STRUCTURAL FAMILY THERAPY WITH FAMILIES THAT IDENTIFY PROBLEMS WITH AN ADOLESCENT MEMBER

BY

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ABSTRACT

Family Therapy has become a common form of treatment for families that identify problems with an adolescent member and the outcome literature supports the use of family therapy with this population. Structural family therapists suggest that the family structure must change in order to support the adolescent as he or she negotiates the developmental tasks which are commonly associated with this stage of the life cycle. Problems may arise if the family is unable to make the necessary changes and many families present for therapy when this occurs.

A structural model of family therapy was applied to families with adolescents who requested service at The Children's Home of Winnipeg. Family members reported a variety of concerns regarding adolescent members including drug and alcohol use, school difficulties and refusal, parent-child conflict, behavioral problems, joy-riding and theft. Detailed case studies of four families describe the structural hypotheses which were applied in therapy and the specific interventions which were employed. Therapeutic efforts were evaluated using client and therapist reports and the General Scale of the Family Assessment Measure. The evaluations suggest that structural family therapy was an effective treatment modality for these families.

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CHAPTER 1: ADOLESCENCE AND THE FAMILY LIFE CYCLE

1. INTRODUCTION

Therapists often refer to the individual and family life cycle when they assess their clients and formulate treatment plans. It is commonly believed that individuals must negotiate specific tasks as they grow older and that the family progresses through its life cycle as it supports the developmental tasks of its members. Structural family therapists suggest that autonomy and control are critical issues during adolescence. They state that the boundaries between the various subsystems within the family must change in order to promote the individuation of adolescent members and to insure a sense of belonging and acceptance (Minuchin and Fishman, 1981).

This chapter considers the notion of adolescence and the concept of the life cycle as it relates to individual and family development. The literature suggests that conventional notions of the life cycle need to be reconsidered and the relationship between change on the individual level and change on the family level needs to be examined in a critical fashion. It also considers whether the family predominantly, or necessarily, supports the individual and it demonstrates that family therapists assume a particular ideological position when they suggest that the family progresses through its life cycle as it supports the growth and development of its

members. This chapter also considers how the family changes as it progresses through its life cycle.

2. ADOLESCENCE AND THE INDIVIDUAL LIFE CYCLE

Although current descriptions of the individual life cycle highlight the significance of the adolescent stage of development, a number of writers suggest that its prominence is associated with recent changes in society and the economy. Aries (1962) refers to the twentieth century as the century of adolescence and he suggests that previous generations were unacquainted with the notion of adolescence. Keniston (1971) supports this conclusion. He suggests that adolescence, as a particular stage of development, was recognized only after the 19th century, even though the biological changes associated with puberty had already been acknowledged. Zaretsky (1986) suggests that adolescence acquired meaning as the prevailing notions of childhood began to change. By the end of the 19th century childhood was regarded as a period of indulgence rather than a time of preparation for adulthood and adolescence was regarded as a period of transition between the pleasures of childhood and the responsibilities of the adult world.

Slaff (1981) states that the emergence of the notion of adolescence coincided with industrialization and the

accumulation of wealth. He suggests that this process is continuing.

> Increasing industrialization has freed postpubertal youngsters from the requirements of farm and factory labour. The rising standards of economic productivity make the adolescent, especially the uneducated adolescent, a burden on the labour market. Growing affluence enables families and society as a whole to support economically unproductive adolescents in school (p. 8).

It is reasonable to assume that adolescence has not achieved its final form since the forces which contributed to the rise of adolescence continue to shape its development.

Theoretical understandings of adolescence have also changed throughout the twentieth century.[1] Zimmerman (1990) states that Hall's study of adolescence, published in 1904, was "one of the earliest attempts to define the concept of adolescence in psychological terms" (p. 11). Hall compared the development of the individual to the historical development of society. He suggested that individuals develop from primitive to civilized behaviours and he concluded that adolescence resembled

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[1] This discussion is taken from Zimmerman (1990) and Slaff (1981).

the turbulent times which preceded the modern era.

Sigmund Freud described adolescence as a time of sexual conflict and development. He suggested that oedipal conflicts emerged again during adolescence since they could no longer be repressed against the strong urges of sexuality. Freud believed that these conflicts were resolved as the adolescent began to direct his or her attention towards peers of the opposite sex. This also helped the adolescent separate psychologically from his or her family of origin. Jones believed that adolescents repeated the experiences of their infancy and their ability to negotiate this stage successfully depended largely on their experiences as an infant.

Anna Freud focused on ego development and she characterized adolescence as a period of turmoil and conflict. She considered that

> it is normal for an adolescent to behave for a considerable length of time in an inconsistent and unpredictable manner; to fight his impulses and to accept them; to ward them off successfully and to be overrun by them; to love his parents and to hate them; to revolt against them and to be dependent upon them ... Such fluctuations between extreme opposites would be deemed highly abnormal at any other time of life. At this time they may signify no more than that an adult personality takes a long time to emerge, that the ego of the individual in question does not cease to experiment and is in no hurry to close down on possibilities (quoted in Slaff, 1981, p. 10).

This view has recently been challenged by Offer who suggests that conflict and turmoil are not necessary or inevitable characteristics of adolescence. Masterson supports this conclusion and suggests that adolescents who appear to be disturbed are in fact disturbed and they require significant and immediate interventions (see Slaff, 1981, p. 11). Adelson concludes that taken "as a whole, adolescents are not in turmoil, **not** deeply distressed, **not** at the mercy of their impulses, **not** resistant to parental values, **not** politically active, and **not** rebellious" (quoted in Hall, 1987, p. 770, emphasis in original).

Recent discussions of adolescence often consider the specific tasks which are commonly associated with this stage of the life cycle. Most theorists suggest that adolescence does mark a particularly difficult period for the individual and the literature commonly suggests that the tasks of adolescence relate to identity formation, sexuality and autonomy.

2.a. Developmental Tasks of Adolescence

Erik Erikson's formulation of the individual life cycle is often considered when individual development is discussed. According to Franz and White (1985), Erikson

describes personality development as

> an hierarchically ordered sequence of stages which progress from initial narcissistic involvement with oneself, through stages of identification and socialization, to increasing individuation and establishment of an individual identity (p. 224).

Erikson states that the formation of a personal identity represents the primary task of adolescence and he argues that role confusion will result if this stage is not resolved successfully.

Erikson suggests that this task is organized around the adolescent's need to prepare for participation and work in the adult world and he states that gender plays an important role in the resolution of this task. He emphasizes the significance of motherhood when he argues that a woman may pursue a career and other interests in the short term but must eventually "make the decision which would render her life most continuous and meaningful without failing the task of motherhood and citizenship" (quoted in Franz and White, 1985, p. 232).

Erikson also considers the significance of gender in the formation of the male identity although he does not identify specific obligations which are related to 'the task of fatherhood and citizenship'. Here he suggests that the male adolescent must resolve his latent bisexuality by identifying with his father and

maintaining an affectionate relationship with his mother. This allows the male to participate in "appropriately" heterosexual relationships and to engage in the full range of productive and reproductive roles which characterize the adult world and insure the health and the survival of society.

Under the best circumstances, according to Erikson (1968), adolescent identity will be consistent with the accumulated experiences and perceptions of childhood and congruent with the opportunities and expectations offered by society. In this case the adolescent will be able to establish and maintain relationships and to assert personal values in spite of the inevitable conflicts which are bound to occur as the adolescent engages society. If the individual is unable to negotiate the tasks of adolescence social anomie and role confusion may result and these may contribute to psychopathology, in the worst cases (Erikson, 1968, p. 40).

A number of other writers have commented upon the individual life cycle and the developmental tasks of adolescence. Many of these writers refer to Erikson but they suggest that there are a number of shortcomings in Erikson's formulations. Some suggest that Erikson does not consider the full range of developmental issues which confront adolescents and a number of these writers

suggest that Erikson's formulation falls short since he considers primarily male experience. I will consider a number of these criticisms below.

Preto (1988) suggests that adolescents face a number of other critical tasks beginning at puberty. Her analysis of these tasks demonstrates how changes on the individual level affect, and are affected by, changes throughout the family. She refers to the emergence and expression of sexual interests during adolescence and states that all members of the family are required to deal with this issue.[2] Preto suggests that parents who are comfortable with their own sexuality are more likely to accept and support the adolescent during this time. However

> if the adolescent's growing sexuality is denied, ignored, or rejected by the parents, the possibilities for the development of a positive sexual self-concept are diminished. The probability of increased feelings of alienation between adolescents and their parents is greater and risks of premature, excessive, or self-endangering sexual activity are increased (Preto, 1988, p. 259).

Preto states that the parents' ability to deal with these

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[2] Although Erikson considers the significance of sexuality for adolescent development he considers it primarily in terms of identity formation and role confusion, as these relate to the individual and the individual's ability to relate to a growing circle of structures and institutions.

issues is often, although not necessarily, related to their experiences with their peers and parents during their adolescence.

Preto (1988) considers a number of scenarios when she describes the relationship between adolescents and their parents during this period. She suggests that incestuous impulses are likely to increase with the adolescent's emerging sexuality and that adolescents and their parents may become hostile and unreasonable in order to push the adolescent away and decrease the anxiety associated with these impulses. Parents and children of the same sex often become more competitive with one another. Preto associates this with competition over conflicting perceptions of proper gender roles. In this case adolescents may confront same sex parents if their ideas regarding appropriate behaviours and activities differ (Preto, 1988, p. 259).

The adolescent drive for autonomy also characterizes this period. Preto (1988) defines autonomy as the ability to make decisions and to assume responsibility for personal affairs (p. 262). She suggests that

> adolescents are more likely to move toward autonomy in families where they are encouraged to participate in decision making, but where parents ultimately decide what is appropriate .... In contrast, adolescents raised in families where participation in decision making

> and self-regulation is limited tend to become more dependent and less self-assured (p. 263).

Preto emphasizes that autonomous adolescents are not disconnected from their parents but they are able to maintain an emotional relationship with their parents even as their own responsibilities increase.

Preto (1988) agrees with Erikson that the formation of a personal identity is also a critical feature of adolescent development, however she notes that "there are basic differences in the way that both sexes structure their identity" (p. 260). She suggests that females tend to rely on relationships and connections while male identity typically emphasizes separation and individuation. Preto notes that most developmental theories adopt a male perspective since they emphasize separation and individuation. She suggests that this creates problems for identity formation in females who typically rely on relationships and connections and for males who do not pursue separation and individuation (see also Gilligan, 1988).

Preto's emphasis upon the significance of relationships reflects a prominent concern within the literature. McGoldrick (1988) states that although Erikson considers relationships in his initial stage of trust versus mistrust he does not consider relational

matters again until the sixth stage, after the individual has passed through adolescence and is negotiating issues of intimacy and isolation. The intervening stages deal primarily with individual and instrumental tasks. Even during adolescence, according to Erikson, individuals are primarily concerned with the formation of a personal identity apart from their own family. Franz and White (1985) note that Erikson does place development within a widening social "niche" but he describes the formation of bonds between the individual and institutions within society while he ignores the development of dyadic and interpersonal bonds between people. As a result, according to Franz and White, Erikson provides a theory for understanding how individuals become productive and loyal members of society but he fails to explain how individuals learn to relate to one another on an interpersonal basis (p. 234).

The current emphasis upon the significance of relationships reflects a concern which is commonly associated with Gilligan and her colleagues. Gilligan (1988) suggests that adolescent boys and girls are involved in relationships but they seem to view these relationships in different ways. She notes that adolescent boys tend to emphasize abstract notions of

equality and justice and they focus on problems of oppression and inequality in their relationships with others. Adolescent girls appear to value responsiveness and engagement in their relationships and they are concerned about detachment, abandonment and disconnection (Gilligan, 1988, xvii). Gilligan argues that current theories of development are often based upon male experience and male perception and they do not recognize that boys and girls tend to develop in different ways. She concludes that this poses a threat to the development and the moral sensibilities of adolescent girls.

Boss and Weiner (1988) argue that female experience must be considered and they suggest that it contributes to specific and unique developmental tasks for girls and for women. They note that women are often considered to be the primary nurturers and caregivers within the family and they suggest that women are often unable to refuse these demands and consider their own needs since they are usually "less empowered" than men. Boss and Weiner suggest that empowerment represents a critical developmental task for females since they must be allowed to identify and assert their own needs and place appropriate limits upon the demands which they face.

Erikson borrowed from the physical sciences and

incorporated the notion of epigenesis when he formulated his theory of development and suggested that

> the healthy child, given a reasonable amount of proper guidance, can be trusted to obey inner laws of internal development, laws which create a succession of potentialities for significant interaction with those persons who tend and respond to him and those institutions which are ready for him. While such interaction varies from culture to culture, it must remain **within the proper rate and the proper sequence** which governs all epigenesis (quoted in Wynne, 1988, p. 83, emphasis my own).

Although he suggests that interactions may vary from culture to culture Erikson insists that all development occurs within the "proper rate and ... proper sequence" according to the laws which govern all epigenesis.

This approach begs a number of questions. Some critics have concluded that Erikson fails to consider female experience and the notion that the "inner laws" of development may not lead to the same place for everyone. It is also necessary to consider whether a theory, which was intended initially and primarily to explain phenomena in the natural sciences, can be used to explain development in a field which is more often assigned to the social sciences and whether Erikson's emphasis upon the sequence of development can incorporate changing notions of development and growth.

Gilligan (1988) refers to recent studies into infant sociability which demonstrate that infants and young

children are able to create relationships and to initiate and sustain interactions with others. Bowlby suggests that young children are able to understand and to grieve the loss which is associated with separation (see Gilligan, 1988, viii f.). These studies appear to contradict Erikson's notion that infants and young children are generally preoccupied with themselves and his suggestion that they spend much of their time engaged in parallel play in order to develop personal skills and increase their sense of competence and mastery over their physical environment.

Erikson's critics have sparked a vigorous debate regarding the nature of development and the significance of his theories. His critics have demonstrated that it is necessary for therapists to consider the clinical implications of this debate and to incorporate female experience into their concepts of adolescent development and their clinical practice. A number of writers have suggested that this will contribute to a better understanding of female development and some suggest that it will help the clinician understand the developmental tasks which all adolescents, female and male, confront.

3. THE FAMILY LIFE CYCLE

Family therapists suggest that the family has its own

life cycle. The adolescent stage of the family life cycle is generally thought to begin when the oldest child enters adolescence and to continue until the youngest child becomes an adult. During this time the family is required to make significant changes in order to support the development of its adolescent members and to encourage greater participation in the arena of adult opportunities and responsibilities. The family needs to establish new boundaries in order to encourage the independence of the adolescent and to allow the adolescent to move freely in and out of the system. In this case the boundaries between the adolescent and his or her parents may become more distinct while the boundaries between the family and society may become more diffuse.

Current research on the family life cycle also suggests that three and sometimes four generations of the family must be considered when we examine the developmental tasks of family members and the family. Carter and McGoldrick (1988) suggest that this represents the "emotional system" of the family as it moves through time. They note that

> three or four different generations must accommodate to life cycle transitions simultaneously. While one generation is moving toward older age, the next is contending with

> the empty nest, the third with young adulthood, forming careers and intimate relationships and having children, and the fourth with being inducted into the system .... events at one level have a powerful effect on relationships at each other level (p. 7).

The specific changes associated with adolescence often occur when the adolescent's youngest siblings enter school, as parents enter their midlife, and as grandparents begin to negotiate the changes which are commonly associated with retirement and older age.

Family therapists draw upon notions of the family life cycle and family development which were first examined in sociological investigations during the first half of the twentieth century. Frankel (1987) suggests that

> the notion of a family life cycle is rooted in Rowntree's (1906) ... study of poverty in England at the turn of the century. Rowntree observed that the life of the poor could be divided into three stages beginning with a period of poverty when the children are young, shifting to a period of relative affluence as the children become old enough to contribute, and returning to poverty as the couple are left on their own to cope with old age (p. 3, brackets my own).

Loomis considered the family life cycle during the depression of the 1930s when he demonstrated that

> as families changed in size and age composition, so did their liability to poverty.

> They were most likely to be poor during the childbearing years and after children had left home, leaving the older couple alone (see Aldous, 1990, p. 571).

Frankel suggests that this use of family life stages "as an independent variable" continues to be a viable concept with current applications in a number of areas (p. 3).

The developmental approach to the sociology of the family draws upon this notion of the family life cycle but attempts to describe the content of family life over the life span. It focuses, according to Frankel (1987), on

> the content and processes of family life from the formation of the unit as a couple, to its dissolution by the death of one of the spouses. It is especially concerned with describing, explaining and ultimately, predicting normative changes in the internal dynamic of the family over time, within the context of events peculiar to the individual, unique to the family, or related to the family and society (p.2).

Much of this work dates back to the contributions of Hill and Duvall following the second World War. They elaborated a model of the family development based upon an intact two parent, single wage earner family. They described nine stages which considered the arrival and departure of children but also "included the age and school placement of the oldest child and the retirement of the wage earner" (see Aldous, 1990, p. 571). Theorists have subsequently attempted to describe major variations

in family development (Carter and McGoldrick, 1988, pp. 3-28) or to elaborate upon the stages described by Hill and Duvall (Rodgers, 1964). Specific tasks are commonly associated with the various stages of family development and these tasks typically consider the family's need to support itself, its members, and the wider social system.

Frankel (1987) suggests that the developmental approach, in its most useful form, attempts to explain interactions within the family as well as interactions between the family and its environment (transactions). However he suggests that the "process of theory building ... is uneven by its very nature ... (and) concepts related to interactional, rather than transactional behavior are more fully developed" (p. 6). While this clearly has implications for theory building it is also significant for the theory and the practice of family therapy.

Various critics have suggested that family therapists focus upon interactions within the family and they do not consider, or understand, the transactions between the family and its political, economic and social environment (James and McIntyre, 1983 and 1990). In this case many family therapists perceive family development only in terms of what the family or the individual requires or they tend to assume that the needs of the

larger social system, defined predominantly by the transactional patterns between the family and society, are congruent with the needs of the family and its members.

A number of writers have suggested that this is a serious shortcoming since these systems are neither neutral nor benign and they influence individual and family life in a profound manner. Some critics suggest that the specific tasks associated with the various stages of development may reflect, predominantly, the particular needs of the political, social and economic order.

Zaretsky (1976) states that domestic relations, as they are defined by the patterns of interaction within the family, are determined by the needs and the structure of the economy. He suggests that capitalist economies have encouraged particular family forms and that industrial capitalism separated the productive realm of society from the domestic realm. Increasingly men were assigned the tasks of production outside of the home and women were placed in charge of the reproduction of labour within the home. The daily routines of child care, cleaning, laundry and food preparation, and significant milestones such as marriage and childbirth, supported the industrial work force and provided a market for the goods

which were produced. In this sense, according to Zaretsky, the family represents an integral part of the capitalist economy and the structure of the family, as well as the tasks assigned to it, have been influenced, and proscribed, by the demands of the economy (pp. 10, 31-38).

Corrigan and Leonard (1978) emphasize the relationship between the family and society when they suggest that families are required to reproduce the particular social relationships which bring capital and labour together. They note that

> it is not enough to have hundreds of young workers who all refuse to work under capitalist production, or who feel that they have the right to control capital, or who want to be peasants. They must think like workers within a capitalist society; they must see that the major social relationships of that society are not ones that they can have any control over, for otherwise the future work force may exist physically but will not come into relationship with capital and produce surplus ...(pp. 75f.).

Corrigan and Leonard suggest that this continues to be one of the primary functions of the family within the capitalist economy despite state intervention in child care, education and health care (p. 133).

This understanding suggests that the interactions within the family are functionally related to, and determined by, the transactions between the family and

society. In this case the process of individuation which typically begins or occurs at adolescence is most significant for the economic order in which the family is situated even though it is popularly associated with the psychological well-being of the adolescent. According to this analysis individuals must negotiate this task in order to become effective producers and consumers within the economy and families are compelled to support this development through a variety of overt and covert measures.

James and McIntyre (1983 and 1990) suggest that family therapists have not responded to the critical analyses of the family which have been developed and they argue that therapists typically fail to consider the impact of political, social and economic forces upon the structure of the family. Because of this therapists often

> struggle to alter the internal functioning of families without recognizing the degree to which repetitive dysfunctional structures are required and maintained by the family's social, economic and political context (James and McIntyre, 1983, p. 119).

James and McIntyre (1983) conclude that the specific needs of women and children within the family are often and deliberately neglected or ignored since the family operates against them and within constraints which are

imposed upon it.

The literature presented here indicates that the relationship between change on the individual level and the family level is complex. We cannot assume that this is necessarily, or primarily, a beneficial relationship and the therapist must consider that a variety of social, political and economic needs intrude upon the individual through the family and that the family's ability to support the growth of its members is determined and dictated in a significant manner by the needs of these larger systems. In this case it is not altogether certain whether the greatest measure of support and service flows from the family to the individual, or from the individual family member to the family and eventually to the larger systems which contain them.

In contrast to this position the family therapy literature maintains that the family's primary task is to support the growth and the development of individual family members and it suggests that specific symptoms often emerge when the developmental needs of family members are not met. Family therapists, according to the literature, should support the family in order to encourage the growth and the development of individual

family members.[=] This appears to be a necessary clinical position for family therapists but it is one which should be taken with an understanding of the larger systems which surround the family and which often proscribe the limits of growth for families and individual family members.

4. INDIVIDUAL CHANGE AND THE FAMILY LIFE CYCLE

Although family therapists suggest that the family progresses through its life cycle as it supports the growth and development of individual family members they often fail to consider the nature of the relationship between change on the individual level and change on the family level. Within the family it is important to consider whether the needs of particular family members determine the nature and the timing of specific tasks in the family life cycle or whether the needs of the family

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[=] Corrigan and Leonard agree with the family therapy literature which suggests that it is necessary to support the family, despite a significant difference of opinion regarding the nature and the function of the family system. They note that despite its assigned role within the economy the family has often acted as a "defender and a protector of its members against the ... exploitation of the economic system as a whole. At its best ... the family can be the context for the expression of experience of that affection, co-operation and altruism which stands in direct ideological opposition to the dominant values which underpin the capitalist economic system as a whole" (1978, p. 135).

determine the character and the sequence of events on the individual level. It is also helpful to consider if this relationship differs according to the health, or the particular configuration, of the family unit and whether cultural or socio-economic factors determine the nature of this relationship and the relative importance of individual and family needs. Although a number of writers have emphasized the importance of this relationship there is no clear agreement, about the nature of this change, in the literature.

4.a. Theories of Change

Terkelsen (1980) emphasizes the significance of individual family members in determining the course of family development and he suggests that the family structure is constantly changing as it responds to incremental changes in individual behaviour. He provides the example of a five year old child who learns to dress herself and he notes that a number of changes occur when this happens.

> The elements of structure attached to the old need ... drop away. Child and parent seek out new behavioral sequences that allow the child to dress herself, and create an alternative format for reciprocal nurturing. For example: child enters kitchen, announces, "Mommy, I

> dress myself!" Mother praises her, helps her into a chair, brings her food, and straightens her dress.'(p. 35).

Terkelsen notes that new behaviours emerge, and are tested within the family, as a result of this change and conflict may arise between elements of structure which were "previously well integrated". In this case

> Instead of dressing her child, mother now goes directly to the kitchen, and has more time to attend to her husband and two boys. Husband gets fed faster, but now finds himself criticized for reading at breakfast. the boys have more time for verbal repartee with mother, but simultaneously have acquired an increase in maternal supervision of their play. Father, in turn, may object to mother's supervision, initiating a discordant interaction between husband and wife. And so on (p. 36).

Terkelsen suggests that changes between the mother and daughter affect the whole family system and a new structure gradually emerges as a result of this process. Under normal conditions this structure will provide for the ongoing needs of all the family members even as it accommodates effectively to the new behaviours of the daughter.

Terkelsen (1980) notes that the new structure "is comprised of ongoing structure, plus the novel element, minus several (old) elements ... it also contains several; (new) elements arising in adaptation" (p. 36). He concludes that every member of the family is affected

by the development of individual family members and the family progresses through its life cycle as it responds, on a continual basis, to incremental changes in the behaviours and the abilities of family members.

Breunlin (1988) suggests that competence is an essential characteristic of change and he states that family patterns must constantly change as individual family members become more competent. Individual members will oscillate between competence and incompetence, or between different levels of competence, as they master new tasks and new situations. The structure of the family changes as family members respond to these oscillations and to the new levels of competence which the individual demonstrates. In some cases family patterns of interaction will encourage new levels of individual competence, while in other cases they will discourage higher levels of competence.

Breunlin (1988) cites the example of a child that is learning to walk. Initially the child will walk for short periods of time and then return to crawling in order to move around the house. Parents will often regulate this sequence since they will encourage walking in certain situations but discourage it when crawling is more appropriate or convenient. Eventually, as the child becomes more competent, walking will predominate, and the

sequences which regulate crawling and walking will be abandoned (Breunlin, 1988, pp. 145 f.).

