by a broad knowledge and solid ethical base. She also stresses the importance of social workers being aware of the boundaries of their expertise.

The fact that there is a need for structured training in EAP has been responded to by social work commentators. The same diversity of views exist here, as within EAP as a whole. Epstein and Perryman (1985) propose that skill development for EAP be done through a cooperative graduate level program. The proposal suggests the offering of coursework at an educational institution and fieldwork in an EAP setting, along the

lines of the social work model. The benefits are suggested to accrue to social work education, social work as a profession (through cross fertilization) as well as to industry. The goal would be skilled EAP practitioners with knowledge of the organizational and entrepreneurial systems. To some extent this practicum is a trial run on an informal basis for the ideas of that proposal.

As indicated previously, EAP is at an important transitional point in its development. Decisions taken about training and education, just as with credentialling and accreditation, will have long term impact on the identity of EAP. Most likely and probably most useful in the long term will be interdisciplinary input into a more mature EAP. Social work would do well to position itself in relation to such an interdisciplinary model. Again, experience in working with FST is training for and practice in such an interdisciplinary approach.

> No single discipline, profession or life experience in itself prepares one to do the comprehensive job of EAP. The EAP field has developed out of the need to address a number of health matters, behaviours and situations that exist within the workplace. No matter what our training or life experience has been we can learn a great deal from cross fertilization with other disciplines (Klarreich, Francek and Moore, 1984, p.3).

2.4 EAP and Systems Perspective

There is a tendency towards creating a false sense of certainty by adopting narrow, specialized scientific models of life. EAP is an example of a balanced application of various kinds of knowledge that, at their core, acknowledge the complexities. Googins and Grimes (1984) express a concern that EAP might be tempted to adopt narrower models such as the medical model. If this happens EAP "will be losing a tremendous opportunity to bring leadership and a needed perspective to the social and human problems of the workplace, while strengthening its own position within organization" (p.105). Attention to a systems view, which is inherent in a social work approach and provides the rationale for EAP in the first place, can provide valuable perspectives on increasingly complex human and social problems which affect the workplace. Application of such a view, that concerns itself with looking at patterns that connect, has proven valuable in numerous fields, disciplines and professions.

An increasing number of authors have focused on the value of a systems perspective in providing an expanded knowledge base for EAP. Thomlison's work (1983) is one of the most thorough presentations of EAP and a systems perspective. Another comprehensive work is that of Klarreich, Francek and Moore (1984). The acceptance of systems views by the key groups who ultimately make decisions in EAP, these being labour and management, has not been clearly demonstrated as yet. Despite this, the fact that an increasing number of writers in EAP are delineating such an approach is reason enough to explore this thinking as a possible future direction for EAP.

It is important to note also that leadership for a systems perspective in EAP is coming from the social work profession. Klarreich, Francek and Moore (1984) state that social work is deepening its position within EAP merely by applying consistently what it already knows and does in other areas. They indicate that one of the strongest assets that social work has, is its systems approach to problems. "At a time when many professional disciplines have developed excellent specialties, the generic education of social work, focused on 'the person in the situation', prepares mature individuals for a unique contribution to the workplace" (p.145).

Thomlison says that, "the social systems framework, used in organizational behaviour and social work literature, should assist in identifying the interactions among the multiplicity of different variables involved in industrial social work" (p.11). Both Thomlison's book and Klarreich, Francek and Moore's set themselves the task of outlining such a systems approach to EAP. They say that a systems approach concerns itself with the interdependence, interaction and interrelations between and among the elements of an organization and how these came to make up a whole. They then focus on the nuances and complexities of the numerous variables and elements involved in making up the whole EAP entity. Unfortunately, neither book is able to present empirical support for the efficiency of this approach, thus leaving the discussion in the realm of soft evaluation like much of the other EAP work (Trice and Beyer, 1984). This however need not detract from a beneficial application of a systems view to EAP. The development of EAP, including its historical roots, has been the useful application of ideology which only later was tested

empirically. In fact Trice and Beyer (1984) stress the importance of paying attention to this ideology and its ceremonial function as well.

Because of the nature of systems thinking's concern with the whole, it is a logical development that it concern itself with the clinical aspect of EAP. Thus the focus on problems and their solutions as a function of the interaction between and among systems, leads to individual employee problems being "assessed within the context of all systemic forces impinging upon them; including workplace, family and community systems" (Thomlison, 1983, p.14). This view acknowledges the interrelations among problems. As a result, it is not helpful to say that a problem is a workplace problem or a personal problem. Rather it is seen as more helpful to focus on how these generate and maintain the problem constellation.

It was a systems view that led to the development of a broad brush approach to helping the individual in EAP. Focus on the wider systems, including family, was seen as a more effective way of impacting the individual employee's problem, especially if it was felt there was a hidden alcohol problem. It is interesting to note that "much of the conceptual framework for developing a systems approach flows from the family systems theory" (Klarreich, Francek and Moore, 1984, p.2). Thus these inter-connections and cross-developments in EAP, systems thinking and family systems thinking (FST) bode well for the possible efficacy of the concern of this practicum with the application of FST to EAP.

The implication of a systems approach to any problem, is that it is unwise to focus solely on that problem without considering its relationships to other aspects of the situation. Global economic issues

cultural issues, community issues and the relationship between work and home are all possible valuable aspects of such investigation within EAP research. In this practicum the individual is focused on largely within the system of the family, using a structured assessment tool. The impact of wider systems is acknowledged without being able to provide the means for their detailed study.

2.5 Family Systems Thinking

Family systems theory is rich in concepts, skills and implications for practice all of which are potentially useful in the EAP field. In order to learn from family systems theory and in order to apply its findings in a discerning way to EAP, the EAP practitioner is required to review the contributions of the researchers and practitioners that make up this wide field of family systems thinking. Such a task can appear formidable in such a burgeoning pair of areas as EAP and family systems thinking (FST). Perhaps some encouragement and guidance is obtained from Kerr's suggestions to trainers in FST. "If a therapist can be clear that he or she can never have more than a very small percentage of answers, best called reasonably accurate assumptions based on current knowledge, this attitude will do more than anything else to help the problem family out of its own "fix-it" or "make-it-go-away" mentality into a more inquiring, contemplative mode" (Kerr, M. E. in Gurman & Kniskern, p.226).

It is useful here to outline some principles of FST, just as many family therapists begin their discussions by outlining the principles of a systems approach. Nichols (1984) categorically states that "all family therapists now accept the idea that families are systems" (P.511). Though there is a variation among orientations, the basic assumptions about the purpose and functioning of families as stated by Epstein and Bishop (1985) are indicative of the systems approach. They see the purpose of the family as fostering the optimal development of each member. This is best understood by the principles that parts of the family are interrelated, parts cannot be understood in isolation, that family functioning is more than the sum of its parts, structure and organization interact with

behaviour and that interactional patterns in the family system shape family members behaviour.

These principles appear to be congruent with the development of EAP thinking from an alcohol focus to a widened perspective on all manner of problems such as: family, marital, financial, legal, emotional and more. In fact an enriched view as likely attained on clinical issues in EAP by attention to the principles of FST is outlined. With this application of FST to EAP in mind, I will review the history of FST to attempt to discern elements that could potentially be useful to the EAP corporate mandate.

The history of FST has been explained according to developmental stages by a number of authors. Kaffman says that the stages he delineates in the development of FST are the same stages that other therapeutic modes have undergone. He says that psycho-analysis and hypnosis have gone through similar stages each about a decade long per stage. The first stage is the stage of the pioneers presenting the new ideas they have developed. The second stage is the widening of the circle as more adherents learn the new methods. "Omnipotence marks the third stage, particularly, among the disciples of the original founders, who report an ever-growing number of successful outcomes" (Kaffman, 1987, p.308). The fourth and current period of FST is described as one of "sobering-up" in which a more balanced view of reality is attained. This includes self-critical comments and emphasis on the limitations of the model. Lask (1987) in his editorial introduction to Kaffman's article compares the stages in the development of FST to the development of relationships. The stages can be thought of as "1) the explorations of youth, 2) falling in love, 3) the honeymoon and 4) coming to terms with reality" (p.303). Will

and Wrate (1985) elucidate a similar process in the development of FST. They see three stages from early evangelism to second-generation omnipotence, and the current stage which they define as eclecticism. They note that "the consequences for the third-generation therapists are twofold. First, it is no longer necessary to adhere militantly to a particular model, and second, it is not so necessary to renounce the past" (p.2). In light of this advice, the EAP counsellor is encouraged to proceed to explore the major writers in FST and to integrate their concepts and skills.

Though earlier work had been done with families by the helping profession, it is generally agreed that FST as we know it today was pioneered in the 1950's. Work with families took on a new theoretical direction with the application of general systems knowledge from the physical sciences (Bertalanffy, 1968) to the helping field (Bateson, 1972). These ideas quickly received attention and further explorations continued in various clinics and universities. Researchers and practitioners with a common focus on families from a systems perspective began to see themselves as a community.

Many of the pioneers were psychiatrists who began to venture out from the psycho-analytic model into a wider perspective. "Ackerman at that time (1951 - 1955) was developing his ideas on working with the family group in psychotherapy - a radical notion during that period for which he received much abuse from his more analytical colleagues" (Epstein & Bishop in Gurman & Kniskern, 1981, p.445). Just as social work had been influenced by psycho-analytical thinking, it too began to be influenced by the new systems approach. Evidence for this influence occurs in the texts

written by social workers with a systems perspective (Klarreich, Francek and Moore, 1984; Thomlison, 1983).

Bateson's early theoretical work on general systems theory was applied in practical settings by a group that came to be known as the communications school (Nichols, 1984). Working with schizophrenic families they discovered the influential role of communication in perpetuating dysfunction. Intervention was based on clarifying in detail with families, the nature of their communication processes. Particular attention to mutual understanding of the feedback process was stressed as a way of trying to change disqualifying messages. As their work progressed this group began to reconceptualize traditional views of mental illness more along a systems line.

Some of the members of this group of theorists and therapists were called the human potential movement. Virginia Satir was one such individual who made a unique contribution to the field of family systems thinking (FST). Her approach has been called experiential (Walsh, 1982) because of its highly intuitive and generally atheoretical nature. She focused on four main areas of family, from self-worth and communication to rules and the link to society. Her goals were to increase family members self worth, to make communication as clear and honest as possible, to work towards human and flexible rules and to make the families link to society as open and hopeful as possible. Needless to say these goals are as ambitious as they are basic. Recognizing the limitations of FST, Satir came to work with wider and wider systems to achieve these goals to the extent that she was participating in an east-west dialogue before her recent death.

Like Satir, Carl Whitaker was involved with the human potential movement and he is called by Nichols "the most prominent experiential family therapist (Nichols, 1984, p.564). His approach is highly personal and intuitive, the theoretical basis of which was not laid out until he co-authored work with students he had trained (Napier & Whitaker, 1978). "Presented in this caricatured form, his position alerted therapists to the dangers of an overreliance on theory to the exclusion of the person of the therapist" (Liddle in Hansen, 1983, p.7). The therapist is urged to rely on her intuitive self for signs and directions for proceeding as well as to use considerable self-disclosure if the same is expected of the family. Like Satir, Whitaker focuses on the need for open and flexible family systems in producing healthy individuals. He also focuses on the many levels of systems and the need for a healthy separation of parental and child subsystems. The family goals, and the goals of intervention, include balancing intimacy and separateness, autonomy and dependency in a purposeful, time-conscious focus on growth and becoming over the life cycle. As Walsh (1982) summarizes Whitaker's symbolic-experiential interventions, "less attention is given to the past and more to current, shared affective experience and the totality of the family as an interactive, self-maintaining system" (p.25).

Haley and others built upon the ideas of the human potential movement by focusing on communication. As these ideas developed, and later in collaboration with Minuchin's structural approach, Haley developed a strategic problem-solving approach to family intervention. "Haley took the core concept of communications theory - that messages cannot be taken at face value ... and derived the notion that all

communication is part of a struggle for power in relationships" (Nichols, 1984, p.566). Interventions are postulated to require a directive approach in order to reorganize the power balance of the disturbed families. Particular attention to the organization and hierarchy of the family is stressed. If the hierarchy is confused it is "because a member at one level of the hierarchy consistently forms a coalition against a peer with a member at another level, thus violating the basic rules of organization" (Haley, 1976, p.102). This structure of the family is not seen as a static entity but more as a process of repeated acts and circular behaviours in the Batesonian tradition. Therapy is viewed as assisting the family to achieve its functional tasks which are seen as transitions in the developmental passages of the life cycle.

Along with Ackerman, Bateson, Satir, Whitaker and Haley, Bowen was one of the first-stage pioneers in FST. He took his early work with schizophrenia and gradually evolved into working with families from a systems perspective (Bowen, 1978). His model came to be known as family system theory and has had considerable influence in the wider field of FST. His well-conceptualized approach has at its core the concept of differentiation. Differentiation of self has to do with a balancing of emotional and intellectual functioning. Low differentiation of self is seen as dysfunctional, causing great reactivity in emotional response. The goal of a higher differentiation of self implies a healthy use of emotion that is flexible and still relatively autonomous under stress.

Bowen places great emphasis on the family, including the family of origin, as the teacher of our patterns of differentiation and interaction. His concept of the triangle, which is "a three-person emotional

configuration, is regarded as the basic building block of any emotional system and the smallest stable relationship system" (Walsh, 1982, p.22). The more undifferentiated the parents are, the more emotion and anxiety are created by life stresses. To cool some of the emotion it is naturally channelled into a relationship with a more vulnerable third person, usually a child. Bowen focuses on understanding the families emotional system by using these concepts to explore the multi-generational transmission process. His later work with less troubled families added another concept, that of emotional cutoff. A logical extension of his systems concepts was an analysis of the emotional health of the world in which he sees increasing anxiety and undifferentiated loss of self, working up to a macro-level societal regression.

The goals of intervention in Bowen's system are an interplay between reducing anxiety and promoting better levels of differentiation among family members. More highly differentiated people would ironically be better able to cooperate, depend on each other and sustain closeness because of their more realistic expectations of themselves and each other. The counsellor needs to understand himself and his extended family from the point of view of these concepts in order to apply them effectively in working with families.

The ideas of these pioneers remain the foundations of FST and continue to be refined and modified to date. The work of Haley in collaboration with Minuchin seems to indicate the transition from the pioneering stage to that of omnipotence. Minuchin's structural family therapy has had considerable impact on FST to the extent that just as

every family therapist is aware of systems, so every family therapist is also aware of the structure of that system (Minuchin, 1974).

Minuchin and associates worked with poor, inner-city families. They developed a basic typology of families that assessed transactional styles along an enmeshed-disengaged continuum. "Some are enmeshed - chaotic and tightly interconnected; others are disengaged - isolated and seemingly unrelated. Both types lack clear hierarchical structures" (Nichol, 1984, p.567). The family structure lies somewhere along this continuum, rarely at either extreme, and is seen as an open sociocultural system that develops over time in response to changed circumstances. Though the family adapts, it maintains its structure through adherence to rules of interaction and patterns of behavioural expectation. Considerable attention is focused on functional subsystems and especially on the qualities of the boundaries among the various subsystems. Too rigid boundaries impede communication, while the other extreme overemphasizes belonging at the expense of autonomy. Also the primacy of the parental subsystem is indicated.

Intervention in structural family therapy requires the counsellor to make very active use of self. This is done by bringing areas family have framed as relevant into the session, through enactment, and playing them through as scenarios. Deliberate and directive blocking, stopping and moving of physical positions are attempted to help reorganize the structure of the family. The family is viewed in a way that understands how its present state has served the function of continuity and change. Realizing that a complete perspective on the family is not possible the counsellor plays out partial constructs in a constant interplay of

intervention, revealing new information and suggesting further intervention.

Some of the early collaborators with Bateson developed a brief therapy model of intervention (Watzlawick, Weakland & Fisch, 1974). The roots of this model are found in communication theory and cybernetic theory of natural science. "Their focus is explicitly pragmatic, and they focus on practical approaches to human problem solving designed to be as economical and as simple as possible" (de Shazer, 1982, p.28). By understanding mutually causative and reinforcing sequences of behaviour this school is able to focus on small but vital aspects of behaviour and target it for change. They are aware of a tendency for different parties to view themselves as separate but symmetrical. By development of mutually exclusive positions, this often results in the rapid escalation of normal life difficulties into serious conflicts. The goal of treatment is to prescribe directives that interrupt the vicious cycles and develop constructive complementarity through positive feedback loops that become self-reinforcing.

