

**Structural and Strategic  
Family Therapy  
with Families in the Adolescent Stage  
of the Family Life Cycle**

**A Practicum Report**

**by**

**Yvonne McLeod**

**Submitted to the Faculty of Graduate Studies  
in Partial Fulfillment of the Requirements  
for the Degree  
Master of Social Work**

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WITH FAMILIES IN THE ADOLESCENT STAGE  
OF THE FAMILY LIFE CYCLE

BY

YVONNE MCLEOD

A practicum submitted to the Faculty of Graduate Studies  
of the University of Manitoba in partial fulfillment of the  
requirements of the degree of

MASTER OF SOCIAL WORK

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## INTRODUCTION

During my clinical experience as a Crisis Worker where the focus was directed toward assessment and referral, I became acutely aware of the problems families experience during the adolescent stage of the family life cycle. Many of these families identified the adolescent as the problem, and the adolescent in turn blamed his/her parents for the problems s/he was experiencing. Many of these families were referred for family counselling, and during the process of referral I pondered how and what changes might occur within the interactions of the family members. These questions were not answered because cases were closed at the time of referral.

As a result of my interest in working with families where the adolescent is the identified patient, I requested a practicum placement in the Family Therapy Department at Children's Home of Winnipeg. Techniques from the structural approach to family therapy are applied at this agency, and as I carefully studied Minuchin's works prior to my clinical experience, I was able to relate concepts of boundaries, subsystems and hierarchies to my traditional upbringing. I also reminisced about my own adolescence in my family of origin and the awakening I experienced as my daughters

began to "bloom" in their own ways. However my greatest learning took place as a result of the gifts I received by working with nine families at Children's Home of Winnipeg.

The learning objectives of this practicum were to develop and demonstrate conceptual, perceptual and executive skills in working with families in the adolescent stage of the family life cycle.

#### Outline of the Practicum Report

**CHAPTER I, LITERATURE REVIEW** examines the literature which is oriented towards working with families. This literature is like a collage where a multitude of concepts, diverse yet related, are presented. After studying the intricacies of this configuration it becomes evident that some boundaries meld to form the complete picture while each piece retains its uniqueness. To attempt to remove the glue from each piece to identify its uniqueness, and then replace the pieces is beyond the scope of this report. Instead, the focus will be directed toward two models, the strategic and structural models of family therapy. This chapter concludes with a review of the literature on

adolescence and the adolescent stage of the family life cycle.

**CHAPTER II, THE PRACTICUM EXPERIENCE,** describes the setting and the objectives, services provided, referral process and goals of the Family Therapy Program. This is followed by a thumbnail sketch of the families who presented to Children's Home of Winnipeg and enabled me to meet my learning objectives as specified in my learning contract. The supervision contract and supervision process are then explained and this chapter concludes with a discussion of the evaluation of practice which is complemented by consumer feedback.

**CHAPTER III, CASE DESCRIPTIONS,** examines in detail my work with three families and the learning that occurred in the process. This is followed by a description of very brief therapy with two families. This chapter closes with an overview of therapy with four other families.

**CHAPTER IV, SYNTHESIS AND CONCLUSIONS,** reflects on my learning experiences and the growth of my "personhood", both personally and professionally.



CHAPTER I  
LITERATURE REVIEW

Historical Perspective

"The Social Work Profession and the family have traveled (sic) a long distance together, sometimes in close companionship and sometimes on divergent paths, only to meet once again on the same road." (Hartman and Laird, 1983, p. vii).

Historically, social work practice recognized the interactions between people and their social environment, but it was not until 1922 that Mary Richmond defined casework as "'those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment'." (Hartman and Laird, 1983, p. 5). The interaction and process of adaptation between individuals and their environment is the focus of current family-centered practice.

Although practitioners "worked with families" their focus was directed towards helping the individual. Hartman and Laird (1983) suggest the practice of social work was influenced by the impact of the psychoanalytic approach and the view that the problem would be resolved

through treatment of the psychopathology of the individual. They further suggest "limitations in the knowledge and theory base that supported social casework practice made the integration of a family focus with the new psychological emphasis difficult." (Hartman and Laird, 1983, p. 12).

Thinking in terms of the individual continued into the 1950's. At that time the two most influential approaches to psychotherapy were Freud's psychoanalytically-oriented approach and Rogers' client-centered therapy. Nichols (1984) states that these approaches were based on the premise that psychological problems were a result of the destructive influences of the family. Therefore, families were excluded from therapy in order to "liberate" the patients. However, once the patients changed in individual therapy and returned to their social milieu, many became symptomatic again. In addition, clinicians who worked in medical settings observed, and later documented that when schizophrenic patients improved, other family members frequently developed problems. Haley (1971) suggests it was "concern over this kind of change (that) forced the therapist to think of the social functioning of psychopathology." (p. 3). Clearly, a framework to

understand the transactions between the individual and family dysfunction was needed, as imposing concepts from the reductionist, individually oriented theory was no longer appropriate.

In the early 1950's many therapists and researchers began to think in terms of the family and improvement of the family system. For a decade many of these pioneers worked independently, unaware that other therapists had also shifted their focus. From the early work of three pioneers, Bateson, Bowen, and Ackerman, concepts have been extrapolated which provide the theoretical underpinnings for the strategic and structural models of family therapy.

On the West Coast of the U.S.A., Gregory Bateson, an anthropologist and philosopher studied the social systems of animals and was intrigued by the behavior of otters when contradictory messages were communicated. He also proposed that communication between humans occurred at different levels and the messages often conflicted in paradoxical ways. When Bateson received a grant to pursue the study of paradoxes in human communication, he assembled a team which included John Weakland, William Fry, and Jay Haley. Shortly thereafter Haley met Milton Erickson, an eminent hypnotherapist and incorporated

Erickson's methods which "provided the foundation of the paradoxical approach to family therapy which became the trademark of the Palo Alto branch of the movement." (Broderick and Schrader, 1981, p. 24). In 1954, Don Jackson, a psychiatrist whose ideas about the family's homeostatic mechanisms meshed with Bateson's interest in General Systems Theory, joined the group. Two years later this team "introduced the concept of double-bind as the crucial familial determinant of schizophrenia in children" (Broderick and Schrader, 1981, p. 25) which Madanes (1981) states "influenced many therapists to begin to think from a communication point of view." (p. 15). This approach suggests that relationships are defined by the interchange of messages and that homeostatic processes in the form of actions stabilize these relationships within the family. It is important to note that the group later amended this proposition and stated that double-binding must be viewed interactionally.

Bodin (1981) also states that the double-bind theory advanced by Bateson, Jackson, Haley, and Weakland links family therapy to communication and systems theory. (p. 280). This theory postulates that the double-bind occurs when an individual (the "victim") is ordered not

to behave in a particular manner or s/he will be punished, and this message is reinforced by nonverbal communication (tone of voice, gesture or posture). Furthermore, the "victim" is instructed not to see this consequence as punishment or the individual as a punishing agent. When this pattern of interaction is repeated (the "victim" is caught between two orders, one which denies the other) in an intense relationship, such as in a family, the "victim" is "bound".

Another important contribution of this group was Jackson's (1959) seminal paper on conjoint family therapy which argued this therapy was more effective than therapy with individuals. As Jackson became more focused on family therapy, he opened the Mental Research Institute (MRI) where he was joined by Virginia Satir, Haley, and Weakland. Concepts from communication theory, which emerged from the Bateson project, have been integrated into several models of family therapy.

As the Bateson Project was beginning, Murray Bowen was working with families at the Menninger Clinic in Topeka, Kansas. His early work focused on the symbiosis of schizophrenic children and their mothers. This led to further research at the National Institute of Mental Health (NIMH) where the treatment of schizophrenic

patients and their families was based on family systems theory. Today Bowen is most closely identified with the intergenerational approach and "his working field is a three-to-four-generational view of the family." (Guerin, 1976, p. 21). The central concept in Bowen's theory is the "undifferentiated ego mass" (Bowen, 1971, p. 171), which is the emotional closeness that exists in all levels of intensity and shifts about depending upon the degree of emotional involvement within the nuclear family. In addition to this concept, Bowen introduced the concepts of triangulation, marital fusion and reciprocity which have been integrated into the strategic and structural models of family therapy.

In the meantime, Nathan Ackerman had become the dominant figure in family psychiatry in New York. Ackerman had studied the mental health and economic problems of the families of unemployed miners in Pennsylvania in the 1930's. Later in his private practice Ackerman experimented by interviewing the family of a "difficult" child. This led to his belief that the family was the unit of diagnosis and treatment. Ackerman opened the Family Mental Health Clinic at Jewish Family Services in 1957. Of particular significance is that while Ackerman was at Jewish Family Services he provided

"major leadership in developing family unit treatment within the social work profession." (Hartman and Laird, 1983, p. 18).

These pioneers, among others in the family therapy movement, gradually began to network and exchange ideas about their work with families. In 1961 Ackerman and Jackson founded the "most influential and unifying journal in the field, Family Process." (Broderick and Schrader, 1981, p. 20).

The timing of the growth of the family therapy movement is not coincidental in light of the context of the broad movement toward "social thinking" in the 1960's. In addition, other social sciences became more social in that decade. For example, the "field theory" postulated in 1951 by Kurt Lewin, a social scientist who studied the dynamics of social groups, described the interactions between individuals and their environment and developed the idea that "the group or a whole is different from and more than the sum of its parts." (Nichols, 1984, p. 9). This concept has been integrated into the thinking about families where families are seen as more than a collection of individuals. Instead, these individuals are interdependent and they interact within a bounded system within the ecosystem. What emerges from

this interaction and interdependence is a unique and more complex system. Similarly, Lewin's concept of "quasi-stationary social equilibrium" has been incorporated into the development of theory for family therapy to explain how the function of symptomatic behavior and the patterns of response to this behavior help to balance or maintain equilibrium in the system. Further, this notion of feedback to regulate the system introduces the idea that when the behavior of the individual is seen in the context of the family, problems could no longer be viewed in linear terms but as a repeating circular pattern.

Other themes explored through the study of the dynamics of small groups include the distinction between process and content, where the focus is on interaction, the influence of roles on behavior, and communication patterns. John Elderkin Bell, another pioneer of the family therapy movement, based his early practice of therapy on the group therapy model. While parallels can be drawn between groups and families and some basic assumptions of the group therapy model can be extrapolated to family therapy, groups and families



differ. Nichols (1984) states,

Therapy groups are comprised of separate individuals with no past or future outside the group. Families, on the other hand, consist of intimates who share the same myths, defenses and points of view. Moreover, family members are not peers who can relate democratically as equals; generational differences create hierarchial structures which cannot be ignored. For these reasons, most family therapists abandoned the group therapy model replacing it with a variety of systems models. (p. 70).

Systems theory provided the foundation for family therapy because this model deals with "interacting elements responding to one another in a self-corrective way, which is the way family members seemed to behave." (Haley, 1971, p. 5). Concepts from these frameworks emerge in a number of models of family therapy. The focus is now directed toward two of these models, the strategic and structural models of family therapy.

### Strategic Family Therapy

The strategic family therapy model is predicated on the communications model that is closely tied to cybernetics and systems theory. Currently there are several variations of strategic family therapy. From Haley's (1986) perspective, "Therapy can be called strategic if the clinician initiates what happens during therapy and designs a particular approach for each problem." (p. 17).

Strategic family therapists focus on the presenting problem which Haley defines as a "type of behavior that is part of a sequence of acts between several people." (Madanes, 1981, p. 20). The assumption is that "a problem in a child or a symptom in an adult is a way that one person communicates with another." (p. 21) and the symptom is often a metaphor of the interaction. The goals are to change this pattern of behavior and resolve the problem by introducing alternate ways of thinking, feeling and behaving. Intervention is focused on the sources of strength in the family and the social network as necessary. There is also an assumption that hierarchy is important and Haley (1980) argues a basic therapeutic task is to "understand the systematic behavior that creates a malfunctioning hierarchy and (to

plan) ways to shift that hierarchy." (p. 274). Issues of power and responsibility are introduced through interventions which are planned to engage some family members more closely or disengage others. Haley (1980) describes the classical triangle which involves a problem young person where "a parent crosses a generation line and sides with the child against the other parent." (p. 81). This concept will be explained in detail in the discussion of structural family therapy. The therapist's strategy then is to unite the parents and to establish a hierarchy where the parents have more power than the children. Directives are implemented and these may take the form of an ordeal or they may be straightforward or paradoxical. Madanes (1981) explains, "Communication is paradoxical when it involves two messages that qualify each other in conflicting ways...They are paradoxical because if the receiver of the message complies with the request he is not complying with the request." (p. 7). Haley (1980) clarifies this further by suggesting, "There is almost always an extreme reaction to a paradoxical intervention". (p. 245). This is discussed in his work Leaving Home where he describes the paradox which occurs in the family where the dilemma is to help an adolescent become an autonomous individual while retaining his

membership in the family unit. This work of Haley's also demonstrates the structural approach which grew out of the Bateson Project, his work with chaotic families of schizophrenics, and his association with Minuchin, who developed the structural approach model of family therapy. The focus is now directed towards Minuchin's work.