Breunlin (1988) refers to this change of sequence as a "microtransition" and he suggests that the common distinction between a stage and a transition should be abandoned in favour of a view which considers the microtransitions which he describes. In this case, Breunlin states, change is relentless since "significant microtransitions" are always taking place. This process is intensified, according to Breunlin, at certain stages within the family life cycle when existing sequences must change and new sequences must develop.

> When a child starts school, for instance, sequences that regulate existing behaviours, such as getting up, going to bed, dressing, and leaving a parent, must all change in the direction of higher levels of competence. New sequences must also emerge that regulate behaviours newly acquired for school , such as going to and coming from a strange place (Breunlin, 1988, p. 143).

In contrast to Breunlin (1988) and Terkelsen (1980), who both suggest that change is a constant feature of individual life, Hoffman (1988) suggests that families change in "discontinuous leaps" and in "startling and sudden" ways (pp. 92f). She describes the "natural history" of a leap in the following manner.

> First, the patterns that have kept the system in a steady state relative to its environment begin to work badly. New conditions arise for

> which these patterns were not designed. Ad hoc solutions are tried and sometimes work, but usually have to be abandoned. Irritation grows over small but persisting difficulties. The accumulation of dissonance eventually forces the entire system over an edge, into a state of crisis, as the homeostatic tendency brings on ever-intensifying corrective sweeps that get out of control. The end point ... is either that the system breaks down, creates a new way to monitor the same homeostasis, or else may spontaneously take a leap to an integration that will deal better with the changed field (pp. 93f.)

According to Hoffman, the existing patterns are no longer able to maintain a steady state and completely new patterns are required in order to regulate the system or to move it to a different level of functioning. Symptoms emerge when a family fails to make the leap to a new level of organization.

4.b. Symptom Formation

The family therapy literature often refers to the concept of homeostasis and the notion that specific symptoms frequently emerge, and are maintained, in order to discourage change and to promote the existing stability of family systems. In this case clinicians may suggest that a child is acting out in order to engage a parent or to save the parents' marriage. However family therapists also suggest that individual behaviours are mutually determined by a variety of patterns and interactions

throughout the system and they state that the child's attempt to maintain a particular equilibrium within the system is more accurately seen as a quality of the system itself. This is problematic since there is no explanation as to why the system might attempt to maintain a particular steady state and there is no understanding of how change can occur within the system if all the forces are aligned against it.

Hoffman (1988) distinguishes between the single-bind and the double-bind to describe how symptoms are created, and can be resolved, through interactions within the system. In the single bind a father may implore his adolescent daughter to behave like an adult but she must assume an inferior position in order to obey the parental admonition to assume greater responsibility and power. If she accepts the parental advise she perpetuates her inferior position but if she rejects it she may incur parental anger even though she is demonstrating some of the power and initiative associated with adult decision making. Hoffman suggests that this situation is often worked out over time. The bind may be resolved if the father and his daughter are able to establish a more equitable relationship and accept the differences of

opinion and belief which will probably result.[4]

The single bind may become a double bind if this relationship is sabotaged by the parent, the adolescent, or someone else in the family. Hoffman (1988) suggests that the essence of the double-bind is "to disconfirm a leap once taken, to indicate that change is not desired, or to disqualify the whole event " (p. 101). In this case the necessary structural changes will not occur and symptoms may emerge.[5]

Terkelsen (1980) distinguishes between first and second-order developments when he considers symptom formation. According to Terkelsen, a first-order development

> requires additions to and deletions from structure, while the family's consensual reality is preserved. A second-order development calls for extensive revisions in

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[4]Hoffman (1988) suggests that tension arises from the demand to create, simultaneously, a reciprocal and complementary relationship. She notes that this tension characterizes all demands for change but it is usually resolved since the individuals can draw upon personal, familial and cultural experience to negotiate change (p. 99).

[5] Hoffman suggests that specific symptoms play an important role within families but she rejects the notion that symptoms act only to preserve equilibrium within the system. She states that symptoms reflect the possibility and the desire for change as well as the desire to remain the same or to resist change. According to Hoffman, they reflect the tension between the old order and the need for a new and creative leap in the family structure (1988: 98).

> consensual reality, with substantial secondary elaborations in structure (pp. 39f.)

First-order developments also occur frequently, as when a child learns to dress herself, while second-order changes typically occur around life cycle events such as adolescence. In this case roles are often reassigned and existing relationships are redefined as the family member gains a new status, and a new position, within the family.

Terkelsen (1980) suggests that symptoms appear when "a second-order development is not met by an appropriate and sufficient transformation of ongoing structure" and he suggests that this threatens individual and family development (p. 44).[6] He notes that first-order dysfunction may jeopardize skill development but the individual is often unaware of this or is able to compensate in other areas or in other ways. Second-order dysfunction often jeopardizes areas of individual

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[6] Terkelsen distinguishes between a symptom and a dysfunctional behavior. He defines a symptom as an "undesirable and persisting (or persistently recurring) internal state ... an unwanted experience". He suggests that dysfunctional behaviours emerge since "a family member in a dysphoric state cannot remain reciprocally related to other members ... (since) ... his behavior is keyed to relief of his own dysphoria ... as important needs of these others go unmet, they too begin to experience dysphoria". Terkelsen suggests that these dysfunctional behaviours eventually become elements of the family structure as the impact of the initial symptom "is felt by more and more members" (1980, p. 45).

development which cannot be changed, or can only be changed with great difficulty. Terkelsen suggests that there is a significant difference between "denying a child access to a particular friend and denying access to all friends ..." (p. 46). In the latter case the child's ability to develop extrafamilial attachments is threatened and the consequences will affect both the child and the structure of the family.

Breunlin (1988) suggests that problems, or symptoms, will occur "as a result of the family's inability to regulate behavior at an appropriate level of competence" (p. 150). In this case sequences within the family may encourage a variety of less-than-competent and more-than-competent behaviours within the individual. Specific interventions need to consider whether the oscillation between these behaviours is of recent origin, or if they are clustered around a single nodal transition, or whether the oscillation is longstanding and has persisted over a number of years and involves a series of nodal transitions.

Terkelsen (1980) and Breunlin (1988) both suggest that symptoms arise when the family is unable to meet the need for change. However, unlike Hoffman (1988) who seems to suggest that change is exceptional and that symptoms arise when the family fails to change, Terkelsen and

Breunlin suggest that change is a constant and necessary feature of family life and symptoms emerge when the family responds with an inadequate or an inappropriate change of structure.

5. CONCLUSION

If we accept the position that families progress through their life cycle as they support the growth and the development of individual family members, it is clear that families must change, in significant ways, in order to support the development of adolescent members. The literature suggests that families are required to support adolescents as they negotiate the issues of identity, sexuality, autonomy and empowerment which are typically associated with this stage of the life cycle.

Hoffman (1988) refers to the notion of discontinuous change and she suggests that families change in sudden and remarkable ways. According to Hoffman, new structures must emerge in response to specific stressors within the family and these patterns are significantly, and substantively, different than the patterns which existed within the family before. Hoffman suggests that a double bind will emerge when family structures are unable to change appropriately and she describes what can happen if family members are unable to adjust to the particular

demands of adolescence.

Terkelsen (1980) suggests that the structure of the family is constantly changing in response to incremental changes in individual behavior. He suggests that symptoms often occur around life cycle events such as adolescence when the consensual reality within the family does not support, or it contradicts, the structural changes which do occur. Breunlin (1988) supports Terkelsen's notion of continuous change and he suggests that these changes are inspired by the constant oscillations between competence and incompetence within the individual. Breunlin suggests that symptoms occur when the family is unable to regulate the competence of its members at an appropriate level. In this case the symptoms may promote a level of incompetence which encourages the adolescent to remain within the family and which prevents the adolescent from engaging the larger world in an appropriate fashion.

Hoffman (1988) does not appear to consider the daily change and progression which characterizes family life since she focuses exclusively on the most noticeable changes within the family life cycle (Liddle and Saba, 1983). In this sense a discontinuous view of change appears to punctuate the experience of the family in an arbitrary and inappropriate manner. Terkelsen (1980) and Breunlin (1988) are aware of these changes and they argue

that the family changes in a constant and continuous fashion. They also suggest that individual and family development may be at risk during adolescence, and at other times throughout the life cycle, when specific developmental tasks place greater pressures upon the family and family members.

CHAPTER 2: STRUCTURAL FAMILY THERAPY

1. INTRODUCTION.

General systems theory defines a system as "a set of units or elements which are actively interrelated and operate in some sense as a bounded unit" (Baker quoted in Koman and Stechler, 1985, p. 5). According to this definition a system is comprised of elements or subsystems which interact with each other and these subsystems are contained by boundaries which help to define the subsystems and distinguish them from the external environment. Structural family therapists draw upon the formulations of general systems theory to establish the characteristic features of family systems and family life.

This chapter considers the components of family structure and the specific challenges which structural family therapists associate with the adolescent stage of the family life cycle. It also examines the literature to determine the efficacy of structural family therapy for families that have identified problems with an adolescent member.

2. THE FAMILY SYSTEM

2.a. Subsystems

Structural therapists typically identify three subsystems

within the family. The spouse (or marital) subsystem originates when two adults "join with the express purpose of forming a family" (Minuchin, 1974, p. 56). Both partners must cultivate a sense of mutual interdependence and both must contribute to the collective identity of the system. However neither partner should lose sight of their own identity and their personal contributions. This subsystem is often the context where the efforts of each partner are confirmed or disqualified and it should also be the place where both partners are protected from the constant or unwarranted intrusions of in-laws and children.

The spouse subsystem also provides the children with a "model" for intimate relationships on a daily basis. According to Minuchin and Fishman (1981), it is here that

> the child sees ways of expressing affection, of relating to a partner who is stressed, and of dealing with conflict as equals. What she sees will become part of the child's values and expectations as she comes in contact with the outside world (p. 17).

Minuchin and Fishman suggest that conflicts within the spouse subsystem "reverberate throughout the family" (p. 17). In the worst case a child may be triangulated into the conflict between the spouses as a scapegoat for both partners or as an ally of one spouse against the other. This may occur when the boundaries around the subsystem

are diffuse. If the boundaries are too rigid the couple may become isolated.

The parental subsystem is created with the arrival of the first child. When this occurs the spouse subsystem must differentiate itself in order to perform the tasks which are commonly associated with raising children. The parental subsystem must also make decisions to insure the survival of the total family system. The composition of the parental subsystem may vary widely and it may change over time. It may include an aunt, a grandparent, or an older child, and it may exclude one or both parents.

The parental subsystem must change as the demands and the capabilities of the children within the family change. Typically, families with young children will negotiate differently than families with older children and the parents of adolescents will "give more authority to the children while demanding more responsibility from them" (Minuchin and Fishman, 1981, p. 18). The children should have an appropriate measure of access to their parents at all times but they should be excluded from the tasks which are typically associated with the spouse subsystem.

This subsystem is also significant for the development of the child since it teaches the child "what to expect from people who have greater resources and

strength (Minuchin and Fishman, 1981, p. 18). Within this context the child may experience the rational or arbitrary use of power and authority and she will learn whether her needs are adequately defined and met. The psychological health of the child is also affected by the quality and measure of parental discretion. A child's self esteem, for example, will be influenced by the way her parent's respond to her creativity and attempts to master the environment.

The sibling subsystem functions as a "social laboratory" since it constitutes the child's first peer group. It is here, according to Minuchin (1974), that children

> support, isolate, scapegoat, and learn from each other. In the sibling world, children learn how to negotiate, cooperate, and compete. They learn how to make friends and allies, how to save face while submitting, and how to achieve recognition of their skills (p. 59).

Within large families children may organize themselves into various subsystems according to their ages or developmental stages.

The boundaries around the sibling subsystem "should protect the children from adult interference, so they can exercise their right to privacy, have their own areas of interest, and be free to fumble as they explore" (Minuchin, 1974, p. 59). At the same time parents must be

able to intervene within the subsystem and the boundaries around it should permit an appropriate level of extra-familial contact.

Minuchin (1974) emphasizes that subsystems can also be formed around various circumstances including gender (grandfather, father and son), interests, age or task. For example, siblings may coalesce with other siblings who are close to them in the birth order when age is a factor. When tasks are significant an older child may assume parental responsibilities over her siblings for a short period of time when her parents are gone. Her position within the parental subsystem may assume greater significance if she is placed in charge due to the lengthy or permanent absence of a parent but she remains within the sibling subsystem and must defer to the authority of the remaining parent. Concurrent membership in various subsystems is common and it allows individuals to develop competence in their relationships with others and in their ability to differentiate various roles and responsibilities (Minuchin, 1974, p. 16).

2.b. Boundaries

It is clear that each subsystem has "specific functions and makes specific demands on its members" and each subsystem is set apart by boundaries which determine who

will participate within it and the conditions which apply. For proper family functioning

> the boundaries of subsystems must be clear. They must be defined well enough to allow subsystem members to carry out their functions without undue interference, but they must allow contact between the members of the subsystem and others. The composition of subsystems organized around family functions is not nearly as significant as the clarity of subsystem boundaries (Minuchin, 1974: 54).

Minuchin (1974) identifies rigid and diffuse boundaries at either end of a continuum and clear boundaries which define the normal range between the two extremes. He suggests that a good measure of family functioning can be obtained by examining the boundaries around each subsystem and the majority of boundaries within families fall within the middle or normal range which is characterized by clear and generally effective boundaries.

Minuchin (1974) notes that the various boundaries actually refer to specific transactional styles within the family system and most families exhibit enmeshed and disengaged styles at various times.

> The mother-children subsystem may tend toward enmeshment while the children are small, and the father may take a disengaged position with regard to the children. Mother and younger children can be so enmeshed as to make father peripheral, while father takes a more engaged position with the older children. A parents-

> child subsystem can tend toward disengagement as the children grow and finally begin to separate from the family (Minuchin, 1974, p. 55).

In most cases however families which operate at the "extremes" of the continuum over a long period of time, or families that fail to change their styles as their members develop, may encourage pathology and contribute to symptomatic behaviours by various family members. For example, a highly enmeshed mother-child subsystem may exclude the father permanently and undermine the eventual independence and competence of the child. These families often react to events in an intense and indiscriminate fashion since the functions within it, and the corresponding levels of responsibility, are not clearly differentiated. An extremely disengaged style may contribute to a "skewed sense of independence" and fail to promote an appropriate level of interdependence and loyalty among family members. These families often tolerate a wide and varied range of individual behaviour and they fail to respond appropriately in situations which require intervention and support (Minuchin, 1974, p. 55).

2.c. Family Structure

Daily life is characterized by numerous transactions

between family members within and across the various subsystems. Transactional patterns emerge as these transactions are repeated in a frequent and predictable manner and family members learn what is expected from them and what they are allowed to expect from others. Family structure is regulated by these patterns as the family interacts and attempts to meet the organizational and developmental tasks which it faces.

Minuchin (1974) describes the process as it occurs between a mother and her child.

> When a mother tells her child to drink his juice and he obeys, this action defines who she is in relation to her, in that context and at the time. Repeated operations in these terms constitute a transactional pattern (p. 51).

In this case the mother conveys the authority associated with her parental position and the child, as a member of the sibling subsystem with less authority, responds in an appropriate manner. The example also suggests that this transaction, across a clear and appropriate boundary, is appropriate in this case, as the mother cares for her young child, but the patterns will change as the child matures and is able to assume more responsibility and initiative.

Transactional patterns are maintained by generic and idiosyncratic systems of constraint (Minuchin, 1974, p.

52). Generic systems of constraint reflect prevailing social norms regarding family organization and family relations. These may include the belief that there must be a hierarchy of power where adults have more authority than children and a balance of power where the husband and wife exercise equal measures of power in a complementary fashion. Idiosyncratic constraints involve the "mutual expectations of particular family members" (Minuchin, 1974, p. 52). These expectations are often forged in the "explicit and implicit negotiations" between family members, and family members are often unaware of their role in negotiating or maintaining these constraints.

3. THE ADOLESCENT STAGE OF THE FAMILY LIFE CYCLE

Although the family system employs generic and idiosyncratic constraints in order to maintain itself and to regulate change Minuchin insists that the family is constantly changing. Its primary task is to change in order to support the growth and individuation of family members as it cultivates a sense of loyalty and belonging (Minuchin and Fishman, 1981, p. 11). The family structure changes as the transactional patterns, boundaries and subsystems change in response to the developmental needs

of the family members.[1]

The need for change becomes acute as children enter the family and begin to develop within it.[2] Minuchin (1974) identifies four stages in the family life cycle. He refers to:

a. couple formation

b. families with young children

c. families with school-age or adolescent children

d. families with grown children.

Each stage is marked by a period of disequilibrium as the family attempts to develop new patterns and skills followed by a period of stability leading up to the next period of disequilibrium as the family begins to consolidate the recent changes. Minuchin suggests that a

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[1]Minuchin's suggestion that family structure is regulated by the transactional patterns within the family and his belief that these patterns are constantly changing appears to support the notion of continuous, rather than discontinuous, change. Elsewhere he suggests that "periods of disequilibrium alternate with periods of homeostasis" but that the periods of homeostasis are not static but are characterized by the family's ability to maintain daily changes within a "manageable range". Periods of disequilibrium are often initiated by developmental changes in family members and they are distinguished by the need to restructure the family and to develop new skills (Minuchin and Fishman, 1981, p. 22).

[2]Minuchin (1974) suggests that the stress associated with normative and transitional changes within the family life cycle represents one form of stress encountered by families. Stress may also come from the contact of one family member with extrafamilial forces, the contact of the whole family with similar forces and stresses around specific and idiosyncratic problems (pp. 61-66).

significant change occurs when children enter school and as they negotiate adolescence. During this time the child and the family are exposed to the ideas of an expanding peer group and the influence of the outside world gains significance. Many parents are also confronted with the reality, and the added responsibilities, associated with their aging parents at this time.

Minuchin (1974) has also identified specific structural changes which should occur at this time. He suggests that the adolescent

> should be moved a little away from the sibling subsystem and given increased autonomy and responsibility appropriate to his age. The parental subsystem's transactions with him should change from parents-child to parents-young adult (p. 64).

Preto and Travis (1985) identify structural changes which are associated with the specific tasks of adolescence. They note that family boundaries must become more permeable and parental authority must change as the adolescent develops contacts outside of the family and attempts to clarify his identity. The adolescent may harm himself if the boundaries between himself and the parental subsystem become disengaged and there are few limits and insufficient guidelines during this period. If these boundaries are too rigid the adolescent may become isolated within the family or he may lack the necessary

social and living skills to engage his peers effectively and establish his own identity. The boundary between the family and the outside world must also change in order to allow the adolescent to engage and experiment outside of the family but to return to it in order to protect and refresh himself (Preto and Travis, 1985, pp. 26-27).

Preto and Travis (1985) also suggest that the adolescent's concern with sexuality often challenges the existing boundaries within the family. They suggest that "incestuous impulses between the adolescent and the opposite-sex parent" may increase during this time and conflict between the adolescent and the same-sex parent may emerge if the same-sex parent is jealous of the actual or perceived nuances in the relationship between the adolescent and the opposite-sex parent (p. 27).[3] In this case the boundaries between the parental subsystem and the adolescent must be clear in order to avoid incestuous activities and to discourage inappropriate

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[3]This description suggests that both the adolescent and the parent reciprocate in these incestuous impulses. My preference would be to indicate that the adolescent's developing sexuality may provoke incestuous feelings within the parent and the adolescent then becomes the unwilling recipient of these feelings. In this case the adolescent may attempt to resist the advances of the parent or may be unable to do so. Preto and Travis do suggest that these impulses are often transformed into conflict since the parent finds them unacceptable but is unable to redefine the relationship in an amiable manner as long as these impulses persist.

coalitions involving the adolescent.

Family boundaries are also challenged by the conflict which often accompanies the adolescent's attempts to individuate.[4] Parents who require the emotional support and comfort of their children may complain that their children are never home, or they may resent the adolescent's attempts to establish personal and social boundaries. This may occur if the spouse subsystem has been overwhelmed by the demands of parenting, or divided by conflict, and it is unable to provide emotional support for the parents. One or both parents may react in an arbitrary fashion and attempt to discourage the adolescent or they may withdraw from the adolescent and fail to provide essential guidance and support.

4. STRUCTURAL INTERVENTIONS DURING ADOLESCENCE

Families that are unable to make the necessary changes during this time often report that they are having difficulty with an adolescent member and they frequently present for family therapy in order to control or contain

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[4]Minuchin (1974) suggests that socialization is "inherently conflictual" since "Parents cannot protect and guide without at the same time controlling and restricting ... [and] ... children cannot grow and become individuated without rejecting and attacking" (p. 58).

the behaviours of the adolescent. Symptoms associated with the adolescent can be understood as a metaphor for difficulties within the family and they suggest that the family system has been unable to make necessary changes. This may be a recent failure which is provoked by specific tasks or situations or it may indicate longstanding and chronic problems within the family.

Structural family therapists typically employ three strategies, and a variety of techniques, in order to promote change. The structural therapist may challenge the symptom by asserting that the problem resides within the family and not the adolescent. The challenge may be "explicit or implicit, straightforward or paradoxical." The goal is to change the family's perception of the problem and promote alternative responses within the family system. In this case the therapist may examine the reaction of various members to the symptom, the meaning which the symptom holds throughout the family and the way the symptom is used by and in the various subsystems of the family (Minuchin and Fishman, 1981, p. 68).

Structural therapists may also attempt to challenge the family structure. The therapist is in a unique position since she is able to join with the family but also remains as an outsider. In this position the therapist is able to observe and comment upon the

composition and function of various subsystems, the nature of the boundaries within the family and the transactional patterns which dominate and determine the family process. Since symptoms are associated with the internal constellation of the family the therapist is able to address the symptom as he or she challenges the family structure.

Finally, structural therapist may also attempt to challenge the family reality since the family's view has maintained the symptom in a deliberate or unintended fashion. Here the therapist

> takes the data that the family offers and reorganizes it. The conflictual and stereotyped reality of the family is given a new framing. As the family members experience themselves and one another differently, new possibilities appear (Minuchin and Fishman, 1981, p. 71).

As new possibilities emerge, the family is often able to utilize its own resources and make necessary changes. In order to accomplish this the therapist may choose to emphasize family strengths or she may use paradoxical interventions and cognitive constructs.

5. OUTCOME RESEARCH

Parents who are concerned about the behaviours of an adolescent child often complain that their child is acting out within the home or the community, has become

delinquent or "promiscuous", is refusing to attend school, or may be involved with drugs and alcohol. Parents may also report that an adolescent is not eating properly, that he appears to be depressed, or seems to be withdrawing from friends and family.

Fishman (1988) suggests that family therapy is the "most powerful therapeutic intervention for working with adolescents" and it represents the "treatment of choice" in these situations. A summary of the outcome research suggests that **structural family therapy** is able to deal with these issues in a meaningful and effective manner. In one of the earliest reports Minuchin and his colleagues examined the effectiveness of structural therapy among 12 families of low socio-economic status that identified delinquency, aggression and behavioral difficulties (see Gurman and Kniskern, 1981). They reported significant improvement in 7 of the 12 families as indicated by clinical ratings for the identified patient and the family.

Subsequent studies have reported significant improvement in individual and family functioning when structural family therapy is applied to the treatment of psychogenic pain, asthma, anorexia nervosa and elective mutism. In their review of the outcome research prior to 1980 Gurman and Kniskern (1981) conclude that

> structural family therapy should be considered the family therapy treatment of choice for these childhood psycho-somatic conditions and, to our knowledge, it is the most empirically supported psychotherapy approach of **any** sort for these conditions (p. 750, emphasis in original).

Gurman and Kniskern suggest that the results are not as conclusive with drug addicted families and families of low socio-economic status that are compelled to attend therapy and they refer to a number of shortcomings which characterize the outcome research. They note that therapy was conducted for long and short periods of time in and out of hospital settings and change measures varied "between fine-grained and global scales, with absolute ... and relative ... quantification" (p. 357). However, they suggest that tentative conclusions are possible and they report that structural interventions are "at least as successful as any of the current schools" and they appear to be effective in at least 50% of the cases in the outcome studies which they examined (p. 358).

These findings have been supported in more recent reviews of the outcome literature for family therapy. Tolan, Cromwell and Brasswell (1986) examined the effect of a variety of family therapies with delinquent adolescents. They concluded that structural family therapy is effective for families with delinquent adolescents although they suggest that more "specific and

robust evidence" is still required (p. 619). They suggest that the outcome research supports the "clarification of subsystem boundaries and reduction of cross-generational coalitions" to increase parental unity and effectiveness, the "detriangulation and correction of disabling power hierarchies", and "attention to the functional purpose of the delinquent behavior ... and its system-maintained **and** system-maintaining qualities" (p. 633, emphasis in original).