The key to this approach lies in the counsellor's ability to uncover and interrupt the ineffectual handling of problems. These occur when there is denial or underemphasis of a problem. Action needs to be taken where it is not. Equally there can be an overemphasis and overreaction to problems in which case the counsellor's prescription will be with the goal of less action. Another important area of behaviour is the paradoxical situation in which action that is intended to alleviate behaviour of another family member actually makes it worse. In this case the goal is

to foster new solutions by stopping the previously tried but ineffective cure.

This brief therapy model, developed out of the Mental Research Institute (MRI), focuses on understanding the family's language and world views. The idiosyncrasies are then used in the service of positive prescriptive intervention. Whether or not the whole family is worked with, the intervention is viewed interactionally in terms of the various influences on the family system. Particular attention is paid to who is the one wanting change the most. This "customer" is then viewed as the pivot and the key to intervention.

Out of the brief therapy approach of the MRI have developed several models of brief therapy. One of these was developed by Steve de Shazer (1982) at the Brief Family Therapy Center in Milwaukee. He felt that the MRI approach was strong in its pragmatism and goal direction but that this then became the model's weakness. "Nowhere does the group explicitly deal with the brief therapy approach used with people have mutually exclusive goals or with people who have vague, ill-formed goals that they are unable to articulate" (de Shazer, 1982, p.29). De Shazer's model is seen as an attempt to expand the MRI model to deal with mutually exclusive goals.

The Milan group trained at the MRI and then developed their own brief model which is referred to as systemic therapy. This model is a prescriptive and paradoxical approach with a foundation in neutrality of the counsellor in relation to the family system. The Milan group has had considerable influence on the family therapy field both in terms of method and theory. Its questioning techniques have been widely used as has its use of paradox and reframing. Use of a team approach including an

actively intervening group behind a one-way mirror has attracted a great deal of interest. Positive connotation, backchanelling, interruptions and centrifugal method of interviewing have become state of the art techniques in the field.

With the development of variations of the MRI brief therapy model, brief therapy has come to be recognized as a distinct approach within family systems thinking. "The emphasis on brevity can be attributed in part to a shift in focus from the individual as client to his/her context, with a change in that context often swiftly eliminating the presenting problems and altering both the people and the relationships in which they are involved" (Breunlin & Cimmarusti, 1983, p.282). These authors go on to elucidate the principles that define this wider field of brief therapy. The counsellor in an active and directive way focuses on problems which are presented as being solvable. Goals are established and used as a consistent focus for intervention. The counsellor adopts a positive approach to the family that avoids alliances and power struggles. She then proceeds to understand and use the family's language to encourage strengths and resources that already exist, while giving new meaning to the family's presentation of itself. Interventions are carefully planned to have impact on the family patterns. Lastly, a clearly defined end to the counsellor's involvement is reached after an agreed upon number of sessions and/or once the goals have been achieved.

The structural models beginning with Minuchin, the brief models beginning with the Mental Research Institute and the systemic models beginning with the Milan group mark the stage of omnipotence in the development of family systems thinking. These can be characterized as

systems approaches focusing on the power and control of the therapist, often in the manner of a game, to win over the family. Often using a prescriptive or directive approach these therapies are focused on meta-level functioning with intervention into family patterns through sculptural and paradoxical modes.

The current stage and state of FST is a wide expanse that, as already indicated, is characterized variously as one of eclecticism, coming to terms with reality and a sobering-up. The EAP counsellor can benefit from this stage of FST by focusing on integrated models (Peseschkian, 1980), normal family process (Walsh, 1982; Schlesinger, 1983; Kazak et al, 1987), applications of FST in diverse settings (Berger et al, 1984; Doherty & Baird, 1983; Treacher & Carpenter, 1984) and the use of standardized measures in research, assessment and evaluation (Olson & McCubbin, 1983; Pharand, Suderman & Peters in Peters & McMahan, 1988; Hansen, 1983; Epstein, Baldwin & Bishop, 1983).

In the early stages of FST, models of clinical intervention often seemed to be rivals, determined to proclaim their uniqueness in theory and practice. Meanwhile, observers began to note similarities in various approaches and that new developments in one model became incorporated into others. Nichols comments on this process of what he calls convergence in FST. It is very much related to the new eclectism, synthesis and integration of diverse ideas in the field (Peters & McMahon, 1988). "The trend toward convergence is illustrated by Haley's early incorporation of structural concepts into strategic therapy; by behaviorists who are increasingly taking into account nonobservable experience - cognition, affect, attitudes, motivation; and by the widespread use of certain

techniques, including clarifying communication, reframing, and paradoxical directives" (Nichols, 1984, p.570). Like other historical processes there are some people who do not proceed with the new developments, but this is not the major trend.

One of the early efforts to provide an integrational, multi-dimensional framework to family assessment and treatment is the McMaster Model of Family Functioning (Epstein, Bishop & Levin, 1978). These authors feel that focusing on a single dimension such as communication, as early FST did, was not doing justice to a truly systems view of the family. In their observation of past methods they saw too much emphasis on clinical judgement and intuition alone. What they set out to do was to provide a clear and consistent conceptual framework for understanding family systems that could then be used as a guide in approaching treatment. They later added a standardized assessment devise, the McMaster Family Assessment Device (FAD) (Epstein, Baldwin & Bishop, 1983) in a further attempt to guide the therapist and assist with evaluation.

As previously indicated the McMaster Model defines crucial assumptions of systems theory and of the primary function of the family in the development of its individual members. It outlines basic task areas of the family (providing food, shelter and clothing) and developmental task areas (family life cycle). It also denotes hazardous task areas of the family's response to critical and often unexpected loss and changes. The heart of the model is its outlining of six major dimensions of family functioning plus an overall level of family functioning. These six dimensions are problem-solving, communication,

roles, affective responsiveness, affective involvement and behaviour control. Each dimension is defined and related to theory with a clinical exploration of how a therapist would evaluate the family's functioning on each dimension as well as overall. The use of the FAD questionnaire enables the therapist to do a standardized assessment of these dimensions. The McMaster Model has had considerable impact on FST therapy, training and research because of its clarity, breadth and precision. It is natural that it would be used as a basis for further work.

Whether such an integrational approach can be truly comprehensive and whether its dimensions can accurately reflect the essential elements of family functioning is a matter of considerable debate. Certainly some precision is lost in seeking an overall framework and this is a necessary limitation of any integrational model. On the other hand there is much to be gained from these approaches in terms of the benefits of the principle of unity that respects diversity. Models that allow for an openness to the richness of life and knowledge have much to offer the EAP counsellor if a wise balance can be maintained.

With an integrational focus and the McMaster Model as its foundation, Tomm and Wright (1979) define a particular theoretical approach which they say is based on general systems theory, communications theory and cybernetics as well as psychodynamic and social-learning concepts. "This model has evolved by assimilating many concepts and techniques of other therapists and approaches ... the effort has been to work toward a synthesis and integration to achieve a broad-based yet coherent and teachable model of family therapy" (p.228).

Tomm and Wright focus on four stages of therapist functions that are necessary in each session and throughout the course of treatment. These are engagement, problem identification, change facilitation and termination. Within each function are identified macroscopic skills or competencies. For example in working within the change facilitation stage the counsellor would break maladaptive interaction patterns, clarify problematic consequences, alter affective blocks, initiate cognitive restructuring, implement new adaptive patterns and mobilize external resources as required. These competencies are further refined into microscopic skills at the perceptual level (observations), the conceptual level (attributing meaning and applying learning) and the executive level (affective response and overt intervention). For example, within the change facilitation function and the "alter affective blocks" competency lie ten microscopic skills. One of these perceptual/conceptual skills is to "realize that once covert anger has been openly expressed, clarification of its frustrating origins is more useful than further catharsis alone" (Tomm & Wright, 1979, p.242). The corresponding executive skill would be, "after facilitating the overt expression of covert anger, curtail the projective aspect and stimulate self-reflection by exploring the underlying frustration" (p.242). By using such a conceptual framework with its focus on precise skill areas to observe skilled counsellors and to elicit supervisory feedback, the EAP counsellor would refine and define his practice considerably. Such detailed work while benefitting from an overall framework is beyond the scope of this practicum because of the extensive demands on time and supervisory resources it would require.

Another model that emerged out of the McMaster Model is the Integrative Problem-Centered Therapy (IPCT) of Pinsof. His model integrates individual and family modalities into a systems orientation that draws from behavioral, communicational psychodynamic orientations. "IPCT rests upon the twin assumptions that each modality and orientation has its particular 'domain of expertise', and that these domains can be interrelated to maximize their assets and minimize their deficits" (Pinsof, 1983, p.20). In order to function well in this model the counsellor is required to become knowledgeable and skilled enough in the appropriate orientations and modalities to move through various roles and styles. For example, the counsellor may begin as a family oriented therapist and then focus on specific structural strategies or behavioral approaches. Further into the treatment there may be a shift in focus to communication issues and the relational history of the family, perhaps even involving members of the family of origin. At times the counsellor will work as an individual therapist, at others as a coordinator when it is clear that the counsellor cannot provide what the patient system needs and a referral is made.

The IPCT model represents a considerable openness to synthesis of diverse elements similar in many ways to the field of social work. As such it has much to offer to the current stage of FST and to the EAP counsellor. One of those elements is its attempt to avoid confusion in looking at the various levels of system from individual, couple, family and beyond. It does this by defining and implementing the term "patient system" as all the human systems that are involved in resolving or maintaining the presenting problem. IPCT, like the McMaster Model, is a

problem-centered approach in seeing the presenting problem as the reference point to which all intervention must be related. It is suggested that the counsellor clearly define this area and frequently review and ensure that interventions are related to the presenting problem. This is seen as essential in order to maintain the commitment of the patient system to the work of treatment. IPCT is based on the health premise that the patient system is capable of resolving the presenting problem with usually straightforward help. This is to be done with a balanced educational and affective emphasis on pattern recognition and modification. The counsellor is urged to understand and intervene in the simplest manner, only proceeding to more complex areas of focus on the more obvious factors are not productive.

Pinsof identifies and outlines an assessment-intervention sequence much in the fashion of Tomm and Wrights' functional stages. He presents a detailed analysis of how a counsellor would move through the sequences and what to look for in each stage. The stages are labelled: i) presenting problem and pattern identification; ii) attempted solution identification; iii) emotion identification (response of patient system to problem, pattern and past solutions); iv) adaptive solution identification and implementation (reframing using macro and micro task prescription with a preference for straight rather than paradoxical task); v) block identification (if straight task unsuccessful); vi) catastrophic expectation identification (major therapeutic operation in IPCT); vii) block determinant exploration and modification; and, viii) termination. Pinsof acknowledges the complexity of helping the patient system and indicates that eclecticism based increasingly on scientifically validated

data is the way of the future in FST. These ideas and this advice are valuable for the EAP counsellor to consider but are not specifically incorporated into this practicum.

Will and Wrate (1985) developed a more recent integrated model of family therapy which they entitle Problem-Centered Psychodynamic Family Therapy (PCPFT). In it they integrate the McMaster Model with psychoanalytic family therapy and structural family therapy. They, like Pinsof, stress the importance of a framework model in working with families and also caution that such a framework should not mislead others into believing that the therapy can then simplify the complexity of family functioning and family intervention. Without really going into the details of their framework, it is clear that there is considerable consensus on issues that relate to the current state of FST and its future. "In our view the need to integrate therapeutic approaches is of critical importance to the future development of family therapy" (p.1).

With a view to earlier statements about the importance of incorporating knowledge and practice of alcohol and other drug abuse into the EAP, and social work domains, it is also necessary to focus on the integration of these concerns into FST. This necessity points out the considerable demands made on the EAP counsellor/generalist and highlights the need for considerable knowledge and support. Recent works by Steinglass, Bennett, Wolin and Reiss, (1987); Stanten and Todd (1982) and Lawson (1983) provide valuable information on alcoholism and other drug abuse from an FST perspective that can be incorporated into the FST-EAP integration.

Steinglass, Bennett, Wolin and Reiss see the alcoholic family as one in which alcoholism has become a central organizing theme of family life. They see an FST approach to alcoholism and the family as differing in major ways from traditional family approaches. In the diagnostic stage they stress the importance of distinguishing the family with an alcoholic member from what they call "the alcoholic family". This implication of the degree of enmeshment is seen as vital in terms of how to treat the families. The other major differences in the FST approach are "the implications of a family-level developmental perspective in the identification of treatment goals and the design of the treatment plan itself" (Steinglass, Bennett, Wolin and Reiss, 1987, p.333). Thus an early phase family is likely to have issues related to differentiation from the family of origin. A middle phase family will have achieved short-term stability by use of homeostatic mechanisms that restrict individual's behaviour. The alcohol problem, being hidden, needs to be brought into the open. In the late phases the concern needs to be with preventing the passing on of an alcohol legacy to the next generation.

These authors also give considerable attention to the details of their research and clinical practice with alcohol in families from an FST perspective. They look at the variability of individual and family responses, the degree of drinking in the family and family rituals as an indicator of the impact of alcohol. They also present a four stage model of therapy. The first stage is diagnosing alcoholism and labelling it a family problem. "The main questions that must be answered during this first stage of therapy are: whether alcoholism is the primary treatment priority; whether family therapy is appropriate here; and whether an

acceptable treatment contract can be worked out with the family" (Steinglass, Rennett, Wolin and Reiss; 1987, p.343). The second stage involves removing alcohol from the family system. "The therapist must take a firm stand on this issue at the start of therapy, while at the same time acknowledging that it may not be an easy task and that there may be a number of slips before abstinence is finally achieved" (p.343). The third phase involves dealing with issues in the disorienting early part of abstinence which the authors call the "emotional desert". The final phase involves the reorganization of healthy family patterns of interaction.

Stanten and Todd's (1982) orientation while not as encompassing as these authors, does provide valuable direction for an FST perspective on drug abuse. Their research and clinical work focuses mainly on issues of differentiation in families of young adult drug abusers. They are interested in creating crises in the family by eliminating drug use and by getting the young adult out of the family of origin. The time of crisis is seen as a pivotal point in which the counsellor can help the family move to more functional patterns of interaction. "If the transition is handled skillfully, treatment is usually on the way to a successful outcome, for succeeding crises will be easier for the family to cope with; a previous recurrent pattern has been broken and real change has occurred" (Stanten and Todd, 1982, p.135). Attention to observing and interrupting sequences of behaviour related to symptoms is the key to this method and somewhat universal in an FST approach.

As indicated, the challenges are great for an EAP counsellor to attempt to integrate the numerous ideas and practice implications inherent in FST approaches that include the overwhelmingly important alcohol and

drug issues (De Maio, 1989). Just as there are pitfalls in trying to over-simplify something as complex as a therapeutic modality or the complete patient system, there is the equal and opposite problem of trying to integrate the integrational models. As this appears to be largely uncharted territory, the responsibility once again rests with the EAP counsellor to use his or her maturity and wisdom to achieve a balance of detail and breadth. Inorder to achieve this balance it appears that it is most helpful to adopt a framework model that can provide sufficient structure while at the same time allowing flexibility to incorporate skills from diverse modalities and orientations.

Each integrational model has its advantages and assumptions. The McMaster model has had considerable impact and has been used in many research and practice settings. Another model that was developed out of the McMaster model and meant to improve on it, is the Process Model of Family Functioning (Steinhauer, 1984). The framework for the Process Model and its accompanying Family Assessment Measure (FAM) (Steinhauer, Santa-Barbara and Skinner, 1983) are the dimensions of task accomplishment, role performance, communication, affective expression, affective involvement, control and values and norms. These dimensions correspond strikingly to the McMaster Model with the addition of the "values and norms" dimension as well as two individual measures of the defensiveness and social desirability responses of those filling out the questionnaire. The dimensions of FAM have been shown to be valid and reliable benchmarks of family functioning. In regard specifically to the values and norms dimension of the Process Model, a number of authors stress the fundamental nature of this dimension in contributing to an

understanding of family functioning (Beavers, 1985; Boszor-menzi-Nagy and Krasner, 1986).