### Structural Family Therapy

As a result of Salvador Minuchin's work with multiproblem poor families at the Wiltwyck School for delinquent boys, techniques and concepts emerged which provide the theoretical underpinnings of the structural family therapy model. Basic to this model are the constructs of structure, subsystems and boundaries which are grounded in systems theory. Further, Minuchin and Fishman (1981) describe the family as a living system in the process of continuous change as it exchanges information and energy with the outside.

Family structure is made up of the transactions which have evolved over time and which "govern the functioning of family members, delineating their range of behavior and facilitating their interaction." (Minuchin and Fishman, 1981, p. 11). Nichols (1984) elucidates that this abstract concept describes the sequences of behavior and when repeated, enduring patterns are established that are predictable. Family structure is established by a set of covert and overt rules about how, when and to whom family members relate, and "changing any of them may or may not affect the underlying structure, but altering the basic structure will have a ripple

effect on all family transactions." (Nichols, 1984, p. 472). Within the family organization is a "power hierarchy in which parents and children have different levels of authority. There must also be a complementarity of functions with the husband and wife accepting interdependency and operating as a team." (Minuchin, 1974, p. 52).

A feature of the family organization is differentiating subsystems. These subsystems, determined by generation, gender or common interest may consist of an individual, a dyad or a group of members. The spousal subsystem is formed when two adults of the opposite sex join to form a family and "the main skills required for the implementation of its tasks are complementarity and mutual accommodation." (Minuchin, 1974, p. 56). This subsystem must achieve a boundary which allows differentiation and protects it from the demands of other systems. When the first child is born, a new subsystem, the parental subsystem, is formed. The boundary around this new subsystem must allow the child access to both parents while excluding him from the spousal subsystem. Similarly, the boundary of the sibling subsystem should protect the children from adult interference. This

boundary is most vulnerable to stress and subject to change during developmental transitions.

The boundaries which distinguish subsystems are the rules which protect the differentiation of the individual, the subsystem and the family. Minuchin (1974) asserts, "For proper family functioning the boundaries of the subsystems must be clear" (p. 54), which is achieved when the boundaries are permeable enough to allow exchange with the outside but clear enough to separate this subsystem from its surroundings to "allow the subsystem members to carry out their functions without undue interference." (p. 54). Interpersonal boundaries varying from being rigid to diffuse can be placed on a continuum. At one end, the overly rigid boundaries are opaque and impermeable, the ties between members are weak or nonexistent and there is little contact with outside systems or subsystems resulting in isolation of the subsystem. Minuchin calls this disengagement. At the other end of the continuum the boundaries are diffuse, members are overinvolved within the subsystem and independence and autonomy are threatened. Hartman and Laird (1983) elaborate, "Family members feel each others' feelings as if their own and intrude into each others' space, possessions, thoughts

and relationships". (p. 83). Any change in any subsystem is felt throughout the entire system and Minuchin calls this enmeshment. The need for individuals to feel separateness and connectedness is violated at both ends of the continuum.

Problems arise in families when the boundary between the parental subsystem and the child subsystem becomes diffuse and the boundary around the parents-child triad becomes inappropriately rigid when it should be diffuse. "This type of structure is called a rigid triad", (Minuchin, 1974, p. 102), and may appear in families where individuals demonstrate behavior problems. One type of rigid triad is the stable coalition where one parent joins a child against the other parent. Another form of the rigid triad is triangulation where each parent demands the child side with him which virtually paralyzes the child. Spouses also project conflict in their subsystem by detouring their conflict into the child subsystem. In this instance, when the parents argue and a child intervenes, the child becomes the object of the attack, or an individual to be protected. Either way, the parents avoid resolution of their problems in the spousal subsystem.



Rigid triads may also develop in single parent families when a child moves into the executive subsystem and parental power is allocated to a child. Conflict in the subsystem may also be detoured into the child subsystem or directed toward peers of the parent or child. Similarly, others may be drawn into a coalition or triangulated.

In either case, structuralists use the triad as the basis for intervention. The goal is to restructure the organization of the subsystems and establish clear generational boundaries.

The focus of structural family therapy is to alter the basic structure, organization and interactions of the family by challenging the symptom, challenging the family structure and challenging the family reality. The therapist must first join with the family. This process of joining is described as "letting the family know the therapist understands them and is working with and for them." (Minuchin and Fishman, 1981, p. 31). In this initial stage of intervention the therapist tracks the process of the interactions and ties process to content. The goal is enhanced family functioning and the unit of intervention is always the "holon". This is a term Arthur Koestler coined to describe "both a whole and a

part, not more one than the other, not one rejecting or conflicting with the other." (Minuchin and Fishman, 1981, p. 13).

Structural family therapists challenge the symptom (that is, the presenting problem), which the family often identify as an individual's problem, by reframing the family's perception of the problem, "pushing its members to search for alternative behavioral, cognitive and affective responses." (Minuchin and Fishman, 1981, p. 68). Reframing means, "to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the facts of the same concrete situation equally well or even better, and thereby changes its entire meaning." (Watzlawick, Weakland and Fisch, 1974, p. 95). This redefinition provides a new perspective on the problem and alternatives to be explored.

Techniques of enactment, focusing and intensity are used by the therapist to understand and then challenge the symptom in the context of the family. Using the technique of enactment the therapist stimulates the family to interact with each other by suggesting the "family dance in his presence." (Minuchin and Fishman, 1981, p. 79). During therapy, verbal and nonverbal

communication is observed in the process of "the dance", then particular transactions are highlighted and alternate ways of interacting are suggested by the therapist. The therapist also focuses on boundaries in order to facilitate change and move the family towards the therapeutic goal. Families are usually very aware of their weaknesses and the therapist needs to reframe the problem by referring to the strengths of the family. Intensity describes how the therapist discusses the dysfunctional transactions. The message may have to be repeated or clarified through examples or metaphors, or if the problem is one of structural dysfunction, the members may be instructed to literally move in or out of the circle.

The therapist also challenges the family structure. Areas of dysfunction frequently involve disengaged or enmeshed subsystems and the techniques used are boundary making to increase proximity or distance between subsystems, unbalancing and teaching complementarity. Boundary making techniques can be directed toward the quality and quantity of interaction between family members. For example, if a subsystem appears enmeshed, the therapist will use interventions to create other subsystems to separate them. Another technique Minuchin

and Fishman (1981) describe is the use of paradoxical interventions in which the therapist suggests an increase in the closeness of the overinvolved subsystem. "The aim of this is to increase conflict which will be followed by an increase in distance." (Minuchin and Fishman, 1981, p. 155). In unbalancing, the therapist's goal is to alter the hierarchial relationship of the members of a subsystem. This unbalancing may create changes and new realities and transactions for the family members. "Any change in the family structure will change the family's worldview and any change in the worldview will be followed by a change in the family structure, including change in the use of symptom to maintain the family organization." (Minuchin and Fishman, 1981, p. 207). They suggest therapeutic joining through a coalition with some family members against other family members and alternating affiliation with subsystems to change the hierarchial patterns in the family. Further, they acknowledge those techniques are by definition, "unfair", but rationalize the goal is "not to be fair but to change the hierarchial relation between members of the holon." (Minuchin and Fishman, 1981, p. 189). Therefore, the therapist must be sensitive to the system and support the family members while the stress of realignment is

occurring. By stressing complementarity, structuralists change their thinking from linear to circular causality and encourage the family members to help each other change, teaching them they are a part of the whole system whose parts are interrelated.

Finally, the therapist challenges the family reality. As the transactional patterns in a family are influenced by how the individuals view their reality, this reality can be changed by developing new ways of interacting in the family. Minuchin and Fishman espouse, "Reality is the meaning we give to the aggregate of facts that we recognize as facts...(and) reality has to be shared with others who validate it." (Minuchin and Fishman, 1981, p. 209). The individual learns reality from significant others and thus "the family reality is interpreted by its members from the perspective of the holons they inhabit." (Minuchin and Fishman, 1981, p. 212). Alternatives should be presented as a variant of the family's worldview and the techniques used are the use of cognitive constructs, the use of paradoxes and the search for strength in the family. This last statement is the key to therapy. Therapists may tend to become problem focused and overlook the strengths of the family, or assume total responsibility for the transformation of

dysfunctional interactional patterns in the family system. Ultimately the decision to change rests with the family members.

Summary of Strategic and Structural Models of Family Therapy

In summary, it is possible to integrate the techniques of strategic and structural family therapy in practice as they emphasize several similar dimensions.

Both are present-oriented , pragmatic, problem solving approaches that see the family as a system interacting within a context which they are affected by and affect. Further, the thrust of these therapies is the restructuring of the system in order to change the sequences of interactions within the family system that maintain the symptom. Therefore, the therapist reframes and broadens the definition of the problem and assigns behavioral tasks which may or may not be paradoxical. Process rather than content is emphasized. In addition, both models recognize that transitional stages in the individual and family developmental life cycle can precipitate crises or keep a family "stuck" in its development.

Although there is some melding of the boundaries between these two models, they differ in the focus of theory. Stanton (1981) suggests the focus of structural therapy is on the theory of family, while the focus of strategic therapy is on the theory and means for inducing

change (p. 430). However, he suggests these approaches can be used concurrently and contra-puntally and proposes three general rules apply. The first is to use a structural framework and then if change is not occurring or if there is a history of the family not responding to structural techniques, to switch to a strategic approach, the second rule. The third rule is to then return to a structural approach to "restructure" the family. (Stanton, 1981, p. 431-433) in order to achieve the common therapeutic goal--enhanced family functioning.



Adolescence and the Adolescent Stage of the  
Family Life Cycle

Some changes are inherent in the structure of the family as the family moves through time. Children are born, children grow up and children leave home. The changes in family structure and organization can be particularly stressful during the adolescent stage of the family life cycle because this phase marks a shift in relationship patterns. The family that nurtured and protected the child now becomes a unit that prepares the adolescent to separate from the family. A discussion of adolescence, the adolescent stage of the family life cycle and family therapy with these families follows.

Adolescence as it is known today did not exist until the latter part of the 19th Century. Prior to industrialization and urbanization children had a significant economic function in the family as they shared adult tasks. However, as the economic functions of the family began to change, partially due to child labour laws, the roles of children and parents became more distinct. In turn, the passage from childhood to adulthood became more prolonged and ambiguous. In response to this ambiguity from childhood to adulthood

and also as an attempt to understand the tasks, transitions and experiences of adolescents and their families, G. Stanley Hall developed the concept of adolescence in 1904. (Mirkin and Koman, 1985, p. 22). Today there is still ambiguity for the adolescent and his/her family as the adolescent struggles with the tasks of adolescence. The central task of adolescence, the quest for identity, involves the basic tasks of separation and individuation, while maintaining membership in the family. It is this struggle for independence and dependence that may confuse, challenge and create turmoil for the adolescent and his family. Erik Erikson (1975) notes,

In order to experience wholeness  
(the adolescent) must feel a progressive  
continuity between that which he has  
come to be during the long years  
of childhood, that which he promises  
to become in the anticipated future;  
between that which he conceives himself  
to be and that which he perceives others  
to see in him and to expect of him. (p. 220).

Erikson also describes adolescence as a normative crisis and a time of strain and tension between the

individual and society which is changing and becoming increasingly complex. It is not surprising that adolescence can be a time of turmoil as the adolescent struggles with developmental tasks and experiences emotional, cognitive, physical and social changes within the context of the family and the larger social context.

At the same time the adolescent is struggling with developmental tasks, there is also a family metamorphosis as this system enters a new developmental stage in the family life cycle--the adolescent stage. Paralleling the adolescent's struggles, the parents may also be struggling with developmental issues related to middle age. Issues concerning career choices and changes and marital concerns may (re)surface, and situations that have been tolerated may become unbearable. In addition, unresolved issues relating to their own adolescence may resurface as they witness the struggles of their adolescent. Therefore, individuals struggling with issues related to relationships, personal goals and individuation concurrently, may create instability in the family system.

In functional families the family structure is usually well defined by the time the family reaches the adolescent stage of the family life cycle and family

rules, roles and boundaries within the system are usually established. The marital subsystem will have a more closed than open boundary around the spousal subsystem, and there will be a clear, permeable boundary between the parental subsystem and the children. The sibling subsystem will also have a clear boundary separating it but also allowing interaction between the parental and sibling subsystem. In addition, the sibling subsystem will be organized hierarchically so that children are given age appropriate tasks and privileges as determined by the structure of the family.

As the adolescent experiments with new roles and relationships within the context of society s/he (re)socializes the family. The boundaries of the family within the social context become ambiguous as family members begin to question who is in and who is out of the family system. Family rules, roles and structure are challenged as the adolescent struggles with transitional issues of individuation.

During these developmental phases family stability is challenged because the vertical stressors (attitudes, taboos and expectations transmitted down the generations) are challenged, and/or because of horizontal stressors (non-normative and normative events including transitions

of the individual and family life cycle). Conflict can serve a positive function as rules, roles and relationships are redefined. However, if the family cannot adapt to changes during these developmental transitions, a crisis may be precipitated.