Breunlin, Breunlin, Kearns and Russell (1988) note that family therapy has become a common treatment modality when families identify concerns about an adolescent member. They suggest that the outcome research which they reviewed supports the use of structural family therapy for these families. Asen, Berkowitz, Cooklin, Leff, Loader, Piper and Rein (1991) applied a structural model of family therapy in a study which was intended to measure the sensitivity of specific outcome measures after a course of family therapy. They compiled data on twelve families that had at least one member between the ages of 4 and 18. They concluded that "the subjective ratings of family functioning by the families themselves and the therapists showed that there were perceived benefits in almost every case" although their specific measure failed to indicate significant change (pp. 13-

14).

6. CONCLUSION

Structural family therapists identify the spouse, parental and sibling subsystems within the family. Each subsystem is set apart by boundaries which determine who will participate and the conditions which apply. Clear boundaries are most appropriate and most common although families may also demonstrate disengaged or enmeshed boundaries at various stages in the individual and family life cycles.

Transactional patterns regulate interactions within the family and maintain the family system but families are also required to change in response to the developmental needs of their members. Family boundaries should become more permeable for the adolescent during the adolescent stage of the family life cycle and parental authority must change in order to acknowledge the adolescent's increased competence and autonomy. Families that are unable to make the necessary changes often present for therapy with complaints about the adolescent member's behaviours.

Structural family therapists may challenge the symptom, the family structure or the family reality, in order to promote change within the family system. The

outcome research suggests that structural family therapy can be an effective treatment modality for a significant number of adolescents and their families.

CHAPTER 3: DETAILS OF THE PRACTICUM

1. LOCATION

I completed my practicum in the Family Therapy Department at the Children's Home of Winnipeg which is located at 777 Portage Avenue in Winnipeg. Many of the families at Children's Home are referred through local child welfare agencies and it was possible to generate a caseload of families with an adolescent child, or children, from these referrals.

I applied a structural model of family therapy in families where an adolescent child had been referred for treatment by a family member or an outside agency. Many of these adolescents were referred because of behavioral problems and conflict within the family, at school, and within the community.

2. DURATION

My placement at Children's Home extended from 4 September 1990 until 14 December 1990. During this time I met with a total of 12 families. The total number of sessions varied widely. Four families were seen for one or two sessions each. The majority were seen from four to eight sessions of at least one hour each. I continued to see two families into the New Year since they began family

therapy at the end of November or in early December.

3. SUPERVISION

My practicum was supervised by Dr. Harvy Frankel of the Faculty of Social Work at the University of Manitoba. Mr. Len Zachidniak and Mr. Bernie Klippenstein of Children's Home provided an additional three hours of direct and formal supervision per week. Both of them were also available on a frequent and informal basis throughout my practicum.

Family sessions were viewed live and on video tape. Live viewings were conducted with the use of a viewing mirror and direct supervision was provided, during these sessions, through the use of a phone, a "bug" in the ear, or during the breaks in the sessions. Supervision was also provided immediately after these sessions were completed. Video tapes were also used during formal supervision throughout my practicum. Segments were viewed randomly in order to consider the content and the process of various sessions. Specific segments of tape were also viewed in order to deal with specific techniques or difficulties.

Structured "evaluations" were also completed at the end of October and in early December by my on site supervisors and myself. These evaluations identified

conceptual, perceptual and executive, or behavioral, skills and they provided a measure of my progress as a student therapist.

Dr. Harvy Frankel, Dr. Barry Trute of the Faculty of Social Work at the University of Manitoba, and Mr. Len Zachidniak sat on my practicum committee. Dr. Frankel observed videotaped sessions and Dr. Trute was available to consult on specific cases as necessary.

4. OBJECTIVES

My objectives for the practicum included the following:

i. To increase my understanding of the principles of structural family therapy

ii. To obtain clinical supervision in the application of the principles of structural family therapy as they relate to adolescents and their families

iii. To obtain clinical supervision in the use of interventions and techniques associated with structural family therapy as they relate to the assessment and treatment of adolescents and their families

iv. To obtain clinical supervision in the use and interpretation of appropriate evaluative measures in order to formulate specific

treatment approaches and to evaluate the outcome of therapy

v. To obtain clinical supervision relating to the professional and ethical management of a client caseload.

5. CLINICAL EVALUATION

Therapists must be able to collect and interpret data on the families which they work with. This information helps the therapist formulate specific hypotheses and interventions and it allows the therapist to evaluate the outcome of treatment. Appropriate measures will also allow the therapist to evaluate his or her intervention. I employed the clients' verbal reports, my own clinical impressions and two standardized measures, in order to obtain information and to assess the outcome of therapy.

5.a. Client Reports

Client reports were gathered on a continuous basis as part of the therapeutic process and again at the end of therapy. These reports often focused on the family process and they provided a record of change and difficulties within the family system. An emphasis on client reports in the evaluation of family therapy outcome is also consistent with a therapeutic approach

which recognizes the client's responsibility in identifying problems, accessing therapy and enacting change.

5.b. Clinical Impressions

My own clinical impressions were also used to evaluate change. In addition to the client reports which influenced my perception I was able to observe how the clients interacted in therapy, their physical and affective presentation, and the skills which they demonstrated in relation to the presenting problems and other difficulties.

5.c. Family Assessment Measure

The FAM is a self-report measure which is based upon Canadian norms and it is capable of discriminating between healthy and dysfunctional families (Trute, 1985). It consists of a General Scale, a Dyadic Relationship Scale and a Self-Rating Scale. Each of these scales contain an overall rating and a number of subscales and they can be administered independently of one another.

The reliability coefficient on the overall rating of the General Scale is .93 for adults and .94 for children. The reliability of the various subscales ranges from .65 on defensiveness to .87 on social desirability for adults

and from .60 on task accomplishment to .87 on social desirability for children (Skinner, Steinhauer and Santa-Barbara, 1983: 96).[1] I administered the General Scale at the beginning of therapy and again at the end of the sessions or at or near the end of the initial treatment contract.

The FAM is appropriate for evaluating the outcome of structural family therapy since it considers the family's ability to differentiate itself and accomplish specific tasks. It is based upon the Process Model of Family Functioning which identifies a variety of basic, developmental and crisis tasks for the family (see Steinhauer, Santa-Barbara and Skinner, 1984).

Basic tasks are commonly associated with providing food, shelter, health care and other necessities on a daily basis. Developmental tasks are associated with the individual and family life cycles and crisis tasks are those which occur when the family must summon new skills and resources in order to deal with specific stressors (Steinhauer, et al., 1984, p. 79).

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[1]Skinner and his colleagues (1983) provide the reliability coefficients for the three scales and all of the subscales and they suggest that a decrease in reliability should be expected on the smaller subscales since the "reliability of a measure is influenced by the number of items ...". They suggest that the reliability coefficient alpha "provides a measure of the consistency of individuals when responding to items on the same subscale" (p. 96).

CHAPTER 3: DETAILS OF THE PRACTICUM

Skinner, Steinhauer and Santa-Barbara suggest that

> each task places demands that the family must organize itself to meet. It is through the process of task accomplishment that the family attains, or fails to achieve, objectives central to its life as a group. These functions include allowing for the continued development of all family members, providing reasonable security, ensuring sufficient cohesion to maintain the family as a unit, and functioning effectively as part of society (Skinner, et al., 1983, p. 93).

Successful task accomplishment is most likely to occur if there is agreement on basic family goals and acceptance of the authority of family leaders ..." (Steinhauer, et al., 1984, p. 79). The General Scale identifies six additional subscales which are related to task accomplishment.

Roles emerge as family members repeat specific behaviours in a predictable and repetitive fashion. They facilitate the accomplishment of specific tasks if the roles of the various family members are successfully integrated within the family. In this case family members will assume responsibility for, and complete, the various tasks which are assigned to them. If this occurs there will likely be less conflict and more satisfaction with role performance for all family members since each is aware of what is expected of them and each knows what they can expect from others in the family (Steinhauer, et al., 1984, p. 80). Different tasks will place different

demands upon the family and the demands which each member can be expected to assume will depend upon the age of the members and the cultural and familial norms.

Clear and direct communication encourages role performance and task accomplishment while ambiguous and indirect communications often promote confusion and resentment within the family system. Skinner and his colleagues identify instrumental communication which is concerned with the common tasks of everyday life, affective communication which refers to the expression of feelings and emotion, and neutral communication which is neither affective or instrumental in content.

Disturbed family systems tend to experience difficulties with affective expression or communication and a separate subscale is used to measure these difficulties since problems in this area will often contaminate instrumental and neutral communications within the family. Difficulties in this area are often exacerbated during times of crisis and efforts to regulate instrumental and neutral areas of family life at these times may be resisted by family members if they are viewed with suspicion or are seen as selfish attempts to extend or maintain control within the family.

Under ideal circumstances the family will attempt to meet the emotional needs of all its members. The quality

and the degree of affective involvement within the family must be considered in order to "determine whether relationships are nurturant and supportive, or destructive and self-serving" (Steinhauer, et al., 1984, p. 81). The authors suggest that a number of family types emerge when the quality and the degree of affective involvement are considered. In uninvolved families, for example, both the degree and the quality of involvement are low. Enmeshed families often exhibit a high degree but a dysfunctional quality of involvement. Empathic families are able to maintain genuine and empathic relationships with an appropriate degree of involvement in order to balance the needs of the individual family members with the needs of the family itself.[2]

Control is a critical component within the family process since families are required to influence the behaviours of family members in order to maintain the family in its current manner or to support the family as it changes in response to specific tasks, demands or crises. Families will demonstrate rigid, flexible, chaotic or laissez-faire styles of control depending upon

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[2]Steinhauer, et al., 1984, pp. 81-82. Steinhauer and his colleagues identify five family types. They describe uninvolved families, families which express interest devoid of feelings, narcissistic families, empathic and enmeshed families. See also Skinner, et al., 1984, p. 93.

the predictability, responsibility and constructiveness of the family system.

High predictability within a family discourages spontaneity while low predictability creates confusion and uncertainty. Highly constructive techniques encourage the education and nurturance of family members while techniques which are not constructive often destroy the initiative and the self-esteem of family members. A sense of personal responsibility will often flourish when the external controls within the family are consistent with, and supported by, the behaviours of role models within the family. In this case, for example, a child is more likely to learn to discipline herself if the parents' behaviours are consistent with the external constraints which are initially placed upon the child (Steinhauer, et al., 1984, pp. 82-83).

The values and norms of the family members, the family unit, and the larger community and society influence all of the processes considered above. The definition of specific tasks and the particular roles which are assigned in order to meet these tasks will be influenced by personal, familial and cultural norms. Opposition to these tasks and roles within the family may occur when one member challenges the values and norms within the family or when there is no clear agreement

within the family. Patterns of communication and affective expression may be challenged from within or beyond the family and there may be no clear agreement regarding affective involvement or the exercise of control.[3]

5.d. Problem Checklist

Each family member was required to complete an initial problem checklist which was designed for The Morrison Centre for Youth and Family Service in Oregon. This problem checklist is useful since it encourages family members to identify concerns over a wide range of family problems and allows them to identify specific concerns which family members may be reluctant to identify or may not verbalize (Trute, 1985, p. 106).[4]

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[3]The recognition of the influence of values and norms within the family is clinically significant since it focuses attention upon a possible and important area of conflict either within the family or between the family and the larger community or both. It also suggests that the FAM is not intended to promote a specific view of the family or a particular pattern of relations. Although it suggests that the primary task of the family is to accomplish specific tasks and this may be most likely to occur when there is some form of hierarchial structure within the family it does not suggest that any one set of tasks or one pattern of hierarchial relationships is appropriate or proper. The model acknowledges that family forms will vary from each other and that particular forms should change according to the demands and the sensibilities of particular family members at particular times.

[4]Trute notes that the "inherent weakness" of problem checklists "lies in their questionable generalizability and empirical strength" (1985, p. 106).

A subsequent checklist was included in a follow-up package which was mailed to clients following termination. This package also included a Therapist Evaluation Form which was intended to elicit client feedback regarding the services provided by the therapist.[5] This proved to be a difficult and disappointing method for obtaining this information since some clients did not return either of the forms and others returned only the Therapist Evaluation Form. Some forms were also returned anonymously so that it was not possible to use them as a "post-test" measure. As a result, "pre and post" measures are available for only two of the four families which are detailed in the practicum report.

[5]The Therapist Evaluation Form was taken from Cantafio (1989) who developed and used the scale in his practicum experience.

CHAPTER 4: CASE STUDIES

1. INTRODUCTION

The following chapter discusses four families in detail. In each case an initial structural hypothesis is presented. This hypothesis was based upon the presenting problems and information, the initial interview and the information which was obtained from the Family Assessment Measure (FAM). Specific interventions are also discussed. these interventions were related to the initial hypothesis and they attempted to address the presenting problems which were reported and the structural issues which were identified.

This chapter also discusses the course of therapy for each family and it presents an evaluation of the family following therapy. The evaluations consider the reports of the family, my own impressions, and the results of the FAMs which were administered during or at the end of therapy. In two cases the results of problem checklists which were administered on an initial and subsequent basis are also considered.

2. CASE STUDIES

2.a. The S. Family

2.a.i. Source and Reason for Referral

Karen contacted Children's Home after she became

increasingly frustrated by the behaviour of her 14 year old son Shawn. She claimed that she was unable to discipline Shawn effectively, that he had voiced threats against her frequently, and that he had attempted to push her physically. Karen also believed that Shawn was "smoking dope" with his friends and she reported that he had recently taken her car for a joyride with his friends.

I met with Karen individually, and with the two together, on an almost weekly basis for a period of two months. The FAM was administered on 4 October during a break in our first session. Shawn refused to complete his questions at that time and he appeared to "consult" with Karen throughout the time which was given to them. Karen completed a second FAM on 2 November and Shawn completed his first on 20 November. Both were able to complete additional FAMs independently during a break in our final session on 10 December. Both Karen and Shawn were able to complete a problem checklist which identified specific concerns about the family during the first session. A follow-up checklist was completed several months after their final session.

2.a.ii. Initial Interview and Hypothesis

Initial Interview

I encountered Karen and Shawn as they got off the elevator for the initial session. Karen was clearly exasperated with Shawn and was speaking to him in hushed tones while Shawn paced back and forth impatiently. As I introduced myself Karen explained that Shawn did not want to attend the family session and she asked me if I could do something to make him attend. I extended an invitation to Shawn to make him feel welcome and I invited him to join us in the session when he felt ready and able to. Shawn joined us after approximately fifteen minutes.

The experience at the elevator reflected the family's posture at the beginning of therapy. Karen repeated her concerns regarding Shawn's behaviours and she was clearly frustrated by her stated belief that she was unable to parent Shawn effectively and she hoped that I would be able to intervene in order to do what she was not able to. Karen also identified specific concerns regarding Shawn's attendance and performance at school. Shawn was able to listen as his mother spoke but he continued to appear angry and upset. He stated that his main concern involved his mother's threats to have him placed in a group home if his behaviour did not improve.

CHAPTER 4: CASE STUDIES

During the first session Karen revealed that she had moved to Winnipeg, from another city outside of the province, shortly after Shawn's birth. Although Karen was able to identify and utilize external supports as she raised Shawn, she acknowledged that she had devoted much of her own time and energy to Shawn's care and support. Karen took pride in her ability to raise Shawn as a single parent but she admitted that she had been very protective of Shawn and she had drawn much of her emotional support from him throughout this time. She also acknowledged that she had sacrificed many of her own interests in order to provide for her son and she wondered whether Shawn appreciated all that she had done for him.

Karen had not seen Shawn's father since Shawn's birth and Shawn had only seen him a couple of times, within the last two years. Karen's family continued to reside outside of the province but she was able to visit them occasionally. Karen appeared to be proud of her accomplishments as a single parent and she believed that she and her son had been very close until the current problems began.

Initial Hypothesis

My initial impression was that Karen and Shawn had

established a very close relationship over the years and they continued to care for one another a great deal despite the current troubles between them. I hypothesized that the relationship was enmeshed and that this had begun to create problems as Shawn attempted to individuate.

Karen's tendency to draw emotional support from Shawn, and to regard his current behaviour as a betrayal of her efforts and her sacrifices as a parent, appeared to threaten Shawn's attempts to individuate during adolescence. Karen's interventions had also sheltered Shawn from the consequences of many of his actions and she continued to intervene, and accept responsibility, on his behalf. Karen appeared to respond to a wide variety of Shawn's behaviours in an indiscriminate and often retaliatory fashion. She appeared to be unable to determine and to meet Shawn's actual needs as he began to individuate during adolescence. This may have been due to her own need to gain emotional support and comfort from him.

Shawn appeared to be ambivalent. He continued to draw upon his mother's protection even as he demanded

greater freedom and greater responsibility.[1] He also referred to the positive tone of their relationship in earlier years and it is reasonable to assume that he was also apprehensive about drawing "away" from his mother at this time.

The initial FAM completed by Karen appeared to support the notion that she drew emotional support from Shawn and that she felt abandoned by him as he attempted to individuate (see Chart 1, Appendix D). Although Karen identified problems with Shawn's behaviours and with her ability to parent him when she contacted Children's Home for service, her scores on the FAM suggested that she appeared to be satisfied with the values and norms within the family and with the use and the exercise of control. She also appeared to be satisfied with her ability to communicate with Shawn. However, her initial scores on the subscales which refer to role performance and affective involvement were elevated above the normal range.

The latter scores refer to the degree and the quality of involvement between family members and they

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[1]Young suggests that the "adolescent's paradoxical desire to be a child and an adult" creates turmoil since the adolescent's behavior tends to be "contradictory, inconsistent and unpredictable and to be marked by ambivalence, confusion and generational conflict" (1991, p. 132).

consider whether the family demonstrates an ability "to meet the emotional and security needs of family members, and the flexibility to provide support for family members' autonomy of thought and function." Elevated scores on this subscale may refer to "the absence of involvement among family members" or to the presence of narcissistic or symbiotic involvement within the family. High scores also suggest that "family members may exhibit insecurity and lack of autonomy" (Skinner, et al., 1983, p. 93).

Elevated scores relating to role performance may suggest that the existing roles are not sufficiently integrated and that there is no clear agreement regarding role definitions. They may also indicate an inability to adapt to the new roles which are required during the "evolution of the family life cycle" (Skinner, et al., 1983, p. 101). Shawn refused to complete his FAM during the initial session.[2]

2.a.iii. Treatment Goals:

My interventions focused on Karen's tendency to draw emotional support from Shawn and the consequences of this

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[2]Skinner and his colleagues (1984) suggest that it is common for mothers in "problem families" to report dysfunction in role performance and affective involvement (p. 98).

upon Shawn and the family system. During therapy I attempted to:

a. clarify the boundary between the parental and adolescent subsystems in order to establish executive authority and to encourage the individuation of the adolescent member

b. establish an external network of support for the parental subsystem

c. clarify the existing patterns of communication between the parental and adolescent subsystem in order to encourage the autonomy of the parental and adolescent subsystems.

I hypothesized that these interventions would address the concerns which Karen had identified on her initial FAM regarding affective involvement, communication and role performance.

2.a.iv. The Course of Therapy

Sessions Two to Five

I met with Karen alone for three sessions following the initial interview. During the first session I suggested that Karen had persevered through very difficult circumstances, in order to raise Shawn, but many of the

current difficulties within the family seemed to be related to her need or desire to maintain the earlier emotional terms of her relationship with Shawn as he entered adolescence. I also suggested that she needed to "step back" and allow Shawn to assume greater independence and to accept the consequences of his actions. I instructed Karen to "back off from the typical adolescent things" for the following week but to intervene when she believed that it was absolutely necessary for her to do so. I also encouraged Karen to identify her emotional supports beyond the family.

In our next session Karen revealed that she had been able to "back off" from many of Shawn's behaviours which had been causing problems in the family. She also stated that this had been difficult for her to do since she felt like she was "giving up" on Shawn and she noted that she felt rejected by Shawn when he chose to go out with his friends rather than remain at home with her as she may have coaxed or compelled him to do previously. Karen also stated that she had begun to identify emotional supports for herself outside of the home. I instructed her to continue with this, and to "back off" from Shawn's behaviours, throughout the following week.

During the fourth session Karen reported that things were going well at home and that Shawn appeared to be

responding in a more appropriate manner to her. However she continued to feel that she was "giving up" on Shawn and she expressed her confusion that she did not seem to know when to intervene with Shawn and when to let things go.[35] I validated her concerns and emphasized that she had not abandoned Shawn. However I also noted that the existing patterns within the family had merely served to push Shawn farther away from her and they had jeopardized her chances of exercising effective parental control in those areas where she needed, and was entitled, to act. I agreed to meet with Karen and Shawn in the following session and both of them indicated that the situation at home had improved when I met with them the following week.

Session Six

I met with Karen individually for the final time the following week. During this session I encouraged her to identify specific areas of concern regarding Shawn and her expectations in these areas. She identified concerns relating to his attendance and performance at school and

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[35]Young (1991) suggests that many parents recognize that they can no longer maintain complete control over adolescents but "they often have no clear-cut guidelines for making judgements about age-appropriate behavior and decision-making responsibility" (p. 132).

the activities of his chosen peer group. I also encouraged Karen to continue to explore her support network outside of the home, to identify her personal goals, and to determine what she needed to do now in order to meet these goals in the future. I contracted to meet with both of them for three more sessions to help them negotiate specific expectations and consequences in a specific area.

Sessions Seven and Eight

Over the next two sessions Karen was able to state what her expectations were for Shawn at school. Karen and Shawn were able to agree on specific consequences if these expectations were not met and Shawn was able to determine how he would attempt to meet these expectations. Their reports prior to the final session indicated that Shawn was generally able to follow through with the expectations which had been discussed and he was able to accept the consequences when he did not comply. I encouraged Shawn to continue with his good work since it allowed his mother to grant him the freedom which he so clearly wanted. Shawn also reported that his mother appeared to react more favourably towards his closest peer. Karen confirmed this and they both indicated that they had reached similar understandings regarding Shawn's

social activities. Karen also reported that she was able to draw support from specific neighbours and existing friendships.

Session Nine

I met with Karen and Shawn for their final session 2 weeks later. Both of them indicated that Shawn's school attendance and performance continued to improve and that things were going well at home. I suggested that they may experience "minor setbacks" since they were trying to change old patterns and I reinforced the positive changes which they had been able to make. I also encouraged Shawn to continue with his good work so that he could claim his freedom and allow his mother to step back from him in an appropriate manner. I met with Karen individually at the end of the session and she suggested that no additional sessions seemed to be necessary.

2.a.v. Evaluation

Karen was able to differentiate her needs from Shawn's and she was able to establish her own network of support outside of the family. Shawn was able to accept the increased responsibility associated with the greater freedom and autonomy which he requested and he avoided many of the behaviours which had compelled his mother to

respond or supervise previously. This allowed them to negotiate appropriate expectations and consequences regarding Shawn's school performance and they were able to reach similar understandings regarding Shawn's behaviour in the community and with his peers.

The progress reported by Karen and Shawn was reflected in the FAMs which were completed during the course of therapy (see Chart 2, Appendix D). Although the scores on her second FAM continued to reflect Karen's concerns about role performance her score on the affective involvement subscale was significantly lower and she reported an overall rating of family functioning well within the average range. Shawn's initial scores, recorded six weeks into therapy, were within or below the normal range except for similar concerns regarding role performance and specific concerns about the exercise of control within the family. His overall rating of the family was also within the average range.

Karen continued to indicate heightened concerns regarding role performance on the final FAM, which was administered during the last session on 10 December, but this appeared to be the only exceptional score on her FAM. She reported fewer concerns regarding affective involvement and her overall rating of the family appeared to improve. Shawn's scores clustered around the bottom of

the average range and he identified significant improvement related to role performance and the exercise of control within the family. His overall rating of family functioning also reflected moderate improvement (see Chart 3, Appendix D).[4]

Table 1
The S Family: Comparison of FAMs on Selected Subscales

	Karen			Shawn	
	FAM_1 4 Oct	FAM_2 2 Nov	FAM_3 10 Dec	FAM_1 20 Nov	FAM_2 10 Dec
Role Performance	65	65	60	69	47
Affective Involvement	71	46	38	42	38
Values and Norms	51	51	38	54	39
Control	46	36	31	60	44

Standard Score: mean = 50, standard deviation = 10[5]

[4]All of Karen's scores, with the exception of role performance, and two of Shawn's scores, fell below the average range. This indicates a high level of satisfaction with family functioning in both cases but it does not necessarily reveal the values and norms around which the family is organized. It is possible to assume that there is some congruence among family members regarding family values and family organization but it is not possible to assume that this family necessarily resembles other families from a specific sample.

[5]Taken from Skinner, et al., (1984).