The strength of the Process Model is that it goes beyond a structured integration of fixed modalities. What it does is provide a framework and an attention to process that encourages the counsellor to fill in with the diversity and the art of counselling wisdom. This can include attention to the biological, the behavioural, the intrapsychic, the developmental and the systems perspectives as factors in family functioning and based on the identified needs. The result is that unnecessary and unhelpful dichotomies are avoided (Christie-Seely, 1984, p.9) and a healthy synthesis that challenges the capacities of the counsellor is encouraged. In so doing the Process Model defines strengths and builds on the resources of the family. As well, "a substantial number of families report that the process of completing the FAM stimulates them to perceive family relationships and interactions in new ways, and that this in itself helps them to conceptualize family difficulties by making them aware of others' points of view, and by providing a broader understanding from which therapy can proceed" (Steinhauer, 1984, p.109). More will be said about this model as it is used as the basis for this practicum's integration of FST into EAP.

2.6 Family Systems Thinking in EAP

With such an emphasis in this literature review on systems concepts, it is useful to note that EAP itself is a systems concept that developed to address the interaction between personal problems and work productivity. Given this connection between EAP and a systems view and Klarreich's statement that the roots of systems thinking lie in family systems theory, it would be wise for EAP to benefit from a standardized focus on FST. This is particularly important because of the broadening of EAP services and a trend beyond a purely assessment and referral service to direct provision of counselling by the EAP. "The degree to which the EAP can accept and encourage such referrals will depend upon the expertise of the counsellor and the objectives of the EAP" (Thomlison, 1983, p.7). Training and supervised practice with an integrative FST focus is especially important in light of the finding that, "it appears the counsellors diagnose the types of problems with which they are most familiar" (Erfurt and Foote, in Klarreich, 1984, p.50). Focus on FST can contribute to the diversity and flexibility of methods available to the EAP counsellor.

Some work in the EAP area has addressed the need for a systematic way of integrating diverse methods and approaches. Bricker (1984) for example, has discussed the clash of differing theoretical approaches for helping people with their problems. He states that "a recent review of the field cited 135 different approaches to therapy, an amount that even the most devoted and intelligent of practitioners would find impossible to keep track of while devoting time to maintaining their clinical skills" (p.19). Along with other important dimensions of this issue, Bricker

notes the importance of theory and therapist values in choosing approaches to helping. Much as has been noted in the FST literature, Bricker suggests that the solution to addressing the value underpinnings of choosing a method of helping is through adopting a broad framework that is also process oriented. This suggestion is compatible with the approach of the Process Model which is used in this practicum, even though Bricker's multimodal approach to therapy is not strictly a family systems perspective. Bricker's multimodal method is a narrower focus than the Process Model and other FST integrative approaches, as five of its seven dimensions focus on aspects of the individual. The other two dimensions focus on interpersonal relations and alcohol and other drugs.

Very little attention has been given in EAP to the wide perspective standardized approaches to helping, such as FST in general and the Process Model in particular can provide. Still Penzer (1988), as with Bricker, does point that direction with a multimodal model of counselling that is somewhat more limited than FST. What he suggests, in common with FST, is guarding against believing that there can be simple fixes for complex human problems. His remedy for a counselling field that is "a mixture of conflicting beliefs, confusing terminologies and competitive technology" (p.42) is a integrative multimodal framework "with the natural spontaneous dimensions that make therapy a healing force" (p.42). FST in general and the Process Model in particular fulfill these directions with integrative models that are much more encompassing than these proposed in the EAP literature.

More directly related to a systems approach, Dickman, Emener and Hutchison develop a comprehensive view of the clinical aspect of EAP in

their book Counselling the Troubled Person in Industry (1985). While promoting a holistic approach to mental, emotional and physical wellness they also focus on the importance of a family systems approach. The authors stress the usefulness of the family systems approach and proceed to focus specifically on the role relations aspect of that approach. The authors state that "the major implication of this definition is that a change in any one of the roles will result in a change in all the other role relations" (Dickman, Emener and Hutchison; 1985, p.31). While these authors' work does expand the debate of the use of FST in EAP, it does appear to be unnecessarily limiting in focusing primarily on "roles" alone, which are only one of the many aspects and dimensions of a family system. Again the Process Model and FAM expand on these authors' contribution by focusing on seven dimensions of family functioning as well as an overall rating.

The article that does the most complete work of integrating FST into EAP is one entitled "Family Systems Thinking in EAP" (Shell, 1987). In this work the author notes the value to be gained from therapies developed out of a systems theory. She also highlights the benefit to seeing the EAP assessment and case management functions from a systems perspective. In the counselling function though, Shell concentrates mainly on one dimension, as does Dickman, of an FST perspective. Her single dimension is much more encompassing than "roles", though. She focuses on "family of origin" work. This work concerns itself with how current family patterns of behaviour are often related to behaviour the parents developed in the families that they grew up in. Shell suggests that helping clients view their family of origin from new perspectives, such as those provided by

"reframing" experiences in a positive light, can be very helpful in positively impacting current behaviour. These and other examples and suggestions from an EAP setting are presented. Finally, some principles for an FST application to EAP are presented. Among these are the importance of providing the client with a satisfying experience of help and change, dealing with current issues from a clear direction, changing the focus on the other from blame to understanding, and directing the client to themselves as the primary focus and vehicle for change, growth and development. Shell concludes by stating that, "family systems theory provides a format for excellence in practice within the framework of meeting the EAP mandate of assessment, brief counselling and referral" (p.34).

Shell, as with the other authors cited in this FST application to EAP, provides a valuable contribution to EAP clinical work. When one contrasts these contributions to the breadth and depth of thinking and practice in the FST area it is clear that EAP has much more to gain from FST. This practicum tries to incorporate a greater amount of the FST perspective through use of the multi-dimensions of the FAM scale and through incorporating numerous strategies within the framework of the Process Model of family functioning.

"There is both good news and bad about one of the most durable and most resilient social institutions ... the family. The bad news is that the family appears to be in a state of crisis all over the world. The good news is that there is unquestionably universal recognition that the family, as the basic unit of society, will survive despite its apparently weakened state in every geographical region" (Kendall, 1988, p.81). EAP

is well-poised conceptually to assist with the strengthening of the family system and would appear to benefit in that task through attention to FST ideas and action as is demonstrated in this practicum.

3.0 THE INTERVENTION

3.1 The Setting

Tele-Cope is an employee assistance program of the Manitoba Telephone System (MTS) with offices at the corners of Portage Avenue and Main Street in downtown Winnipeg. The program is run by a coordinator and two counsellors and is overseen by an advisory committee. This committee is comprised of the professor of the university who initiated the program more than ten years ago as a demonstration project of social work in industry. The committee also includes the MTS vice-president of human resources under whose auspices the program is run, as well as representatives of some of the unions representing MTS employees. The unions involved include the International Brotherhood of Electrical Workers (IBEW), the Telecommunications Employees Association of Manitoba (TEAM) and the Society of Engineers of MTS. Counselling services are available without cost to employees of MTS throughout the province by means of itinerant services. Tele-Cope counsellors are involved in the delivery of preventive and educational programs and consultation with supervisors and managers.

Tele-Cope has been and remains a progressive program. It was conceived as a voluntary-referral counselling program at a time when many EAP's were assessment and referral programs that included a mandatory component. While primarily a broad-brush program that focuses on the individual, it has been receptive and involved in working with the family. This experience with and openness to a family perspective fits well with the aims of the practicum. It allows for an interchange between

counsellors and student with the application of a family systems perspective in EAP.

This students' experience at Tele-Cope finds the program to be one that impacts throughout MTS. There is a real openness and flexibility in dealing with client issues that is based on a genuine concern for the well-being of the client.

3.2 Personnel

The student in this practicum worked jointly with all of the counsellors of the Tele-Cope program. This allowed for a rich diversity of learning regarding various perspectives available for family work. The training of the counsellors is in social work practice, thus providing sufficient common ground and a foundation for counselling. A range of previous training and experience in working with families from a systems perspective also provided a challenge and an interchange in the joint-counselling format.

Initial work was done with and through the coordinator of the Tele-Cope program, who is also involved with counselling. This student demonstrated a structured assessment of a family from a Family Systems Thinking (FST) perspective and then gave feedback to the family based on this assessment. Through the use of this assessment and feedback procedure it was then demonstrated how goals and a contract for change could be developed.

Having tested this procedure, this student was then encouraged to initiate a similar process with the other counsellors. This time it was deemed feasible for the student to continue the process to closure of working with a family in a co-counselling design. In this way this student worked with all of the counsellors at Tele-Cope.

3.3 Clients and Duration

This practicum involved work with seven different families and four counsellors over a one year period. This included over 30 family sessions for a total of more than 50 hours of contact. The initial work that involved assessment of and feedback to families was accomplished in two to three sessions. When the practicum was expanded to include the co-counselling design, the result was that families were seen from four to nine times, as required by their circumstances.

Recent referrals to the Tele-Cope program who identified family issues as a primary concern were worked with in the practicum. The families in all cases had already met the Tele-Cope counsellor who was able to subjectively assess that the families were interested and would benefit from a structured assessment and possible intervention as provided for in this practicum. If intervention was proceeded with, it was based on the consent of the family and mutually agreed upon goals that were regularly reassessed and renegotiated.

3.4 Procedures

The goal of this practicum is to focus on family in the EAP clinical setting. In particular this is done by demonstrating the application of the FST body of knowledge and skills to EAP. The core of the intervention is the use of the integrative Process Model of family functioning (Steinhauer, 1984) and the associated Family Assessment Measure (Steinhauer, Santa-Barbara and Skinner, 1983).

The Process Model and FAM are useful in that they allow for the incorporation of the richness of diverse FST wisdom. By providing the structure of a multi-dimensional approach to the famiy, the Process Model and FAM leave room for considerable creativity on the part of counsellors. As the name implies, the Process Model allows and encourages the use of a wide range of skills from divergent sources including individual, dyadic and family perspectives.

In this practicum the family is approached to find out where they are in terms of individual, dyadic and family development. The family members' positions vis a vis these developmental tasks is assessed and an assumption is made that the individual, couple and family may have been unable to accomplish some of the necessary tasks. A key to this is often looked for in understanding how the family system relates to their own families of origin. When issues are found of importance to the developmental tasks, they are worked with inorder to help the family come "unstuck" and to learn more mutually beneficial ways of interacting.

The beginning stage of the intervention is the use of the Process Model as a guide to assessment. The Tele-Cope counsellor's initial pre-screening of the families is expanded upon by the involvement of this

student in administering the FAM questionnaires. "By exploring the major dimensions of family functioning and by defining clearly the content, the processes involved, and the critical aspects of each, the model provides a convenient map of the universal aspects of family functioning" (Steinhauer, 1984, p. 98). The FAM is administered in one session that also involves the gathering of supplemental information about family patterns and history. In order to understand the all-important parental subsystem a dyadic questionnaire is also administered. As this is being done, the family is being taught some of the theory of a systems view that acknowledges the connections between issues and at the same time moves them beyond blaming each other.

A unique aspect of this practicum is the provision of routine feedback to the family on the results of the FAM and dyadic scales. This feedback is arranged in order to discuss the results of the measures, the family's responses to them and the counsellor's suggestions as far as implications for possible intervention. The provision of this information can lead to new formulations of the problems and new directions for treatment. Intervention proceeds using only partial constructs because changes in one aspect of the system will affect all aspects of the system. In this way the feedback sessions are integrated with treatment sessions, often requiring two or three sessions before the complete overview of all the dimensions of FAM are shared with the family.

Having provided feedback through the structure of the standardized instruments and having begun to redefine problems from an FST perspective, the counsellors proceed to the next stage of intervention. Based on a restructured definition of the problems, an offfer of help is made. The

family is made aware that help involves exploration and interruption of unhelpful behaviour patterns while building on family strengths and resources. The model assists with the mutual setting of goals that form part of an agreed upon informal contract. Within each session and throughout the course of the intervention there is a regular review and negotiation of the helping process. The counsellor's "role is that of helping the family identify its problems and take responsibility for resolving them more successfully" (Steinhauer, 1984, p. 105). Termination occurs when the agreed upon goals have been met.

The intervention in the Process Model draws on the resources of both the family and the counsellors in a creative and flexible movement towards goals. In this way each intervention with families in co-operation with different co-counsellors produce unique results. The techniques used by the counsellors include the concepts and practice directives as outlined in the literature review of fST. This can include the relabeling of family symptoms and defocusing the identified client, sometimes in a paradoxical mode (Selvini Palazzoli, Cecchin, Prata and Boscolo; 1978). Attention to boundaries (Minuchin, 1974) and to differentiation (Bowen, 1978) is often indicated. Bringing out family conflict and coalitions is a step towards realigning and redistributing power (Haley, 1976). Among other skills often used is the attention to feelings for catharsis and healing (Satir, 1967).

The framework for the intervention is provided by the core dimensions of the Process Model; those being task accomplishment, role performance, communication, affective expression, affective involvement, control and values and norms (Appendix A), "Just by focusing on any one of

the model's major dimensions and proceeding actively to determine its content, processes and critical aspects, a therapist will automatically regain control of the interview and simultaneously, shift the tone" (Steinhauer, 1984, p.100). Particular attention to a unique aspect of the FAM's assessment of denial and social desirability responses further enriches the assessment and intervention. These dimensions tap subtle aspects of the responses and indicate how much they may be influenced by their perceptions of the counsellor's and other family members' expectations. The influence of anxiety, guilt and defensiveness is also measured. "An elevation of the denial scale can serve as a useful screening device a way of confirming and further delineating clinical impressions, and an indicator of change in family functioning in response to treatment" (Steinhauer, 1987, p. 99).

Each intervention is a unique demonstration of a practical application of the concepts and skills of family systems thinking to the EAP setting. As outlined here, it is necessarily broad to allow the full scope of a systems view to operate, while containing sufficient structure to maintain a focus on the identified problem and the agreed upon goals. The intervention is framed to mesh with the current operation of the EAP for the mutual benefit of program and student. The practicum has the advantage of using a standardized assessment measure that has been developed out of a comprehensive FST model of family functioning. This allows for a rich interplay among model, measure, student, counsellor and family.

3.5 Recording

Detailed process recording of each clinical session with families is made that highlights the process and the content of the interactions. Particular attention is paid to the overview of FST skills used; such as the structuring, relationship, historical, process and experiential skills of this student. The families' involvement with the student is detailed as is the feedback from co-counsellors.

The FAM questionnaire results, the Dyadic results as well as the results of the evaluation instruments become an integral part of the recording for this practicum. The feedback given to families from these measures is an especially important part of the practicum. The responses and learnings of the families to this feedback is documented. These become an anchor against which families can compare their progress in achieving the goals of treatment.

These recordings are reviewed before each clinical session and written after each session. They are reviewed in order to keep on track with intervention, both in consultation with co-counsellors and with families.

3.6 Case Summary

This section highlights a somewhat typical assessment and intervention with a family. In it are documented the application and integration of skills from FST within the framework of the Process Model and FAM. It involves the creative use of counsellor and family resources within the integrative FST framework and the EAP setting.

What follows is a record and interpretation of nine months of involvement with a couple in their early thirties. This couple has pre-school girls who attended the last session with their parents. In the nine month time period, six sessions were conducted by this student and a Tele-Cope co-counsellor that amounted to twelve hours of direct contact or two hours per session. The assessment, feedback and intervention sessions were intensive weekly sessions over a one month period. The two follow-up sessions were held eight months later to review progress and to complete post-evaluation measures.

About a year previous to this student's involvement with this couple, the wife approached a Tele-Cope counsellor for help. She received individual counselling to help her "come out of her shell of loneliness". She made progress in this goal, eventually registering and completing some university courses, something that was a new accomplishment for her. She also joined a public speaking group with resulting good effects on her confidence, abilities and friendships.

Despite progress made by the woman in these individual areas, there were sufficient problems with her marital relationship to cause her to consider leaving the relationship. As a result, the husband contacted Tele-Cope on behalf of his wife, requesting help for this situation.