This crisis may be precipitated in the spousal subsystem but tension and instability are experienced in the whole family system. Often the marital issues are avoided and instead, the focus is directed toward the adolescent whose behavior is perceived as rude, disrespectful and rebellious. As attention on the adolescent increases, tension increases as the adolescent continues to question family rules, and families often identify the adolescent as the problem when they present to family therapy. Fishman suggests, "The very presence of a troubled adolescent in the family creates pressures that require the therapist to pay attention to the other family members...To treat just the adolescent in isolation is to fail the other family members." (Fishman, 1988, p. 5). The goal of family therapy, then, is to reframe the problem in the context of the family and to transform "dysfunctional interactional patterns between significant individuals and social forces in a person's life" (Fishman, 1988, p. 5) in order to enhance family

functioning. The effectiveness of family therapy with adolescents and their families in the adolescent stage of the family life cycle has been demonstrated by Minuchin (1974), Minuchin and Fishman (1981), Fishman (1988), and Haley (1980, 1989).

Gurman and Kniskern (1981) state in their review of family therapy outcome research that structural family therapy has received "very encouraging empirical support for the treatment of certain childhood and adolescent psychosomatic symptoms" (p. 749), namely anorexia and asthma. In addition, the findings of a recent study by Kelley, Kelley and Williams, (1989) who compared the effectiveness of individual and family therapy with adolescents demonstrating acting out behavior, found that family therapy was more effective (73% improved), than individual therapy (37% improved). (p.466). However, it is important to note that while the focus of this data is improvement of the symptom, which is an important outcome measure, the overall goal of all family therapies is to change the patterns of interaction in the family. Therefore, a priority of family therapy research should be to refocus the attention on treatment of the family rather than debate the results of outcome studies, in order to have an impact on clinical practice.

Although the outcome research supports the effectiveness of structural family therapy, Todd (1985) states that critics of this model see structuralists as "overemphasizing homeostatic 'stuckness' and resistance while underestimating the system's (developmental) tendency toward change." (p.228). He further states that structural therapists overemphasize the nuclear family and underemphasize other systems, including the extended family and the societal context. Feminists echo this criticism. Braverman (1988) states that the problem is not the techniques of reframing, positive connotation, unbalancing and enactment, but the therapist, who views the problems only within the context of the family and ignores the relationship between society and the family. Gender-sensitive therapists recognize that the family structure reflects the structure of society where there are "unequal options and status of men and women inside and outside the family." (Carter, 1989, p. 58). Further, they suggest that the hierarchy of generations is addressed in structural and strategic therapy, but the hierarchy of gender is not challenged. This feminist critique challenges the notion that "men and women are equal participants in the 'relational dance'", an assumption of the structural

model. Finally, the feminist approach suggests that every intervention is influenced by the gender of the therapist. Therefore, therapists should recognize their own gender biases and the views of both genders.

The following chapter describes the practicum experience where individuals are respected regardless of socioeconomic status, gender, age or race.



**CHAPTER II**  
**THE PRACTICUM EXPERIENCE**

**The Setting**

The Children's Home of Winnipeg, Family Therapy Department provided the setting for this practicum from January 7, 1991 to June 28, 1991, where the clinical requirements of my program were completed under the supervision of Paula Burleson, Len Zachidniak, and Dr. Harvy Frankel.

The Children's Home of Winnipeg (CHOW) is a non-profit charitable organization that provides a range of programs for the development of the potential of children and families in the community. These programs include: Families Affected By Sexual Assault (FASA), Family Therapy Program, Parent Support Program, Project Independence, Resources for Adolescent Parents (R.A.P.), Training and Resources for Youth (T.R.Y.), Services for the Multi-handicapped and the operation of Residential Treatment Centres.

Specifically, the objectives of the Family Therapy Program are to provide service to families who are experiencing difficulties with their children; to provide family therapy to families while their children are in

care; and to provide training in family therapy and consultation to other professionals to facilitate and/or develop the utilization of the appropriate resources for families experiencing difficulties.

Service is usually requested because of concerns relating to the behavior of a child or adolescent in the family. Problem behaviors identified by the parents and/or guardians include: school misconduct, breaking the law, physically aggressive behavior, sexual abuse, substance abuse, running behavior, anxiety, depression and/or fears and parent-adolescent conflict. Many families who request service are self-referrals but they are also referred by professionals and agencies such as the Child Guidance Clinic, Core Area Agencies, Child Welfare Agencies, schools, day care centres and physicians. While almost all families present with child or adolescent related concerns, the focus is to assist parents and children make changes in order to resolve their problems.

The Family Therapy Department of CHOW consists of Len Zachidniak and a team of four family therapists, who implement the theoretical underpinnings of structural, strategic, systemic, brief and larger systems models in therapy. Explained briefly this means they work

systemically and attempt to achieve the therapeutic goals in as few sessions as possible. When a therapist receives a referral and perceives that the family is engaged with multiple helpers, a family--larger system interview is arranged, (Imber - Black, 1988), before there is a therapeutic contract for family therapy. The purpose of this interview is to clarify roles and expectations of the helpers and family members.

In addition, as per the Family Therapy Department protocol, prior to therapy a registration form, Problem Checklist(s), FAM III(s) and an audio-visual consent are completed.

### Thumbnail Sketch of the Families

The identified patient in five of the nine families with whom this writer had the opportunity to work, was a male adolescent. The reasons for referral centered on parent-adolescent conflict, but aggressive behavior at home, and school related problems were also identified as concerns. Three of the adolescents lived outside the family home, (foster and group homes), and these referrals were initiated by Child and Family Services workers. One of the families was referred by a school counsellor and the remaining families stated they contacted CHOW because they were experiencing problems. Two of the families were nuclear families, two were blended families and five were single parent families, (all but one headed by a female). The head of the household was also unemployed in five families and in every instance they were upgrading their education. The ages of the parents fell within the early 30's to the early 50's range and the ages of the adolescents ranged from 13 to 18 years of age.

One family remained in treatment after the practicum, and therapy with six families was terminated after it was mutually agreed that the contract goals had been met. One family presented for only one interview

and another family moved just prior to the last scheduled interview. All of the families were aware of the "open door" policy of CHOW which appeared to relieve the anxiety of termination of therapy.

These families will be discussed in detail in the next chapter.

### The Supervision Contract

This contract defined the structure and goals of supervision for my six month practicum placement. (See Appendix A). I maintained a caseload of six families and two cases were supervised by each supervisor. Overall, Paula Burleson (who informed her supervisor, Len Zachidniak, of my progress), supervised four cases, Len Zachidniak supervised three cases, and Dr. Harvy Frankel provided supervision of the last two cases.

Each supervisor provided at least one and one-half hours per week of clinical supervision which included a discussion of the intake information, formulating of hypotheses, "live" supervision behind the one way mirror with the telephone or "bug in the ear", and/or review of audio-visual tapes. They were also readily available for ad hoc supervision and case consultations. Further, I had weekly opportunities to view with the Family Therapy team behind the one way mirror, a team member interviewing a family.

Every interview with every family was videotaped and this writer methodically addressed informed consent and confidentiality as per agency protocol, in order to protect the clients and this therapist. Informed consent requires that the clients understand that they are being

videotaped, they agree to the videotaping and understand how it will be used (that is, who will view and for what purposes), before they sign the document consenting to same. This procedure must meet three criteria which are: participants must be competent to sign and in the case of minors who are not legally capable of entering into such an agreement, parents or guardians must provide information for them; sufficient information must be provided; consent must be voluntary and the opportunity must be provided to answer all questions regarding the videotaping; and they must be informed they are being observed by another and/or team of therapists. (Grinnell, 1988).

This therapist also assured the families that I would do my utmost to ensure information would be kept confidential and that videotapes would be erased following the completion of my practicum work.

Recording was also reviewed to ensure agency protocol was followed. Information to be documented in the initial assessment form included: referral source and reason for referral, people present for the interview, presenting problem(s), interview summary (which included content and process), case formulation, treatment goals, strategies to implement goals and the therapy contract.

This recording was complemented by information from the Problem Checklists and Family Assessment Measures. Subsequent interviews were summarized in the running notes.

Finally, a mid-term evaluation was scheduled in order to evaluate my progress and address areas of concern. This process, which involved input from my supervisors, was repeated for my final evaluation. My goals were to develop a working knowledge of the theoretical underpinnings of the structural and strategic models of family therapy as they apply to the assessment and treatment of adolescents and their families, and to integrate conceptual, perceptual and executive skills of theory into therapy, where the therapeutic goal is enhanced family functioning.

#### The Evaluation of Practice

Social workers as change agents must be able to link intervention with therapeutic change, and this can be facilitated through the administration of clinical outcome measurements.

The overall goal of the evaluation is to measure the change in family functioning and the direction of the changes. However, this is a complex outcome which does



not readily lend itself to measurement and evaluation of results. Therefore, specific objectives are agreed upon by the client system and therapist after problems in the family system are clearly identified. These problems are identified during assessment as well as through the Problem Checklist and Family Assessment Measure General Scale.

Prior to beginning the formal assessment in the initial session, all family members were asked to complete a Problem Checklist. (See Appendix B). This Checklist was developed at the Morrison Centre for Youth and Family Service in Portland, Oregon and was modified for the CHOW Family Therapy Department. (Hussey, 1988). In addition, this generalized measure is clinically useful in identifying family concerns that the family may not initially identify. These completed checklists are reviewed by the therapist prior to the session in order to begin to assess client problems.

Family members were also asked to complete a Family Assessment Measure (FAM III) General Scale (pre-test) which was later scored by the therapist in order to further assess individual and family concerns. (See Appendix C for a sampling of these questions and the interpretation guide). The FAM III is a self-report

instrument that measures family strengths and weaknesses. (Skinner, Steinhauer and Santa-Barbara, 1983). FAM III has 50 questions that measure six factors of family functioning: task accomplishment, role performance, communications, affective expression, involvement, control, and values and norms. It takes 20 - 30 minutes to complete. This family inventory is based on Canadian norms for clinical and non-clinical families and has "excellent psychometric properties which include high internal consistency, indicating the presence of a general factor of family health-pathology which underlies the content scales" (Trute et al, 1988, p.18).

Reliability, which refers to the consistency and stability of the measure, is used to assess the value of a measure. Estimates of the coefficient alpha, a powerful method of assessing internal consistency, are substantial at 0.93 for adults and 0.94 for children. (Skinner, Steinhauer, and Santa-Barbara, 1983, p. 96). Validity, which Bloom and Fischer (1982) state "is the most important measurement consideration...because validity involves knowing whether or not a measurement procedure does what it is supposed to" (p. 39), was also substantial at 0.93 for a 30 item scale. These selected items were rated for clarity and clinical relevance prior

to administration to demonstrate construct validity. Bloom and Fischer (1982), state "Construct validity is perhaps the most complicated of all forms of validity to demonstrate" (p.43), and involves comparing a measure to a theoretical framework that measures a similar construct. FAM III was compared with expert ratings and behavioral observations which may be the reason for the "validation studies in progress". (Skinner, Steinhauer, and Santa-Barbara, 1983, p. 104).

FAM III was administered again as a post-test to assess changes in family functioning. Other outcome measurements that are useful are: a comparison of pre-therapy and post-therapy concerns on the Problem Checklists, the therapist's assessment on the Termination Summary (see Appendix D), and client self-reports. The measurements used in this practicum were the Problem Checklist, FAM III, Termination Summary and client self-reports. The Problem Checklist was administered to every family member, and reviewed prior to the initial interview in most cases. However, the Problem Checklist was not administered following termination of therapy.

The FAM III was administered as a pre-test to most family members at the end of the initial interview. One couple refused to complete this measure because of "time

constraints". This scale was administered again to members of two families midway through therapy (approximately five weeks later), and all family members were asked to complete this measure following termination of therapy. The FAM III was mailed to members of three families who did not attend the final interview, and at the time of this writing these measures have not been returned.

Finally, a termination summary was completed for every family, and clients were encouraged to discuss the changes they saw in their family and if their goals had been attained. The results of these outcome measurements are presented in the case illustrations.

### Consumer Feedback

A vital adjunct to therapy is feedback regarding the delivery of services. This feedback from clients not only acknowledges the importance of their perspective of the therapy process, thus serving as a quality control check, but it also acknowledges their participation in the process.

However, overall ratings from clients generally show a high degree of satisfaction. This is referred to as the "halo effect" which Grinnell (1988) defines as

"the tendency to be influenced by a single favorable trait or to let one's general impression affect one's rating." (p.130). Some factors which may confound scores are social desirability (a tendency to give a favorable impression of oneself), cognitive dissonance, or acquiescence (a tendency to agree with statements regardless of their content). In spite of these possible response biases, client feedback is considered an important part of the evaluation process.

In the near future, evaluators will conduct a consumer satisfaction survey of clients who have been engaged in family therapy at CHOW. Items to be included in the survey are questions about the service, namely, access, satisfaction, outcome, and willingness to return, and questions pertaining to satisfaction with the therapist.