Increased levels of satisfaction were also noted on the scores which were obtained on the problem checklists (see Appendix E). Karen's scores were distributed across the range on her initial checklist but she indicated that she was predominantly satisfied or very satisfied when she completed her second checklist. The only exception to this reflected a continued concern with the way in which responsibilities were shared within the family. Karen noted significantly greater levels of satisfaction with the handling of anger and frustration, the proper use of alcohol and drugs, the use of discipline and the relationship between parents and children when she completed the second problem checklist. Her second scores also indicated that she was more satisfied with herself and her family.

Shawn's scores generally demonstrated more moderate change, with greater or lesser levels of satisfaction, in a number of areas. He reported that he was very satisfied with his family and himself on the initial checklist. He continued to feel very satisfied about his family on the second checklist and he also reported that he was satisfied with himself at that time. Although Shawn had reported that he was dissatisfied or very dissatisfied in three areas during the initial session he did not report

any dissatisfaction when the second checklist was administered. He reported significant improvement in his level of satisfaction related to the negotiation of rules and the use of physical force within the family.

2.b. The B Family

2.b.i. Source and Reason for Referral

Sally contacted Children's Home by telephone and stated that her 15 year old son David was "completely out of control" and was "turning life upside down." During the past few months David had been caught lying, stealing and running away from home. He had also been caught joyriding, drinking and using drugs, and he had appeared in court on a drug related charge on the day that Sally contacted Children's Home. Sally stated that her other child, 13 year old Tom, was a "great kid" and she wondered whether that was "part of the problem." She also added that she and her husband Harry had recently considered separating but they had not come to a final decision.

I met with this family for the first time on 3 October 1990. Everyone completed a FAM during the initial session. Sally and the two children also completed a problem checklist. I met with Sally and Harry six times following the initial session with the family and both of

them completed a second FAM on 6 November. I met with the entire family again on 3 December and I conducted my final session with Sally and Harry one week later. The case was transferred to another therapist at the end of my practicum.

2.b.ii. Initial Interview and Hypothesis

Initial Interview

Sally arrived with her two children for the initial session. She explained that she had arranged to meet Harry at Children's Home after he had finished working for the day but she also wondered if he would actually attend as he had promised. I decided to begin the session on time even though Harry had not arrived. Sally started the session by repeating the concerns which she had expressed regarding David's behaviours. She did not identify any other concerns, or comment on any other problems within the family. Harry arrived shortly after Sally had spoken. He referred to the concerns which he had regarding David's behaviours and he identified the need for significant changes in this area. Harry also identified marital conflict when he was asked to comment on other concerns which he had. He spoke freely and without further encouragement and he pointed out that he

and his wife had been eating and sleeping in separate rooms for about six months. Sally was in tears at that point and she agreed that there were serious problems in the marital relationship.

David identified his concerns about the level of conflict between his parents and he stated that he was concerned that his parents would separate. David agreed that his own behaviours had caused problems at home but he continued to state that he was most concerned about his parents and their marriage. Tom agreed that his parents fought a lot and he was worried that they might decide to separate. Both children listened to their parents describe the marital conflict. Neither of them were surprised by their parents' revelations and neither of them attempted to redirect their discussion.

The family members appeared to care for one another, even though they presented in a chaotic and conflicted fashion. They were also able to refer to common and pleasant memories and experiences. They were not reluctant to attend the initial session and they indicated their willingness to attend if additional sessions were recommended.

Initial Hypothesis

I hypothesized that parental functions and authority were

being undermined by the conflict in the marital subsystem and this conflict was being acted out within the family since there were no effective boundaries to contain it and no effective means to resolve it. David had become triangulated within the marital subsystem since his behaviours allowed the parents to unite over their concerns for their son and distracted them from their own issues. The parents were not required, or not able, to come to a decision regarding their intentions in the marriage since they were compelled to deal with David's escalating behaviours. The current level of conflict within the marriage also prevented the parents from acting together in order to contain J's behaviours, even if they wanted to, since they were not able to make decisions and support one another in a consistent fashion.

The difficulties within the family were illustrated by the FAMs which were completed during the initial session. The overall rating for each family member fell within the problem area of the general scale and the individual scores by subscale generally indicated significant problems in every area.[6]

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[6]Skinner and his colleagues (1984) note that a problem is more likely to exist if a number of family members report elevated scores and elevated scores from a number of members across several or more scales often

The scores for both parents suggested that the family was no longer able to accomplish fundamental tasks and there were serious concerns regarding role performance and communication (see Charts 4 and 5, Appendix D). Both parents also reported difficulties with affective expression. The levels of distress in these areas suggested that David's problems were symptomatic of difficulties throughout the family system. Sally's concerns regarding David's behaviours were reflected by an elevated score on the control subscale but she appeared to be less concerned about the actual values and norms within the family. Harry identified fewer issues regarding the exercise of control within the family but he did identify concerns with values and norms. This finding appeared to reflect Sally's central position in the daily management and discipline of the home as well as Harry's detached posture and his initial belief that David simply had to learn how to behave.

David also agreed that the family was not accomplishing basic tasks and he identified serious difficulties with role performance and communication (see Chart 6, Appendix D). His scores also suggested that the family members were not involved with one another, or

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indicates severe or generalized family pathology (p. 7).

they were involved in destructive or inappropriate ways. Elevated scores on the control and the values and norms subscales supported the reports that David was involved in many of the conflicts within the family. These scores may also suggest that David's difficulties were not due only to his triangulated position within the marital conflict. They may suggest that David's values were in conflict with familial norms and he believed that current efforts to discipline him were arbitrary and destructive.

David's development through adolescence appeared to be jeopardized in the short and long terms. In the short term his behaviours had begun to escalate as his parents' marital difficulties became more severe and he had already become involved with the legal system. David's drive for autonomy and competence appeared to be in jeopardy over the longer terms since he had begun to ignore his own needs within the home and at school. He was also becoming alienated from the other members of his family as his behaviours escalated.

Tom identified the fewest difficulties and his scores may have reflected his favoured position within the family (see Chart 6, Appendix D). Although he expressed some concern with task accomplishment and communication within the family his scores did not

reflect similar levels of concern or distress in these areas. Tom appeared to see the current difficulties primarily in terms of control and the values and norms within the family. It is reasonable to suggest, in this case, that Tom attributed the family's problems to the overt conflict between David and his parents and he was less concerned with, or aware of, the effects of this conflict upon other areas of family functioning or the relationship between this conflict and the difficulties in the marital relationship.[7]

Elevated scores on the task accomplishment subscale are significant since they may indicate that the family is unable to achieve its "biological, psychological and social goals" (Steinhauer, et al., 1984, p. 78). Families in this situation may also be unable "to respond appropriately to changes in the family life cycle" (Skinner, et al., 1983, p. 101).

Successful task accomplishment also involves effective role performance and communication. Elevated scores on the role performance subscale may indicate that there is little agreement regarding roles in the family

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[7]Skinner and his colleagues (1983) suggest that children are more likely to report problems in the area of control, values and norms, and affective expression and that these scores often differentiate children from adults (p. 98).

and the family is unable to adapt to the new roles which are required throughout the family life cycle. Elevated scores on the communication subscale may reveal a lack of common understanding within the family and "insufficient, displaced or masked" communications (Skinner, et al., 1983, p. 101).

2.b.iii. Treatment Goals

My interventions focused on the need to strengthen the parental subsystem in order to increase its ability to perform executive functions and to deal with David's behaviours in an effective manner. The reports of the family members, my impressions in the initial session, and the results of the initial FAMs, indicated that many of the executive tasks associated with the parental subsystem were not being accomplished. During the course of the sessions I attempted to:

a. identify the need to deal with the marital conflict in order to confront parental issues and concerns

b. confront the ambivalence in the marital subsystem and encourage both partners to declare their intentions regarding the marriage

c. strengthen the parental subsystem, according

to the decisions made regarding the marriage, in order to accomplish executive tasks effectively

d. strengthen the spousal subsystem if partners decide to remain in the marriage.

I speculated that these interventions would deal with the immediate concerns which family members had identified regarding task accomplishment, role performance, and communication.

2.b.iv. The Course of Therapy

Sessions Two and Three

Both parents and Tom attended the second session. I excused Tom in order to emphasize the parental and spousal dimensions of the problems within the family and I met with the parents in order to consider the relationship between their marital and their parental difficulties . I noted that both of them had discussed their marital difficulties during the first session and I stated that they were right to draw attention to these problems. I suggested that they each needed to come to a decision regarding their marriage and I instructed them to separate for two weeks in order to consider this. I instructed Sally to move out of the family home until our

next session in two weeks. During this time she was to have no contact with Harry who was to remain in the home and assume responsibility for the home and their children. This task was also designed to see if Harry was willing and able to assume these responsibilities and if Sally was willing to relinquish these responsibilities to him.

Harry and Sally returned two weeks later. They informed me that they had not seen each other since the first session although Sally had returned to the home during the daytime when Harry was at work. She had also had some contact with the children and had attended a school meeting regarding David which Harry was not aware of. Both of them stated that they wanted to remain in the marriage and I contracted to meet with them for four additional sessions on a weekly basis in order to deal with the marital difficulties which prevented them from fulfilling their parental and executive tasks.

Sessions Four to Seven

My interventions during these sessions were intended to highlight the apparent fact that David's behaviours had served a purpose for Sally and Harry since they distracted them from their marital problems and the need for each of them to come to a decision regarding their

intentions within the marriage. I also suggested that they had both used David, in a more overt manner, to do their fighting for them. Harry could leave home in the evening, when he was upset with Sally, knowing that she would have to deal with David's anger and conflict while Sally could use these fights with David to discharge the anger which she had towards her husband. I also suggested that David may have occupied this position since he was afraid that his parents would separate if they were not distracted by his behaviours.

The tasks which were assigned during these sessions were designed to unify the parental subsystem in order to deal with David's behaviours, and to model specific behaviours and techniques to promote executive functions throughout the family system. The parents were typically instructed to designate specific times during the day when they could meet alone to discuss parental issues. They were also instructed to go out socially, as a couple, with other couples. These tasks were designed to strengthen the marital subsystem since they encouraged the couple to identify common interests beyond their concern for David. Their ability to parent David, and to perform executive tasks within the family, would also increase as the level of conflict between them decreased.

David's behaviours continued to escalate during this

time and he was eventually confined in the Manitoba Youth Centre for theft and subsequently placed into the care of Child and Family Services under a voluntary placement agreement. Sally and Harry indicated that they had been able to respond to this situation and make the necessary decisions in a collaborative and unified manner and Sally commended Harry for the support which he had given to her. She also revealed that Harry had become more involved in the daily management of the home and Harry acknowledged that he felt that his efforts around the home were respected and appreciated. Both parents seemed anxious to have David return home as soon as possible and they were able to discuss, between themselves, the conditions and the problems which would be associated with his return.

The initial contract for four sessions was reviewed and it was decided that I would meet with the entire family so that David could be released from the position which he occupied within the family. I also agreed to meet with the Sally and Harry one week after the family session in order to evaluate the need for further sessions.

Session Eight

I met with the family again after David had returned home

from the Manitoba Youth Centre. During this session both parents told their children that many of the problems in the family were related to the problems which they had in their marriage. They also stated that David's behaviours had allowed them to remain together since they were able to avoid their own problems. They thanked David for this and told him that they didn't need him to do this any more since they wanted to stay together and they were trying to deal with the problems in their marriage without involving other family members.

I stated that David needed to be "fired" from his job in the family. I suggested that David had ignored many of his own needs and I hoped that he would be able to find a new role within the family so he could begin to look after his own needs.

Session Nine

I met with Sally and Harry for our final session the following week in order to evaluate the need for further sessions. They decided that they wanted to continue in therapy and we discussed how their case would be transferred within Children's Home since my practicum was coming to an end.

Both Sally and Harry agreed that they needed to confront difficulties within the marital subsystem. Many

of the initial difficulties within the marriage had not been resolved and both of them agreed that these difficulties could increase as the problems and crises associated with the parental sphere, and the focus on David's behaviours, decreased. Both of them also appeared to be committed to change in order to preserve the marriage and they seemed to be impatient with the difficulties which remained. They also persisted in their tendencies to identify problems in their partner, and the need for their partner to change, and they were reluctant to identify what they needed to change within or about themselves.

I commended them for identifying their marital problems in the initial session and for their commitment to resolve these problems in order to perform the parental and executive functions within the family. I also encouraged them to continue working on the marital issues which they had identified. I noted that they had made some significant changes in a very short period of time and I suggested that the family experience could not be the same again, although setbacks in the parental and marital spheres would probably occur.

2.b.v. Evaluation

Both Sally and Harry were able to make a decision

regarding their intentions within the marriage. Both of them indicated that they wanted to remain within the marriage but they also recognized that changes needed to take place. They realized that they had avoided this decision since they focused upon David's behaviours and they admitted that the problems in their marriage prevented them from acting effectively, or wanting to act effectively, in order to control David's behaviours. They were able to collaborate on specific decisions regarding David's care and they were able to support one another in a consistent manner when David returned home. Both of them also realized that the pressures in the marital subsystem would increase as the problems in the parental subsystem decreased but they were anxious to continue in therapy in order to confront their marital problems.

Many of these changes were evident in the way Sally and Harry presented and interacted in therapy and the reports which they gave regarding the situation at home. The second FAMs, which were administered to Sally and Harry five weeks into therapy, also demonstrated that significant changes had occurred (see Chart 7, Appendix D).

Sally reported an overall rating on the general scale of 61, down from 72 on the initial FAM, and Harry reported a score of 57, down from 71. Their scores also

reflected significant changes on the subscales which measured task accomplishment, role performance, communication and affective expression (see table 2 below). These areas had been emphasized in therapy due to the level of conflict and distress within the family and the family's apparent inability to accomplish basic tasks. Sally continued to report concern regarding the issue of control within the family. This may have been due to her position within the family and her need to see these changes maintained over time.

Table 2
The B Family: Comparison of FAMs on Selected Subscales

	Harry		Sally	
	FAM_1	FAM_2	FAM_1	FAM_2
Overall	71	57	72	61
Task Accomplishment	83	58	88	68
Role Performance	79	47	83	60
Communication	69	54	69	59
Affective Expression	77	58	72	58

Standard Score: mean = 50, standard deviation = 10

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2.c The N. Family

2.c.i. Source and Reason for Referral

Audrey contacted Children's Home in September after she became concerned about the behaviours of her 14 year old daughter Jessica. She stated that Jessica was refusing to attend school and she reported that Jessica's boyfriend had attempted suicide the previous weekend. Audrey believed that Jessica felt responsible for her boyfriend's suicide attempt and Jessica's peer group appeared to be blaming her as well.

Audrey suggested that this was only the latest in a series of stressors within the family. She reported that her husband Jack abused drugs and alcohol on a continuous basis and he often became emotionally abusive at these times. She also reported that she was currently separated from her husband. Audrey believed that Jessica was angry at both her parents and she had recently asked to move into a group home. Audrey's 20 year old son Bill also abused alcohol frequently and he had moved out of the home in August.

Audrey reported that she was attending a family support program at the Alcoholism Foundation of Manitoba (AFM) with Jessica once a week. She was also seeing a therapist at AFM on an individual basis. She stated that her therapist at AFM had referred her to Children's Home

for family therapy. Jack was attending Alcoholics Anonymous (AA) meetings and seeing a private therapist individually and Bill had also started attending AA meetings.

I met with Audrey individually, and with Audrey and Jessica together, for four sessions over a six week period. They completed their initial FAMs during the first session and their second FAMs one month later.

2.c.ii. Initial Interview and Hypothesis

Initial Interview

Audrey and Jessica attended the first session. Audrey presented in a quiet manner with a narrow range of affect. She spoke softly when answering questions and was anxious to offer as much information as possible. Jessica was also quiet but she demonstrated a wider range of affect at times during the initial session.

Audrey reinforced her concerns about Jessica's school attendance and the effects of the suicide attempt by Jessica's boyfriend, and the reaction of her peer group, upon Jessica. She also reported that she had left the home with Jessica in June, prior to her separation and following an argument with her husband when he was drunk. Audrey had been concerned that her husband might

become physically abusive and they did not return to their home until Jack had agreed to move out.

Audrey noted that she had recently initiated divorce proceedings but also stated that she was reluctant to proceed with the divorce at this time since she did not have enough money to retain a lawyer. She also thought that her husband might deserve another chance since he appeared to be "turning things around" and he had started to attend AA meetings on a regular basis for the first time. Audrey also acknowledged that she felt pressured by members of her family to reconcile with her husband.

Jessica admitted that she was having problems at school and that she had not been attending regularly since the school year began. She was reluctant to talk about her boyfriend's suicide attempt and she insisted that her primary concern, and fear, was that her mother would change her mind and decide to reconcile with her husband.

Initial Hypothesis

I hypothesized that Jessica had assumed a parental role in order to support her mother and her decision to seek a divorce. She had begun to ignore her own needs under the circumstances since she was afraid that her mother would not proceed with the divorce and she believed that a

divorce represented the most effective way of dealing with the conflict within the family.

I also believed that Audrey was ambivalent about the divorce and she was able to postpone her decision since she had become distracted by her daughter's problems at school. Although she had been able to act decisively in the past, in order to promote Jessica's welfare and her own, her ability to act in the current circumstances was undermined by the problems which her daughter was experiencing. Audrey and Jessica appeared to be "stuck" in these positions when they appeared for family therapy.

The initial FAMs suggested that Audrey was under a great deal of stress and they appeared to support my impression that her ability to deal with stressors in the current circumstances was threatened by a general sense of hopelessness and despair (see Chart 8, Appendix D). She reported significant difficulties on every subscale and her overall rating of family functioning stood at 77 (see Table 3 below).

Jessica's scores were also elevated (see Chart 8, Appendix D). Although she reported a more favourable rating of 66 for overall family functioning her score was well within the problem range. She was concerned that the family was not able to accomplish its tasks and she reported elevated scores on the subscales which measure

affective expression, communication, control, and the family's values and norms. Jessica was more satisfied with role performance and the level of involvement within the family however these scores fell on the high end of the average range and they may have fluctuated considerably in relation to the timing and the intensity of recent conflicts within the home.

The results of the FAMs indicated that the family was unable to accomplish basic tasks at this time and there were serious concerns regarding all areas of functioning.[e] However it was not clear whether this apparent failure to accomplish basic tasks represented a "chronic" condition within the nuclear family or whether the current levels of distress, and the pervasive concerns regarding family functioning, were related to the most recent developments. In the latter case the results of the FAM did not necessarily provide an accurate indication of Audrey's and Jessica's ability to coalesce as a new family unit over a longer term if that

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[e]The scores on the social desirability and defensiveness subscales suggest that the results of the FAMs may have been elevated but they can also be seen as an indication of Audrey's and Jessica's desire to identify and confront pressing problems within the family.

was the decision which was eventually taken.[9]

I assumed that the levels of distress which were reflected in the initial FAMs were associated with Audrey's current ambivalence regarding her marriage. Both Audrey and Jessica had believed that a divorce represented the most effective way of resolving the conflict within the nuclear family and both were concerned about Audrey's apparent ambivalence regarding her divorce.

2.c.iii. Treatment Goals

My interventions attempted to deal with the presenting problems regarding Jessica's school attendance and her relationship with her boyfriend in order to decrease the anxiety within the family. During therapy I attempted to:

a. clarify boundaries around parental subsystem in order to promote task accomplishment

b. empower Audrey to continue to act in the best interests of herself and her daughter

c. empower Jessica to identify alternative ways of supporting her mother and meeting her own

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[9]Skinner and his colleagues (1984) emphasize that the FAM profiles can be influenced by the client's emotional state and level of motivation since they "reflect family functioning at the time of assessment" (p. 10).

needs.

I believed that these interventions would affect the elevated scores across all subscales of the FAM and they would contribute to a more accurate picture of family functioning.

These interventions represented the initial stage of therapy since it was necessary to assess the family after the presenting problems had been addressed and to clarify the role of the various professionals and helpers who were currently involved with the family in order to determine the need and the format for additional family sessions.

2.c.iv. The Course of Therapy

The Initial Session

Following the break in the first session I assigned tasks in order to deal with the immediate concerns regarding Jessica and to address the anxiety associated with Audrey's intentions regarding the marriage. I did not intend to force Audrey into a decision regarding the marriage but I attempted to decrease the current level of anxiety and fear so that Audrey would be able to consider her intentions under less stressful circumstances.

I thanked Jessica for her participation in the

session and I noted that she was very concerned about the possibility of further conflict within the home. I suggested that Jessica had begun to take care of her mother since she believed that her mother needed to obtain a divorce in order to protect them both from further conflict. I noted that Audrey had been able to make difficult decisions in the past, in order to promote their welfare, and I suggested that she would continue to act with their best interests in mind. I suggested that Audrey had become distracted by Jessica's school attendance and other problems and I instructed Jessica to return to school so that Audrey could devote her full attention to their situation and to the decisions which she needed to make in order to promote their interests. I also suggested that Jessica had identified her own need for safety and I encouraged her to consider and pursue other needs which she had. Jessica agreed to return to school so that her mother could focus her full attention upon their situation.

I commended Audrey for the courage which she had shown in the past and for her ability to consider Jessica's needs and her own. I suggested that Jessica would return to school since she knew that Audrey was able to act in their best interests. I instructed Audrey to consider her intentions regarding the marriage and to

demonstrate to Jessica that she would continue to act in their interests regardless of her intentions. I agreed to meet separately with Audrey to consider her issues regarding the marriage and with both of them following that session in order to discuss their concerns and to assess the need for further sessions.

Session Two

During the second session, three weeks later, Audrey reported that things were going better at home, that Jessica had returned to school following the initial session, and that she continued to attend on a regular basis. She also reported that Jessica had visited with her father on a number of occasions and that he continued to attend his AA meetings on a regular basis. Audrey stated that the divorce proceedings were still "on hold" and that she was still uncertain about her intentions in this area.

I identified her ambiguity regarding the marriage as a normal process and I encouraged her to demonstrate to Jessica that she was able to promote their welfare and their safety as she considered her intentions. I suggested that she had already been able to do this since Jessica now felt that it was safe to return to school and to visit with her father without jeopardizing her safety.

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I arranged to meet with Audrey and Jessica the following week.

Sessions Three and Four

In the third session Audrey and Jessica reported that things continued to go well at home and that Jessica continued to attend school and had been seeing a school counsellor on a regular basis. I congratulated Jessica for following through with the commitment which she had made to attend school and I commended Audrey for showing Jessica that it was safe to do so.

Audrey reported that her husband and her son had talked to her about moving back home. I emphasized that Audrey needed to establish the conditions and the expectations for this and that she must continue to act in order to promote Jessica's safety and her own welfare. She noted that Jack was still attending his AA meetings and they had agreed that he would continue to attend these as a condition of his return. We agreed to meet in two weeks and I encouraged Audrey to contact me if she had any concerns prior to this.

Both Audrey and Jessica appeared to be pleased with the way things were going at home when we met for the next session. Jessica reported that she was still attending school and seeing her school counsellor on a

regular basis. Audrey had decided not to proceed with the divorce and Jack and Bill had moved back home. Although neither Audrey nor Jessica identified any specific concerns regarding the move Audrey suggested that she regarded this as a trial and she had informed Jack that he was expected to attend his AA meetings and to refrain from alcohol and drug abuse. She also stated that Jack would be required to leave the home if he began to abuse drugs or alcohol and if she became concerned about Jessica's safety or her own.

I congratulated Audrey and Jessica for the work which they had done since Audrey was demonstrating her ability to act in their best interests and Jessica continued to attend school. I suggested that it was necessary to hold a multi-system meeting with Jack and Bill, since they were now residing in the home, and all of the other professionals and helpers involved with the family, in order to assess the need for additional family sessions. I instructed Audrey to inform Jack and Bill and to insure that the appropriate people outside of the family were contacted and a suitable time for a meeting was arranged. I informed Audrey and Jessica that the purpose of this meeting would be to coordinate the services which were being offered to the family and to insure that people were not working in opposite

directions and contrary to their best interests. Audrey indicated that she would try to make the necessary arrangements and Audrey and Jessica agreed to attend the meeting.

Follow-up

I contacted Audrey approximately two weeks later since she had not called me regarding the meeting. She stated that her husband and son were willing to attend the meeting and that she had called a number of the external helpers but she wondered if it would be possible to find a time which would suit everyone. I encouraged her to continue with her efforts and to arrange a meeting, on one of the days we had previously set aside, with as many people as possible. Audrey said that she would do this and she did not express any concerns, or appear to be reluctant, when I asked her how things were going at home. We agreed that I would call her the following week to discuss the multi-system meeting.

I contacted Audrey again on the following week and she stated that she had been unable to make the necessary arrangements for a multi-system meeting. She also stated that she did not think that such a meeting was necessary at this time. We discussed the need for additional sessions with herself and Jessica and she suggested that

these were not necessary. I suggested that they had made significant changes in therapy since Jessica continued to attend school, and Audrey had demonstrated that she was able to protect their interests within the family. Audrey also reported that Jessica had decided to break-up with her boyfriend. I commended Audrey for identifying their needs and contacting Children's Home initially and I encouraged her to contact the agency if it was necessary to do so in the future.