Prior to this student's involvement, the couple met with the Tele-Cope counsellor. Progress was made in addressing issues of mutual concern. It was then suggested that the couple might benefit from participation in this practicum in order to complement the work already done.

As it was the first opportunity for the counsellor and this student to work together; some initial planning, clarifying of expectations and other discussion occurred prior to the first joint assessment session with the couple. At this session the FAM and Dyadic Adjustment Scale (Appendix B) were completed, information from past involvement was reviewed and supplemental information about family patterns was also sought. This student also focused on establishing a therapeutic relationship with the couple.

Important information was elicited. The couple were feeling overwhelmed by the many more household tasks they seemed required to complete. The basic tasks such as providing food and shelter were not in jeopardy as they had a very nice house and he had a very responsible and well-paid job with "the System". Although she was not working, she was considering going to work because of substantial debts they owed of many thousands of dollars. This too was causing them to feel torn as they wanted her to be able to be home to nurture the children (a further pressure had been that both pregnancies had been unplanned). In terms of these developmental tasks it appeared that the marital bond had not been sufficiently solidified before the parental roles were added on.

As well as these tasks a number of hazardous tasks overtook them and drew their energy over the six years of their relationship. Her father's drawn out death occurred early on in their relationship. Having moved

from his city just before was an added pressure and worry. She had been an extremely close friend to her father. A fire in their first house caused them to consider a newer and more expensive house (maybe too expensive for their circumstances, they now wondered). Not long after the move the sewer backed up in their new home causing considerable havoc. With these hazardous tasks taking their emotional toll along with the developmental issues, the couple added to them by first her and then him taking university courses. This added to the financial and energy strain, though it had positive effects in other ways. There became a pile-up of unresolved issues and emotions that were further added to by his reluctance to give up all the sports and friends of his single days. Now they were in his home town and she didn't feel accepted by his large family and group of friends. She was feeling very lonely and missing her family. He was feeling overwhelmed by these events and choices as well as by her emotional responses. She was threatening to pack up and move back to her family and friends. As well her stresses were manifesting themselves in physical problems that necessitated medical appointments; one more strain.

With an emotional crisis being expressed there was a need to intervene after doing the FAM (thus the long session). They talked about being worlds apart, just as they felt that their families are so different from each other too. This was normalized as being a usual pattern in relationships of opposites attracting. It was also reframed in finding the commonality of expecting a lot from themselves and each other. Discussions of the task and life cycle issues was welcomed and seemed to help to cool down some of the emotion, though not before it was allowed to

be expressed in a cathartic, helpful way. They had not thought of themselves in terms of constructive complementarity and how they actually help balance each other out. It was noted that they were caught up in relating to differences in an escalating and mutually reinforcing way. In these ways the interaction was directed by the counsellors and through pattern recognition another level of interaction was pointed to with hopefulness.

The couple was eager to continue on with these insights into their behaviour and to find ways to change them, though the woman was not wanting to be too hopeful. The problem was being redefined in a cursory fashion as a "overload" or "being overwhelmed". The couple, having considerable resources and strengths to do so, contributed further to the redefinition. They, saw how her risk-taking is benefitted by his caution in a mutual way. They also noted how she had been instrumental in guiding him away from a rebellious relationship with his father to a much more loving friendship there.

Through the input of everyone in the session, the importance of the transition from their family of origin to their current marriage was explored. He had left his home city to work on a term position in her city, partly to end an engagement to a girl he had been with for four years. She was living with a fellow who she was supporting financially. They met and dated a couple times and when her live-in realized, he moved out. They then lived together awhile before they split over her dislike of his bar friends and wild activities. This was explored as him rebelling from his strict upbringing. Her parents had split when she, the youngest, turned eighteen. She felt excluded and alone. After her

parents divorced she lived across the apartment hallway from her father and his new girlfriend which was an additional stress for this client. It was in this context that they had quickly come together and just as quickly split up. Still they continued to see each other, especially going to church together. She was the stabilizing influence then. He had to go back to his city but would she go with him or be left behind as had happened with her family? In a difficult choice wrought with great struggle she did move. They lived together but she was not fully accepted by his family who did not approve of their living together. They split again but later married just around the time her father was dying.

A lot of time was spent exploring the symbolic nature of being left behind, the emotional cutoff and splitting up and how these recurring patterns repeated across the generations becamse signs of their needs. Further aspects such as struggles for power in relation to his "wild" lifestyle and his subsequent rebelliousness were explored including their relationship to family of origin. In view of the length of the session it was decided to summarize the learnings and to plan further feedback and intervention for next time. The woman, as the identified customer who had threatened to leave the relationship, was feeling hopeful enough from the new learnings to contract to attend the feedback session from the questionnaires. The man was feeling a little overwhelmed by the emotional intensity of the session. She had released a lot of emotion. He had not. He had a headache.

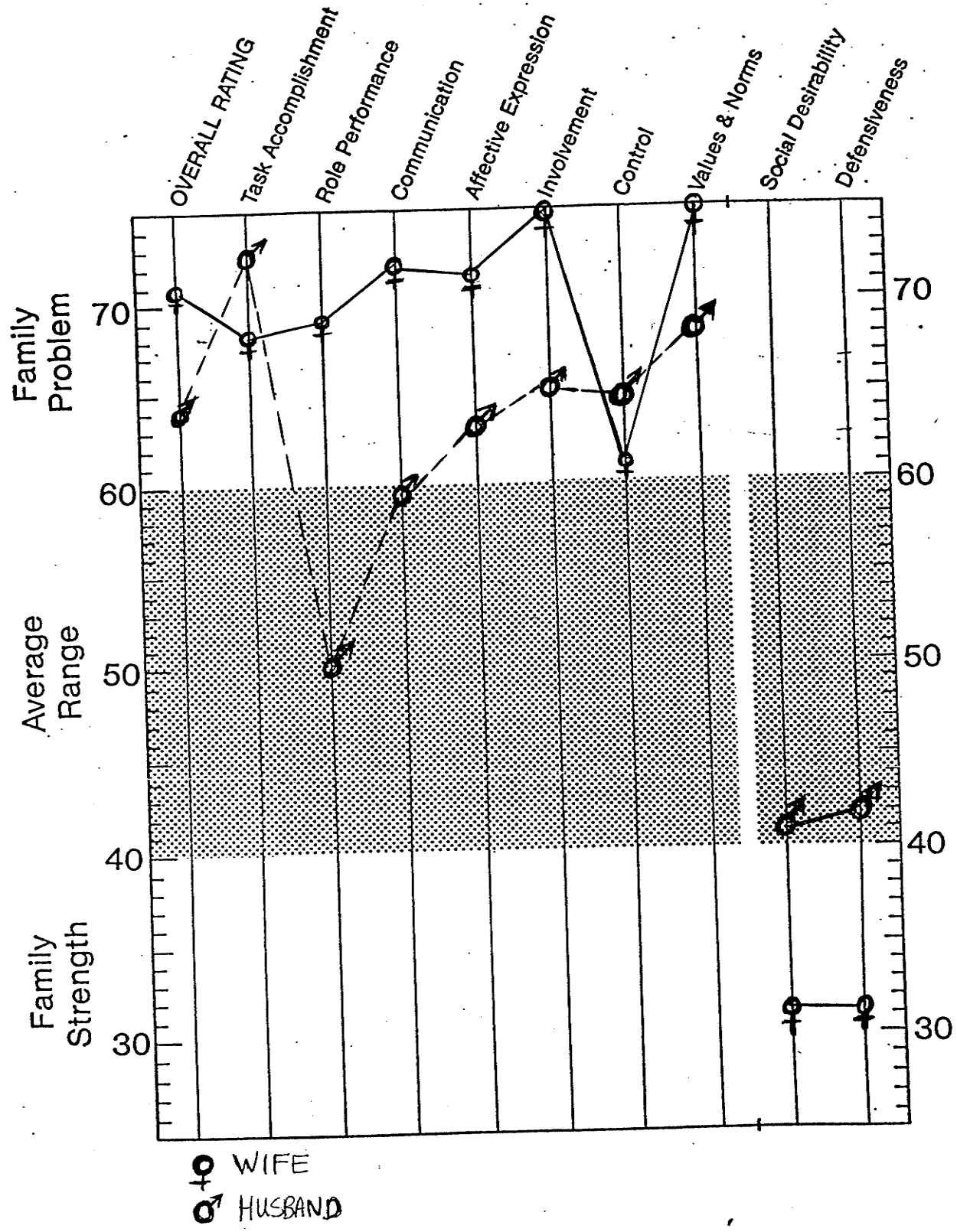
In this first co-counselling session the plan to complete the questionnaires and gather further assessment information about the family's history and patterns of behaviour was accomplished. As well,

because the relationship was in such a crisis, the counsellor and student intuitively decided in the session that this issue had to be immediately addressed. The co-counselling situation allowed the counsellor and the student to alternately observe and intervene through a process of mutual support. This worked very effectively especially the focus on how they had joined together so hesitatingly with many separations. Further, the focus on patterns of behaviour and its relationship to developmental and family of origin issues provided enough understanding to help defuse the crisis. A reframing of their differences by seeing similarities provided an incentive for the contract for further sessions.

In the second session a week later the counsellor and student proceeded with a plan to let the couple talk about their week and any concerns, before proceeding to the FAM feedback. There seemed to be less emotional upset despite the pressures they continued to feel. They expressed that the financial pressures were one of their biggest concerns. Some time was spent here considering the options available to them. Interim debt consolidation would be pursued. It seemed that either she would have to work full-time or else something would have to be done with the mortgage which was feeling like a major burden. This would be decided in time but both did not want to rush what they felt was a major decision.

The results of the FAm questionnaire were presented in graph form (see accompanying scale). First an introduction was given that FAM provided impressions of their feelings that needed to be discussed with them in order to be confirmed. A discussion also took place about the average ranges of the scale and what normal means (see Appendix A). In light of the questionnaire results that revealed problems on most

FAM GENERAL SCALE



dimensions, an attitude of hopefulness was engendered that any change in one dimension would also affect other dimensions. They were also encouraged to work towards progress in comparison to this measure instead of focusing too much on other's scores as indicated by the norms.

The overall rating (average of all dimensions) showed that both of them felt their family was out of the average range, having substantial problems in a number of areas compared to the majority of families on which the norms were based. With the average range being 40 - 60 his rating was 64 and hers 72. Her results indicated that she felt that their problems were more serious than he did. Attention was focused on the social desirability and defensiveness indicators that were built into FAM in order to test the reliability of the responses. His responses of 41 and 42 indicated that they fell in the average range and could be viewed with some confidence. Her scores of 31 on each scale seemed to indicate her answers to be less reliable. They showed such a high degree of emotion about the relationship that there was a tendency to inflate problems while not acknowledging areas of strength (at least at the crisis point when the FAM was administered early on in the first session).

A discussion ensued about these social desirability and defensiveness anchors. She became upset and felt this meant her answers were wrong. Her upset was added to by the fact that on first glance at the graph it appears that her answers show an area of strength, when in fact this is a misleading aspect of the chart's design, something that could be modified in future use of the graph. Her reaction in another sense confirmed that results the scale showed. She was able to see to some extent that emotional intensity and reactivity could skew the results

upward and make them unpredictable. It would be easy at this point to opt for an individual focus on how this emotional reactivity and seeming lack of differentiation has contributed to the destabilization of the marriage. While there is an element of truth to it, it may be more wisely conveyed in the context of her sense of powerlessness and not feeling listened to. This issue of powerlessness was followed up in further discussions.

Attention was given to these related emotional issues by pursuing the answers to questions on the task accomplishment dimension of the FAM. This dimension addresses how they deal with problems, or alternatively how they argue and let problems pile up. This predictably was one of only two dimensions, the other being control, where he perceived problems in the same way as she. His score was 73 and hers 68, both well above the norms. This is the area where he feels most powerless and the area she exerts her greatest power. Using self-disclosure, we focused on a need for certainty and security in our lives. They shared how they feel scared when things are not done the way they have been used to in their respective families. This was pursued to help them realize that fear was what their arguments and the emotional pile up were about. Other ways of dealing with these fears and the need for certainty were addressed by the counsellor and student with examples from the couple. This intervention was successful in helping the couple to develop support and trust in each other.

A fairly major gap in perception existed in the dimension of role performance. The husband, almost typically it seems, felt that duties were shared fairly and that he could be relied upon to do his part. His answers put him in the average range of 50. Meanwhile her answers put her at 70, well into the problem range. She felt she was expected to do more

than her share and that he couldn't be relied upon. She also had very strong feelings that he was the centre of attention, especially at parties. She felt these things to be unjust and not to be accepted by her. As this was seen by student and counsellor to be a major concern, the possibility of further attention to these matters was acknowledged and the process of mutual goal-setting and intervention was highlighted. This was to a limited extent done within the detailed FAM feedback process as well as after if they decided to pursue a more formal intervention phase.

Just as there was a major gap in their perceptions of the role performance dimension, so too were there large gaps in their perception of the communication and affective expression dimensions. The same pattern was manifested. His perception of their situation was that their communication, including of emotion, was average, while she identified problems. The 19 point spread in the role performance dimension, a 14 point spread in the communication dimension and 9 points in the affective expression dimension, all were in the problem range. The considerable discrepancy in their scores was framed as presenting considerable opportunity for understanding their family relationship and impacting it. On the communication side she did not feel listened to or able to say her piece. She also had strong feelings that she does not get a straight answer when seeking an explanation. With affective expression, she felt she was particularly unable to know what was going on with his feelings and if he was upset. Conversely, he did not feel able to share feelings if something was bothering him. This was both because of something going on inside himself and for fear of how it would be received.

In these areas involving feelings, she was encouraged to express her sensitivity and need for some sensitivity from him. This was explored by the counsellors and viewed towards the goal of working towards progress not the perfection they expected of themselves and each other. He discussed how he had learned in his family to be very blunt with feelings both in expressing and accepting them. They were able to reframe this themselves as having helped balance each other, although they required considerable more progress for a mutually satisfactory arrangement. She also highlighted a patttern of expecting him to know her needs. If he was not able to do this then she judged this to mean that he does not love her. Through the intervention of the counsellors they were able to see the vicious cycle involved in these unrealistic expectations of each other.

Having given considerable feedback to the couple with the observed effect of increasing their understanding and opening blocked channels of communication, the counsellor and student decided to end the session. The learnings were summarized by the counsellors and the couple also did so for themselves. Though they still wondered about decisions they needed to make in relation to financial pressures, the fact that they did not now feel pressed was a positive indication of the value of the session. It was also a hopeful sign in that the couple clearly felt more able to resolve the issues between themselves. With this renewed hopefulness, the couple contracted to continue sessions of this nature that involved giving feedback from the FAM dimensions and at the same time learning more about their patterns of behavior through the intervention of the counsellor and the student. The issue of the woman's committment to the relationship was

taking on less importance to her as communication was made clearer and behaviour was seen by her to have changed. The counsellors' presentation of feedback and building on it through intervention was clearly producing a positive result in helping them to be more unified.

The next week's session involved review of previous intervention, completion of feedback on the final three FAM dimensions, new intervention and a homework assignment. The couple was feeling much more hopeful both because of and resulting in changes in the family relations. There was less tension in the household with the children's normal play seeming less of an irritant, more enjoyable in fact. They were much more aware of their patterns of interaction, the source of some of those patterns and thus able to interrupt some of them that could have escalated tensions. In the past these would have led to mutually causative and reinforcing sequences of behaviour of him becoming controlling and her becoming emotional.

The results on the FAM scale of the dimensions of involvement, control and values and norms produced agreement in their perceptions of problems existing. His score on involvement was 67 and hers was 75. On control his was 66 and hers was 61. On values and norms his was 69 and hers was 78. These scores are all well out of the average range and into the problem area. Exploration by the counsellors revealed that the couple each felt the other was trying to run their life. They didn't feel close to each other and she didn't really trust him. She felt she knew where she stood in terms of rules, expectations and such, but was very frustrated by him not doing what she expected of him. He felt frustrated by what he saw as inconsistency from her in these areas. They agreed that

they have strongly different views of what is right and wrong. Both also highlighted strong arguments about wanting more freedom to make their own decisions. This information was given as feedback to them from FAM and discussed and confirmed by them.