In order to receive client feedback for this practicum report, a therapist evaluation form was constructed and mailed to all of the families following termination of therapy with this writer. Of the eight families surveyed, four responded to the survey. (See Appendix E). This response rate (50%) is higher than the average of 40% for a mail survey. All respondents positively rated the services provided by this writer.

One respondent who commented, "I wish we had more sessions with her", rated two items which related to helping the family find solutions and define needs as "in between". Another commented that their family situation has improved and would request further service if the need arises.

Overall, it appears from the responses received, that families were satisfied with this therapist.

**CHAPTER III****CASE DESCRIPTIONS****Family "A"**

The description of my work with the first family assigned to me is described in detail to illustrate how I began my journey as a fledgling family therapist.

This family consists of mother, Val (age 38 years), her common-law husband of three and one-half years, Mel (age 43 years), and Val's son, Rob (age 14 years), from a marriage which ended in divorce 13 years ago. Another son, (age 19 years), was also born to this union, and he lived with his father from the age of nine years until two years ago when he chose to live independently.

First I met with my supervisor, Paul Burleson, and carefully reviewed the intake information to generate hypotheses. We hypothesized that this adolescent had been a spousal child and now felt left out since Mel joined the family. We also hypothesized that Rob and Val are engaged in a power struggle and that Val feels inadequate as a mother because her older son chose to live with his father.

**Source and Reason for Referral**

This family was referred for family therapy by the school psychologist because of Rob's "behavior and attitude problems" in school. Apparently Rob was verbally abusive and disrespectful to teachers and students, and as a result he had been expelled from two schools this year.

**Initial Telephone Contact**

In light of the impact of the initial telephone contact, this writer carefully rehearsed the questions that would be asked to achieve a personal and professional balance. When I spoke with Val, she was very upset because Rob had been sent home from school that morning. Val also stated that she had spoken with the school psychologist the evening before and he informed her that he had accompanied her son to Child and Family Services that day, at Rob's insistence, because Rob wanted to become aware of his options if he decided to move out.

Val emphasized that Rob's behavior was at its worst and that "he" needed counselling immediately. As she discussed her concerns about Rob's defiant behavior (which she labelled a "power struggle") at length, this



writer probed and listened. Finally, after one-half hour I realized that I was becoming aligned with Val and hesitantly asked about other helpers involved. She gave me verbal permission to contact the school psychologist and was very enthusiastic about arranging a family interview the next week, reminding this writer they had been on the wait list for two months.

Following a lengthy discussion with the school psychologist prior to the initial interview, I learned the psychologist was of the opinion that Rob's behavior was related to family problems which he brought into the school system and that Rob would be expelled from school again if his behavior did not improve.

#### **Initial Interview Summary**

This family presented punctually and they were cordially greeted before they were asked to complete the Problem Checklist. (Concerns identified by family members are presented after the discussion of this case). As they completed these forms I observed that the adults were seated together and this young man isolated. The moment they completed the Checklists I rushed them into the interview room where I immediately began to explain

the audio-visual equipment, live supervision and the purpose of the telephone.

With this task completed, I consciously attempted to "join" with the family members. Val spoke briefly about herself and her positive relationship with Mel. When she stated she has an older son, I then asked direct questions about him--where he was living and her relationship with him. She preferred instead to discuss the family situation which she described as "manageable up to a year ago and worse the last six months". As I was very conscious she was moving into the "problem stage" I moved quickly to "join" with Mel.

He stated his age, his trade (which he had to leave because of an injury) and that he and his partner have fun together. Mel then smiled, said "That's all" and then it was Rob's turn. He too stated his age and that he likes to fish and said no more. At the coaxing of the adults he talked briefly about his favourite fishing hole and then became silent again. This writer then asked direct questions about other activities including school and homework. At that point he stared at the floor and listened to Val and Mel as they discussed his poor performance at school, his refusal to participate with household chores and rules about homework.

It was apparent that Rob felt very uncomfortable but this was not addressed or reframed by this writer. Instead I asked Val her opinion of the situation. She stated that everyone is very unhappy at home and things always get worse as soon as Rob walks in the door. I then summarized her concerns which included her annoyance with the teachers who called daily to report the disruptions Rob created in school, and Rob's defiant behavior at home, and interpreted that she was frustrated with her son.

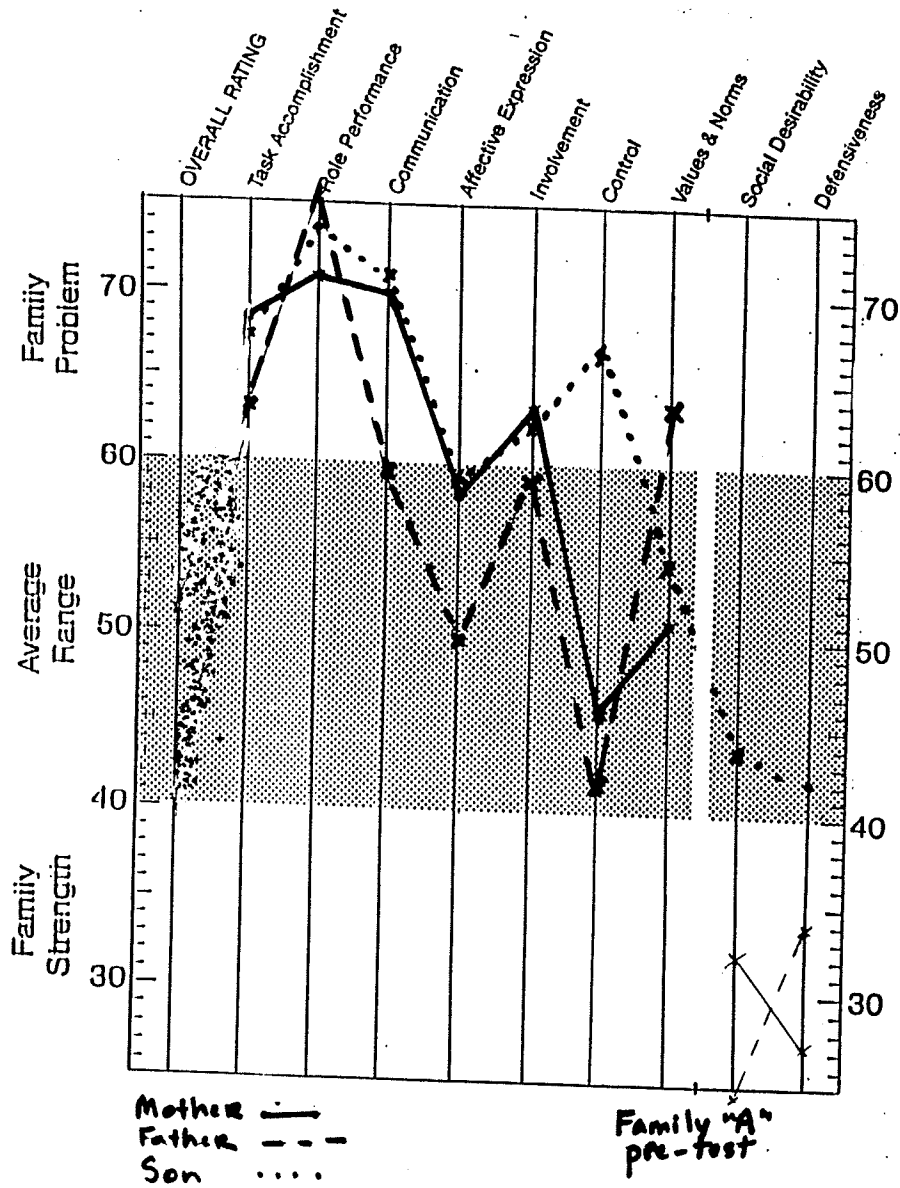
When Mel was asked his opinion of the situation, he too blamed Rob, and stated he antagonizes his mother and tries to interfere in Mel's relationship with Val because they discuss everything. Then my supervisor called in and suggested I tie in history. Mel obliged by discussing in detail the meetings with the schools, why Rob was expelled, and Rob's visit to Child and Family Services (because Rob and his mother argue continuously). At this point my supervisor cautioned me not to explore that issue and Rob, sensing a reprieve from this attack stated, "I'm glad Mel thinks it's not all my fault."

After this adolescent did my work and broadened the definition of the problem, I declared myself by stating, "That's right", and then asked Rob his concerns. He

clearly articulated that he is upset about all the arguing with his mother and her lack of understanding and then became silent.

My supervisor then called me out to discuss the interview (how I had allowed Rob to be scapegoated) and a closing message. All family members were affirmed for their caring and concern and an interview was scheduled for the next week. They then completed the FAM III General Scale. (See below for scores of this pre-test).

FAM GENERAL SCALE



### **Structural Assessment**

Following the divorce of his parents and then his brother's leaving, the boundary between Rob and Val became diffuse as Rob assumed the role of a spousal child. When his mother and her partner established a strong vertical hierarchy three years ago by drawing a clear boundary between the parent-child subsystems, the patterns of interactions between Rob and his mother changed. Val remained the central parent but Mel became her support. This adolescent felt rejected and his concerns about his identity and role in the family were compounded as he struggled to individuate. This was interpreted by his mother as a power struggle and she attempted to exert more control to control Rob's behavior. This further frustrated his attempts to individuate and he then arranged clandestine meetings with his brother and father. Ambiguity regarding boundaries intensified in this blended family, who were at a very early developmental stage, when Rob visited Child and Family Services. This threat also kept Val in a "one-down position".

The scores on the pre-test showed that all family members identified role performance as a problem, supporting the hypothesis that there was a lack of

agreement about role definitions. In addition, the scores of Val and Rob were elevated on the task accomplishment factor. This further supported the hypothesis and intervention was focused on the changes in roles during the adolescent stage of the family life cycle. Val and Rob also identified communication as a problem, which became apparent during therapy.

According to Minuchin and Fishman (1981) the therapist alters the structure, organization and interactions of the family by challenging the symptom, challenging the family structure and challenging the world view. This involves the therapist's use of self and supportive, confirming and challenging techniques in order to change the family's focus on the problem which alters their problem-solving skills. These parents needed to be supported and affirmed for their efforts to establish a strong, vertical hierarchy. However, the developmental issues had to be addressed.

### **Supervision**

As I reviewed the videotape prior to and during supervision, I became aware of my use of self and how my anxiety influenced the process. My discomfort with the audio-visual equipment, live supervision and telephone

was obvious as I quickly explained these procedures. My interaction with the family members during the joining stage was very stilted and it was apparent I wanted to move quickly to check out my hypotheses in the first 15 minutes.

Although I was aware of aligning with Val during the telephone conversation, I was oblivious to this dynamic in the process of the interview until my supervisor pointed this out. She also drew my attention to how I directed the focus on the content rather than the process of the interview, the feelings of the individuals to the exclusion of behaviors and that I allowed Rob to be scapegoated. We then discussed how the definition of the problem could be broadened in the context of the family (which Rob did), how the behaviors of these parents and this adolescent could be reframed, and how to focus on family strengths.

During this supervision session treatment goals were formulated. First, the functional vertical hierarchy was to be punctuated and supported during the interviews. Second, in order to challenge the belief system regarding the roles of adolescents and parents, roles and boundaries needed to be clarified. Val was to be supported in this "unbalancing". Finally, in order to



challenge the symptom, a directive in the form of an experiment was to be given. These goals were the focus of the following interviews.

### **Interventions**

#### **Second Session**

This session began with a joining stage which was more natural and comfortable. In response to my opening question regarding the past week Val reported that the family had a better week because Rob was more considerate and helpful. He interrupted and stated, "You can't say it's just me", and Val then added she was more relaxed and praised her son's positive attitude and behavior change. (It is interesting to note that Rob again broadened the definition of the problem!). Val also spoke for Rob regarding his relationship with his father and brother (of which she disapproves), about their relationship before Mel joined them and the time they spent together, and how she worried about Rob.

In an effort to establish interpersonal boundaries Rob was encouraged to speak for himself. However, when he talked about his relationship with his father and brother his mother disagreed. She also interrupted Rob when he talked about how she would not extend his curfew,

allow him to drive the boat (although Mel permits this) and continually nagged him about helping with household chores. Enactment of these usual arguments between Val and Rob revealed that issues were not resolved and Rob withdrew from the argument.

Following a break in the interview, we contracted to meet for four more sessions (although the purpose was not explicitly stated), and a directive was given (the symptom was prescribed). Arguing between Val and Rob was to be confined to one hour three times per week (time and days to be negotiated by Val and Rob), and Mel was to be the referee. Val and Rob were to record how Mel did his job and Mel was to report what happened when Val and Rob argued.

Following this interview the supervision session was spent discussing how I could affirm Val by reframing her worrying as caring, and how to begin to challenge her belief system about the role of an adolescent in a positive way. One way was to explore the relationship between Mel and Rob, how this was different from Rob's relationship with Val (besides the example that Mel allowed Rob to drive the boat), and to "seed ideas" about the role of an adolescent male. I was also reminded to concentrate on behavior and ask how another person

behaved in the context of the family (circular questioning), rather than ask about feelings.