2.c.v. Evaluation

Jessica was able to return to school and to begin to identify her own needs in her relationships once Audrey was able to demonstrate that she could continue to protect herself and her daughter as she had done in the past. The scores on the second FAMs which were administered one month after the initial session showed significant improvement in most areas (see Chart 9, Appendix D).

Audrey's assessment of the family's overall level of functioning improved from 77 to 59 while Jessica's fell from 66 to 58 (see Table 3 below). Both of them also identified fewer concerns relating to task accomplishment and role performance. It is reasonable to assume that Jessica's return to school and Audrey's demonstrations of

control and competence contributed to the perception of improvement in these areas.

Table 3
The N. Family: Comparison of FAMs on Selected Subscales

	Audrey		Jessica	
	FAM_1 Sept 25	FAM_2 Oct 25	FAM_1 Sept 25	FAM_2 Oct 25
Overall	77	59	66	58
Task Accomplishment	78	58	67	57
Role Performance	83	51	60	51

Standard Score: mean = 50, standard deviation = 10

Audrey and Jessica continued to identify concerns relating to communication, and values and norms, within the family. However these scores also declined from the first FAMs and they probably represent a more realistic measure of the concerns within the family. They may also be associated with Jessica's attempts to establish her own identity and to individuate during adolescence and not, necessarily or primarily, with the chronic levels of conflict which had characterized life within the family. The improvements which were demonstrated by the FAMs were confirmed by Audrey and Jessica during their final

session and in subsequent phone conversations.

Audrey appeared reluctant to organize a multi-system meeting and she may have been hesitant if she felt comfortable with the changes which had been made, and the current levels of support, and if she believed that she was in control of the situation at home and the family was able to accomplish its basic tasks once again. This would have been consistent with the message which she received during the course of therapy and the skills which she had demonstrated before and during the sessions.

Her concern may also have been associated with a reluctance to move beyond the current attempts to manage the situation within the family and to consider whether or how marital issues contributed to the conflict within the home and the specific problems which arose as a result of this conflict. In this case it is possible that her ambivalence regarding her divorce, and her eventual decision to permit her husband back into the home, represented a variation of an existing pattern of conflict and resolution which contributed to the perpetuation of emotional abuse within the home. It is possible, under these circumstances, that Jessica's parental role will be encouraged or maintained and her attempts to negotiate the tasks of adolescence will be

discouraged.

2.d. The T. Family

2.d.i. Source and Reason for Referral

Cathy contacted Children's Home in October and she reported that the behaviour of her 13 year-old-son Peter had deteriorated noticeably since the beginning of the school year in September. She noted that Peter's behaviour had been troublesome since he was a child but in recent weeks he had set fires, lied, stolen and slashed tires. She also reported that many helpers had been involved with Patrick and the family over the years. The family had been seen by several psychologists and had attended family therapy five years earlier. Peter had been placed in modified classes in school until this year, due to his behavioral and learning difficulties, and a variety of behaviour modification programs had been tried but they appeared to have had little effect. He had also been placed in foster care voluntarily, for 1.5 years when he was 9.5 years old. Cathy wondered whether the family was "burnt-out" again and needed a rest.

I contacted Cathy by phone and arranged to meet with her and the rest of the family. During the phone call Cathy reported that Peter had been adopted at the age of

three and had been physically abused prior to his adoption. She wondered if that was "the cause" of all their problems. She also reported that Peter had been referred to a residential psychiatric program for adolescents within the city and that he was not aware of this referral.

I met with the family for six sessions over a twelve week period. Cathy and Phil completed their initial FAMs during the second session and their second FAMs during the final session. All of the family members in attendance completed a problem checklist during the initial session and Cathy, Phil and Peter completed a second checklist during our final meeting.

2.d.ii. Initial Interview and Hypothesis

Initial Interview

Cathy attended the first session with her husband Phil and two of their three children, Peter and Vanessa, who no longer lived at home. Cathy explained that Daniel, their middle child, was "tired" of family meetings and had refused to attend the session. During the initial session Cathy, Phil and Vanessa identified Peter as "the cause" of the family's problems and they maintained this posture despite my attempts to move beyond this

perception of their problems.[10]

Peter listened quietly at first but appeared to become more agitated as the session continued. He attempted to leave the room at one point but was able to stay when I explained that I needed to hear from everyone and I wanted to hear from him in order to understand what his concerns were. Peter was able to describe specific instances when he felt he had been rejected by the family and he also stated that his older brother Daniel "picked on" him. The other family members typically discounted his perception and offered alternative explanations.

Despite their initial stance the family members were able to identify and discuss activities which had involved the entire family and it appeared that everyone had enjoyed these times. Cathy, Phil and Vanessa were also able to offer some support to Peter and Peter was able to respond to these gestures. It appeared that the family was upset about the conflict which centred around Peter and the members wanted things to change. However, the family's alignment, and the members' perception of the problem, seemed to preclude meaningful change.

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[10] Mitchell and Rizzo (1985) suggest that this is not unusual since the families of adolescents with special needs "may become rejecting ... before making accommodations" (p. 336).

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Initial Hypothesis

I hypothesized, following the initial interview, that Peter had become the focal point for much of the dissatisfaction and conflict within the family. This may have occurred since Peter had been assessed with specific learning difficulties and he tended to present himself in an awkward and tentative fashion to others.

It was not clear how Peter had emerged as the focal point within the family since there appeared to be very little conflict within the marital subsystem and neither Cathy nor Phil appeared to be focusing on Peter's behaviours in order to deflect attention away from their difficulties. It was possible that the marital conflict was covert and well concealed and that Vanessa supported her parents' view of Peter's problems in order to maintain a focus on Peter and diffuse the marital conflict. Peter may have acted out for a similar reason, but this did not appear to be the case.

I assumed that the family had responded to Peter's needs and difficulties, at an early age, and their attempts to assess and treat Peter had reinforced the belief that there was something "wrong" with him which needed to be corrected. Most recently the family had concluded that Peter's difficulties were related to the physical abuse which he had experienced prior to his

adoption at the age of three years.[11] Their sense of disappointment and their frustration had increased as Peter continued to experience difficulties at home and in the community and as their efforts to help Peter appeared to be unsuccessful. These efforts had reinforced Peter's special status and had gradually set him apart from the rest of the family and many of his peers. This may have hindered Peter's development and contributed to his escalating behaviours. I believed that the request for family therapy represented an extension of the desire to resolve Peter's problems so that their lives could become "normal" again.

2.d.iii. Treatment Goals

I met with Cathy and Phil for a second session in order to increase my understanding of their concerns and to gather more information. During this session I attempted to:

a. determine their goals for family therapy

b. clarify the nature of my involvement with the family

c. assess the appropriateness of family therapy.

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[11]Vanessa and Daniel were also adopted children.

If additional sessions were arranged I intended to:

a. strengthen the parental subsystem in order to deal with Peter's behaviours

b. determine whether conflicts in the marital subsystem undermined the effectiveness of the parental subsystem.

These interventions were intended to distinguish their current efforts in family therapy from their previous efforts with professional helpers in order to encourage a new definition of their "problems" and a new solution. They were also intended to remove Peter from the marital conflict if it was determined that his behaviours were in fact maintained by covert conflict between Cathy and Phil.

2.d.iv. The Course of Therapy

Session Two

During the second session I commented that Peter appeared to be a difficult child to raise and I commended them for the "extraordinary" efforts which they had made in order to have Peter assessed and to understand him. I suggested that this was important since they seemed to believe that they had to obtain as much information about Peter as possible in order to help him and to raise him. I also

suggested that I could not help them with this and I encouraged them to pursue their current referral to a local psychiatric program if they believed that they required more information about Peter.

I suggested that Peter had acted like a "lightning rod" during the first session and I wondered whether he had become the inadvertent recipient of much of the family's anger and frustration. I stated that I could help them look at the ways they parented Peter and consider what happens if they are unable to follow through in a consistent or effective manner as parents. Cathy and Phil agreed to meet with me, and with Peter as indicated, for four sessions in order to consider parenting issues associated with Peter.

Cathy and Phil completed their initial FAMs during the second session (see Chart 10, Appendix D). Their scores appeared to support my belief that the family demonstrated many strengths. Cathy reported an overall rating on the general scale of 52 and Phil reported a rating of 54 (see Table 4 below). Phil also reported a score of 63 on the involvement subscale and 41 for control. These represented his highest and lowest scores on the measure and they may support the view that he had some concerns regarding the general, or his own, level of involvement within the family, but identified fewer

concerns with the exercise of control since he was absent from the home more often than Cathy. The remainder of Phil's scores fell within the average range although they were generally higher than Cathy's.

Cathy reported a higher score for control as well as values and norms. These scores may have reflected her position in the daily affairs of the family, and the expectation that she would deal with Peter's behaviours on a daily basis. These scores were still within the average range and they did not indicate significant or longstanding family problems. Cathy also indicated some concern with role performance but these scores were also within the average range.

Sessions Three to Six

I met with Cathy and Peter for the third session shortly before Christmas. Phil was out of town on business and had been unable to return to the city because of the weather. Both Cathy and Peter reported that things were a little better at home and that Peter was not getting into as much trouble at school or in the community. I recalled the first session and commended Peter for remaining in the session under some very difficult circumstances and I suggested that he had demonstrated how responsible and mature he could be. I also suggested he should "keep up

the good work" in the family and at school.

I met with Cathy and Phil for the fourth session approximately six weeks later. Both of them reported that things had improved significantly at home over the Christmas holidays and into the New Year. Phil stated that he had been upset by my earlier comment that Peter appeared to be a lightning rod in the family but Cathy and him now agreed that this had occurred. They also noted that they had begun to grant Peter more freedom, as he demonstrated greater responsibility, and they observed that Peter had responded positively to this. Cathy and Phil had also been able to spend more time together as their need to "supervise" Peter decreased and they indicated that they both appreciated the opportunity to do so.

Cathy, Phil and Peter attended the fifth session. Peter presented in a more mature and competent fashion and all of them agreed that things continued to go well at home and at school although there were some "minor" setbacks. I commended all of them for the good work which they had done and I suggested that some setbacks were inevitable. I noted that Peter was responding positively to the new freedoms which he was earning and I suggested that the parents were becoming proactive rather than always reacting to Patrick and maintaining a focus on

him.

I met with Cathy, Phil and Peter initially, and with Cathy and Phil alone, for the final session two weeks later. All of them reported that Peter continued to do well in the home, at school and in the community, and they agreed that there were fewer problems for the family in the home. I congratulated them for the changes they had made in a very short period of time and I suggested that they had all experienced the family, and each other, in new and different ways. When I met with Cathy and Phil during the second half of the session they reported that they continued to spend more time together as their need to supervise Peter decreased. They believed that they had addressed the concerns which brought them into therapy and they agreed that their file could be closed.

2.d.v. Evaluation

Although Cathy and Phil wanted to focus on Peter's behaviours when they appeared for therapy they were willing to consider the parental and familial difficulties associated with Peter's care. During the course of therapy both parents were able to consider Peter's strengths, and they were able to extend greater responsibilities as Peter demonstrated his competence in new areas. This emphasis on competence was timely since

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Peter had recently entered a regular program in a new school and he needed to experience some successes in order to increase his sense of mastery and his self esteem.

There was no indication of chronic or covert conflict within the marital subsystem and it did not appear as if Peter's behaviours had diffused marital conflict in any fashion. Cathy and Phil demonstrated a wide range of creative parenting skills throughout our discussions and they welcomed the opportunity to spend more time together as Peter's behaviours changed.

The FAMs supported the conclusion that the family members were able to build on their strengths (see Chart 11, Appendix D). Both Cathy and Phil reported a slight improvement in the overall rating and their scores fell within the middle of the average range (see Table 4 below). They also expressed fewer concerns with role performance within the family. Phil had clearly assumed more responsibility, and spent more time, within the home and he appeared to be less concerned about the level of involvement within the family. However he appeared to become more concerned with the exercise of control within the family as he assumed more responsibility for managing Peter's behaviours on a daily basis as necessary.

Table 4
The T Family: Comparison of FAMs on Selected Subscales

	Cathy		Phil	
	FAM_1 Dec 3	FAM_2 Mar 13	FAM_1 Dec 3	FAM_2 Mar 13
Overall	52	51	54	52
Role Performance	56	47	60	47
Involvement	54	54	63	54
Control	51	51	41	51

Standard Score: mean = 50, standard deviation = 10

My own observations supported the family's reports of change. Both parents appeared to be more relaxed and they spoke with pride about the changes in Peter's behaviour at home and at school. Peter presented in a more competent and comfortable fashion during the sessions. He had also changed his hair style and purchased new glasses and he appeared to be pleased with these changes.

The family's previous attempts to have Peter assessed and treated had identified him as the problem within the family and compromised his ability to interact within the family and outside of it. These efforts had

also threatened Peter's attempts to negotiate the tasks of adolescence since they maintained the notion that he needed to be treated and protected as a child.[12]

The problem checklists also supported the notion that the family members were satisfied with the situation at home and that Peter had begun to feel better about himself (see Appendix E). Cathy appeared to be satisfied with herself and many areas of family life although she did express dissatisfaction with the relationship between her children. Phil also appeared to be satisfied with himself and his family although he recorded greater levels of ambivalence in a number of areas. The favourable scores from Cathy and Phil were consistent with their reports in the initial interview and they appeared to support their claims that were primarily concerned about Peter and his behaviours.

Peter identified the greatest level of dissatisfaction. Although he indicated that he was very satisfied with his family he reported that he was very dissatisfied with himself and equally dissatisfied with the expression and sharing of feelings within the home,

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[12]Mitchell and Rizzo (1985) state that a special need usually implies a decrease in independent functioning" and they suggest that parents "may continue to utilize old strategies based on their perception of the handicapped teenager as an eternal child" (p. 338).

the use of physical force, and the relationships between the children and between the children and their parents. His subsequent scores reflected significant change. He reported that he was very satisfied with himself and satisfied or very satisfied with most areas of family life. He continued to state that he was very dissatisfied with the relationship between children in the family. This was consistent with the concerns which he had raised during therapy but did not appear to reflect some of the positive changes which he had reported verbally. His concern with these relationships may also have contributed to the ambivalence he reported when he rated his overall level of satisfaction with the family.[13]

Cathy and Phil reported that they were satisfied with themselves and their family when they completed their second checklists. Neither of them reported any dissatisfaction and their scores appeared to reflect greater levels of satisfaction in most areas.

3. CONCLUSION

My interventions were guided by the belief that families

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[13]Peter's scores show a number of anomalies and they may have been influenced by specific learning difficulties. However the trend towards a greater level of satisfaction in general terms, and in specific areas, was consistent with the reports which were received and the impressions which were obtained in therapy.

enter therapy after they identify and as they wish to address specific problems and they will evaluate the outcome of therapy as it is able to address their concerns. As a structural therapist I assumed that these problems were symptomatic of larger issues within the family system and I attempted to formulate a hypothesis and interventions which addressed the family's immediate concerns as well as their structural characteristics.

All of the families described here reported some improvement over the course of therapy and they indicated that their initial concerns had been addressed. These changes were also reflected in my impressions as they presented for therapy and in the results of the FAMs and the problem checklists which were administered. It is important to recognize that the families' ability to maintain these changes in behaviour is related to their ability to maintain specific changes in family structure since the initial concerns are regarded to be symptomatic of problems within the family system.

CHAPTER 5: CONCLUSION

Minuchin (1974) refers, in an oblique manner, to the tension which characterizes the relationship between the family, and family members, and society.[1] On the one hand, the family must insure the psychosocial protection of family members; on the other hand, it must accommodate to, and transmit, the culture of which it is a part (Minuchin, 1974, p. 46). During the adolescent stage of the life cycle the family must encourage a sense of loyalty and belonging as it promotes the competence and the individuation of its adolescent members.

Minuchin (1974) suggests that the family must restructure itself during this stage of the individual and family life cycle. Some families get "stuck" during this stage of development since they are unable to make the necessary changes. He states that family therapy is an effective intervention for these families and appropriate changes in the family structure will promote the development of the family and family members.

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[1]Minuchin is clearly aware of the social, economic and political pressures which effect the family. He acknowledges these but does not appear to consider whether these forces actually jeopardize emotional and physical health, or whether the family serves, primarily, the needs of its members or of society, as some critics contend. He also does not consider whether the therapist assumes a specific, ideological position when he or she suggests that the family's primary task is to promote the growth and well-being of its members (see Chapter 1 above).

CHAPTER 5: CONCLUSION

The outcome literature supports the use of family therapy in these situations. Breunlin and his colleagues (1988) suggest that family therapy with adolescents has emerged as a "sub-specialty" within the field of family therapy and they refer to a number of studies which report favourable outcomes (p. 11). The evaluation measures which were included in my practicum suggested that structural family therapy was an effective intervention for my client families. Most of the families were able to make significant and appropriate changes over the course of therapy. Many of these changes helped the adolescent members negotiate the tasks which are commonly associated with adolescence.

My practicum was designed to increase my understanding of the principles of structural family therapy and to develop my skills in the application of structural therapy with families that had identified problems with an adolescent member. Recent investigations in the family therapy supervision literature have attempted to identify and operationalize specific skills which are associated with favourable outcomes in family therapy (see Figley and Nelson, 1989 and 1990). These studies suggest that certain skills can be taught while other skills are bound up with the person and the personality of the therapist.

CHAPTER 5: CONCLUSION

Figley and Nelson identify a number of generic skills which can be taught to beginning therapists.[2] They refer to the ability to support the family; to define the problem and to establish a hypothesis; to distinguish between content and process and maintain a focus; to receive the family's feedback and to demonstrate flexibility in this category. Specific structural skills which can be taught include the ability to identify and describe boundaries, coalitions and subsystems within the family and the ability to provide directives and to formulate systemic interventions (1990, p. 238). These skills resemble the conceptual and perceptual skills which are identified in the literature.[3]

Those skills which are associated with the therapist

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[2]Figley and Nelson established the Basic Family Therapy Skills Project in 1987 in order to identify those skills which were associated with favourable outcomes in family therapy. They considered family practice in generic terms and according to specific schools of practice and they reported their findings in 1989 and 1990 (see Figley and Nelson, 1989 and 1990).

[3]Tomm and Wright (1979) suggest that perceptual skills relate to "the therapist's ability to make pertinent and accurate observations" and conceptual skills refer to "the process of attributing meaning to observations or of applying previous learning to the specific therapeutic situation" They suggest that perceptual and conceptual skills, taken together, refer to "what is taking place in the mind of the therapist and [they] form the basis for his overt actions" (pp. 228 ff., brackets mine).

represent a critical element in clinical practice. They are more properly described as attributes of the therapist and they revolve around the therapist's use of himself or herself in therapy. Figley and Nelson (1989) identify intellectual curiosity; integrity; the desire to learn and to take responsibility for mistakes; common sense; the ability to communicate a sense of competence, authority and trustworthiness; the ability to respect differences and to be nonjudgemental; the ability to communicate effectively and to demonstrate a sense of humour in this category (p. 360). These skills are commonly associated with executive or behavioral skills in the literature.[4]

The literature suggests that therapists often progress from the acquisition of generic and specific skills on the perceptual and conceptual levels to the development of various executive skills as they acquire more experience and confidence. Although this is not a linear process where each stage is negotiated in a sequential fashion it is useful to think that a beginning therapist must develop perceptual and conceptual skills

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[4] Tomm and Wright (1979) suggest that executive skills include "the therapist's ability to use his own emotional reactions constructively by channelling them into specific therapeutic activity" in order to identify patterns and encourage change within the family system (p. 229).

in order to use his or her executive or behavioral skills appropriately and effectively. This may also provide a useful measure of the student's development as a therapist.

My own experience at Children's Home appeared to follow this pattern as I focused, initially, on observing and interpreting family patterns and structure, and generating hypotheses in order to formulate appropriate interventions. This appeared to be a logical place to start since it addressed my need to establish a reference point which I could use to organize the material which the families presented to me during therapy and it allowed me to organize my thinking and to plan my interventions between sessions. The focus on perceptual and conceptual skills as a basis for practice is appropriate for the beginning and experienced therapist since it emphasizes the theoretical dimensions of practice which should inform the executive manoeuvres of the therapist.

The emphasis on perceptual and conceptual skills also enabled me to deal with my anxieties as a student therapist since it provided me with a measure of security and certainty in a new situation. However my own experience suggested that it was necessary to move beyond

this level of skill development even as I attempted to clarify and extend my perceptual and conceptual skills. This was often difficult to do so since it increased the level of anxiety which I felt and it required me to examine and discuss my attributes as an individual and as a therapist during supervision.

These discussions forced me to consider the significance of "self" in the therapeutic process. In these cases I was required to examine specific interventions, or specific moments in the therapeutic process, and to consider how my personality and my attributes affected the direction or the outcome of therapy.

My supervisors suggested that I needed to challenge myself and develop my executive skills in a number of areas. In the early stages of my practicum I struggled to join with families in an effective manner and this influenced the outcome of therapy in at least one case. In one family both parents identified concerns regarding the behaviours of their only child, an adolescent male with noticeable learning difficulties. The adolescent was also concerned about the relationship between his parents and himself. I hypothesized that the spousal relationship had deteriorated since both parents had been concerned with raising their son. I believed that the adolescent

provided the focus for the parental and spousal subsystems and his attempts to individuate during adolescence would be jeopardized since his parents needed to maintain their focus on him in order to sustain their marital relationship.

This hypothesis may have been correct but my attempts to broaden the definition of the problem were blocked since I did not appear to be concerned with the problems the family presented and I presented my hypothesis before I had joined effectively with the family, and before they had accepted my position as an "expert" with the family. The family terminated therapy after the initial treatment contract of four sessions ended.

I also became aware of the need to deal with implicit and explicit levels of conflict during therapy. Most families identified conflict within the home as the reason for family therapy and they had very specific ideas regarding their problems. These ideas often represented the safest explanation and expression of the anger within the family and they masked the actual basis of conflict. In this case I was required to make the implicit anger explicit in order to challenge the family's perception of the problem and to introduce the possibility of meaningful change.

I struggled with this initially since the rules regarding the expression and significance of anger often dominate the verbal and non-verbal processes within the family and they must be confronted on a constant and consistent basis. It was easier to engage in, or to follow, monologues rather than highlight the disagreements and the inconsistencies which often characterized the family processes and revealed the actual source of conflict. I found that it was necessary to confront the implicit sources of conflict as soon as possible since families attempted to induct me into their system and they expected me to react according to the precedents which I established in the first few sessions.

I was able to expose conflict more effectively as I progressed through my practicum. I believe that the difficulties which I had in this area, and the initial anxieties associated with joining families, are associated, in a general fashion, to my experience as a student therapist in a new situation. The family therapy training literature suggests that student therapists are often reluctant to escalate intensity and to expose conflict and it suggests that these may be inappropriate techniques for a beginning therapist (Figley and Nelson, 1990, p. 229). A number of joining techniques are also associated with the executive skills which emerge, and

are developed, over an extended period of time.

My presentation as a therapist is also related, in a more specific fashion, to my growth and development as an individual. My reluctance to expose conflict within a session is consistent with the way in which conflicts were, and continue to be, handled in my family-of-origin, and my ability to deal with implicit conflicts professionally depends, to some extent, on my ability to break out of the patterns which are most comfortable and most familiar to me.

The difficulties which I experienced as I attempted to engage families in my initial sessions were related to the perceptions which I have of myself in relation to other people, and within other settings, apart from my family-of-origin. In this case my confidence, my ability to relate in an engaging and animated fashion, and my desire to assume a position of authority in certain situations, are associated with the confirmation and the encouragement which I received, and continue to receive, in my personal life.

The evaluations of my clinical supervisors indicated that I possess the perceptual and conceptual skills which are necessary for effective practice and my own inclinations as an individual suggest that I will continue to examine

and expand my skills in these areas. My supervisors also suggested that I had begun to develop many of the executive skills which are necessary to enrich professional practice. My own perception suggests that I became more animated and I was willing to draw upon my attributes as an individual in order to engage families. I also began to expose conflict in order to broaden the understanding of a problem and to promote meaningful change.

Some indication of the personal attributes which I used in therapy was obtained from family members who were encouraged to complete a Therapist Evaluation Form in order to evaluate my efforts in a number of areas (see Appendix F).[5] Although this scale does not identify perceptual, conceptual and executive skills specifically, a number of the items do refer to personal attributes which are commonly associated with executive skills. Clients were asked to evaluate my ability to communicate clearly, to demonstrate an understanding of the family and to demonstrate acceptance, warmth and a sense of humour with the family. None of the clients expressed

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[5]The evaluation form which I used was taken directly from a practicum report which was presented by Frank Cantafio. He devised the Client Feedback Form to measure his own skill development as a family therapist during his practicum (see Cantafio, 1989).

dissatisfaction with my efforts in these areas and they generally reported that they were satisfied or very satisfied with my efforts.[6]

[6]These forms must be interpreted carefully. They were mailed to clients in a follow-up after therapy had ended and only a small number of clients decided to respond. It is possible, under these circumstances, that only the most satisfied clients responded, but it is also possible to suggest that dissatisfied clients would have been motivated to respond in order to express their concerns.