The intervention continued to direct the couple away from blaming the other for these results instead seeking to continue to look to themselves as the primary focus of change. The counsellors intervened by focusing on unspoken assumptions that motivated their action. His was, "No matter what I do I will never be able to meet her needs". Hers was, "He will never be able to meet my emotional needs". Looking at these statements from many angles with examples, helped them to realize that these essentially negative statements, if accepted, could actually be a positive impetus for change. They could rely more on their own resources and end up with more realistic expectations of each other. The intensive review of the scenario of the move to Winnipeg, being initiated by the couple in the session, indicated that they understood the intervention by the counsellors. They understood that the move was a very emotional time for each as they were questioning their commitment to each other at the time her dad was back in her home town dying. There were quite a few arguments around this time, just as there were disagreements in talking about it in the session. The issues seemed to centre on expectations of each other and this meeting of needs with some clearer understanding of what was going on for each other at the time.

The FAM feedback brought into focus the struggle they had from the beginning of their relationship in balancing their needs for autonomy and dependence, intimacy and separateness. This was shown by the counsellors

to be an important factor in the question of commitment to the relationship and why it had remained unresolved over the many years of its existence. They were helped to understand how his theme was to be cautious and logical while hers was to throw herself in and only consider and deal with the consequences later. He came from a family with a somewhat enmeshed hierarchical structure and fairly rigid outer boundaries. On the other hand her family structure was much more disengaged with loose boundaries. In her emotional neediness and lacking differentiation she threw herself into the relationship desperate that it would help to meet her needs and replace those provided by her now dying father. On the other hand his lack of differentiation manifested itself in a desire for closeness, but more along the lines of someone to control his rebelliousness that manifested itself away from home and its source in his parents/father. The move back to his city saw a change away from his "wildness" to his more cautious and responsible self. Now she was not as needed by him and his rigid family. A role reversal had occurred and was framed paradoxically in the intervention for their consideration. The reframe was that now he was doing all her responsible work so she could be irresponsible, while she was doing all the emotional work so he wouldn't have to worry about feelings. They couldn't change unless the other changed and who could start the process? This intervention was received positively by the couple and seemed to defuse some tension.

Many old wounds remained from their incomplete, uncertain and unbalanced joining. These were dealt with to some extent in the session. With some healing of old wounds the couple was feeling more hopeful from progress in understanding and changing their behaviour. They felt that

many blockages were being removed. His under-emphasis on them out of a feeling of powerlessness was no longer necessary. The reduction in her anxiety leading to better differentiation, boded well for her and their future gains together, as she was the real initiator and customer of treatment. Already they felt that some of their answers to the questionnaires would be different than their initial responses, in a positive way. Their homework assignment was a communication exercise to listen to each others feelings for 15 minutes without discussing or feeling a need to respond. The session then ended on a positive note with a plan for feedback on the dyadic questionnaire next time, as well as to focus on their goals and priorities for the counselling session.

The next session began with him being very tired after a busy schedule at work. She was very pleased that she would be starting an evening job on weekdays. This would help tackle the financial burden, while still allowing her to be with the children in the day and him to be with them in the evening. Things had continued to improve with them, so we proceeded to a quick review of the dyadic scale: quick because by now this information was becoming a bit dated (see Appendix B). Much had changed in less than a month's time. The dyadic results were similar to the FAM results in showing serious concerns about the relationship, concerns felt more strongly by her. The overall dyadic adjustment score for her was 59 and for him 77. These were on the low end of the divorced means of 95 - 45 and the general mean of 130 - 73 and not even within the range of the mean for married people which were in the 133 - 97 range (higher numbers denote better adjustment). This pattern of scoring existed on the four subscales also. On the dyadic consensus subscale her

total was 27 and his 35 while the divorced mean was 52 - 30 and the married mean 66 - 49. On dyadic satisfaction her score was 18, his was 25 with the divorced mean being 32 - 12 and the married mean 48 - 33. On the dyadic cohesion subscale her result was 11 while his was 10 in comparison to the divorced mean of 13 - 3 and the married mean of 18 - 9. On the final subscale of affectional expression her result was 3 and his was 7 compared to the divorced mean of 8 - 2 and the married mean of 11 - 6. Her response to this data was to state that their marriage, "would have ended by now if they hadn't come to counselling". Everyone else in the room nodded their assent. Reviewing this by now dated information helped them to appreciate how serious their concerns had been and now to appreciate how much they had been able to progress.

The homework was not done partly because of a lot of business in relation to the new job and partly because they wanted to get more fundamentally into some issues in the current session. Work from the previous sessions was reviewed and goals were considered for this session. A consensus quickly developing about a need to explore feelings. She started out, without prompting, to express that her husband did not love her as much as he loved his family and friends. She felt he only married her because she had forced her way into the long line-up of girls wanting his attention. Besides that she felt he was so perfect especially compared to her. His attempts to reassure her only made matters worse so it was suggested that he hold her hand and not feel a need to intervene or interrupt otherwise, except for his non-verbal support. This had a good result of making her feel free. She did express a lot of deep feeling with very relieving effect from focusing on the present experience of it.

After his support, he was given a chance to explore his feelings. Soon came out the frustration that no matter how much he tries to reassure her of his love, it doesn't seem to be enough. She is not able to accept his love. His response to this perceived demeaning of him is to become more forceful and pushy to try to command more respect. "No matter what I do it is not enough" and he was encouraged to say this over many times out loud for emphasis with resulting good cathartic effect. When the positive effects of the venting of feelings was completed the couple were encouraged to review what had happened. They could see some of the self-reinforcing negative patterns that we had worked on last session and were much more able to take responsibility for their own feelings. They were able to interrupt some of the negative assumptions with new statements of what the real issues were. She, "I am lovable and he loves me". He, "I have done enough". Issues that had come out in the FAM were continually referred to in this resulting summary. The couple left the session in a contemplative mood feeling they had left many burdens behind. They felt empowered to pursue their own growth and confident they would be able to resolve their contextual issues further. As heavy schedules were to occur with the new job hours, the future direction of any other request for help was left in their hands. They did not return for further help. They were contacted eight months later to assist with this practicum by completing evaluation measures. This they readily agreed to do.

This case summary illustrates some of the dynamics of an application of FST in EAP using the Process Model and FAM with co-counselling design. The use of FAM provides a structure to the assessment and to the feedback that carries over into the intervention through the use of the Process

Model. The routine use of feedback from FAM provides a comprehensive overview of the family situation that naturally aids understanding and behavior change. Having this structure throughout the process allows the counsellors to use their skills, and resources intuitively and creatively to guide the family from where they are towards the goals they seek. The co-counselling design provides for further benefits of increased resources to the sessions and time for the student to learn and reflect while in the session. It also provides for feedback and joint planning outside of the sessions.

4.0 THE PRACTICUM EVALUATION

4.1 Criteria

The criteria for the evaluation of this practicum revolve around the successful accomplishment of its objectives. These include a demonstration of knowledge of the EAP and FST literature, an early acceptance into an EAP setting, demonstration of a framework for application of an EAP-FST integration, skill development in family practice and some indication that the overall goal of affecting the outcome of family functioning has occurred. The evaluation is a balanced combination of subjective and objective procedures that include indications and measures of process and outcome.

The overall impression from the process and outcome feedback and instruments is the test of the success of this project. These impressions are from the families, the counsellors, the committee and the oral exam. They indicate the development that has occurred towards an integrated systems view in EAP that recognizes its context and limitations. Skill development is measured by post measures and feedback from the co-counselling design. Personal benefits are measured by the successful completion of the project and application to daily living. Working with others is measured by their willingness and by feedback as to abilities gained here. Participation in other related projects speak for themselves in terms of reporting same. All these criteria are the focus for the results of the application of FST in EAP, both in terms of effects on the families and benefit to this student.

4.2 Instruments and Procedures

At the core of evaluation procedures is the use of the Process Model and FAM. The Process Model is a comprehensive model integrating diverse elements of FST, and FAM is both an assessment and evaluation tool that is based on the Process Model. This contributes to providing some structure for the intervention and its evaluation. The FAM is completed by all family members on their initial contact with this student, thereby establishing a baseline measure of family functioning overall and on the specific dimensions. This is also the case for the parental subsystem with their completion of the dyadic measure. Near or after the termination of the intervention the same measures are again administered providing a quantifiable indication of the change that has occurred in family functioning.

A number of other models and measures were considered before deciding on the use of the Process Model and FAM. Olson's Circumplex Model and FACES (Family Adaptability and Cohesion Evaluation Scales) is one of these (Olson & McCubbin, 1983). This is a research-oriented model that typologizes families based on assessment of the two dimensions of adaptability and cohesion. These are valuable dimensions but are limited in comparison to a multi-dimensional model. The model and measure being research-oriented may not be fine-grained and practical enough for clinical use (Pharand, Sudermann & Peters, 1988). It lacks the clinical emphasis on problem-solving while also unnecessarily typologizing families (Epstein, Bishop & Baldwin; 1982).

Another measure considered is the Family Environment Scale (Moos & Moos, 1981). This scale considers clusters of items labelled personal

growth, system maintenance and relationships. It can offer a lot in terms of treatment planning but is not satisfactory for clinical use in that is not based on a theoretical framework or model of practice (Pharand, Sudermann & Peters, 1988). It also contains a number of items that appear to be "independent of the dimension of emotional health" (Epstein, Bishop & Baldwin, 1982, p. 137).

The McMaster Model and its associated Family Assessment Device (FAD) has had considerable impact on the field of FST. It has the strengths of being based on a systems approach developed through clinical and empirical testing. It is thus research and clincically-oriented, being useful and easy to use while also being comprehensive. The authors claim it is the most complex of a number of models they compare (Epstein, Bishop & Baldwin, 1982).

The Process Model and FAM are similar to the McMaster Model and FAD with the addition of even more complexity and strengths. As already indicated they add further dimensions to the McMaster view of family functioning, including the fundamental "values and norms" category. The consideration of defensiveness and social desirability response styles takes the measure beyond a self-report accuracy and much nearer to that of a behavioural measure (Pharand, Sudermann & Peters, 1988). Further value is added through an overall measure of family functioning, with norms tested on a large number of families. Internal consistency reliability estimates are substantial at .93 for adults on the general scale and .94 for children (Steinhauer, Santa-Barbara & Skinner; 1983, p. 96). The Process Model and FAM provide a framework in line with the objectives of

the practicum and the means to ensure their effective implementation and evaluation.

Another important dimension of evaluation in this practicum is the co-counselling design. Co-counselling has the benefits of modelling behaviour in intervention as well as acknowledged benefits in student learning (Gurman & Kniskern, 1981). From the earliest stages of access to the EAP setting, feedback is received from the Tele-Cope counsellors about the application of FST in general and the Process Model and FAM in particular, to that setting. This continues formally and informally through all stages of the intervention. Goal setting and planning plus processing before and after each session are supplemented by recording of each of these aspects of the intervention. After termination each counsellor completes the Family Therapist Rating Scale (Piercy, Laird & Mohammed, 1983) which effectively measures the student's application of FST skills in the co-counselling sessions.

The Family Therapist Rating Scale is a way of validating student learning of FST skills. It was developed by the authors to fill a perceived gap in the field for an efficient and effective means of standardized evaluation of skill implementation. Previous methods either were anecdotal or made use of cumbersome coding systems. The scale is an integration of the skills and behaviours from various schools of family therapy and practice (Tomm & Wright, 1979). It is divided into five categories the first two of which are considered general skills. These are structuring behaviours, for example laying down the ground rules and relationship behaviours such as empathizing with family members. The historical category involves skills that focus on understanding and

interrupting patterns of family behaviour that have their origins in the past. Skills that focus on the present "structural/process" of the family include use of paradoxical intent and reframing. The fifth category of skills are experiential behaviours that include use of family and counsellor affect. The validity of the scale is demonstrated for constructs through use of judge's ratings and for criterion through the development of vignettes. Reliability estimates for the subscales of ten items each vary from .72 (Cronbach's alpha) to .95.

The final evaluation instrument that is administered is the (CSQ) Client Satisfaction Questionnaire (Atkisson & Zwick, 1982). This questionnaire is a valuable source of information on family intervention when applied in the EAP setting. It indicates a global satisfaction measure of the services received by asking about the quality of services received, if clients got the services they wanted, if the program met their needs, if they would recommend the program to others, how satisfied they were with the amount of help, if services helped clients deal with problems and if they would seek help again through the program. This questionnaire is completed at the termination of the intervention.

The evaluation of this practicum occurs based on the criteria as outlined, as well as on the procedures and instruments. The consultation with the various people having input into this students' learning is built into the design of the practicum at all stages of implementation. It is further standardized by use of the instruments of evaluation. The pre and post FAM and dyadic quantify the effect of the intervention on the families. The CSQ assesses the global satisfaction of the families and thus their view of the effectiveness of the implementation of the

intervention. The Family Therapist Rating Scale measures the attainment of the objective of applying FST skills in an EAP setting.

4.3 Results of the Evaluation

(i) Introduction

The evaluation of this practicum is based on several criteria as described in section 4.1 employing the instruments and procedures outlined in section 4.2. This evaluation focuses in detail on the work with the family presented in the case summary in section 3.6. Highlights are also presented of the work with other families involved in this practicum. Overall data from the practicum is commented on and impressions from the practicum are made. Feedback from the families and the counsellors about the practicum is recorded. Finally are some comments on the process of the practicum including recommendations and conclusions.

(ii) Case Summary

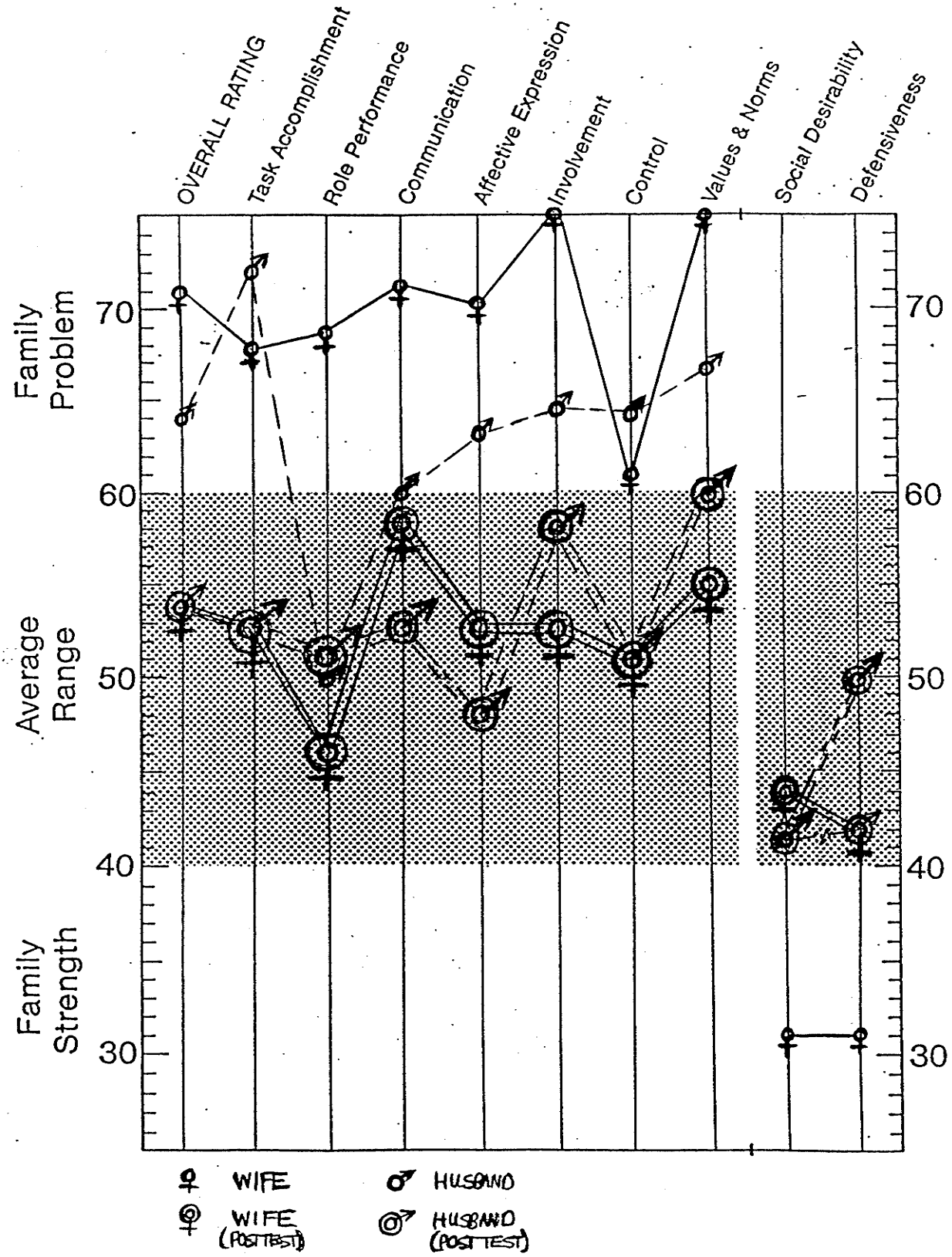
A follow-up session was held with the couple nine months after the sessions presented in section 3.6. The overall posttest FAM score was a shared 53 indicating that the couple continued to function effectively after the intervention. Discussion with the couple provided an elaboration of the data derived from the FAM as well as an indication of the process of the change indicated by the FAM.