### **Third Session**

Val began this interview by stating, "We are back to square one" because Rob threatened to leave home again. Immediately my supervisor called in and suggested I ask, "What was different about the week before when things had gone well?" Rob responded that people were not bugging each other and I asked, "What was Mel doing?" Again my supervisor called and instructed me to ask instead, "How does Mel bug?" Rob answered, "When he and my Mom gang up on me and they ask--Where were you? What were you doing?"

Val then refocused the interview as I missed the opportunity to reframe this as caring and concern and punctuate the vertical hierarchy. She stated she was very disappointed they could not complete the experiment because Rob would not co-operate. She then discussed how the family negotiated the day and time (Mel and Val decided this and Rob was expected to be there), but they met only once because Rob "forgot" one day and came home one hour late the next day of the scheduled meeting. Val reported that she found it very helpful to meet because

she "got everything off (her) chest". Rob did not find the experiment helpful because he could not yell and nothing was resolved.

At this point my supervisor called in and asked me to ask Rob who said he could not yell. He responded, "Mom". Then I was instructed to ask Val, "Where does this come from?" She stated she had no idea except she does not want the neighbours to hear. Again my supervisor called in and asked, "When is it o.k. to yell? How can you get your point across? How do you know you got your point across?" These questions were not answered.

My supervisor then sensed I had lost the focus of the interview and called me out. She suggested I reframe Rob's reluctance to participate in the experiment as "finding a new way to fight" and "doing his job as a teenager and bugging in new way". The family was then directed to return to the former way of arguing (spontaneous and unscheduled), document how the other family members "bug" and how the others performed their roles during the "scheduled argument". Another interview was scheduled in two weeks.

The following supervision session focused on the need for this writer to track behavioral sequences, ask

circular questions and reframe behavior positively using the language of the family. My supervisor also reinforced that I was not using the opportunities to punctuate the vertical hierarchy or to "plant seeds" in order to challenge the belief system and structure regarding the new roles in this developmental stage of adolescence. Further, I was reminded that if you get rid of the symptom without organizational change, it probably won't last. The plan for the following sessions was to review the homework assignment, increase this family's awareness of what they want to keep (strengths) and enable this adolescent to teach his mother about normal adolescent (and inconsistent) behavior and support her as a concerned parent.

#### **Fourth Session**

This session began with each member stating that things were better at home, it was more pleasant and there had been no major blow ups since the last session (and since the symptom had been prescribed). This they attributed to "everyone trying harder". Each member was affirmed and validated for their efforts. We then discussed their learning from the experiment and Rob and Val agreed about the importance of leaving previous

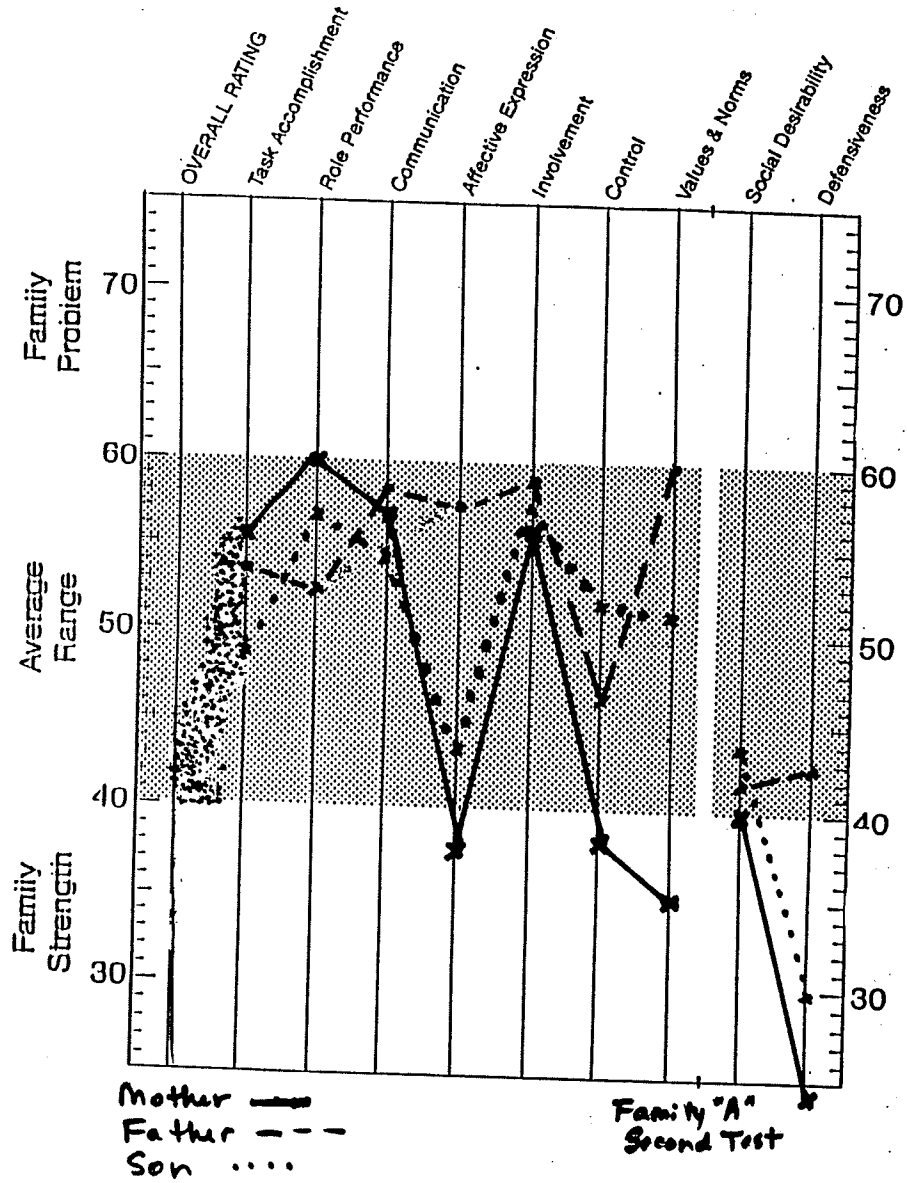
issues which had been discussed and dealt with, out of the current argument. Again every member was validated for wanting to be present oriented, to put past issues behind them and for learning a new pattern to deal with conflict. We did not focus on how family members performed their roles in the scheduled argument nor how individuals "bugged" the others. Instead, the focus was directed toward circular questioning about the role and job of a teenager, (Val and Mel were asked and then Rob) and the job of a parent, (Rob was asked and then Val and Mel were asked how they see this role). This process was guided by my supervisor via the telephone who also suggested I ask how these parents will know Rob is capable of making wise decisions as a responsible teenager. The family became very involved in this process and they were supported as they discussed the struggles of adolescence and the difficulties in "letting go".

All family members completed another FAM III, five weeks after the completion of the pre-test. (The results of this FAM III follow the discussion of this session).

Supervision was spent reviewing this last session, structural changes which were occurring in the family as roles were discussed and the vertical hierarchy

punctuated, how to predict "sabotage" and to caution the family not to change too quickly. This last point, a paradoxical directive, was to be framed in the context of rapid change becomes scary and people then return to old, comfortable patterns which keep them stuck.

FAM GENERAL SCALE





### **Fifth Session**

Again Val began the session by stating that she and Rob argued continually since the last session and she was very disappointed. This writer then took a "one-down position" and apologized that I did not predict this and stated they were right on track. Val argued that they had not "learned how to deal with things when they were nicer and that they had to go back and learn that". She was affirmed for her wisdom and we then focused on what everyone had been doing when things were going better. Throughout this interview Val frequently referred to "adolescence" and "letting go".

Prior to the last session the scores of the FAM III(s) and Problem Checklists were reviewed. Family members had identified dis-satisfaction with the handling of anger and frustration and the use of discipline on the Problem Checklist. (See pages 73-75). As discussed earlier, the communication scores of Val and Rob were also elevated in the FAM III pre-test. A sampling of the questions pertaining to this factor in family functioning are: We take the time to listen to each other; My family lets me have my say even if they disagree; and We argue about who said what in our family. Following the administration of this scale the second time, their

scores fell within the average range. In addition, role performance scores which had been elevated in the pre-test also fell within the average range. This dimension measures role integration, agreement regarding role definition and adaptability to new roles in the family life cycle, and had been addressed in therapy.

#### **Sixth Session**

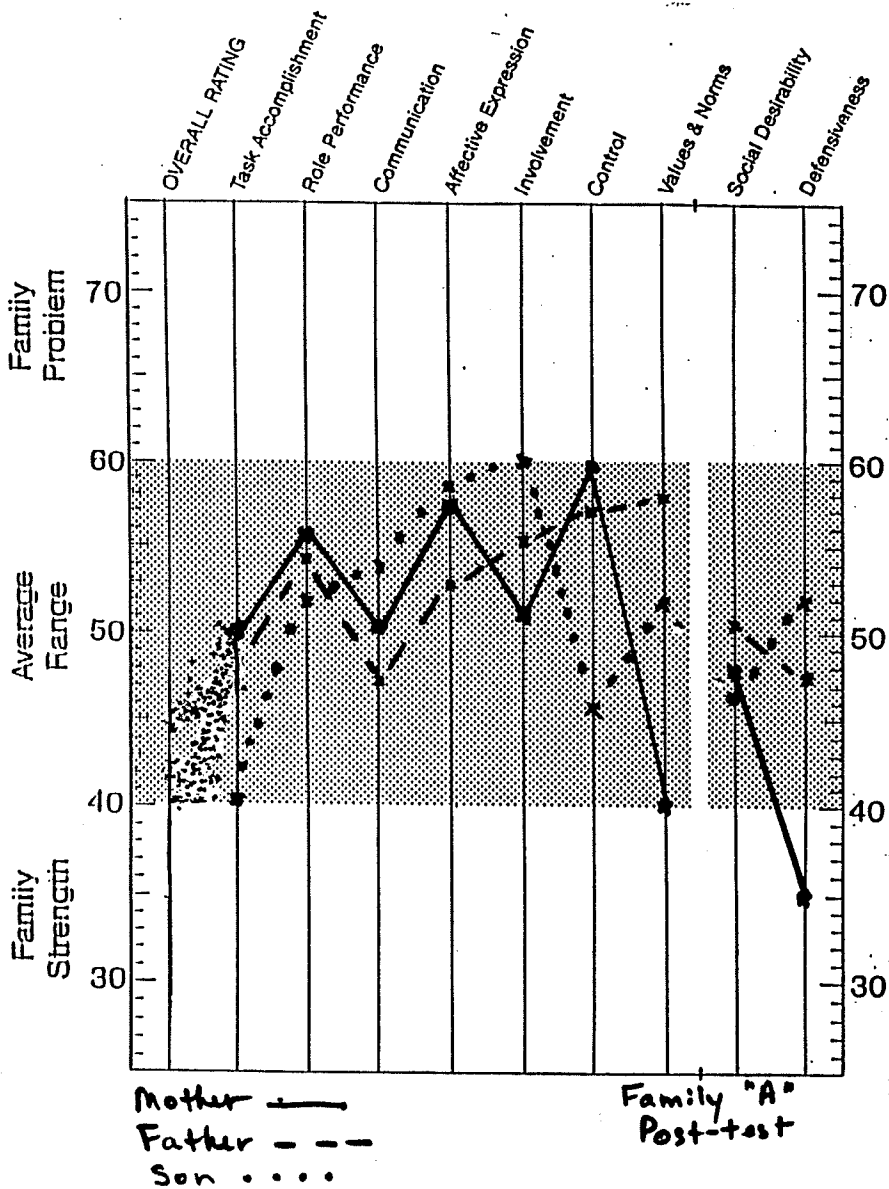
As noted earlier, the therapeutic contract did not specify the goals of therapy although the focus of therapy was directed toward a better understanding between Val and Rob. During this termination interview, family members were asked to summarize what they had learned. They stated that there was more mutual respect, they talked "nicer" to each other, they were more thoughtful and considerate and there was less "bickering". Each family member stated their goals had been met.

Family members were then affirmed for the changes they had made and they were encouraged to practice the new skills, they had learned. This writer did not elaborate on their new skills or reflect on the changes in the structure of the family (as Val gave Rob "permission" to individuate), or the changes in the

belief system concerning "normal" adolescence. Instead, I reminded them of the opportunity to return to CHOW should they need a "tune-up" and asked them to complete another FAM III.

The scores of the post-test (see below) all fell within the average range and supported my conclusions that structural changes were occurring in this family. This case was closed.

FAM GENERAL SCALE



**Summary of my learning experiences with Family "A"**

This case illustration describes how I, as a student therapist, struggled as I attempted to integrate some of the structural concepts of family systems theory. Initially I focused so intently on the content that I could not see the process and patterns of interactions in this family. This is also reflected in the discussion of this case description where I focused on the content of the interviews rather than the process.

Fortunately families are resilient and interventions that are ineffective are "merely assimilated by the family without producing change". (Minuchin and Fishman, 1981, p. 3). I also learned that as I became less anxious and less concerned about techniques, I could expand the use of self and thus empower family members to help them make changes in the reorganization of their family.