REFERENCES

Ackerman, N. (1980). The Family with Adolescents. In E. Carter and M. McGoldrick (Eds.), The Family Life Cycle: A Framework for Family Therapy (pp. 147-169). New York: Guilford Press.

Aldous, J. (1990). Family development and the life course: Two perspectives on family change. Journal of Marital and Family Therapy, 52, 571-583.

Aries, P. (1962). Centuries of Childhood. London: Jonathan Cape.

Asen, K., Berkowitz, R., Cooklin, A., Leff. J., Loader, P., Piper, R. & Rein, L. (1991). Family Therapy Outcome Research: A Trial for Families, Therapists, and Researchers. Family Process, 30, 3-20.

Avis, J.M. & Sprenkle, D.H. (1990). Outcome Research on Family Therapy Training: A Substantive and Methodological Review. Journal of Marital and Family Therapy, 16, 241-264.

Bloom, M. (Ed.). (1985). Life Span Development. New York: Macmillan.

Boss, P. & Weiner, J.P. (1988). Rethinking assumptions about women's development and family therapy. In C.J. Falicov (Ed.), Family Transitions: Continuity and Change over the Life Cycle (pp. 235-251). New York: The Guilford Press.

Breunlin, D.C. Oscillation theory and family development. (1988). In C.J. Falicov (Ed.), Family Transitions: Continuity and Change over the Life Cycle (pp. 153-155). New York: The Guilford Press.

Breunlin, D.C., Breunlin, C., Kearns, D.L. & Russell, W.P. (1988). A Review of the Literature on Family Therapy with Adolescents 1979-1987. Journal of Adolescence, 11, 309-334.

BIBLIOGRAPHY

Breunlin, D.C., Schwartz, R.C., Krause, M.S. & Selby, L.M. (1983). Evaluating Family Therapy Training: The Development of an Instrument. Journal of Marital and Family Therapy, 9, 47-47.

Brown, F.H. (Ed.). (1991). Reweaving the Family Tapestry. New York: W.W. Norton and Company.

Cantafio, F. (1989). Building on Family Strengths: Brief Therapy of the Family During the Adolescent Stage of the Family Life Cycle. M.S.W. Practicum Report. Winnipeg: University of Manitoba.

Carter, B. & McGoldrick, M. (Eds.). (1988). The Changing Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press.

_____. (1988). Overview: The changing family life cycle - A framework for family therapy. In B. Carter & M. McGoldrick (Eds.), The Changing Family Life Cycle: A Framework for Family Therapy (pp. 3-28). New York: Gardner Press.

_____. (Eds.). (1980). The Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press.

Corrigan, P. & Leonard, P. (1978). Social Work Practice Under Capitalism: A Marxist Approach. London: Macmillan.

Dell, P. (1982). Beyond homeostasis: Toward a concept of coherence. Family Process, 21, 21-41.

Erikson, E. (1985). Life Cycle. In M. Bloom (Ed.), Life Span Development (pp. 35-44). New York: Macmillan.

BIBLIOGRAPHY

Falicov, C.J. (Ed.). (1988). Family Transistions: Continuity and Change Over the Life Cycle. New York: Guilford Press.

Falicov, C.J. (1988). Family sociology and family therapy contributions to the family development framework: A comparative analysis and thoughts on future trends. In C.J. Falicov (Ed.), Family Transitions: Continuity and Change Over the Life Cycle (pp. 3-51). New York: The Guilford Press.

Figley, C.R. & Nelson, T.S. (1990). Basic Family Therapy Skills, II: Structural Family Therapy. Journal of Marital and Family Therapy, 16, 225-239.

_____. (1989). Basic Family Therapy Skills, I: Conceptualization and Initial Findings. Journal of Marital and Family Therapy, 15, 349-365.

Fishman, H.C. (1988). Treating Troubled Adolescents. New York: Basic Books.

Frankel, H. (1987). Concepts of family development: Sociological and Family Systems perspectives. Unpublished Paper.

Franz, C.E. & White, K.M. (1985). Individuation and attachment in personality development: Extending Erikson's theory. Journal of Personality, 53, 224-256.

Gecas, V. & Seff, M.A. (1990). Families and Adolescents: A Review of the 1980s. Journal of Marriage and The Family, 52, 941-958.

BIBLIOGRAPHY

Gilligan, C. (1988). Prologue: Adolescent development reconsidered. In C. Gilligan, J.V. Ward & J.M. Taylor (Eds.), Mapping the Moral Domain (pp. vii-xxxix). Cambridge: Harvard University Press.

_____. (1988). Remapping the moral domain: New images of self in relationship. In C. Gilligan, J.V. Ward & J.M. Taylor (Eds.), Mapping the Moral Domain (pp. 3-20). Cambridge: Harvard University Press.

Gilligan, C., Ward, J.V. & Taylor, J.M. (Eds.). (1988). Mapping the Moral Domain. Cambridge: Harvard University Press.

Gurman, A.S. & Kniskern, D.P. (Eds.). (1981). Handbook of Family Therapy. New York: Brunner/Mazel Publishers.

_____. (1981). Family Therapy Outcome Research: Knowns and Unknowns. In A.S. Gurman & D.P Kniskern (Eds.), Handbook of Family Therapy (pp. 742-775). New York: Brunner/Mazel Publishers.

Haley, J. (1988). Problem-Solving Therapy. San Francisco: Jossey Bass.

Hall, J. (1987). Parent-Adolescent conflict: An empirical review. Adolescence, 22, 767-789.

Hareven, T.K. (1982). American Families in Transition. In F. Walsh (Ed.), Normal Family Processes (pp. 446-465). New York: Guilford Press.

_____. (1971). The history of the family as an interdisciplinary field. Journal of Interdisciplinary History, 2, 399-414.

BIBLIOGRAPHY

Hartman, A. & Laird, J. (Eds.) (1983). Family Centered Social Work Practice. New York: The Free Press.

Hazelrigg, M.D., Cooper, H.M. & Borduin, C.M. (1987). Evaluating the Effectiveness of Family Therapies: An Integrative Review and Analysis. Psychological Bulletin, 101, 428-442.

Hoffman, L. (1988). The family life cycle and discontinuous change. In B. Carter & M. McGoldrick (Eds.), The Changing Family Life Cycle: A Framework for Family Therapy (pp. 91-105). Gardner Press, 1988.

James, K. & McIntyre, L. (1990). The "Incestuous family" revisited: A critical analysis of family therapy myths. Journal of Marital and Family Therapy, 16, 71-88.

_____. (1983). The reproduction of families: The social role of family therapy? Journal of Marital and Family Therapy, 9, 119-129.

Karpel, M.A. & Strauss, E.S. (1983). Family Evaluation. Boston: Allyn and Bacon.

Keniston, K. (1971). Youth as a stage of life. Adolescent Psychiatry, 1, 161-175.

Koman, S.L. & Stechler, G. (1985). Making the Jump to Systems. In Mirkin, M.P. & Koman, S.L. (Eds.), Handbook of Adolescents and Family Therapy (pp. 3-20). New York: Gardner Press.

Liddle, H.A. (Ed.). (1983). Clinical Implications of the Family Life Cycle. Rockville, Md: Aspen.

BIBLIOGRAPHY

Liddle, H.A. & Saba, G.W. (1983). Clinical use of the family lifecycle: Some cautionary guidelines. In H. A. Liddle (Ed.), Clinical Implications of the Family Life Cycle (pp. 162-176). Rockville, Md: Aspen.

Minuchin, S. (1974). Families and Family Therapy. Cambridge: Harvard University Press.

Minuchin, S. & Fishman, H.C. (1981). Family Therapy Techniques. Cambridge: Harvard University Press.

Mirkin, M.P. & Koman, S.L. (Eds.). (1985). Handbook of Adolescents and Family Therapy. New York: Gardner Press.

Mitchell, W. & Rizzo, S.J. (1985). The Adolescent with Special Needs. In M.P. Mirkin & S.L. Koman (Eds.), Handbook of Adolescents and Family Therapy (pp. 329-342). New York: Gardner Press.

Preto. N.G. (1988). Transformation of the family system in adolescence. In B. Carter & M. McGoldrick (Eds.), The Changing Family Life Cycle: A Framework for Family Therapy (pp. 255-283). New York: Gardner Press.

Preto, N.G. & Travis, N. (1985). The Adolescent Phase of the Family Life Cycle. In M.P. Mirkin & S.L. Koman (Eds.), Handbook of Adolescents and Family Therapy (pp. 21-38). New York: Gardner Press.

Rodgers, R. (1964). Toward a theory of family development. Journal of Marital and Family Therapy, 26, 262-270.

BIBLIOGRAPHY

Skinner, H.A., Steinhauer, P.D. & Santa-Barbara, J. (1984). The Family Assessment Measure: Administration and Interpretation Guide.

_____. (1983). The Family Assessment Measure. Canadian Journal of Community Mental Health, 2, 91-105.

Slaff, B. (1981). The history of adolescent psychiatry. Adolescent Psychiatry, 9, 7-21.

Steinhauer, P.D., Santa-Barbara, J. & Skinner, H. (1984). The Process Model of Family Functioning. Canadian Journal of Psychiatry, 29, 77-88.

Terkelsen, K. (1980). Toward a theory of the family life cycle. In B.A. Carter & M. McGoldrick (Eds.), The Family Life Cycle: A Framework for Family Therapy (pp. 21-52). New York: Gardner Press.

Tolan, P.H., Cromwell, R.E. & Brasswell, M. (1986). Family Therapy with Delinquents: A Critical Review of the Literature. Family Process, 25, 619-649.

Tomm, K.M. & Wright, L.M. (1979). Training in Family Therapy: Perceptual, Conceptual and Executive Skills. Family Process, 18, 227-250.

Trute, B. (1985). Evaluating Clinical Service in Family Practice Settings. Canadian Social Work Review, 100-122.

Walsh, F. (Ed.). (1982). Normal Family Processes. New York: Guilford Press.

BIBLIOGRAPHY

Wynne, L.C. (1988). An epigenetic model of family processes. In C.J. Falicov (Ed.), Family Transitions: Continuity and Change Over the Life Cycle (pp. 81-106). New York: The Guilford Press.

Young, P. (1991). Families with Adolescents. In F.H. Brown (Ed.), Reweaving the Family Tapestry (pp. 131-148). New York: W.W. Norton and Company.

Zaretsky, E. (1976). Capitalism, the Family, and Personal Life. New York: Harper and Row.

Zimmerman, D.P. (1990). Notes on the history of adolescent inpatient and residential treatment. Adolescence, 25, 9-38.

Appendix A

Selected Sample of Statements Contained

In General Scale of Family Assessment Measure

SELECTED SAMPLE OF STATEMENTS CONTAINED IN GENERAL SCALE OF FAMILY ASSESSMENT MEASURE[1]

The General Scale of the Family Assessment Measure contains fifty statements which are divided into nine subscales. The respondent is asked to indicate a specific level of agreement or disagreement for each statement and each reply is assigned a numerical value. The sum of all values in each subscale is calculated and a single value for each subscale is obtained by converting the total sum for each subscale against values contained in standardized conversion scales. The value for each subscale is charted in order to obtain the FAM profile. An overall rating is obtained by adding the converted value of each subscale, excepting the social desirability and defensiveness subscales, and dividing by seven. Below is a selected sample of the statements found in each of the subscales contained within the General Scale.

Task Accomplishment:
We spend too much time arguing about what our problems are.

Role Performance:
Family duties are fairly shared.

Communication:
We argue about who said what in our family.

Affective Expression:
We tell each other about things that bother us.

Involvement:
My family tries to run my life.

Control:
When you do something wrong in our family, you don't know what to expect.

Values and Norms:
It's hard to tell what the rules are in our family.

Social Desirability:
I don't see how any family could get along better than ours.

Defensiveness:
We sometimes hurt each others feelings.

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[1]The Family Assessment Measure was created by Harvey A. Skinner, Paul D. Steinhauer and Jack Santa-Barbara and is copyrighted 1984. See also Skinner et al., 1984 and 1983 and Steinhauer et al., 1984.

Appendix B

The Family Assessment Measure:

Interpretation Guide

TABLE 3 FAM Interpretation Guide

1. TASK ACCOMPLISHMENT

LOW SCORES (40 and below) STRENGTH	HIGH SCORES (60 and above) WEAKNESS
- basic tasks consistently met	– failure of some basic tasks
- flexibility and adaptability to change in developmental tasks	– inability to respond appropriately to changes in the family life cycle
- functional patterns of task accomplishment are maintained even under stress	– problems in task identification, generation of potential solutions, and implementation of change
- task identification shared by family members, alternative solutions are explored and attempted	– minor stresses may precipitate a crisis

2. ROLE PERFORMANCE

LOW SCORES (40 and below) STRENGTH	HIGH SCORES (60 and above) WEAKNESS
- roles are well integrated: family members understand what is expected, agree to do their share and get things done	– insufficient role integration, lack of agreement regarding role definitions
- members adapt to new roles required in the development of the family	– inability to adapt to new roles required in evolution of the family life cycle
- no idiosyncratic roles	– idiosyncratic roles

3. COMMUNICATION

LOW SCORES (40 and below) STRENGTH	HIGH SCORES (60 and above) WEAKNESS
- communications are characterized by sufficiency of information	– communications are insufficient, displaced or masked
- messages are direct and clear	– lack of mutual understanding among family members
- receiver is available and open to messages sent	– inability to seek clarification in case of confusion
- mutual understanding exists among family members	

4. AFFECTIVE EXPRESSION

LOW SCORES (40 and below) STRENGTH	HIGH SCORES (60 and above) WEAKNESS
- affective communication characterized by expression of a full range of affect, when appropriate and with correct intensity	– 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	HIGH SCORES (60 and above) WEAKNESS
- emphatic involvement	– absence of involvement among family members, or merely interest devoid of feelings
- family members' concern for each other leads to fulfillment of emotional needs (security) and promotes autonomous functioning	– involvement may be narcissistic, or to an extreme degree, symbiotic
- quality of involvement is nurturant and supportive	– family members may exhibit insecurity and lack of autonomy

6. CONTROL

LOW SCORES (40 and below) STRENGTH	HIGH SCORES (60 and above) WEAKNESS
- patterns of influence permit family life to proceed in a consistent and generally acceptable manner	– patterns of influence do not allow family to master the routines of ongoing family life
- able to shift habitual patterns of functioning in order to adapt to changing demands	– failure to perceive and adjust to changing life demands
- control style is predictable yet flexible enough to allow for some spontaneity	– may be extremely predictable (no spontaneity) or chaotic
- control attempts are constructive, educational and nurturant	– 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	HIGH SCORES (60 and above) WEAKNESS
- consonance between various components of the family's value system	– components of the family's value system are dissonent resulting in confusion and tension
- family's values are consistent with their subgroup and the larger culture to which the family belongs	– conflict between the family's values and those of the culture as a whole
- explicit and implicit rules are consistent	– explicitly stated rules are subverted by implicit rules
- family members function comfortably within the existing latitude	– degree of latitude is inappropriate

Taken from Skinner, et al., (1983), p. 101

Appendix C

Problem Checklist

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)					
2. Sharing feelings like anger, sadness, hurt, etc.					
3. Sharing problems with the family					
4. Making sensible rules					
5. Being able to discuss what is right and wrong					
6. Sharing of responsibilities					
7. Handling anger and frustration					
8. Dealing with matters concerning sex					
9. Proper use of alcohol, drugs					
10. Use of discipline					
11. Use of physical force					
12. The amount of independence you have in the family					
13. Making contact with friends, relatives, church, etc.					
14. Relationship between parents					
15. Relationship between children					
16. Relationship between parents and children					
17. Time family members spend together					
18. Situation at work or school					
19. Family finances					
20. Housing Situation					

21. Overall satisfaction with my family					

Make the last rating for yourself:

22. Feeling good about myself					

NAME: _____ Date: _____

Appendix D

FAM Profiles (Case Studies)