Since the intervention the couple indicated that they had mutually agreed their expensive house, while nice, was too much of a burden in terms of money and time. They proceeded to sell their house and bought a more moderate one which, because it had a finished basement, had as much useable space as the bigger house. This saving relieved some of the pressure for her to have to continue working evenings. They were finding her job was not really the solution they thought it would be, as it drained too much energy and time that they needed for themselves and each

other. As a result she was able to try a more flexible job which she could do as a business out of her home. The children could be with her, come with her or alternatively be with him some evenings. They were thus able to still keep doing the things they all needed for a balanced life. Meanwhile she had more autonomy, an income and was enjoying being responsible and out meeting people. Further, the move to the new house meant they would be staying with his parents for a few weeks. While having some concern about this, she was looking forward to a chance to get more involved with them. He was a little apprehensive because of concerns about how he would manage with one of his siblings at home who he had some problems with. The other important decision that was engendering a lot of hope, especially for her, was a planned extensive trip for the family back to her home to see friends and family.

In giving feedback to this family about their completion of the evaluation instruments, the interrelationships among assessment, intervention and evaluation became more evident. Concerns from her that some of their scores were over the mid-line of 50, enabled us to intervene and normalize the importance of having struggles and problems in order to continue to grow and develop along the life cycle. We looked at the detail of their answers, especially in relation to values and norms, in order to highlight their different views of right and wrong. We could anticipate the need for them to devote some attention and openness in this area in order to achieve a better balance and to preserve their hard-fought-for unity. In discussing task accomplishment, question number 21, both felt that things do pile up too much with them. Some considerable attention was given, even in this final evaluation session,

FAM GENERAL SCALE



to some of the "old wounds" that remained with them from their earlier hesitant joining. Emotional and intellectual learnings occurred in terms of understanding how needs and expectations seemed to have influenced perceptions at that time and now, of that time. They realized that they would need to keep discussing some of these issues and were confident that they would be able "to handle whatever came their way".

As indicated, the FAM posttest scores from the follow-up session confirmed a fairly dramatic change in the couple's behaviour towards each other. The previous 68 point average response with an 8 point difference in perception between the couple had now changed to a score of 53 held by both of them (see accompanying scale). Thus they were more united in their perceptions of their family situation. They perceived the family to be functioning much more positively with most of the concerns being dealt with. The responses on all the dimensions were now well within the average range. This was very different than the pre-measures in which the majority of their responses fell in the problem range.

This perception of the family situation having changed from one of problems and disunity to one of unity and hope was also confirmed by posttest results on the Dyadic Scale (see Appendix B). The pre-intervention dyadic scores were in the problem range while the post-intervention scores were in the average range. Again, the earlier divergent views became convergent in the post-intervention sessions, both around 100 compared to the previous 77 and 59 (lower scores indicate greater concerns).

Further indication of the post-intervention change is shown in the social desirability and defensiveness measures of the FAM scale. Both of

the posttest results moved into the average range indicating more balanced and objective perspectives held by both of the couple in looking on their family. They seemed to be more open and honest without as much concern about what anyone else would think. Perhaps it could be claimed that this indicates greater levels of differentiation (Bowen, 1978). It appears that the intervention helped them to remove some of the barriers preventing the achievement of unity and goals.

As the final session ended it became clear that the couple had internalized many of the insights of the application of FST to the EAP setting. He, while talking about seeing things from a number of different perspectives, was wondering who had begun a particular sequence of behaviours and what had caused it to occur. Then realizing there were many aspects but no one answer, he stopped himself and in a more contemplative mode said, "Don't worry, I guess it just is". She meanwhile talked about differentiation, though without using the word. She said she felt she had relied on her dad a lot and that when he died she had tried to put that onto her husband. She now realized that what she really needed to do and has since done is to rely on herself more. She also realized that ironically this allowed her to join with her husband much more. In fact she felt it important to note that now they swim together weekly and will probably play ball too. They ended the session by noting how their pursuit of well-paying jobs and an expensive house did not satisfy them to the degree they thought it might. Now they felt that by moderating these material goals more in favour of people and family goals, they were more satisfied. They liked the challenge of it and were just a little worried where the next challenges would come from to keep them

going ahead together. We were able to reassure them that there would be many such challenges.

(iii) Other Families

The above case summary indicates some of the richness and diversity that can be unearthed in the application of FST to an EAP setting. The importance of the wider systems view of assessment and skilled intervention was also confirmed in work with other families in this project. For example, the first family that was worked with, primarily from an assessment mode, was able to reframe the identified problem of sibling rivalry and the identified patient, that of a sullen teenage boy. It was not surprising that the two teenage children were not interested in coming in for counselling as they were being singled out. The FST perspective and FAM assessment suggested attention might more wisely and effectively placed on a number of the many possible interrelated patterns and events. There were the cross-generational privacy needs and a holding in of feelings from grandmother, to father, to son. This worked against the rigid outer boundary of the family and the loose inner boundaries between members. Put in the context of teenage needs for autonomy and struggle for identity, the father began to relate to his own upbringing as well. By looking at himself, father started to wonder if perhaps he was being too strict. Defocusing the identified problem and patient created a potential for change within the members of the family that could alter the whole structure of the system.

Another family, this one was worked intensively over a six month period, came in with a teenage son as the identified patient. His identified problem was irresponsibility and he was very close to being

"kicked out" of the house, as had been threatened on a number of occasions. Assessment and intervention with the whole family soon revealed a need to strengthen the parental subsystem in order to address the presented problems. A hopelessness had previously set in on the parents and the whole family, in fact. As sessions with the couple proceeded, they reframed the focus from the boy to their own relationship, which had been in considerable disarray for a number of years. As more issues came out and were clarified the couple was able to deal more honestly with the reality of their situation. Ironically, in the sense that the boy was originally the one threatened that he must leave, first the mother left the home and returned, followed later by the father's repeat of the same pattern. This seemed to indicate that the boy had been triangulated into the parents' problems. Further confirmation of this occurred when problems with the boy were lessened when the couple focused on their own issues. The whole family ended up learning a considerable amount about themselves and each other from their involvement with the counsellors and student.

Other families worked with in this project involved quite a constellation of issues. Some of these were to do with blended families, issues of abuse as well as a number related to alcohol. In the area of alcohol this included situations where alcohol was identified as the primary problem as well as situations with adult children of alcohol (ACOA). The value of an FST approach, that still gave primacy to the power and role alcohol was allowed to attain in relationships, was confirmed. The potential of EAP as a preventive tool was indicated in the ACOA work.

In another family with teenagers, the value of the FAM was indicated in confirming the counsellor's assessment that things were mostly alright with the family. It seemed that the whole family was over-emphasizing a confrontation between mother and son in which the father was called in for support. The issue was further confused by them having involved child welfare and school authorities. Results of the FAM were able to support the counsellor's view with objectivity. Feedback from the session was able to serve an educative and preventive role in alerting the family to patterns of behaviour related to the identified problem. Important in these was a frustration the mother had with not feeling listened to by the father that was subsequently coming out when the same pattern occurred with the son. It should be noted that this and other cases discussed in this report, in which teenage issues are encountered, is not resulting in a blaming of parents. Rather the primacy and power of the parental subsystem is acknowledged as one of the many aspects able to influence the identified problem. In the case just presented the family was assured of a back-up support from the Tele-Cope program should this be needed. They were encouraged by our assessment that they would be able to handle any such situation should it occur again; especially in light of the new learnings they had made from the sessions.

(iv) Gender Issues

An important issue that is alluded to in the FAM results is a problem with the equality of men and women. The overall score for husbands is 60 on the FAM scale (63 without the "average" family) while for the wives it is 65 (68 without the one family). Also the score for teens was similar to that of the wives; 64 (72 without the one family's

scores). Does this suggest a similar position of powerlessness for wives and teens? On the dyadic adjustment scale lower wive's scores represent more serious concerns than their mates: 79 compared to 87 for the men, though both scores are out of the married range and well into the divorced range. Our attention is also drawn to the same pattern of difference in the social desirability and defensiveness responses to the FAM. The average of the husbands' responses on the social desirability was within the average range at 42, while the wive's was fully eight points less at 34. On the defensiveness sub-scale the wive's average of 26 was a full ten points lower than their husbands' average of 36. It is interesting also that on these two sub-scales, the "average" family that has been singled out as different on the overall ratings, actually had the same patterns of responses as the other families.

This issue of the possible different pattern of responses by the husbands and wives appears to be an important matter for further research. While this is beyond the scope of this project, a few comments might be in order. It was seen in the counselling session that there were consistent self-reinforcing and negative patterns of behaviour between spouses that was mutually causative. Husbands often seemed to control decision-making and wives were somewhat dependant. Wives seemed to want neither to be in control nor to be dependent and feeling not listened to responded emotionally. Husbands felt overwhelmed by this emotionality and tended to seek more control while themselves "shutting down" emotionally. Thus the patterns were in some cases repeated resulting in such different responses to the assessment instruments. It is interesting to note that this pattern of response was altered through intervention with the family

presented in the case summary and evaluation. Some thoughts on a way out of this perceived inequality is for women to be encouraged to take more responsibility for themselves and for men to be supported in encouraging this independence for everyone's eventual benefit. No matter what, there seems to be an inevitability to the realization of a systems learning that the honour of one is the honour of all and the hurt of one is the hurt of all.

(v) Norms and Normal Families

While these evaluation results have pointed to the use of norms as an indicator of problems or not, it would be wise to put the use of norms in a perspective. Kazak, McCannell, Adkins, Himmelberg & Grace (1987) state that, "perception of normal family functioning frequently fall in the clinical range of family assessment instruments' (p. 18). They also found that counsellors who are regularly involved with distressed families see normal families as not functioning as well as other groups see the same families. For these and other reasons they recommend that family assessment instruments develop norms to specifically deal with differences that alter family perceptions. For example, they suggest that norms be developed based on different needs at different stages of the family life cycle. They also suggest separate norms for different ethnic groups, for men and for women. In summary, they say their "results reveal the importance of exposing trainees to nonclinical families, with special attention to life cycle, gender, and ethnic variability, and to consideration of their own personal views of normality and how these interact with their clinical and research endeavors with families" (Kazak, McCannell, Adkins, Himmelberg & Grace; 1987, p.20). These recommendations

seem very important and applicable to any work in FST and its EAP application. In the current absence of these refined norms, this student has found it wise to focus on the family's power to progress in their own scores by understanding and changing their attitudes and behaviour. Anyway, it is probably wise to keep these points of view in mind when considering the application of FST and FAM to EAP. Otherwise the tangible and concrete nature of the numbers generated may lull us into believing in a certainty, where none can possibly exist; a point that was alluded to earlier in this report.

(vi) Client Satisfaction Questionnaire

The process of the assessment, the intervention and the evaluation of the FST application to the EAP setting has demonstrated in the case summary the ability of such an approach to implement change in client's lives. While the value of this approach to families had been alluded to, an objective measure of this (see Appendix D) was obtained from the completion of the Client Satisfaction Questionnaire (CSQ). The CSQ responses revealed that they found the quality of the service received to be good. They felt that they had generally received the kind of service they had wanted. Most to almost all of their needs were met. They definitely would recommend the program to a friend in need of similar help. They were mostly satisfied with the amount of help received. They found that the services received helped them to impact their problems a great deal more effectively. In an overall sense they were mostly satisfied with the service received. Finally, if they were to seek help again they would definitely come back to the Tele-Cope program.

(vii) Feedback From Counsellors

Another measure of the evaluation was the feedback obtained from the Tele-Cope counsellors. At each step of the process feedback was received about the direction of the project and the clinical interventions. As already indicated the fact that the counsellors become increasingly involved with the project was evidence of its helpfulness to them and their clients. The completion of the Family Therapist Rating Scale (FTR) by the counsellors tested two dimensions (see Appendix C). The first was to indicate the extent to which FST skills had been applied by the student in the co-counselling sessions. The second was to rate the effectiveness of that application. The overall results on the FTR indicate an average rating of 5 out of possible 6 (84%) which corresponds to the category of very effective. Also 42 out of the 50 skills highlighted on the FTR were seen to have been used by the student (also an 84% rating). This shows the student did demonstrate the application of FST skills in the EAP setting and did so very effectively.

Further indication is given of the student's skill development by attention to the sub-scales of FTR. These showed well-balanced strength in all areas of skilled behaviours from structuring, relationship and process to historical and experiential. There were no real weaknesses, while the greatest of the strengths of this student appeared in the relationship behaviours. These relationship behaviours include engendering hope, demonstrating warmth and empathizing with family members, as well as other skills. Many of these skills were rated by the counsellors as maximally effective in the student's skill repertoire. While, as indicated, there were no weak areas; there were suggestions for

improvement in a few areas. In the structuring behaviours subscale a 4 rating (effective) was also accompanied by encouragement to pay attention that communication be short, specific and clear. In the experiential behaviours sub-scale a 4.5 rating (between effective and very effective) noted a tendency by the student to be overly helpful in the area of feelings if a client was reluctant to explore this area. In the historical behaviours sub-scale a 5 rating (very effective) was accompanied by a suggestion for this student to check out any interpretations he made. In general, the overall picture from the feedback on FTR was of skilled and effective work which met the objectives of the practicum.

Another aspect of the feedback from the Tele-Cope counsellors involved written responses to open-ended questions about their involvement with this student in the practicum (see Appendix E). The answers to these questions where further elaborated on by the counsellors in a subsequent group evaluation session with this student. The overall tone of the written responses and the group session was positive and indicated that the practicum and the work with the student were a valuable experience.

Specifically, in reply to a question about understanding families, the counsellors indicated that they had a more rounded understanding of the interactions of families because of their involvement with the practicum. One counsellor found that the use of the FAM provided a structure that allowed central issues about the family interaction to come out more quickly. It was also felt that the family systems approach changed the focus from families scapegoating a particular family member to a more balanced view. FAM was seen to clarify complex interactions and to

provide clear and specific information otherwise not available. The family system focus was also seen to open up, more quickly, new perspectives on conflictual relationships between the spouses.

As far as an important and unique aspect of the practicum that involved the routine provision of feedback from FAM to families, the counsellors found this very helpful and encouraged its continued use. It was felt that the routine use of FAM to give feedback provides a model and sets up a dynamic for healing in troubled and "stuck" families. It does so by ensuring the active participation of every family member in having their thoughts and feelings heard by the others. In doing so it also mirrors and confirms the results of the FAM while bringing out new information in the interchange. Thus greater opportunities present themselves to assess and observe interactional patterns related to the range of family dimensions. One counsellor observed that this gave a balanced quality to the process that emphasizes both strengths and weaknesses. Thus FAM itself becomes part of a dynamic interplay between assessment, intervention and evaluation. The family learns to see situations from the others points of view.