There are several threads I could have woven into therapy, such as Val's family of origin issues, the "ghost" of her older son, blended family issues or the strengthening of the sibling subsystem. Perhaps this family will return for counselling at a later date to deal with these issues.

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

21. Overall satisfaction with my family	X				
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Make the last rating for yourself:

22. Feeling good about myself			X		
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NAME: Family A. (Mo) Date: \_\_\_\_\_

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

21. Overall satisfaction with my family			x		
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Make the last rating for yourself:

22. Feeling good about myself			x		
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NAME: FAMILY A (Fa) Date: \_\_\_\_\_

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					✓
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NAME: Family A. Son Date: \_\_\_\_\_  
 Problem Checklist



**Family "B"**

This family was truly a gift, as was the supervision by Len Zachidniak. Together they challenged me to expand my skills beyond my past limitations and my beliefs about myself and therapy. (Zachidniak, 1989).

This family consists of Doreen, (age 36 years), and her children Rick (age 16 1/2 years), and Shelley (age 15 years). The father of these children died of a drug overdose when Rick was three years old and Doreen remarried five years ago. Fred, her husband was not available to present to the interviews due to the nature of his work, and later he was incarcerated after he assaulted Doreen.

**Source and Reason for Referral**

This was a self-referral initiated by Doreen who had phoned "everywhere" to arrange counselling for the family and finally found the telephone number of Children's Home of Winnipeg in the telephone book. Her main concern was that Rick's behavior was becoming increasingly aggressive and she was looking for options in how to handle him when he smashed the furniture in his room or attempted to choke Shelley with a coat hanger.

Questions immediately came to mind as I reviewed the intake information. Had Rick's role been that of a spousal child and was he now feeling rejected and assuming the role of a parent with Shelley? Had Doreen been "tough" with her first husband and was she afraid Rick would overdose on drugs if she was "tough" with him? How did this blended family function and what was Fred's role? How did Shelley's behavior fit into the patterns of interaction in this family? Some of these questions were answered during the initial interview.

#### **Initial Interview Summary**

This family presented as a boisterous group in the waiting room and they continued to laugh and push each other as they completed Problem Checklists (which follows the discussion of this family). They continued to chatter as I began to explain the audio-visual equipment in the interview room, but Doreen then disengaged from this "undifferentiated ego mass" as she sensed the seriousness of this writer when I explained the audio-visual consent.

Doreen was then asked to tell me a little about herself and she stated she is married and has been married too long. This drew hoots from her children.

Then she stated she is seeing a psychiatrist because she cannot cope and Rick interjected, "She's cuckoo and I diagnosed her a long time ago". Doreen then motioned to slap Rick and he laughed.

At this point this writer felt very uncomfortable and should have recognized that the changes in myself were a response to the "family's implicit transactional patterns and should (have) use(d) these external signals as another level of information about the family", as Minuchin and Fishman (1981) so aptly suggest (p. 33). However, the process continued. Doreen and Rick blamed each other for the family conflict, Shelley implored them to stop fighting and the interview erupted into a state of pandemonium. The family was "dancing" before my eyes and instinctively I stood up and shouted. "Time out!" My conceptual, perceptual and executive skills were not developed and I was unprepared for this "out-of-control" family.

The family members then quietened and I asked Rick to tell me about himself. The content quickly slid into the problem stage as did the process, again. Communication patterns became chaotic and no one was heard. But I could not see that the relationship messages were the key to working with this family.

Finally my supervisor called me out. His message was clear and succinct. He directed me to ask each member to state their concerns, validate them for their "spunkiness", caring and concern, set a time for the next interview and have them complete the FAM III pre-test. (See page 83 for scores).

The family appeared more subdued when I returned and each member answered the focused question without interruptions from other members. They agreed to return for another interview and completed the pre-test while I met with my supervisor.

He suggested that I review the videotape and then in a most affirming and supportive manner suggested the noise in the system was similar to the noise when one grinds the gears in a vehicle. He then instructed me to complete one stage of the interview with each member and then affirm them as the transition was made to the next stage. He also explained the importance of feeding back the concerns expressed by the family members, through the process of clarification, until I had an accurate understanding of their concerns. Before we discussed treatment goals and the strategies to implement these goals, my supervisor reframed the process which we had just experienced as an excellent learning opportunity,

and suggested I begin the next interview as an initial interview with these new tools in hand.

### **Structural Assessment**

Doreen's interactions with her spouse were not observed but she stated they were experiencing marital problems and she tolerated him for the few days each month that he is home. One could hypothesize the boundaries in this subsystem are rigid and the couple are disengaged. Further, one could hypothesize that Fred is a peripheral parent.

The interpersonal boundaries between Doreen and Rick are blurred and diffuse, and independence and autonomy are threatened. (Both Doreen and Rick indicated dis-satisfaction with "the amount of independence you have in the family" on the Problem Checklist, which follows the discussion of this case). At times Doreen expected Rick to help her make adult decisions and at other times when Rick offered unsolicited advice Doreen became defensive. Rick then responded with derogatory comments and Doreen launched a verbal attack on Rick who then withdrew. Clearly Rick was double-bound. This pattern was repeated between Doreen and Shelley and

although it was not as powerful, was the link that kept the loop in place--the homeostatic maintainer.

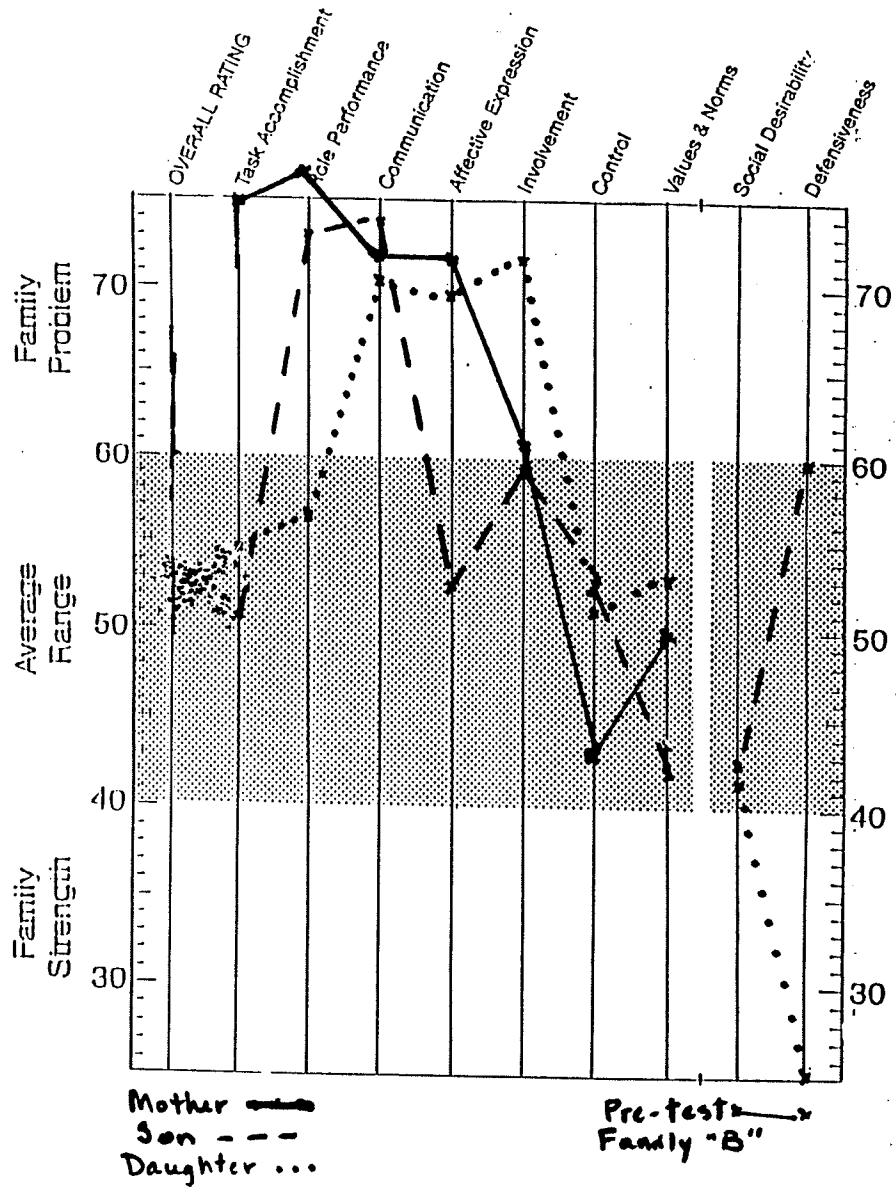
Within the sibling subsystem, members were also enmeshed and overinvolved in a negative way as they intruded into each other's personal space and relationships. Shelley identified dis-satisfaction in the "relationship between children" on the Problem Checklist whereas Rick expressed satisfaction on this item. Perhaps this reflected his ideas about his role in the family which he marked as "Father" on the FAM III pre-test.

The pre-test also showed that Doreen and Rick identified role performance as a problem, indicating that there was a lack of agreement regarding role definitions, which supported the structural assessment. In addition, every family member scored high in the communication factor which suggested communications were masked and members did not seek clarification in case of confusion. This was reflected in the process of the initial interview.

The treatment goals were to establish clear parent-child and sibling boundaries to enable differentiation, and to facilitate a connection between members in a more comfortable way. This would be accomplished in therapy

by modelling the process of boundary-making techniques and helping them clarify role expectations, and, tasks would be assigned out-of-the-therapy sessions. In addition, other strategies would be to empower Doreen by supporting her at times and at other times by challenging dysfunctional patterns by asking questions such as, "How would you get Rick/Shelley to do that?" Finally, each member would be affirmed, and disruptive, dysfunctional behavior positively reframed.

FAM GENERAL SCALE





## **Interventions**

### **Second Session**

Doreen, Rick and Shelley presented to this interview in a similar style as the previous interview, but the process during the interview was smoother and less fragmented as I carefully "shifted" from stage to stage affirming each member as I joined and heard their concerns. Doreen announced that Rick had moved to his own apartment (for which he was affirmed as "a man who wants to see things get done") and quickly added, "But we still need help." In order to begin to mark the boundaries, family members were assigned a task. Doreen and Rick, Doreen and Shelley, and Rick and Shelley were to spend one-half hour together in the next week doing something fun together. They were to focus on the relationship in the dyad and what they like and want to keep in the relationship. They agreed to complete this experiment.

### **Third Session**

This session began by asking the question, "What did you learn from the experiment?". Doreen and Rick completed the experiment and both stated they spent less time arguing and they want to keep the "lighter mood".

Shelley did not complete the experiment because she was ill and the experiment was reassigned in order that they could all experience the opportunity to learn something about themselves and each other. The noise in the system was subsiding and prior to negotiating the therapeutic contract, this writer reviewed the pre-tests with the family.

They all became very involved in the process and I observed from my position of proximity that I could attract and maintain the attention of individual family members. This marked the beginning of the boundary making techniques.

As this family studied the scores and asked for interpretations, they quickly agreed that the area they wanted to work on was communication, which meant to them, less fighting. We contracted for five sessions and to work on how they could become more comfortably connected, both through communication and involvement.

#### **Fourth Session**

This session was rescheduled because Doreen was ill. When the family presented to this interview three weeks later, Doreen stated the experiment had not been completed because there was more conflict in the family

and they did not want to spend time together. Apparently Fred ordered Rick off the property and threatened violence (for which he had been incarcerated for nine months earlier after assaulting Rick). Rick expressed anger with his mother for her marriage, and Doreen and Shelley argued because Shelley would not complete household chores. These family members were affirmed for demonstrating their caring and motivation to work on their problems together.

In the supervision session prior to this interview my supervisor coached me on how to model the formation of boundaries in session. This process was integrated with the process of circular questioning where I asked Doreen "What is the job of a teenager?", focusing my attention on her and her responses, ignoring the comments from her children and encouraging her to do the same. She was praised for her competence and inner strength as she learned this new skill, and Doreen beamed. This process was also repeated with each of the adolescents when I asked the same question and then, "What is the job of a mother?" They were more easily distracted and sporadic disagreements developed, but they were also complimented on their inner strength before termination of this

session and the re-assignment of the task from the second session.