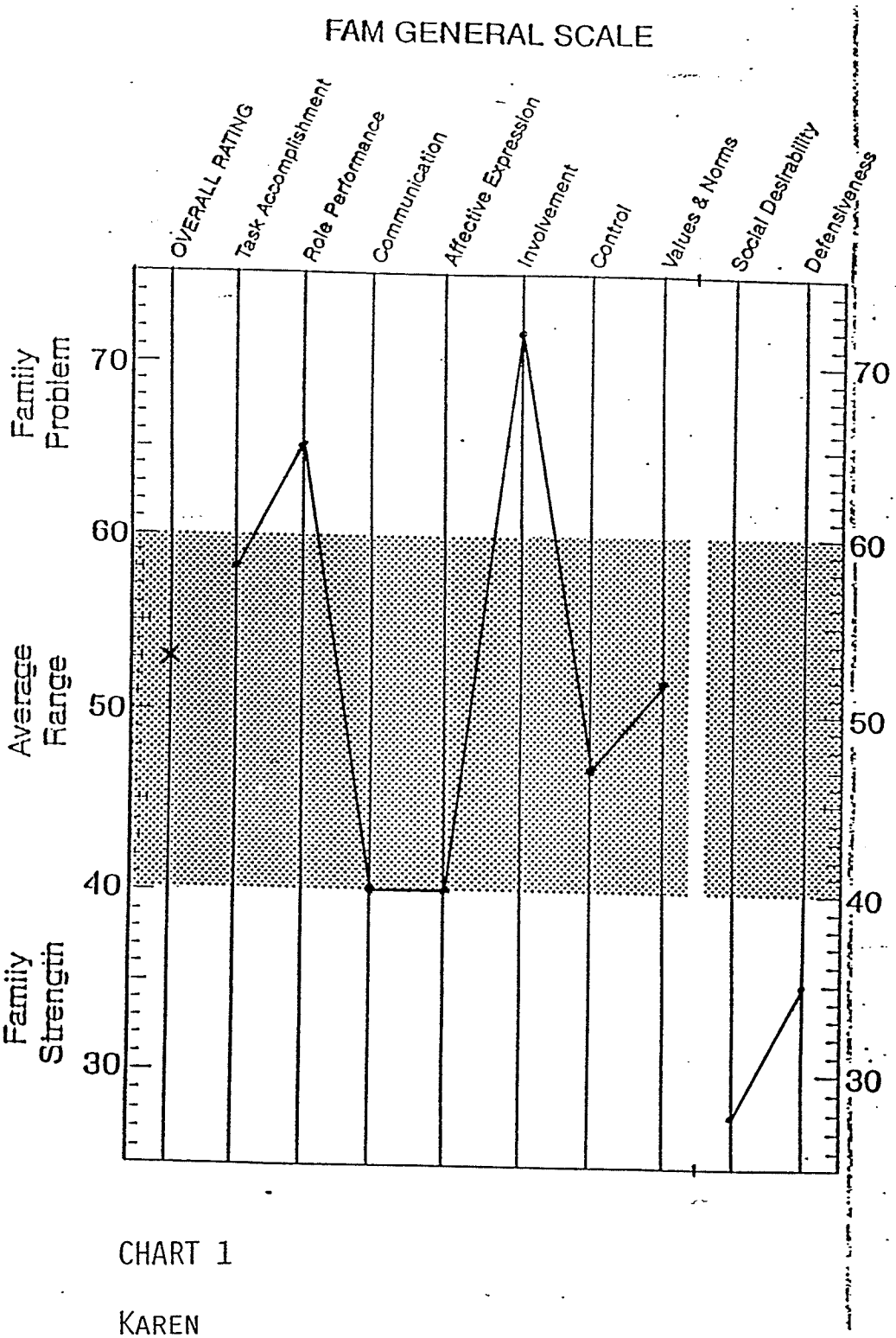

CHART 1

KAREN

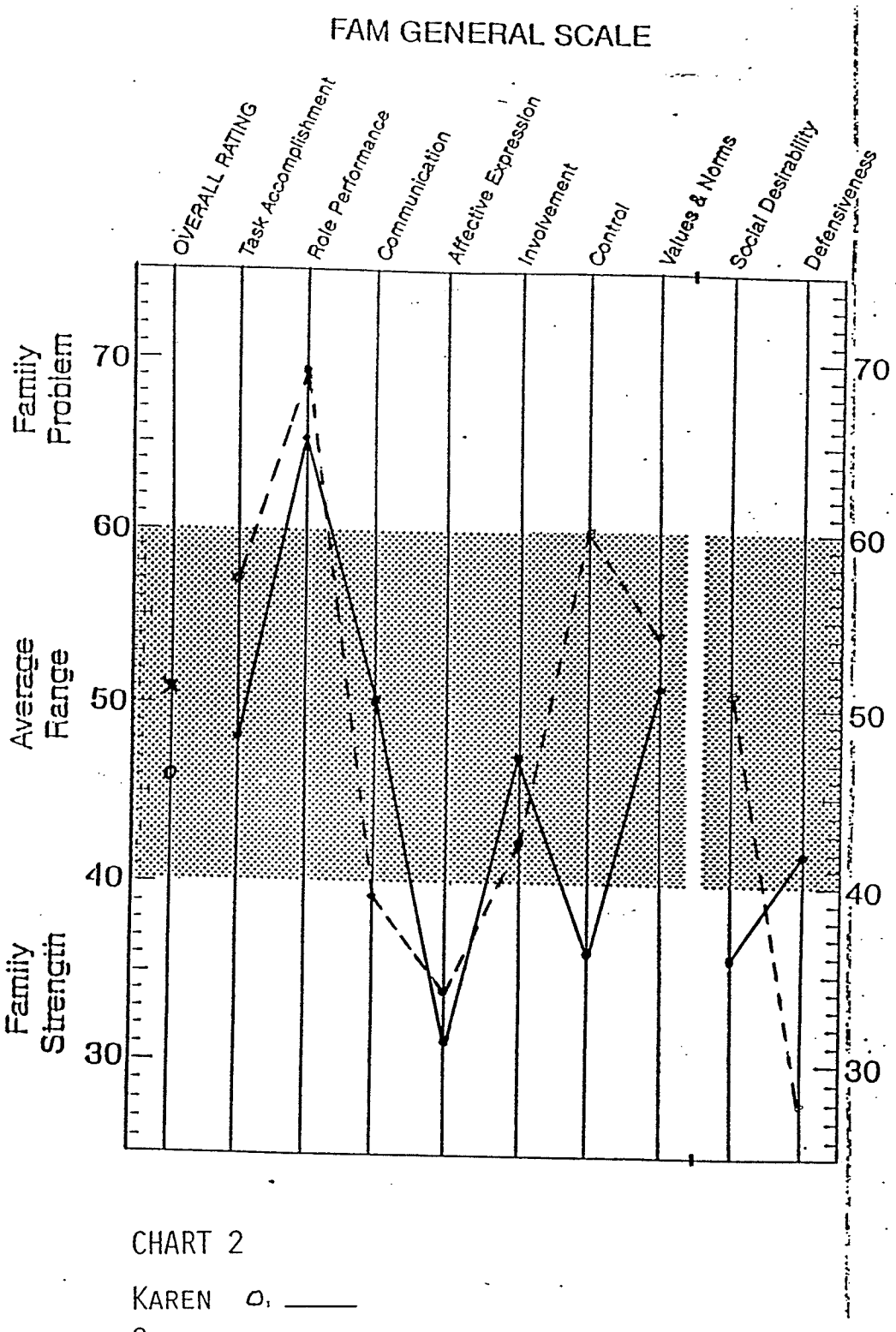

CHART 2

KAREN o, ——

SHAWN x, – – –

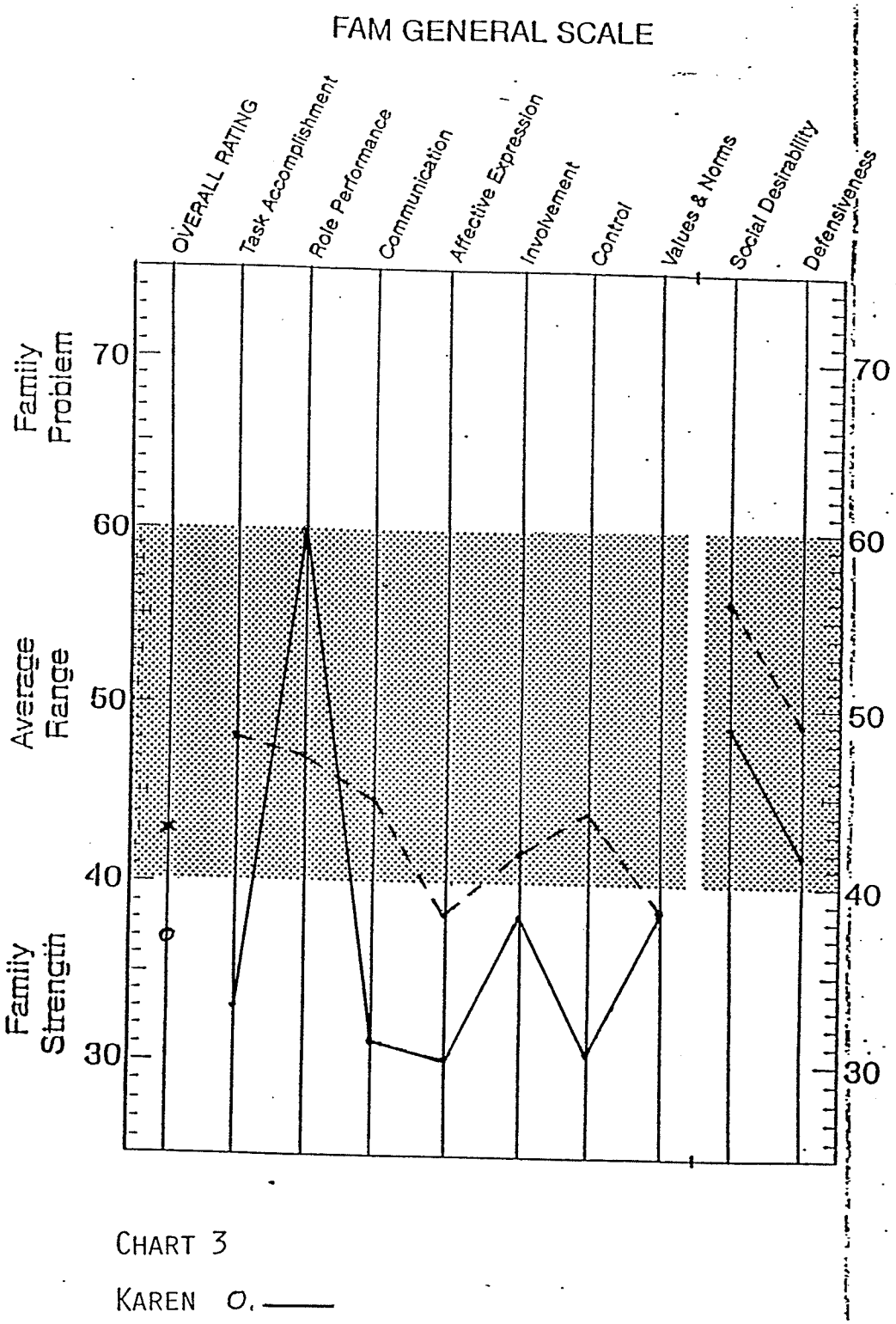

CHART 3

KAREN O. ——

SHAWN X. – – –

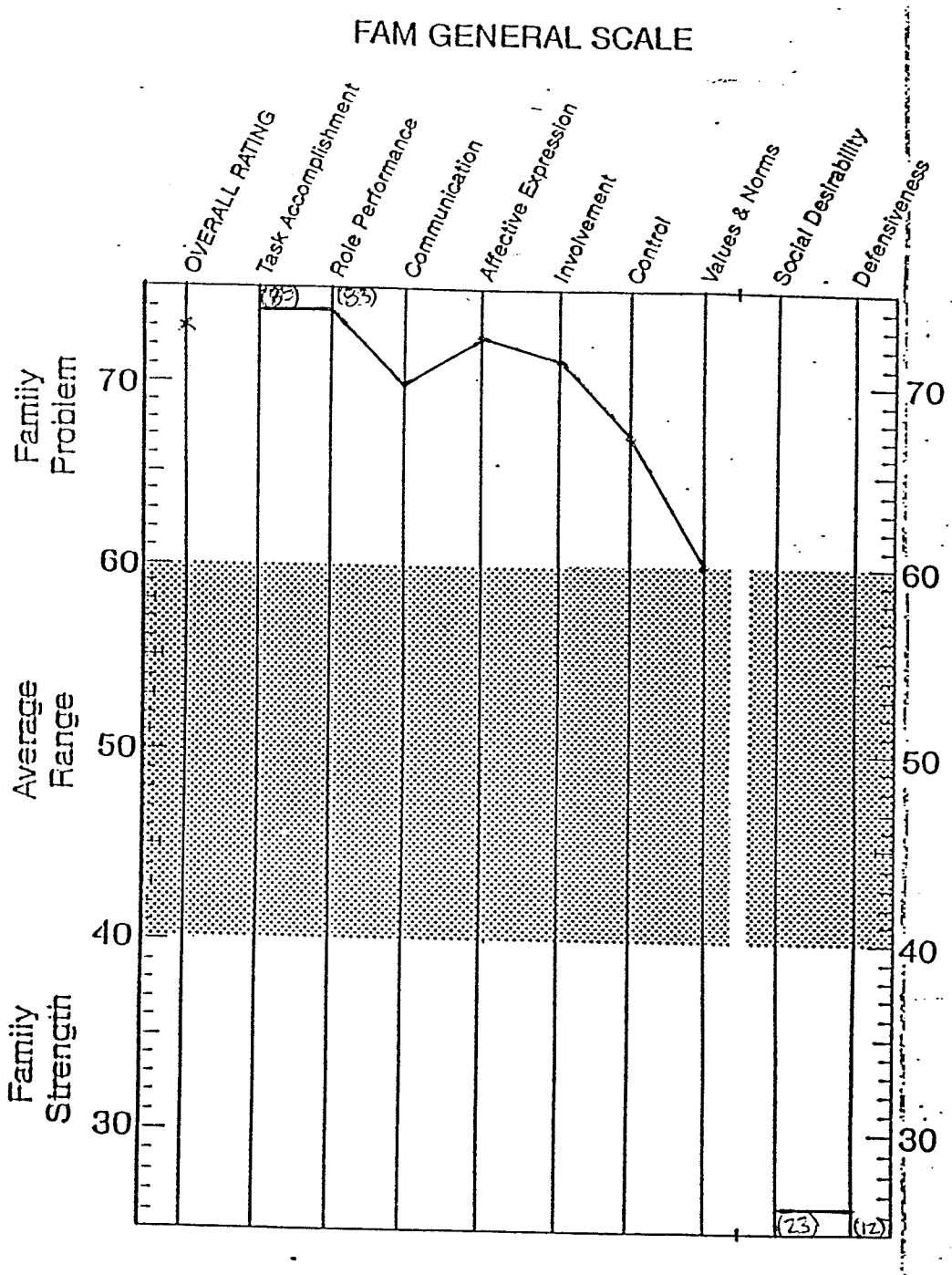

CHART 4 (ACTUAL SCORES IN BRACKETS)

SALLY

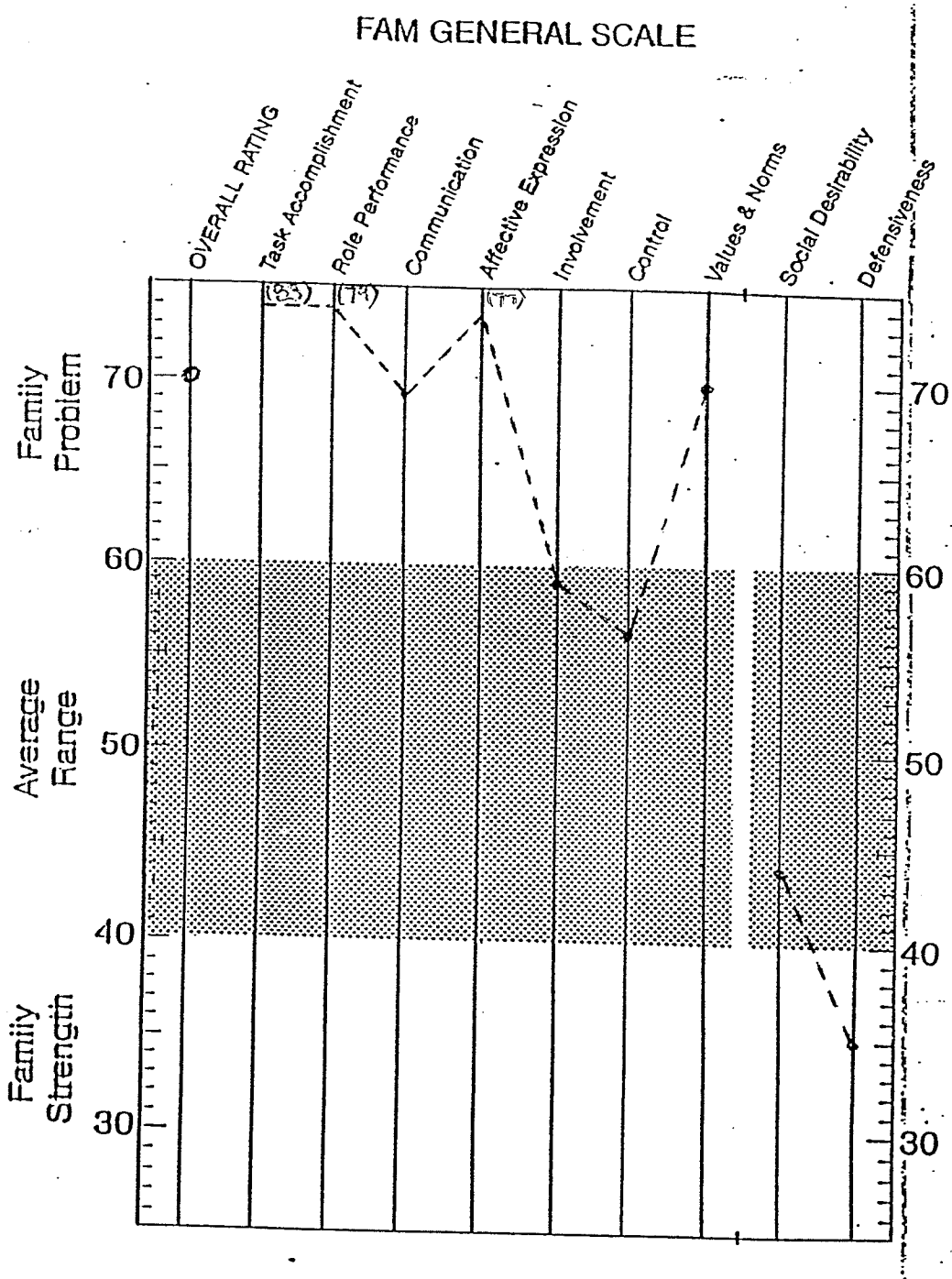

CHART 5 (ACTUAL SCORES IN BRACKETS)

HARRY

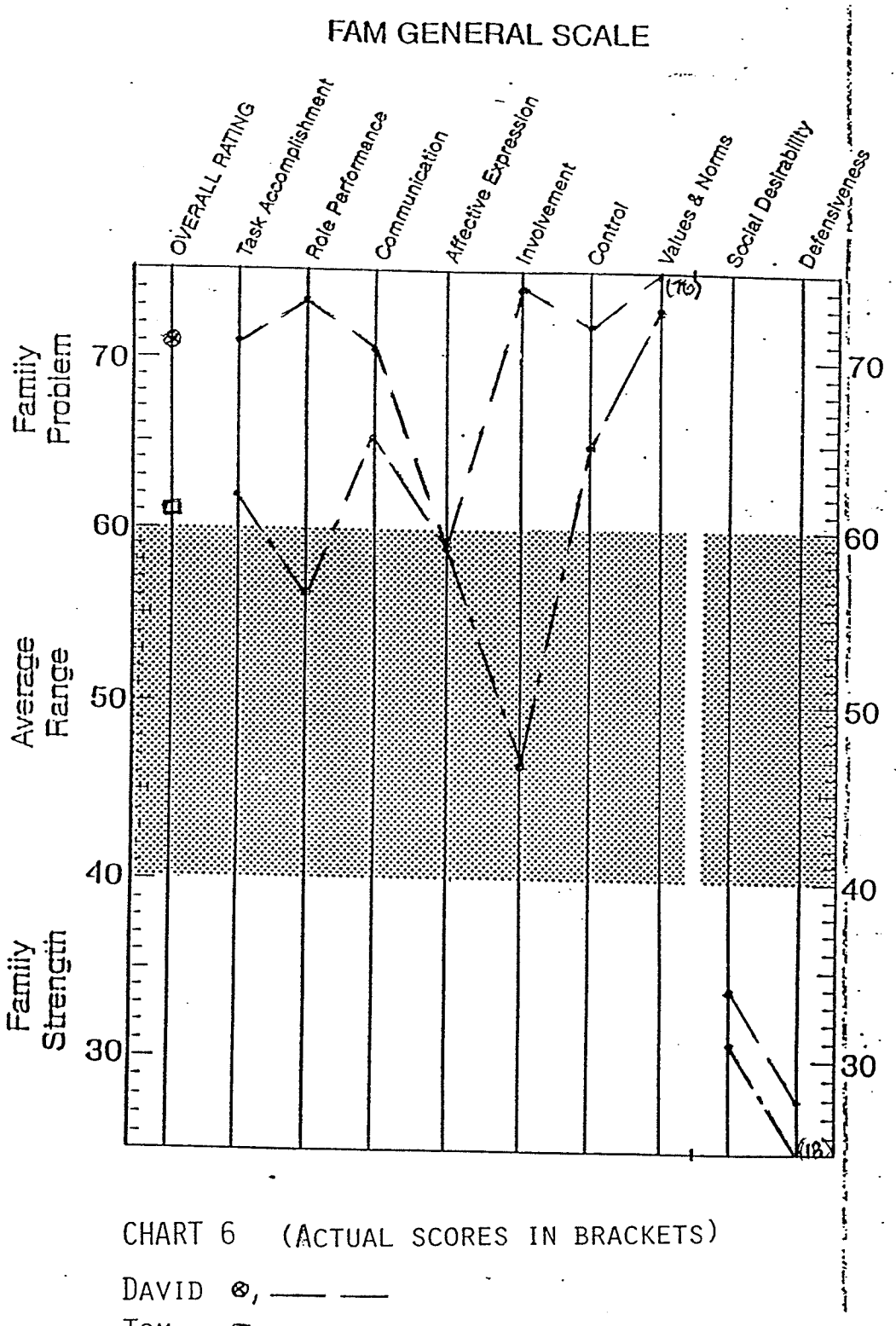

CHART 6 (ACTUAL SCORES IN BRACKETS)

DAVID ⊗, —— ——

TOM □, —— - ——

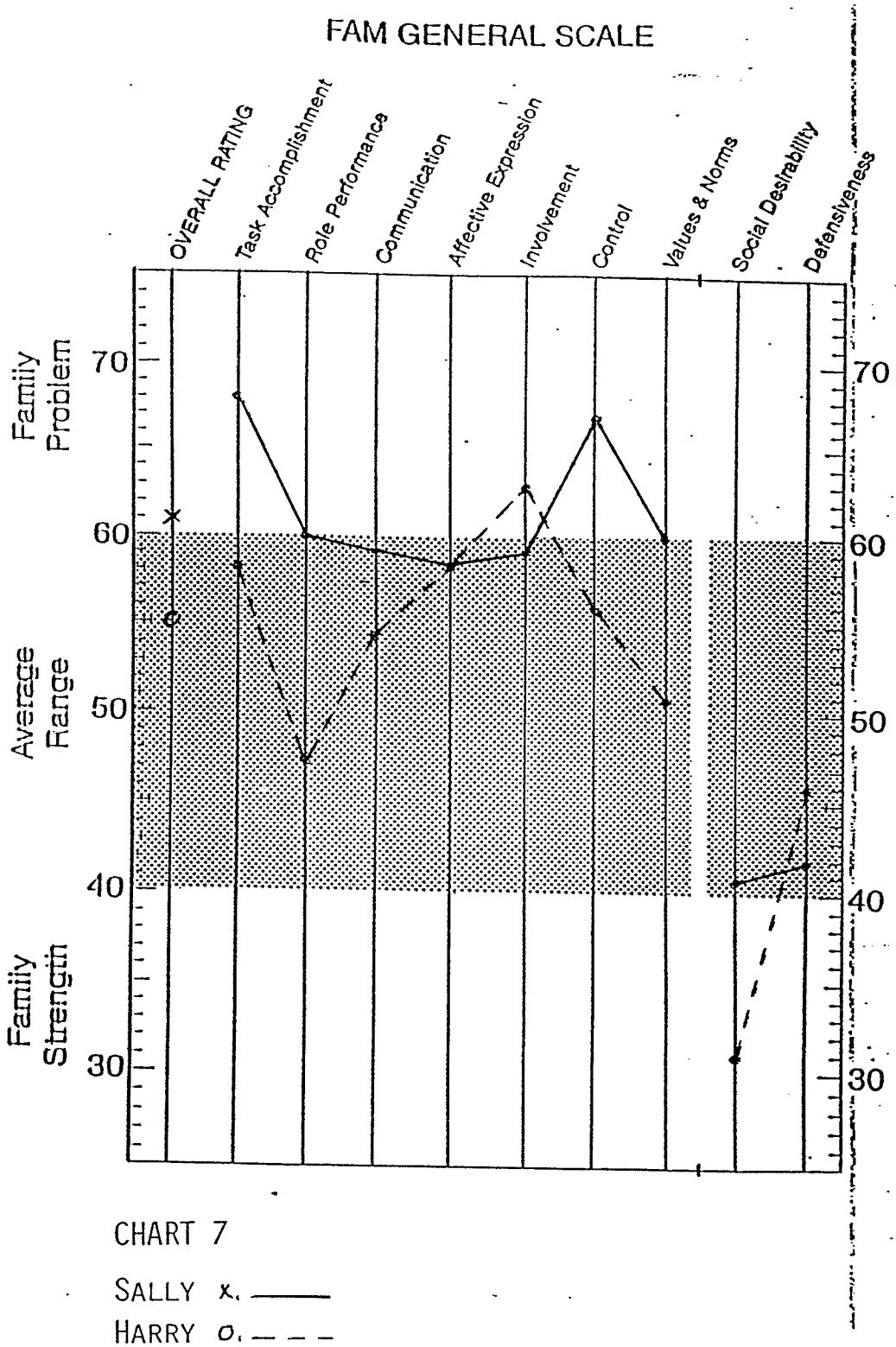

CHART 7

SALLY x. ——

HARRY o. — — —

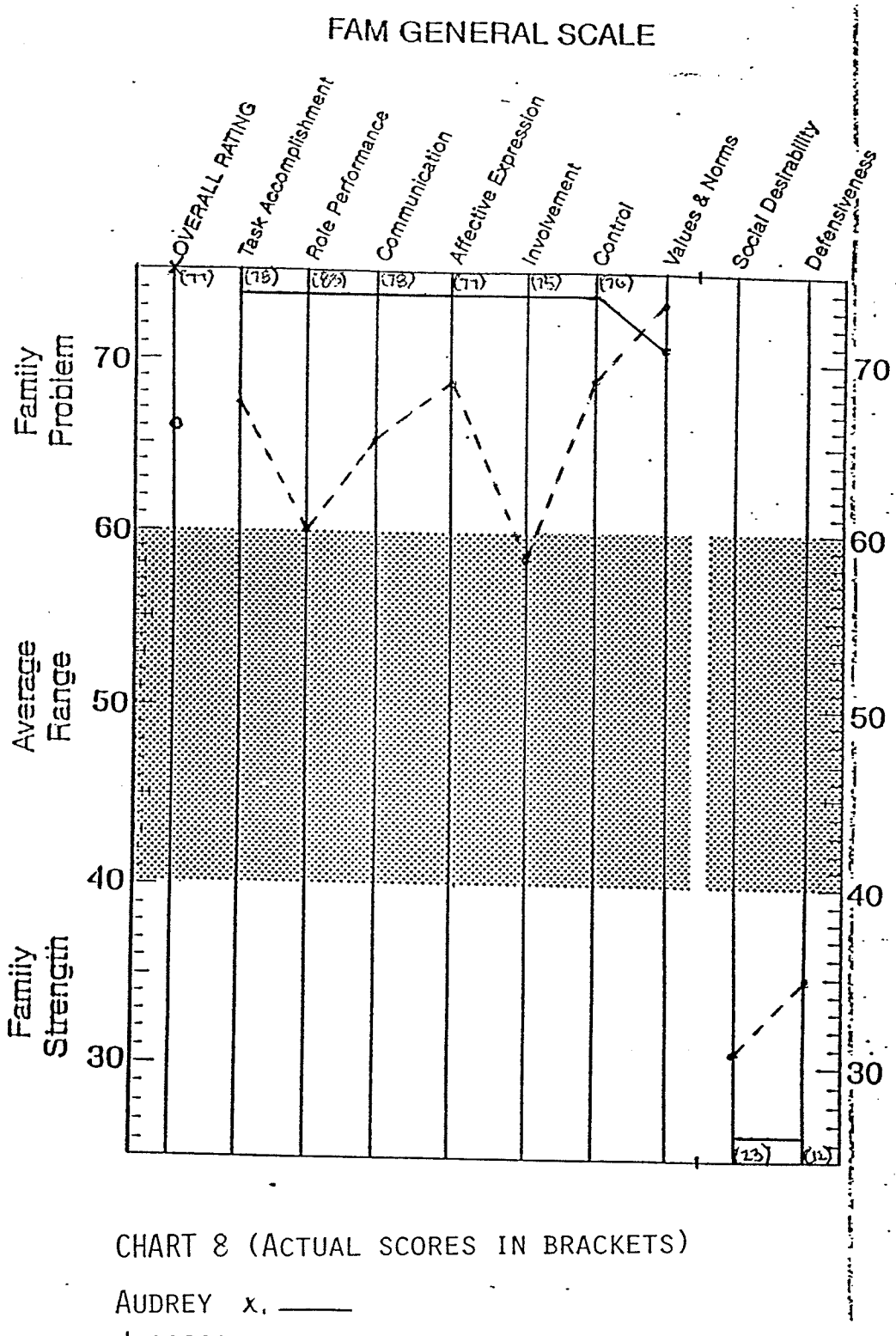

CHART 8 (ACTUAL SCORES IN BRACKETS)