The counsellors were excited about the opportunities they had to work in a co-counselling situation. They found that it encouraged them in their work and provided feedback and an opportunity to process their work more easily. One counsellor found co-counselling provided opportunities to disengage, observe and to assimilate what was unfolding in each session thus providing greater therapeutic leverage. Another counsellor confirmed the author of the Process Model's view (Steinhauer, 1984) that the model can be used with counsellors who have different approaches to family

therapy because it provides information about ongoing family behaviour. The model allows for flexibility in how that information is then evaluated.

The impact that the practicum had on the counsellors' work was also positive, both in relation to new learnings and in relation to working with this student. For one counsellor the exposure to FAM was at the core of the new learnings. Another counsellor focused on the issue of power and influence as a major learning. The elements of the practicum provided an equitable sense of power to all family members, in the view of this counsellor. Further, there was a demonstration of the need for shared responsibility within a family and there was a clearer acknowledgement that each member had an influence on the process as well as the outcome. As far as learnings from the student, one counsellor learned from what was viewed as the students' gentle and responsive approach to dealing with families. Another learned from what was seen as this student's unique blend of skills and background as well as strengths. Overall, the involvement in the practicum was viewed as a positive learning experience that helped to integrate that learning.

(viii) Comments on the Process

The feedback and evaluation from the instruments and the process have shown that this student has met the objective of demonstrating an FST application in an EAP setting. In particular the use of the integrative Process Model and accompanying FAM has resulted in valuable learning for this student, the counsellors at Tele-Cope and the families.

The use of the Process Model and FAM including routinely giving feedback to families has been valuable learning acquired through the

practicum. These tools have been shown to be valuable in providing structure to a co-evolving assessment, feedback, intervention and evaluation/termination process. As indicated the structure is flexible enough to allow joint work with counsellors having different approaches. The FAM has been shown to be helpful and relatively easy to understand both in explaining it to families and to co-counsellors. The wide-perspective view it can offer is very powerful in impacting family patterns as well as in assisting the work of co-counsellors. Because FAM is so powerful and contains so much information, it is this student's experience that it is wise to carefully limit the feedback and resulting interventions with families to control any emotional intensity engendered. Early in the practicum, feedback from the FAM was given in one session. Later in the practicum this was expanded to two and more sessions. While the early method was helpful in demonstrating the aims of the practicum, the later method seemed more wise therapeutically. Otherwise use of the FAM to give feedback can become too cumbersome, especially when using a dyadic scale as well as a general scale.

Structural support in the EAP setting for a focus on families would be valuable in expanding the gains made in this practicum. Counsellors exposure to FST through the Process Model and FAM resulted in positive evaluations. This could be built on through regular training in the many ideas and practice skills available in FST. Included in this training as well as support to it in regular sessions could be a built-in mechanism of feedback and supervision of counsellors in their work. This could be done through process recordings, audio/visual recordings, use of a one-way mirror and/or joint counselling sessions. Counsellors would also benefit

from presentation of FST workshop feedback and case reviews from an FST perspective in a collegeal setting. A focus on family from an FST perspective would also be valuable through the provincial EAP network.

Initiation of this masters project co-evolved with a move to Winnipeg in support of my wife's family. The struggles and joys involved with both has contributed greatly to the other. It is for this reason that I acknowledge what the Teplitsky family has taught me and dedicate this report to the memory of Tip and Soph. The hardships we have suffered has given me a sensitivity and patience for the pain that families are experiencing in a world without rules. My only hope is that the world and the families which make it up will find the peace it and they seek. The key to this must surely be in Baha'u'llah's quote, "The well-being of mankind its peace and security are unattainable unless and until its unity is firmly established" (1952). I have learned that the system of the family has to have positive and transcendent goals (Beavers, 1985) or risk being mired in destructive patterns. It appears to me that the success of families in moving away from problems lies not so much in the degree of seriousness of those problems but rather in the degree of their committment to work towards the goal of unity.

In this project I have learned a lot, probably too much to be able to articulate much of it. As stated I have learned about balancing intuitive and structuring skills both in clinical and organizational matters. I have learned about the detail and nuances of individual, couple and family growth and development. Above all I have confirmed again the value of reaching inside and consulting an inner, unknowable essence in order to find strength when it seems there was none left. I

look forward with anticipation to the ways I may be able to use the learnings of this masters project in the future.

(ix) Conclusion

I want to end this practicum with a favorite in FST, an epistemological note. Scientific ways of knowing try to encompass by dividing and specializing while assuming everything else is constant. At the other extreme is a way of knowing that has more in common with the history of ways of "being". This way of being/knowing relates to being encompassed, trying to understand how all of life is a whole, while realizing everything is changing. FST continues to make a contribution to the importance of bringing together in balance these opposite ways of knowing, the so-called "dual optic" (Block, Summer 1989). This practicum has been a valuable experience for this student in trying to progress towards this balance through use of structure and creativity, planning and development, science and faith, etc. ... Above all it has engendered a well known feeling that the more I know the more I realize I don't know. This itself is an important principle and dynamic to be used in any endeavour and to be imparted to clients as well as in the application of FST in an EAP setting.

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6.0 APPENDICES

APPENDIX A

FAM GENERAL SCALE

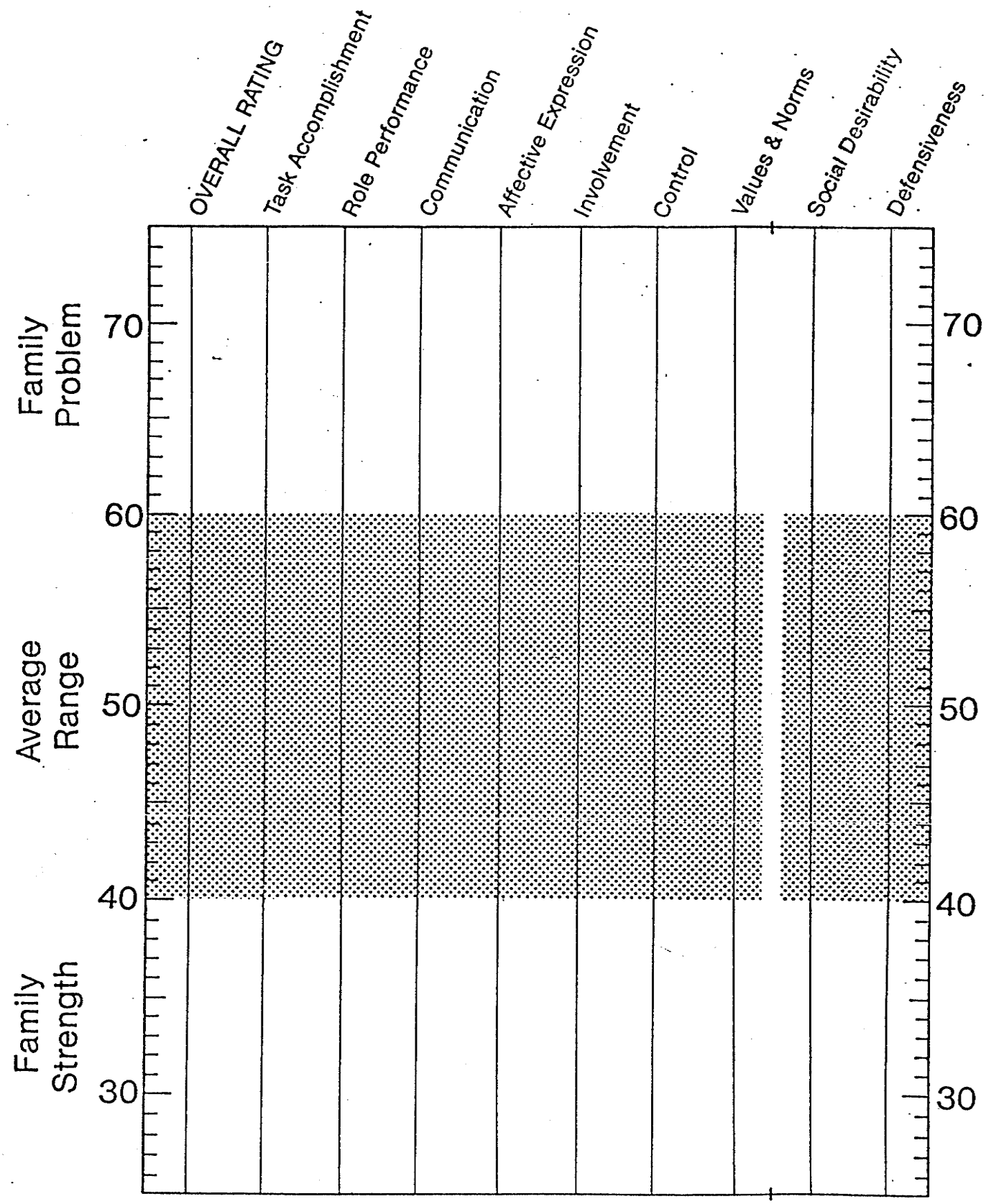

TABLE 3 FAM Interpretation Guide

1. TASK ACCOMPLISHMENT

LOW SCORES (40 and below) STRENGTH
- basic tasks consistently met
- flexibility and adaptability to change in developmental tasks
- functional patterns of task accomplishment are maintained even under stress
- task identification shared by family members, alternative solutions are explored and attempted

HIGH SCORES (60 and above) WEAKNESS
- failure of some basic tasks
- inability to respond appropriately to changes in the family life cycle
- problems in task identification, generation of potential solutions, and implementation of change
- minor stresses may precipitate a crisis

2. ROLE PERFORMANCE

LOW SCORES (40 and below) STRENGTH
- roles are well integrated: family members understand what is expected, agree to do their share and get things done
- members adapt to new roles required in the development of the family
- no idiosyncratic roles

HIGH SCORES (60 and above) WEAKNESS
- insufficient role integration, lack of agreement regarding role definitions
- inability to adapt to new roles required in evolution of the family life cycle
- idiosyncratic roles

3. COMMUNICATION

LOW SCORES (40 and below) STRENGTH
- communications are characterized by sufficiency of information
- messages are direct and clear
- receiver is available and open to messages sent
- mutual understanding exists among family members

HIGH SCORES (60 and above) WEAKNESS
- communications are insufficient, displaced or masked
- lack of mutual understanding among family members
- inability to seek clarification in case of confusion

4. AFFECTIVE EXPRESSION

LOW SCORES (40 and below) STRENGTH
- affective communication characterized by expression of a full range of affect, when appropriate and with correct intensity

HIGH SCORES (60 and above) WEAKNESS
- inadequate affective communication involving insufficient expression, inhibition of (or overly intense) emotions appropriate to a situation

5. AFFECTIVE INVOLVEMENT

LOW SCORES (40 and below) STRENGTH
- emphatic involvement
- family members' concern for each other leads to fulfillment of emotional needs (security) and promotes autonomous functioning
- quality of involvement is nurturant and supportive

HIGH SCORES (60 and above) WEAKNESS
- absence of involvement among family members, or merely interest devoid of feelings
- involvement may be narcissistic, or to an extreme degree, symbiotic
- family members may exhibit insecurity and lack of autonomy

6. CONTROL

LOW SCORES (40 and below) STRENGTH
- patterns of influence permit family life to proceed in a consistent and generally acceptable manner
- able to shift habitual patterns of functioning in order to adapt to changing demands
- control style is predictable yet flexible enough to allow for some spontaneity
- control attempts are constructive, educational and nurturant

HIGH SCORES (60 and above) WEAKNESS
- patterns of influence do not allow family to master the routines of ongoing family life
- failure to perceive and adjust to changing life demands
- may be extremely predictable (no spontaneity) or chaotic
- control attempts are destructive or shaming
- style of control may be too rigid or laissez-faire
- characterized by overt or covert power struggles

7. VALUES AND NORMS

LOW SCORES (40 and below) STRENGTH
- consonance between various components of the family's value system
- family's values are consistent with their subgroup and the larger culture to which the family belongs
- explicit and implicit rules are consistent
- family members function comfortably within the existing latitude

HIGH SCORES (60 and above) WEAKNESS
- components of the family's value system are dissonent resulting in confusion and tension
- conflict between the family's values and those of the culture as a whole
- explicitly stated rules are subverted by implicit rules
- degree of latitude is inappropriate

Family Assessment Measure

GENERAL SCALE

Directions

On the following pages you will find 50 statements about your family as a whole. Please read each statement carefully and decide how well the statement describes your family. Then, make your response beside the statement number on the separate answer sheet.

If you STRONGLY AGREE with the statement then circle the letter "a" beside the item number; if you AGREE with the statement then circle the letter "b".

If you DISAGREE with the statement then circle the letter "c"; if you STRONGLY DISAGREE with the statement then circle the letter "d".

Please circle only one letter (response) for each statement. Answer every statement, even if you are not completely sure of your answer.

Please do not write on this page.
Circle your response on the answer sheet.

1. We spend too much time arguing about what our problems are.
2. Family duties are fairly shared.
3. When I ask someone to explain what they mean, I get a straight answer.
4. When someone in our family is upset, we don't know if they are angry, sad, scared or what.
5. We are as well adjusted as any family could possibly be.
6. You don't get a chance to be an individual in our family.
7. When I ask why we have certain rules, I don't get a good answer.
8. We have the same views on what is right and wrong.
9. I don't see how any family could get along better than ours.
10. Some days we are more easily annoyed than on others.
11. When problems come up, we try different ways of solving them.
12. My family expects me to do more than my share.
13. We argue about who said what in our family.
14. We tell each other about things that bother us.
15. My family could be happier than it is.
16. We feel loved in our family.
17. When you do something wrong in our family, you don't know what to expect.
18. It's hard to tell what the rules are in our family.
19. I don't think any family could possibly be happier than mine.
20. Sometimes we are unfair to each other.
21. We never let things pile up until they are more than we can handle.
22. We agree about who should do what in our family.
23. I never know what's going on in our family.
24. I can let my family know what is bothering me.
25. We never get angry in our family.

Please do not write on this page.
Circle your response on the answer sheet.

26. My family tries to run my life.

27. If we do something wrong, we don't get a chance to explain.

28. We argue about how much freedom we should have to make our own decisions.

29. My family and I understand each other completely.

30. We sometimes hurt each others feelings.

31. When things aren't going well it takes too long to work them out.

32. We can't rely on family members to do their part.

33. We take the time to listen to each other.

34. When someone is upset, we don't find out until much later.

35. Sometimes we avoid each other.

36. We feel close to each other.

37. Punishments are fair in our family.

38. The rules in our family don't make sense.

39. Some things about my family don't entirely please me.

40. We never get upset with each other.

41. We deal with our problems even when they're serious.

42. One family member always tries to be the centre of attention.

43. My family lets me have my say, even if they disagree.

44. When our family gets upset, we take too long to get over it.

45. We always admit our mistakes without trying to hide anything.

46. We don't really trust each other.

47. We hardly ever do what is expected of us without being told.

48. We are free to say what we think in our family.

49. My family is not a perfect success.

50. We have never let down another family member in any way.

FAM GENERAL SCALE

Date _____

Name _____

Age _____ years

Sex: M F

Your Family Position

1. ☐ Father/Husband
2. ☐ Mother/Wife
3. ☐ Child
4. ☐ Grandparent
5. ☐ Other,

Specify _____

a = strongly agree
b = agree
c = disagree
d = strongly disagree

1.	a b c d	11.	a b c d	21.	a b c d	31.	a b c d	41.	a b c d
2.	a b c d	12.	a b c d	22.	a b c d	32.	a b c d	42.	a b c d
3.	a b c d	13.	a b c d	23.	a b c d	33.	a b c d	43.	a b c d
4.	a b c d	14.	a b c d	24.	a b c d	34.	a b c d	44.	a b c d
5.	a b c d	15.	a b c d	25.	a b c d	35.	a b c d	45.	a b c d
6.	a b c d	16.	a b c d	26.	a b c d	36.	a b c d	46.	a b c d
7.	a b c d	17.	a b c d	27.	a b c d	37.	a b c d	47.	a b c d
8.	a b c d	18.	a b c d	28.	a b c d	38.	a b c d	48.	a b c d
9.	a b c d	19.	a b c d	29.	a b c d	39.	a b c d	49.	a b c d
10.	a b c d	20.	a b c d	30.	a b c d	40.	a b c d	50.	a b c d

FAM GENERAL SCALE

Date _____

Name _____

Age _____ years

Sex: M F

Your Family Position

1. ☐ Father/Husband
2. ☐ Mother/Wife
3. ☐ Child
4. ☐ Grandparent
5. ☐ Other,

Specify _____

Note: This instrument is still under development and may not be used without written permission from the authors.