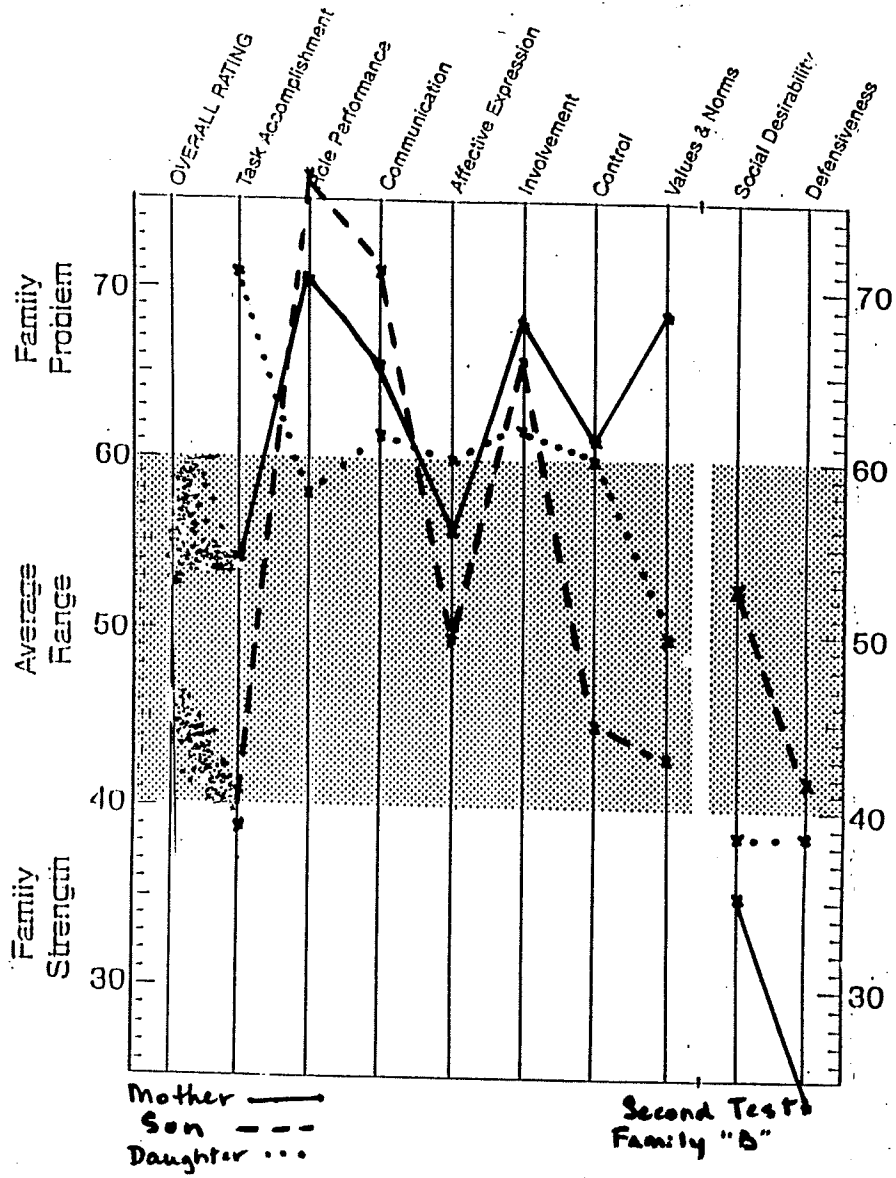
#### **Fifth Session**

The task was completed 100% and as the process of the experiment was explored, the techniques of boundary formation were practiced. Other families members began to track the content and there were fewer interruptions. However, when disrespectful comments surfaced, I felt more confident to affirm the individual and then challenge their belief system in order to alter behavior. In one instance when Rick commented that his mother was stupid I stated, "You seem to be such a bright young man," and challenged, "But where did you learn to be so disrespectful?" He shrugged his shoulders and became silent.

All family members stated they wanted to keep the lines of communication open and this had happened in the dyads. In response to "What is different when the three of you are together?", Doreen spoke to the issue of sibling conflict. That was my opportunity to reframe "a dysfunctional transaction as mutual protection" (Minuchin and Fishman, 1981, p.36), stating that when one of the siblings begins to discuss serious matters with their

mother, the other comes in and rescues, so the vulnerability, sadness or hurt, is not expressed. However, this interference leads to conflict which conceals the caring and concern. Doreen immediately agreed and added that although they appear not to care, they do in fact care very much. Both Rick and Shelley shook their heads--confirming their caring. Following this interview, family members completed the second FAM III. (See page 89 for scores of this test).

FAM GENERAL SCALE



### Sixth Session

This interview was rescheduled because of a family crisis. Doreen had been assaulted and Fred incarcerated. Shelley, who had witnessed the family violence did not present to the interview, and Doreen was visibly shaken. The focus of this interview was on the positive changes Doreen and Rick had observed in their relationship. Doreen stated Rick is much more responsible in that he completes chores, he is helping her rent apartments, and Rick and Shelley argue less frequently. Rick stated the time he and his mother spend together is better because there is less arguing and nagging, and Doreen stated she is more calm and had fired her psychiatrist.

I then met with Doreen to discuss her plans regarding her marital relationship and suggested options and resources available for battered women. As she described the events leading up to and during the assault, I questioned if Doreen was "outgrowing" her marital relationship. Later, as I reflected on how she had become more assertive about interpersonal boundaries, I speculated about what happens in the patterns of interactions between family members when some individuals change...

We also discussed resources for Rick who was seeking employment. Doreen was also affirmed for being a very good mother, then challenged that she should not have to sacrifice her relationship with Rick in order to protect him. Doreen agreed.

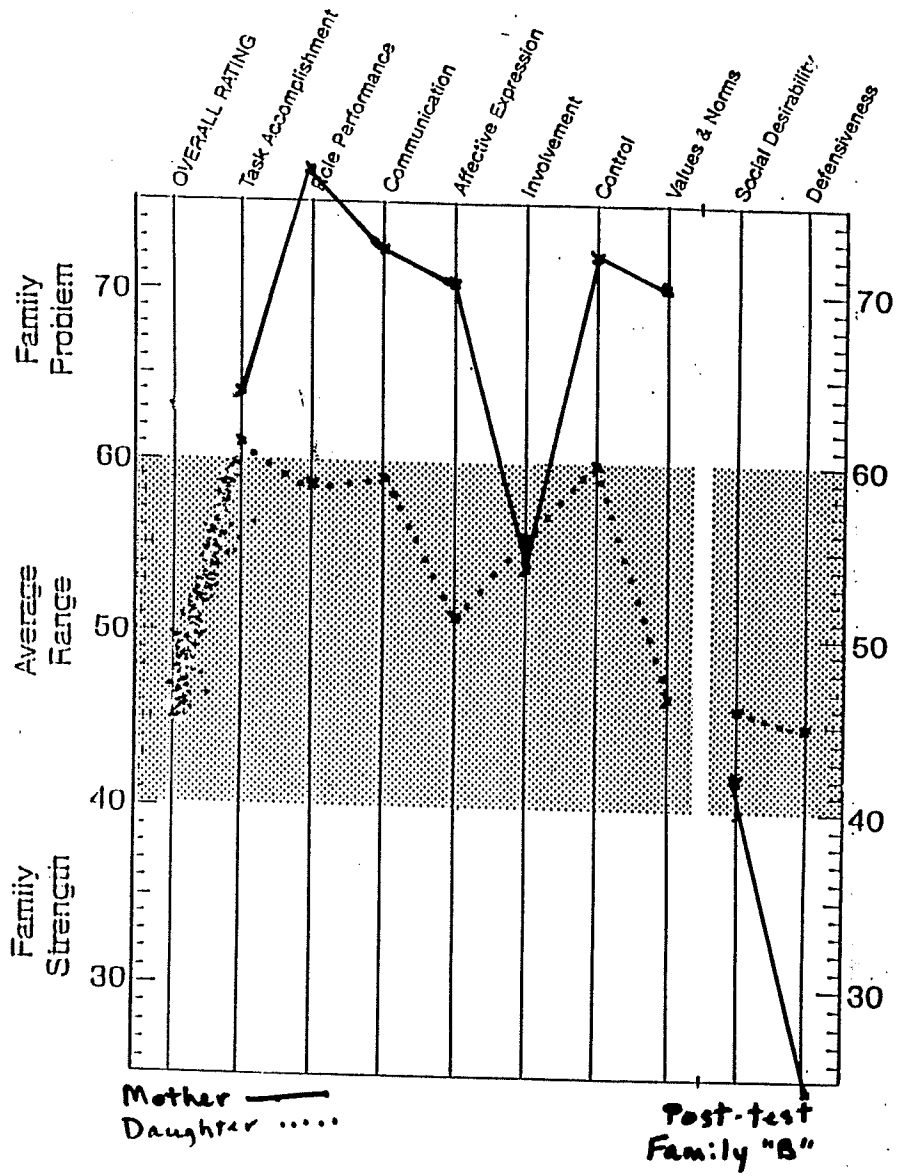
These family members were aware of plans to terminate therapy next week and were in agreement because their goals had been met.

#### **Seventh Session**

Rick did not present for this scheduled interview because he had found a job and was at work. Doreen and Shelley were affirmed for their good work and positive changes were summarized. Doreen then stated that she is feeling and acting more like a parent in that she makes rules and enforces them. She also stated that she is not nagging her children as much and compliments them more because now their behavior is improved, she sees their good qualities. Shelley agreed with her mother but stated that her mother is making "harder" rules now. This was reframed as Doreen helping Shelley make a new map to help her negotiate the new challenges she will meet in adolescence.



FAM GENERAL SCALE



Doreen and Shelley then completed a post-test (previous page) and at the time of this writing, Rick has not returned a completed post-test.

The results of the FAM III scores are very interesting and reflect the changes which occurred in the structure of this family. The elevated scores measuring the communication factor, which was identified as a family problem, began to drop mid-way through therapy. More noticeable is the sharp decline in the scores of Doreen and Shelley in the affective expression dimension, which indicates more adequate expression of affective communication appropriate to the situation. It is also important to note that this test was administered after Rick moved out, an event which cannot be discounted for its impact.

Doreen's post-FAM scores were very indicative of her inner turmoil following the assault. The score of the control factor soared, as had the communication score. She openly expressed her concerns about her future. Fred threatened her if she refused to reconcile with him, but her children threatened to leave the city if Fred returned home. Further, Doreen was terrified that Fred would assault her again if he returned home, but she refused to move from this city. Perhaps she will

insist that Fred will attend an Anger Management or Batterer's Group, and perhaps she will attend a support group for Battered Women. I am only cautiously optimistic about a positive outcome for Doreen and her children.

It is also important to note Doreen's very low defensiveness scores which indicate her scores would be higher than indicated. This post-FAM also shows that the involvement scores of Doreen and Shelley are very similar and fall within the normal range. One could speculate this reflects a more supportive and nurturant relationship between this mother and daughter. Unfortunately Rick's post-test scores are not available.

These family members have reorganized their structure in a positive way. Doreen is functioning as an effective parent demonstrating admirable inner strength to deal with these stressful life events. The interpersonal boundaries between Doreen and her children have become clear and the boundaries within the sibling subsystem are respected.

The goals of the therapeutic contract have been met and this case is closed.

**Summary of my learning experience with Family "B"**

My therapeutic relationship with this family was a memorable learning experience.

My first realization of the isomorphic reflection of interactional dynamics was during the first interview. The first problem I identified in this family system was that there was no leadership and the system was chaotic and out-of-control. Similarly, there was no clear direction or leadership in the interview.

As my supervisor affirmed and then challenged me to take leadership in the therapy session, I affirmed and then challenged Doreen to assume parental authority in order to reorganize the family structure. I was encouraged to stretch myself and take personal risks by changing my patterns of interaction and trying something different, just as this family was encouraged to do. And, as I became anchored as a therapist in a more positive way I encouraged Doreen to anchor her children in a more positive way.

I now had the freedom to become more flexible as a change agent and practice some structural therapy concepts in therapy. The process of learning and teaching boundary marking was an exciting experience as I watched each family member become more differentiated

and develop their inner strength. With this confidence came the opportunity for me to observe the process when I moved closer (literally and figuratively) to unbalance the structure and/or block dysfunctional patterns and behaviors.

As my supervisor demonstrated his skills in order to develop mine, I became more effective in modelling appropriate behaviors. Finally, as my supervisor coached me to practice my new skills, I coached this family, and passed along to them what my supervisor shared with me--

I hear and I forget  
I see and I remember  
I do and I understand

Confucius

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

21. Overall satisfaction with my family		X			
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Make the last rating for yourself:

22. Feeling good about myself	X	<del>X</del>			
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NAME: Family B-Mother Date: \_\_\_\_\_

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					✓
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Make the last rating for yourself:

22. Feeling good about myself					✓
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NAME: Family B-Son Date: \_\_\_\_\_

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.)		X			
2. Sharing feelings like anger, sadness, hurt, etc.		X			
3. Sharing problems with the family			X		
4. Making sensible rules			X		
5. Being able to discuss what is right and wrong			X		
6. Sharing of responsibilities			X		
7. Handling anger and frustration	X				
8. Dealing with matters concerning sex				X	
9. Proper use of alcohol, drugs				X	
10. Use of discipline				X	
11. Use of physical force	X				
12. The amount of independence you have in the family			<del>100</del>	X	
13. Making contact with friends, relatives, church, etc.				X	
14. Relationship between parents			X	<del>100</del>	
15. Relationship between children	X				
16. Relationship between parents and children				X	
17. Time family members spend together			X		
18. Situation at work or school				X	
19. Family finances			X		
20. Housing Situation			X		

21. Overall satisfaction with my family			X		
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Make the last rating for yourself:

22. Feeling good about myself			X		
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NAME: Family B - Daugh Date: \_\_\_\_\_  
 Problem Checklist



**Family "C"**

This was the last family assigned to this writer and with it came several unique learning experiences. First, working with this migrant family from a developing country broadened my knowledge of cultural differences and their process of adaptation to a multi-cultural society. This was also my first experience to have the therapy team view my work from their position behind the mirror. Although their feedback was very positive and supportive, they were hesitant to discuss the focus that therapy might take and suggested instead that I review the videotape with my supervisor for this case, Dr. Harvy Frankel. With his expertise conveyed through the "bug in the ear" and numerous case consultations, this writer was guided through six therapy sessions which culminated in an apology session.