AUDREY x, ——

JESSICA o, – – –

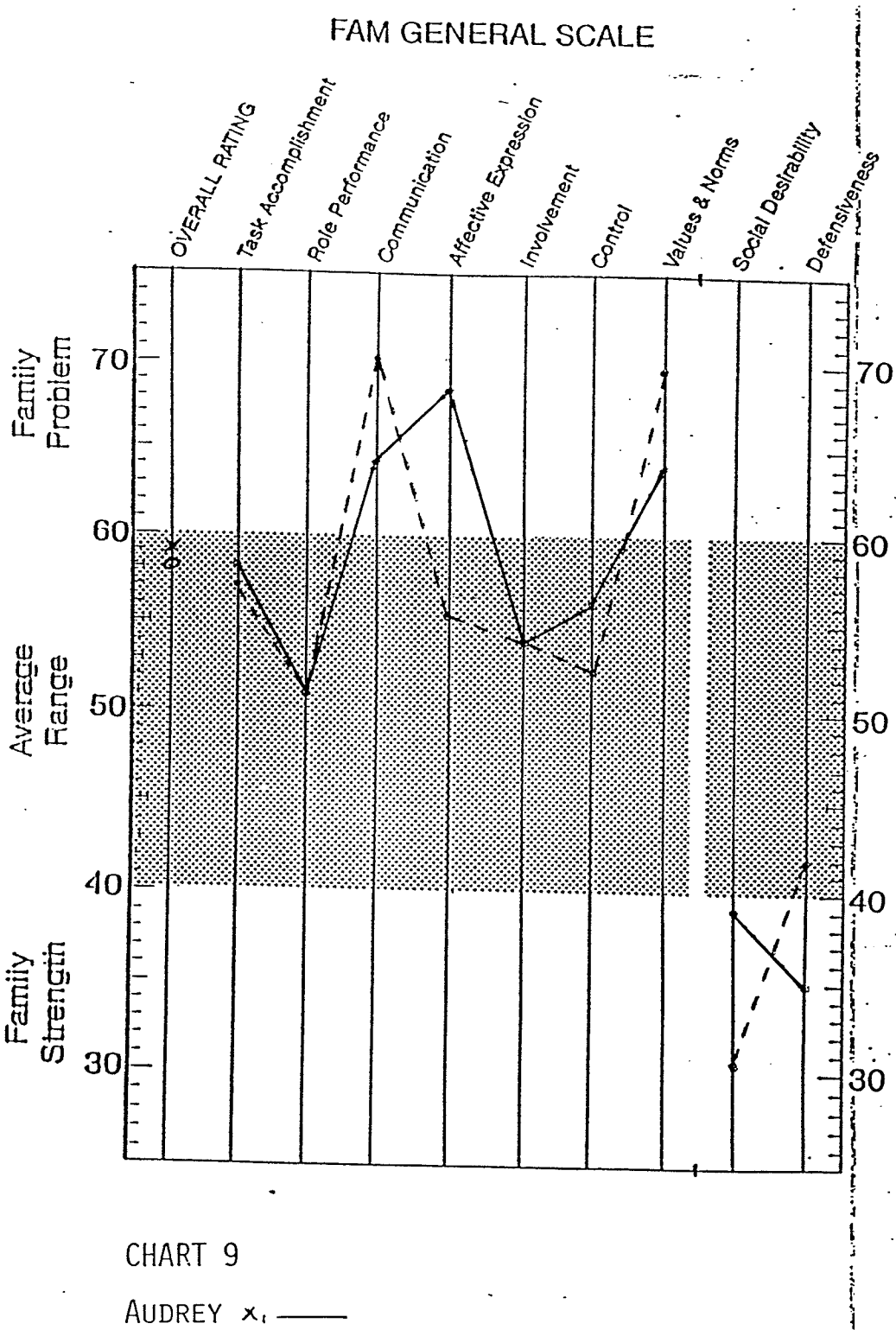

CHART 9

AUDREY x, ——

JESSICA o, – – –

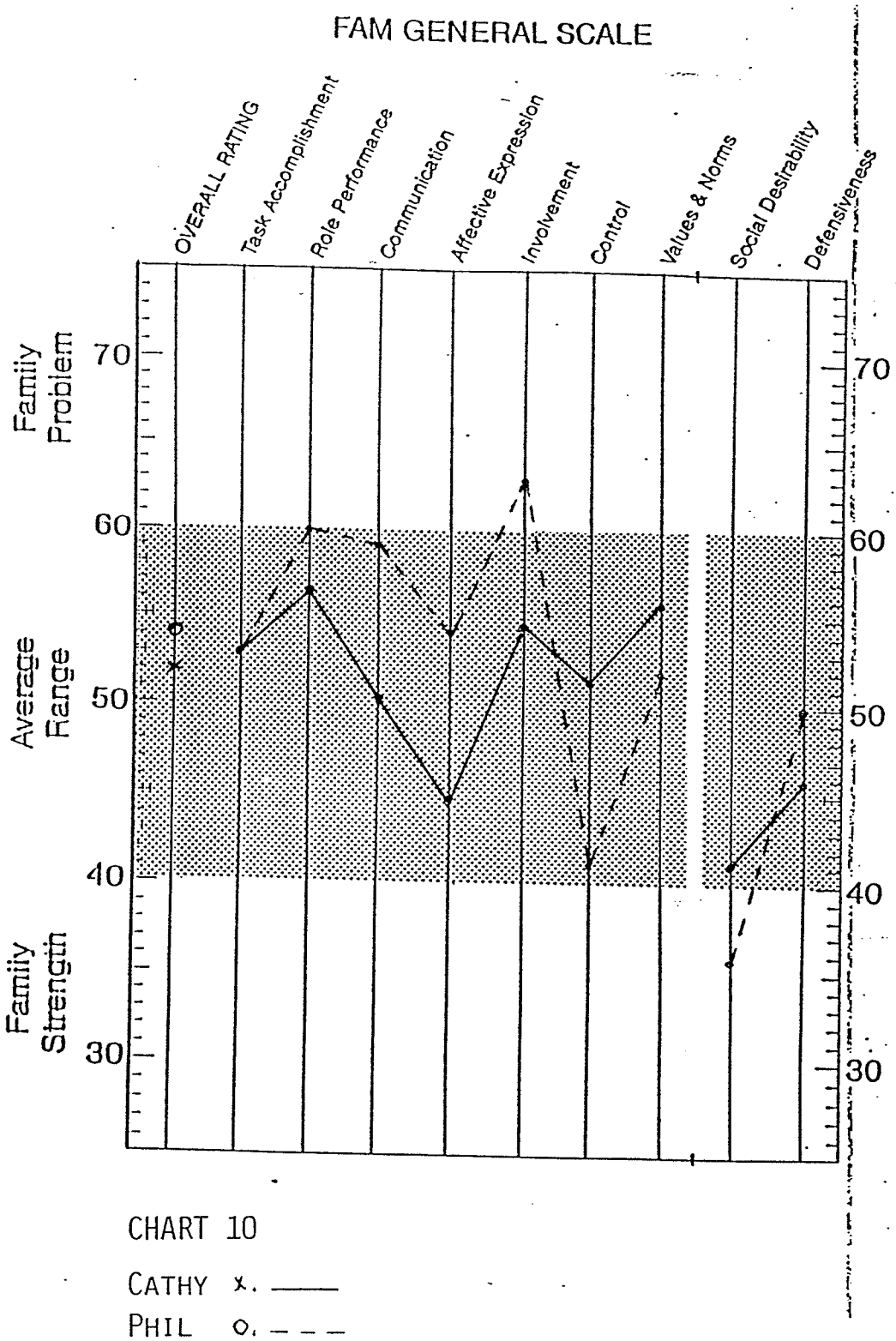

CHART 10

CATHY x. ——

PHIL o. – – –

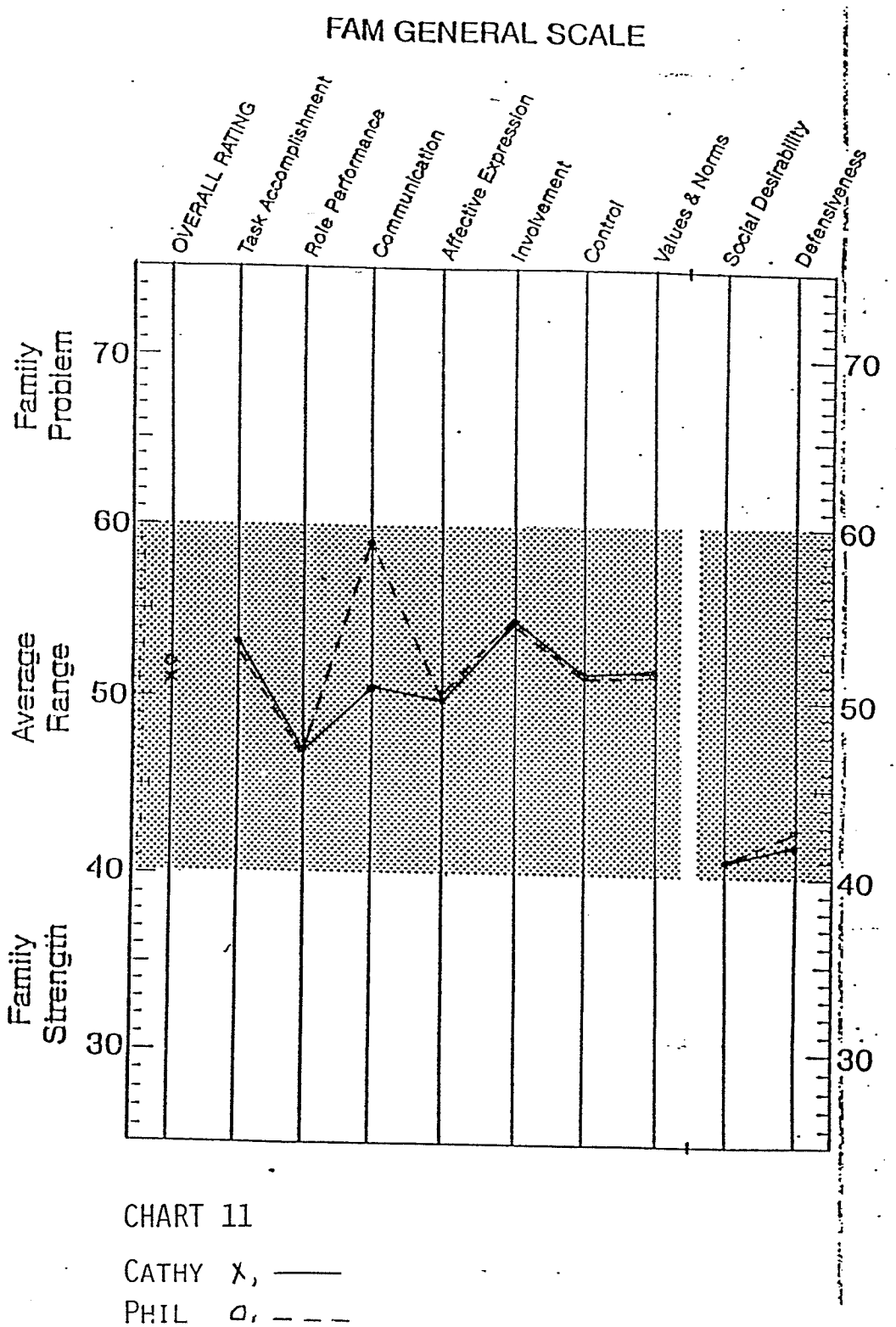

CHART 11

CATHY X, ——

PHIL o, - - -

Appendix E

Problem Checklists (Case Studies)

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
Showing good feelings (joy, happiness, pleasure, etc.)					X
Sharing feelings like anger, sadness, hurt, etc.					X
Sharing problems with the family				X	
Making sensible rules				X	
Being able to discuss what is right and wrong					X
Sharing of responsibilities	X				
Handling anger and frustration	X				
Dealing with matters concerning sex			X		
Proper use of alcohol, drugs		X			
Use of discipline		X			
Use of physical force			X		
The amount of independence you have in the family					X
Making contact with friends, relatives, church, etc.					X
Relationship between parents					N/A.
Relationship between children					N/A
Relationship between parents and children	X				
Time family members spend together				X	
Situation at work or school		X			
Family finances			X	X	
Housing Situation					X

Overall satisfaction with my family	X	X			

ke the last rating for yourself:

Feeling good about myself			X		

NAME: Karen 4 Oct '90

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfie
. Showing good feelings (joy, happiness, pleasure, etc.)				X	
. Sharing feelings like anger, sadness, hurt, etc.				X	
. Sharing problems with the family					X
. Making sensible rules			X		
. Being able to discuss what is right and wrong				X	
. Sharing of responsibilities		X			
. Handling anger and frustration					X
. Dealing with matters concerning sex					X
. Proper use of alcohol, drugs				X	
. Use of discipline					
. Use of physical force		X			
. The amount of independence you have in the family					X
. Making contact with friends, relatives, church, etc.				X	
. Relationship between parents	X				
5. Relationship between children					
6. Relationship between parents and children					X
7. Time family members spend together				X	
8. Situation at work or school				X	
9. Family finances					X
0. Housing Situation					X

1. Overall satisfaction with my family					X

Take the last rating for yourself:

22. Feeling good about myself					X

Shawn 4 Oct '90

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfie
1. Showing good feelings (joy, happiness, pleasure, etc.)					✓
2. Sharing feelings like anger, sadness, hurt, etc.					✓
3. Sharing problems with the family					✓
4. Making sensible rules				✓	
5. Being able to discuss what is right and wrong					✓
6. Sharing of responsibilities		✓			
7. Handling anger and frustration				✓	
8. Dealing with matters concerning sex					✓
9. Proper use of alcohol, drugs				✓	
10. Use of discipline				✓	
11. Use of physical force				✓	
12. The amount of independence you have in the family					✓
13. Making contact with friends, relatives, church, etc.				✓	
14. Relationship between parents					
15. Relationship between children					
16. Relationship between parents and children				✓	
17. Time family members spend together				✓	
18. Situation at work or school			✓		
19. Family finances			✓		
20. Housing Situation					✓

21. Overall satisfaction with my family				✓	

Make the last rating for yourself:

22. Feeling good about myself				✓	

Karen 4 April '91

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
. Showing good feelings (joy, happiness, pleasure, etc.)				✓	
. Sharing feelings like anger, sadness, hurt, etc.					✓
. Sharing problems with the family				✓	
. Making sensible rules					✓
. Being able to discuss what is right and wrong			✓		
. Sharing of responsibilities			✓		
. Handling anger and frustration				✓	
. Dealing with matters concerning sex				✓	
. Proper use of alcohol, drugs			✓		
. Use of discipline			✓		
. Use of physical force					✓
. The amount of independence you have in the family					
. Making contact with friends, relatives, church, etc.				✓	
. Relationship between parents					
. Relationship between children					
. Relationship between parents and children					✓
. Time family members spend together			✓		
. Situation at work or school			✓		
. Family finances				✓	
. Housing Situation					✓

1. Overall satisfaction with my family					✓

ake the last rating for yourself:

2. Feeling good about myself				✓	

NAME Shawn 4 April '91

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)					✓
2. Sharing feelings like anger, sadness, hurt, etc.			✓		
3. Sharing problems with the family				✓	
4. Making sensible rules				✓	
5. Being able to discuss what is right and wrong				✓	
6. Sharing of responsibilities				✓	
7. Handling anger and frustration					
8. Dealing with matters concerning sex				✓	
9. Proper use of alcohol, drugs				✓	
10. Use of discipline				✓	
11. Use of physical force					✓
12. The amount of independence you have in the family			✓		
13. Making contact with friends, relatives, church, etc.				✓	
14. Relationship between parents				✓	
15. Relationship between children		✓			
16. Relationship between parents and children			✓		
17. Time family members spend together			✓		
18. Situation at work or school			✓		
19. Family finances			✓		
20. Housing Situation				✓	

21. Overall satisfaction with my family			✓		

Make the last rating for yourself:

22. Feeling good about myself				✓	

NAME: Cathy 26 NOV '90

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			✓		
2. Sharing feelings like anger, sadness, hurt, etc.			✓		
3. Sharing problems with the family			✓		
4. Making sensible rules				✓	
5. Being able to discuss what is right and wrong				✓	
6. Sharing of responsibilities			✓		
7. Handling anger and frustration			✓		
8. Dealing with matters concerning sex				✓	
9. Proper use of alcohol, drugs					✓
10. Use of discipline				✓	
11. Use of physical force				✓	
12. The amount of independence you have in the family				✓	
13. Making contact with friends, relatives, church, etc.			✓		
14. Relationship between parents					
15. Relationship between children			✓		✓
16. Relationship between parents and children			✓	✓	
17. Time family members spend together				✓	
18. Situation at work or school			✓	✓	
19. Family finances				✓	
20. Housing Situation				✓	

21. Overall satisfaction with my family			✓	✓	

Make the last rating for yourself:

22. Feeling good about myself				✓	

NAME Phil 26 Nov '90

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)			✓		
2. Sharing feelings like anger, sadness, hurt, etc.			✓		
3. Sharing problems with the family			✓		
4. Making sensible rules			✓		
5. Being able to discuss what is right and wrong			✓		
6. Sharing of responsibilities			✓		
7. Handling anger and frustration			✓		
8. Dealing with matters concerning sex			✓		
9. Proper use of alcohol, drugs				✓	
10. Use of discipline			✓		
11. Use of physical force					✓
12. The amount of independence you have in the family					✓
13. Making contact with friends, relatives, church, etc.					✓
14. Relationship between parents				✓	
15. Relationship between children			✓		
16. Relationship between parents and children			✓		
17. Time family members spend together			✓		
18. Situation at work or school			✓		
19. Family finances					
20. Housing Situation					

21. Overall satisfaction with my family			✓		

Make the last rating for yourself:

22. Feeling good about myself				✓	

NAME: Vanessa 26 Nov '90

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

NO YES

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfied
1. Showing good feelings (joy, happiness, pleasure, etc.)	X				
2. Sharing feelings like anger, sadness, hurt, etc.	X				
3. Sharing problems with the family					✓
4. Making sensible rules					✓
5. Being able to discuss what is right and wrong					✓
6. Sharing of responsibilities					✓
7. Handling anger and frustration					✓
8. Dealing with matters concerning sex					✓
9. Proper use of alcohol, drugs					✓
10. Use of discipline			X		
11. Use of physical force	X				
12. The amount of independence you have in the family					✓
13. Making contact with friends, relatives, church, etc.					
14. Relationship between parents			X		
15. Relationship between children	X				
16. Relationship between parents and children	X				
17. Time family members spend together					✓
18. Situation at work or school			X		
19. Family finances					✓
20. Housing Situation					✓

21. Overall satisfaction with my family					✓

Make the last rating for yourself:

22. Feeling good about myself	X				

NAME: Peter 26 Nov '90

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfie
1. Showing good feelings (joy, happiness, pleasure, etc.)				✓	
2. Sharing feelings like anger, sadness, hurt, etc.					✓
3. Sharing problems with the family					✓
4. Making sensible rules				✓	
5. Being able to discuss what is right and wrong					
6. Sharing of responsibilities				✓	
7. Handling anger and frustration				✓	
8. Dealing with matters concerning sex				✓	
9. Proper use of alcohol, drugs				✓	
0. Use of discipline				✓	
1. Use of physical force					✓
2. The amount of independence you have in the family				✓	
3. Making contact with friends, relatives, church, etc.				✓	
4. Relationship between parents					✓
5. Relationship between children				✓	
6. Relationship between parents and children				✓	
7. Time family members spend together				✓	
8. Situation at work or school				✓	
9. Family finances			✓		
0. Housing Situation			✓		

1. Overall satisfaction with my family				✓	

ake the last rating for yourself:

2. Feeling good about myself				✓	

NAMI Cathy 13 March '91

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfie
. Showing good feelings (joy, happiness, pleasure, etc.)				✓	
. Sharing feelings like anger, sadness, hurt, etc.				✓	
. Sharing problems with the family				✓	
. Making sensible rules				✓	
. Being able to discuss what is right and wrong				✓	
. Sharing of responsibilities					✓
. Handling anger and frustration				✓	
. Dealing with matters concerning sex				✓	
. Proper use of alcohol, drugs				✓	✓
. Use of discipline					✓
. Use of physical force					✓
. The amount of independence you have in the family					✓
. Making contact with friends, relatives, church, etc.					✓
. Relationship between parents					✓
. Relationship between children				✓	
. Relationship between parents and children				✓	
. Time family members spend together			✓		
. Situation at work or school			✓		
. Family finances				✓	
. Housing Situation				✓	

1. Overall satisfaction with my family				✓	

ake the last rating for yourself:

2. Feeling good about myself				✓	

NAME Phil 13 March '91

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

	Very Dis-satisfied	Dis-satisfied	In Between	Satisfied	Very Satisfie
1. Showing good feelings (joy, happiness, pleasure, etc.)				✓	
2. Sharing feelings like anger, sadness, hurt, etc.				✓	
3. Sharing problems with the family			✓	✓	
4. Making sensible rules			✓	✓	
5. Being able to discuss what is right and wrong			✓	✓	
6. Sharing of responsibilities			✓	✓	
7. Handling anger and frustration				✓	
8. Dealing with matters concerning sex			✓	✓	
9. Proper use of alcohol, drugs			✓	✓	
0. Use of discipline			✓	✓	
1. Use of physical force					✓
2. The amount of independence you have in the family					✓
3. Making contact with friends, relatives, church, etc.					✓
4. Relationship between parents					✓
5. Relationship between children	✓				
6. Relationship between parents and children					✓
7. Time family members spend together					✓
8. Situation at work or school					✓
9. Family finances					✓
0. Housing Situation					✓
1. Overall satisfaction with my family			✓		

Take the last rating for yourself:

2. Feeling good about myself					✓

NAME Peter 13 march '91

Appendix F

Therapist Evaluation Forms[1]

[1]These forms are taken from Cantafio (see Cantafio, 1989).

THERAPIST EVALUATION FORM

Below is a list of questions concerning the counselling services which you received at Children's Home of Winnipeg. These questions provide information about what was helpful to you, what was not helpful, and what could be improved. Please circle the number which best describes your opinion about the services your counsellor provided. Thank you for taking the time to do this.

Very Dis-satisfied 1	Dis-satisfied 2	In between 3	Satisfied 4	Very Satisfied 5
Keeps to Appointments and time commitments	1	2	3	4	(5)
Communicates clearly	1	2	3	(4)	5
Demonstrates an understanding of our family	1	2	3	4	(5)
Demonstrates acceptance	1	2	3	4	(5)
Provides suggestions that are helpful	1	2	3	4	(5)
Demonstrates a sense of humor	1	2	3	4	(5)
Provides a relaxed atmosphere	1	2	3	4	(5)
Helps family to find own solutions	1	2	3	(4)	5
Provides information in a way that is not imposing	1	2	3	4	(5)
Demonstrates warmth	1	2	3	4	(5)
Helps family to see things differently or in a new way	1	2	3	4	(5)
Overall quality of service	1	2	3	4	(5)

Any Additional Comments (please use back of sheet if needed):

THERAPIST EVALUATION FORM

Below is a list of questions concerning the counselling services which you received at Children's Home of Winnipeg. These questions provide information about what was helpful to you, what was not helpful, and what could be improved. Please circle the number which best describes your opinion about the services your counsellor provided. Thank you for taking the time to do this.

Very Dis-satisfied 1	Dis-satisfied 2	In between 3	Satisfied 4	Very Satisfied 5
Keeps to Appointments and time commitments	1	2	3	4	(5)
Communicates clearly	1	2	3	4	(5)
Demonstrates an understanding of our family	1	2	3	(4)	5
Demonstrates acceptance	1	2	3	(4)	5
Provides suggestions that are helpful	1	2	3	4	(5)
Demonstrates a sense of humor	1	2	3	(4)	5
Provides a relaxed atmosphere	1	2	3	(4)	5
Helps family to find own solutions	1	2	3	(4)	5
Provides information in a way that is not imposing	1	2	3	(4)	5
Demonstrates warmth	1	2	3	(4)	5
Helps family to see things differently or in a new way	1	2	3	(4)	5
Overall quality of service	1	2	3	(4)	5

Any Additional Comments (please use back of sheet if needed):

THERAPIST EVALUATION FORM

Below is a list of questions concerning the counselling services which you received at Children's Home of Winnipeg. These questions provide information about what was helpful to you, what was not helpful, and what could be improved. Please circle the number which best describes your opinion about the services your counsellor provided. Thank you for taking the time to do this.

Very Dis-satisfied 1	Dis-satisfied 2	In between 3	Satisfied 4	Very Satisfied 5
Keeps to Appointments and time commitments	1	2	3	(4)	5
Communicates clearly	1	2	3	4	(5)
Demonstrates an understanding of our family	1	2	3	(4)	5
Demonstrates acceptance	1	2	3	4	(5)
Provides suggestions that are helpful	1	2	3	4	(5)
Demonstrates a sense of humor	1	2	3	4	(5)
Provides a relaxed atmosphere	1	2	(3)	4	5
Helps family to find own solutions	1	2	(3)	4	5
Provides information in a way that is not imposing	1	2	3	(4)	5
Demonstrates warmth	1	2	(3)	4	5
Helps family to see things differently or in a new way	1	2	3	(4)	5
Overall quality of service	1	2	3	(4)	5

Any Additional Comments (please use back of sheet if needed):

THERAPIST EVALUATION FORM

Below is a list of questions concerning the counselling services which you received at Children's Home of Winnipeg. These questions provide information about what was helpful to you, what was not helpful, and what could be improved. Please circle the number which best describes your opinion about the services your counsellor provided. Thank you for taking the time to do this.

Very Dis-satisfied 1	Dis-satisfied 2	In between 3	Satisfied 4	Very Satisfied 5
Keeps to Appointments and time commitments	1	2	3	4 (5)
Communicates clearly	1	2	3	4 (5)
Demonstrates an understanding of our family	1	2	3	4 (5)
Demonstrates acceptance	1	2	3	4 (5)
Provides suggestions that are helpful	1	2	3	4 (5)
Demonstrates a sense of humor	1	2	3	4 (5)
Provides a relaxed atmosphere	1	2	3	4 (5)
Helps family to find own solutions	1	2	3	4 (5)
Provides information in a way that is not imposing	1	2	3	4 (5)
Demonstrates warmth	1	2	3	4 (5)
Helps family to see things differently or in a new way	1	2	3	4 (5)
Overall quality of service	1	2	3	4 (5)

Any Additional Comments (please use back of sheet if needed):

THERAPIST EVALUATION FORM

Below is a list of questions concerning the counselling services which you received at Children's Home of Winnipeg. These questions provide information about what was helpful to you, what was not helpful, and what could be improved. Please circle the number which best describes your opinion about the services your counsellor provided. Thank you for taking the time to do this.

Very Dis-satisfied 1	Dis-satisfied 2	In between 3	Satisfied 4	Very Satisfied 5
Keeps to Appointments and time commitments	1	2	(3)	4	5
Communicates clearly	1	2	(3)	4	5
Demonstrates an understanding of our family	1	2	(3)	4	5
Demonstrates acceptance	1	2	(3)	4	5
Provides suggestions that are helpful	1	2	(3)	4	5
Demonstrates a sense of humor	1	2	(3)	4	5
Provides a relaxed atmosphere	1	2	(3)	4	5
Helps family to find own solutions	1	2	(3)	4	5
Provides information in a way that is not imposing	1	2	(3)	4	5
Demonstrates warmth	1	2	(3)	4	5
Helps family to see things differently or in a new way	1	2	(3)	4	5
Overall quality of service	1	2	(3)	4	5

Should Be all 4's Sorry!

Any Additional Comments (please use back of sheet if needed):