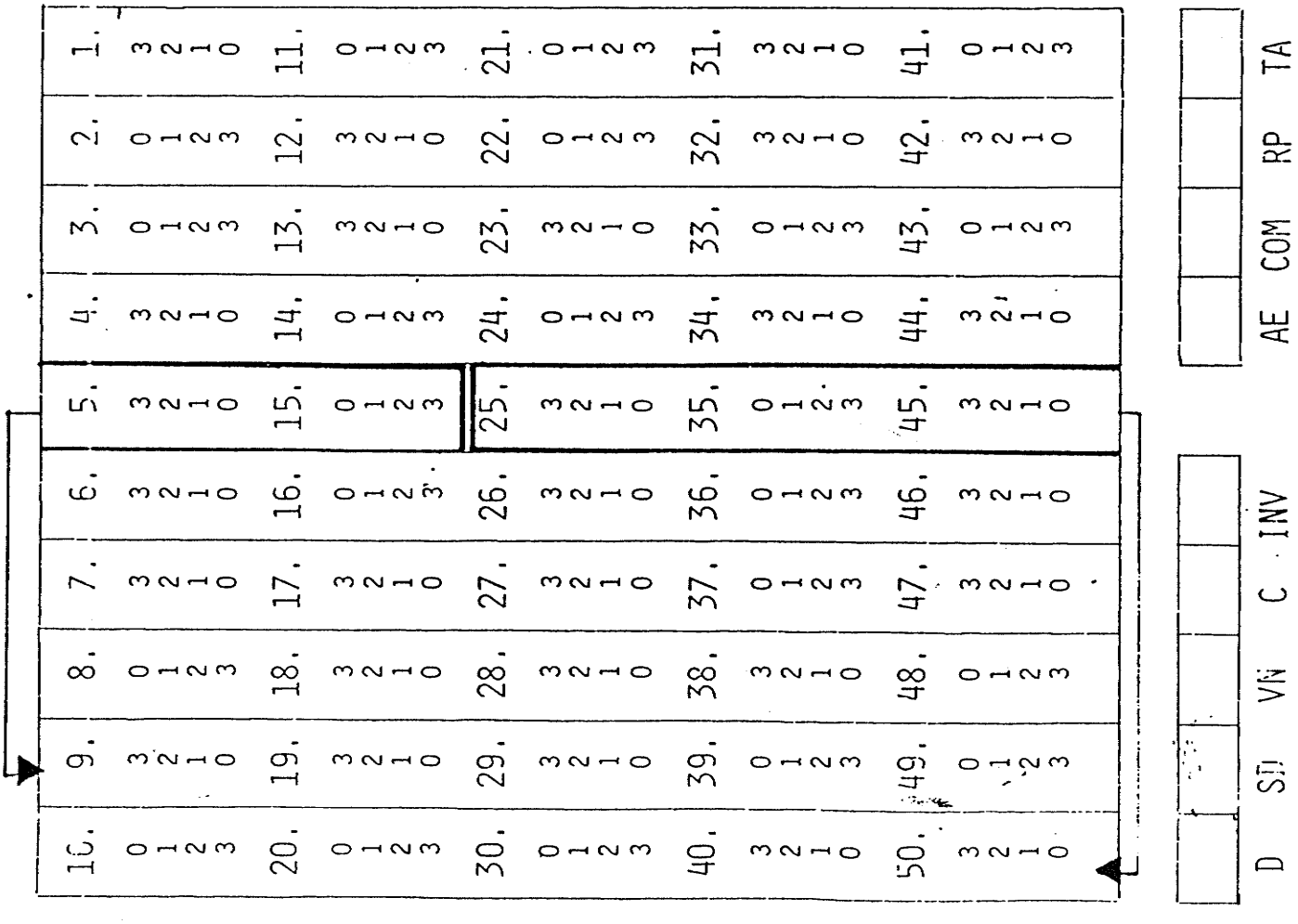

Table 1a

GENERAL SCALE: ADULTS-NORMAL FAMILIES

STANDARD SCORE CONVERSION

RAW SCORE	TA	RP	COM	AE	INV	C	V-N	SD	DEF	RAW SCORE
0	23	24	26	26	34	26	29	23	12	0
1	28	28	31	30	38	31	34	25	16	1
2	33	33	35	35	42	36	38	28	19	2
3	38	37	40	40	46	41	42	31	23	3
4	43	42	45	44	50	46	47	33	27	4
5	48	47	50	49	54	51	51	36	31	5
6	53	51	54	54	59	56	56	39	35	6
7	58	56	59	58	63	61	60	41	39	7
8	63	60	64	63	67	66	64	44	42	8
9	68	65	69	68	71	71	69	47	46	9
10	73	70	73	72	75	76	73	49	50	10
11	78	74	78	77	79	82	78	52	54	11
12	83	79	83	82	83	87	82	55	58	12
13	88	83	88	87	87	92	86	57	62	13
14	93	88	92	91	91	97	91	60	65	14
15	98	93	97	96	95	102	95	63	69	15
								65	73	16
								68	77	17
								71	81	18
								73	85	19
								76	88	20
								79	92	21
									96	22
									100	23
									104	24

Standard Score: mean = 50, standard deviation = 10

OVERALL RATING = average of the 7 clinical scales

(exclude SD and DEF) in standard scores

Table 2a

GENERAL SCALE: ADOLESCENTS-NORMAL FAMILIES

STANDARD SCORE CONVERSION

RAW SCORE	TA	RP	COM	AE	INV	C	V-N	SD	DEF	RAW SCORE
0	24	25	26	25	34	27	27	24	18	0
1	29	30	31	30	38	31	31	27	21	1
2	33	34	35	34	42	36	35	29	25	2
3	38	38	39	38	46	40	39	31	28	3
4	43	43	44	42	50	44	42	34	32	4
5	48	47	48	47	54	48	46	36	35	5
6	52	51	52	51	58	52	50	39	39	6
7	57	56	57	55	62	56	54	41	42	7
8	62	60	61	59	66	60	58	44	45	8
9	67	64	65	64	70	64	61	46	49	9
10	71	69	70	68	74	68	65	49	52	10
11	76	73	74	72	78	72	69	51	56	11
12	81	77	78	77	83	76	73	54	59	12
13	85	82	83	81	87	80	76	56	62	13
14	90	86	87	85	91	85	80	58	66	14
15	95	90	91	89	95	89	84	61	69	15
								63	73	16
								66	76	17
								68	80	18
								71	83	19
								73	86	20
								76	90	21
									93	22
									97	23
									100	24

Standard Score: mean = 50, standard deviation = 10

OVERALL RATING = average of the 7 clinical scales (exclude SD and DEF) in standard scores

APPENDIX B

DYADIC ADJUSTMENT SCALE

DYADIC CONSENSUS

1.
2.
3.
5.
7.
8.
9.
10.
11.
12.
13.
14.
15.

SUBTOTAL:
MARRIED: 66-49
DIVORCED: 52-30
AVERAGE: 65-40

DYADIC SATISFACTION

16.
17.
18.
19.
20.
21.
22.
23.
31.
32.

SUBTOTAL:
MARRIED: 48-33
DIVORCED: 32-12
AVERAGE: 37-22

AFFECTIONAL EXPRESSION

4.
6.
29.
30.

SUBTOTAL:
MARRIED: 11-6
DIVORCED: 8-2
AVERAGE: 11-5

DYADIC COHESION

24.
25.
26.
27.
28.

SUBTOTAL:
MARRIED: 18-9
DIVORCED: 13-3
AVERAGE: 17-7

DYADIC CONSENSUS: _____

DYADIC SATISFACTION: _____

AFFECTIONAL EXPRESSION: _____

DYADIC COHESION: _____

DYADIC ADJUSTMENT: _____

MARRIED: 133-97
DIVORCED: 95-45
AVERAGE: 130-73

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behaviour)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

	the time	the time	than not	sionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19. Do you confide in your mate?	5	4	3	2	1	0
20. Do you ever regret that you married? (or lived together)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves?"	0	1	2	3	4	5

	Every Day	Almost Every Day	Occa-sionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0

	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

	Never	Less than once a month	Once or Twice a month	Once or Twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item belc caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or

	Yes	No	
29.	0	1	Being too tired for sex.
30.	0	1	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middl "happy" represents the degree of happiness of most relationships. Please circle the dot which best descr degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	
Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Per

32. Which of the following statements best describes how you feel about the future of your relationship?

___5___ I want desperately for my relationship to succeed, and would go to almost any length to see that it does

___4___ I want very much for my relationship to succeed, and will do all I can to see that it does.

___3___ I want very much for my relationship to succeed, and will do my fair share to see that it does.

___2___ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

___1___ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

___0___ My relationship can never succeed, and there is no more than I can do to keep the relationship going.

APPENDIX C

THE FAMILY THERAPIST RATING SCALE (FTR)

Family Therapist Rating Scale

Directions: Rate the relative effectiveness with which the family therapist engages in the behaviors listed below. Some of these behaviors may be associated with a school of therapy other than your own. Try to be neutral and rate the relative effectiveness with which the therapist performs each behavior regardless of whether you agree or disagree with the type of intervention. In other words, try not to rate the model of therapy, just the behavior as identified by the statement on the rating scale.

Not Present (0); Ineffective (1); Neutral (2); Minimally Effective (3); Effective (4); Very Effective (5); Maximally Effective (6)

0 1 2 3 4 5 6

Structuring Behaviors

1. ___:___:___:___:___:___:___: Helps the family define their needs.
2. ___:___:___:___:___:___:___: Stops chaotic interchanges.
3. ___:___:___:___:___:___:___: Shifts approach when one way of gathering information is not working.
4. ___:___:___:___:___:___:___: Uses short, specific and clear communications.
5. ___:___:___:___:___:___:___: Asks open ended questions.
6. ___:___:___:___:___:___:___: Helps clients rephrase "why" questions into statements.
7. ___:___:___:___:___:___:___: Makes a brief introductory statement about the purpose of the interview.
8. ___:___:___:___:___:___:___: Lays down ground rules for the therapeutic process.
9. ___:___:___:___:___:___:___: Clarifies own and client's expectations of therapy.
10. ___:___:___:___:___:___:___: Explicitly structures or directs interaction among family members.

Relationship Behaviors

1. ___:___:___:___:___:___:___: Engenders hope.
2. ___:___:___:___:___:___:___: Uses self-disclosure.
3. ___:___:___:___:___:___:___: Demonstrates warmth.
4. ___:___:___:___:___:___:___: "Communicates" the attitude that the client's problem is of real importance.
5. ___:___:___:___:___:___:___: Tone of voice conveys sensitivity to the client's feelings.
6. ___:___:___:___:___:___:___: Speaks at a comfortable pace.
7. ___:___:___:___:___:___:___: Empathizes with family members.

THE FAMILY THERAPIST RATING SCALE -continued

8. ___:___:___:___:___:___:___: Confirms family members' experience of an event.
9. ___:___:___:___:___:___:___: Attempts to improve the self-esteem of individual family members.
10. ___:___:___:___:___:___:___: Demonstrates a good sense of humor.

Historical Behaviors

1. ___:___:___:___:___:___:___: Directly asks about the current relationship between a spouse and his/her parents and siblings.
2. ___:___:___:___:___:___:___: Explores the couple's mate selection process.
3. ___:___:___:___:___:___:___: Emphasizes cognitions.
4. ___:___:___:___:___:___:___: Assembles a detailed family history.
5. ___:___:___:___:___:___:___: Avoids becoming triangulated by the family.
6. ___:___:___:___:___:___:___: Attempts to help clients directly deal with parents and adult siblings about previously avoided issues.
7. ___:___:___:___:___:___:___: Assigns or suggests that family members visit extended family members.
8. ___:___:___:___:___:___:___: Maintains an objective stance.
9. ___:___:___:___:___:___:___: Makes interpretations.
10. ___:___:___:___:___:___:___: Collects detailed information about the etiology of the identified problem.

Structural/Process Behaviors

1. ___:___:___:___:___:___:___: Checks out pronouns to see who did what to whom.
2. ___:___:___:___:___:___:___: Assigns tasks both within the session and outside it.
3. ___:___:___:___:___:___:___: Concentrates on the interaction of the system rather than the intrapsychic dynamics.
4. ___:___:___:___:___:___:___: Employs paradoxical intention.
5. ___:___:___:___:___:___:___: Relabels family symptoms.
6. ___:___:___:___:___:___:___: Reorders behavioral sequences (e.g., order of speaking, who speaks to whom).
7. ___:___:___:___:___:___:___: Rearranges the physical seating of family members.
8. ___:___:___:___:___:___:___: Helps the family establish appropriate boundaries.
9. ___:___:___:___:___:___:___: Elicits covert family conflicts, alliances and coalitions.

THE FAMILY THERAPIST RATING SCALE- continued

10. ___:___:___:___:___:___:___: Assumes the role of expert technician who observes and then intervenes.

Experiential Behaviors

1. ___:___:___:___:___:___:___: Uses family sculpting.
2. ___:___:___:___:___:___:___: Encourages family members to find their own solutions.
3. ___:___:___:___:___:___:___: Encourages individuals to share their fantasies.
4. ___:___:___:___:___:___:___: Asks for current feelings.
5. ___:___:___:___:___:___:___: Lets the clients choose the subject of the session.
6. ___:___:___:___:___:___:___: Attempts to focus on process rather than content.
7. ___:___:___:___:___:___:___: Uses role playing.
8. ___:___:___:___:___:___:___: Responds to his/her own discomfort.
9. ___:___:___:___:___:___:___: Uses own affect to elicit affect in family members.
10. ___:___:___:___:___:___:___: Keeps the interaction in the here and now.

Figure 1. THE FAMILY THERAPIST RATING SCALE PROFILE

Family Therapist Rating Scale Profile

Therapist's Name _____ Comments _____
Date _____
Rater _____

Mean Rating of Behaviors Observed	Raw Score	Structuring	Relationship	Historical	Structural/ Process	Experiential
6	60	-	-	-	-	-
	55	-	-	-	-	-
5	50	-	-	-	-	-
	45	-	-	-	-	-
4	40	-	-	-	-	-
	35	-	-	-	-	-
3	30	-	-	-	-	-
	25	-	-	-	-	-
2	20	-	-	-	-	-
	15	-	-	-	-	-
1	10	-	-	-	-	-
	5	-	-	-	-	-

Note: A profile of a family therapist's behavior may be constructed in two ways. In one approach, raw scores, the total points within each category, may be added and placed on the profile. However, it may at times be helpful to use the mean ratings of only those behaviors actually observed within each category. The above profile has been constructed to accommodate either method.

APPENDIX D

The Client Satisfaction Questionnaire (CSQ)

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

4	3	2	1
No definitely not	No not really	Yes generally	Yes definitely

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him/her?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

5. How satisfied are you with the amount of help you received?

4	3	2	1
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

(OVER)

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes they have helped a great deal	Yes they have helped somewhat	No they really didn't help	No they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

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ADDITIONAL COMMENTS:

PLEASE ATTACH ADDITIONAL SHEETS IF YOU WISH

APPENDIX E

TELE-COPE PRACTICUM

QUESTIONS

1. To what extent have you increased your understanding of family systems through involvement with this practicum and its focus on the family dimensions of task accomplishment, role performance, communication, affective expression, affective involvement, control, values and norms?

2. Please comment on the routine provision of feedback to families both in the assessment and intervention phases by use of information gleaned from the Family Assessment Measure (FAM) questionnaire.

3. Please provide feedback on the aspects of the practicum related to working together in co-counselling.

4. What impact, if any, has the work of this practicum had on you and your work?

5. Any other comments would be appreciated.

Paul Lencucha
M.S.W. Student

November 2, 1989