Change is a given in our society, but when a family experiences a major upheaval such as moving to a new environment or culture, the intra-system conflict is intensified. Landau-Stanton (1988) describes this conflict which "arises from difficulties in negotiating transitions (as) transitional conflicts". (p. 364.) She suggests the factors affecting transition include: reasons for migration (such as dangers of war) and

realization of goals; availability of support systems in the community; structure of the family, and change in life style. (p. 365). These were important factors which affected this family's attempts to resolve their transitional conflict. Further, as McGoldrick (1988) suggests, families who migrate with children are vulnerable to the reversal of generational hierarchies as the parents will acculturate more slowly. Another reason for the reversal of power will be discussed in the structural assessment.

#### **Source and Reason for Referral**

This family consists of the father, Mr. M. (age 38 years), his two sons, Y. (age 15 1/2 years) and L. (age 13 years), and his daughter M. (age 14 years).\* Two months after this family immigrated to Canada in late 1989, Mrs. M. returned to her country of origin.

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\* Initials are used in order to protect the identity of these family members and also because this writer is not aware of ethnic names which could be substituted.

The intake information stated that the father was most concerned over his daughter's continued anger toward his older son and secondly, about her non-compliance with father's directives. Mr. M. was informed of the services of this agency (CHOW) by a friend at a community resource centre.

When I spoke with Mr. M. he stated that his daughter is now following his directives at home since he talked to her teacher at school, but "The only thing is that she does not talk to her older brother."

Mr. M. gave me verbal permission to contact M.'s teacher, Mrs. D., and I spoke with her prior to the initial interview. Mrs. D. informed this writer that although she had no concerns regarding the academic performance of M., she began to observe the behaviors of M. and Y. when she became aware of the marital separation. Apparently, Y. showed "no signs of distress" but M. appeared very "isolated" in the classroom. Further, there was no verbal communication between this brother and sister and Mrs. D. spoke to Y. about the home situation. Mrs. D.'s interpretation of their discussion was that M. had set herself up as the mother trying to control her brothers and father. This prompted the teacher to contact Mr. M. who confirmed this. They then

arranged a meeting where Mr. M. was advised he needed to "claim his rights as a father". She suggested that he begin by setting a schedule for television viewing (as M. apparently monopolized the selection of television programs), which would permit him to watch the evening news if he so desired. In addition, she suggested that the household chores should be shared by all family members when she became aware M. had also assumed full responsibility for cooking, cleaning and laundry. Mr. M. had arranged this at the time of the first interview.

#### **Initial Interview Summary**

Prior to this interview I hypothesized that this conflict could be "normal" sibling conflict which was distressing Mr. M. because it mirrored the marital conflict which he had not resolved. Further, I questioned if gender roles were a factor and if M. was expected to obey her older brother. Finally, I hypothesized that M. may be struggling with individuation issues which are common for adolescents in this culture. None of these hypotheses were borne out.

This interview began as I informed the family members how honoured I was to sit with a family who had adapted so well to a new culture and customs, and had

such excellent reading and language skills. Mr. M. then spoke to the subject of customs immediately stating that things are not good at home because he does not beat his children as did his wife. He added that she did everything for the children and now she has gone back home. He was affirmed for respecting the laws (Child Welfare) in this country, for his efforts in learning parenting skills, and, his resourcefulness, in spite of his limited support system, was reinforced.

Mr. M. then spoke briefly about himself and how he and his family had been separated for six years prior to immigrating to Canada because of the political situation in his country. He then focused the discussion on his children and how his sons were adapting, but that his daughter preferred to stay at home and watch television.

The children then talked about what life is like for them here and how it is different from their country of origin. Y. stated that he has made many friends and likes living in Canada. M. discussed how hard it was for her to come here and how the kids are different because they do "adult things" like smoking and hanging out, while she prefers to watch television, cook and do her homework. L. commented on how friendly people are but added that he misses his family (mother and extended

family). This concern was respected by this writer and L. then openly discussed how their mother had no communication with them for one and one-half years in spite of their efforts to write letters and send gifts.

When Mr. M. began to discuss his concern about the conflict between Y. and M. (which was echoed by Y. and L.), M. shielded her eyes with her hand so she could not see Y. (This behavior continued throughout the interviews that followed although she spoke and looked directly at this writer). Then M. clearly articulated her concern which was that she wants her mother to come back adding, "Everything was o.k. then and now nobody cares about Mom". Other family members were then encouraged to discuss what was different when their mother/wife lived with them and their feelings about their loss was explored.

During the break I observed the seating arrangements of the family had changed from when they first presented. M. was no longer isolated but instead she and her father sat together as the two boys completed their pre-tests in another area. Mr. M. also informed this writer this was the first time the family had discussed their loss.

**Structural Assessment**

The pre-test scores of Y., (page 108), showed that he identified the communication, affective expression and involvement areas as problematic. Similarly, M.'s affective expression and involvement scores were high as was her score for task accomplishment. L.'s scores showed that involvement was an area of concern, which he discussed in the interview, and was a result of the conflict between his siblings. Since M. refused to speak to Y., there were no more family discussions at home and everyone ate wherever they wanted, rather than at the table. Mr. M.'s scores all fell within the average range.

It appeared that Mrs. M. acted as the head of the household and Mr. M. was peripheral, which may have been a result of the family structure prior to emigration or because Mr. M. was unemployed. It also appeared that Mrs. M.'s and M.'s relationship was enmeshed and when Mrs. M. left, M. lost a mother, friend and sister. Following the situational crises which precipitated this conflict, M. assumed the role of her mother as head of the household and the generational hierarchy was reversed. The position of the adolescent males remained as children in the family structure.

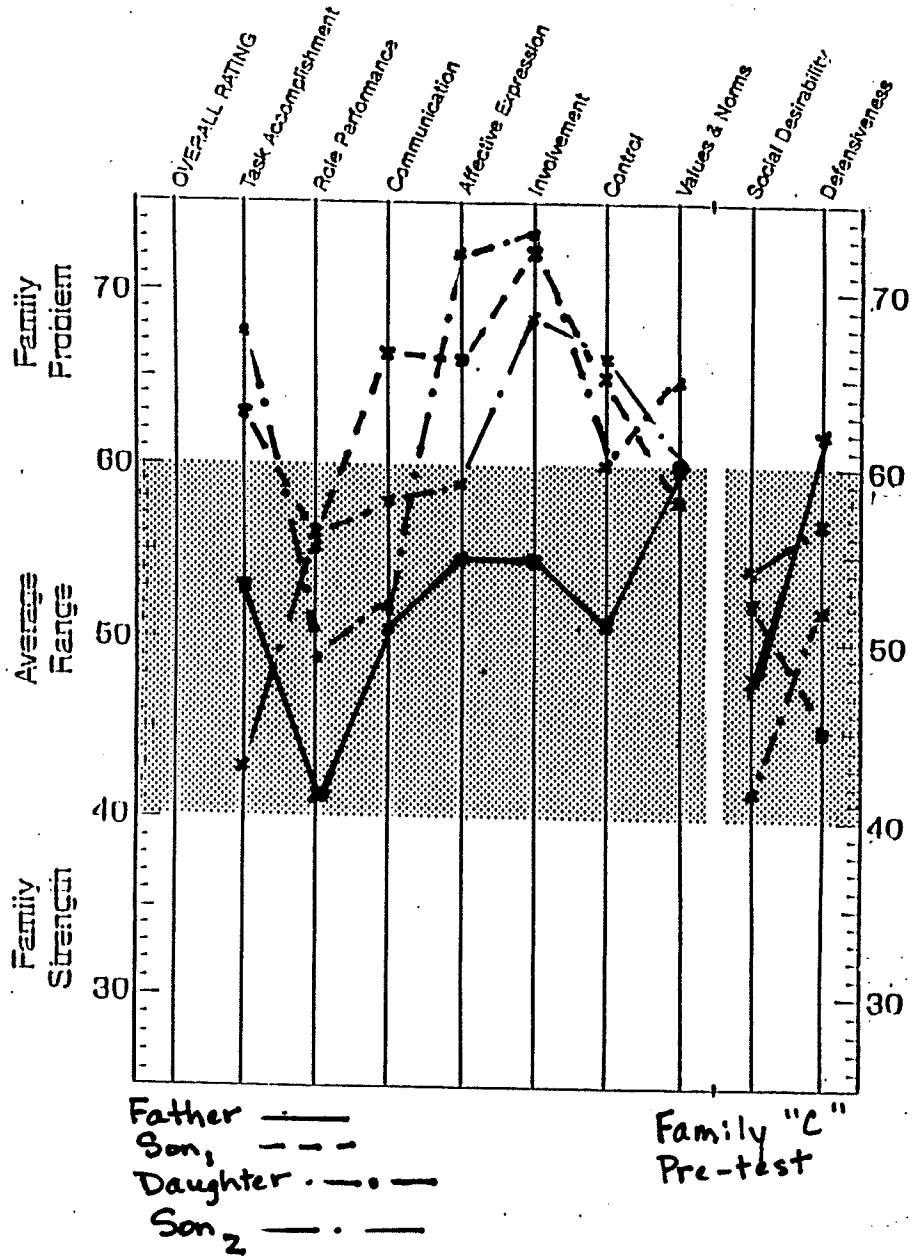
When Mr. M. began to establish the vertical hierarchy approximately one and one-half years ago (and about the time this family lost contact with Mrs. M.), M. became more disengaged from the family. The conflict had escalated to the point that M. left the room when Y. entered and the only verbal communication was when she uttered monosyllabic accusations or threats at her brother.

The treatment goals were to strengthen the parental subsystem and strengthen the sibling subsystem. Strategies to implement these goals included challenging the structure by supporting all family members as they discussed their loss and clarified their roles, challenging the symptom by making the reasons for this conflict explicit, and challenging the belief system with "future questions" and "planting seeds".

In reviewing the Problem Checklists of these family members (on pages 119-122), it is interesting to note that in spite of the concerns expressed in the interview and indicated in the pre-test, no member indicated dissatisfaction in any of the areas.



FAM GENERAL SCALE



### Second Session

In order to emphasize that this family was reforming a new family in a new country, and to restore a stronger sense of identity, family members were asked how the changes in the country of origin (which was in a state of civil war) affected them. They all expressed concern about family members they left behind and for Mrs. M. This was then tied to the individual understanding of why Mrs. M. left (differences were normalized), and then the roles of father, older son, only daughter, younger son in their country of origin and Canada, with and without a wife and mother. They all became very involved in this process and Mr. M.'s role as a caring but firm father was reinforced in order to strengthen the vertical hierarchy.

This session concluded with a discussion about the changes they had experienced, and in order to assess their goals of therapy they were asked, "What is the smallest change that would make a difference?" Mr M. and his sons all stated for Y. and M. to talk again but she shook her head and said, "For Mom to come back." They were all encouraged to think about the smallest change that would make a difference before the next scheduled session.

### **Third Session**

Again this session began with an emphasis on their sense of identity as a new family in a new country. Individual understandings of why Mrs. M. left were then explored in more detail, which was followed by a discussion of the conflict between Y. and M. As M. talked about how Y. and his friends "bugged" her about their mother leaving and the probability that she had a new husband, which resulted in M.'s vow never to speak to Y. again, he sat and listened. But when Y. stated his case, acknowledging his responsibility for his behavior but indicating M.'s responsibility too, she retorted, "Liar." Mr. M. sat quietly as his children aired their differences.

The conflict had been made explicit and the intensity had been increased. At the end of this session this writer proposed three more sessions and the family members agreed.

### **Fourth Session**

For this session my supervisor suggested a strategy using the one way mirror. Family members were seen individually as Mr. M. sat behind the mirror and observed the interviews. (The children were aware of this). This

served to punctuate the importance of his role as the father and the head of the household.

I met with Mr. M. alone, first, again to punctuate the vertical hierarchy. When he was asked how he planned to resolve this problem he stated that none of his attempts were successful and that was why he came for help. He considered me the expert and his responsibility as the father was reiterated as he was advised to remind M. that he loves and cares about her and that she must stay in Canada. This also served the purpose of helping him help her develop roots.

Spousal boundaries were also respected, but his belief that his children will always meet all his needs was challenged as the "normal" developmental family life cycle in this country was explained.

In order to challenge the symptom and his belief system, Y. was asked how and what he would say to his mother if she was present, and how and what he will say to M. to resolve this conflict. He shrugged and stated that he had not thought about it, but the "seeds were planted".

M. became very animated during the course of her individual session, and during the process disclosed the prescription of how this conflict could be resolved by

discussing how her friends at school resolve conflict. Simply stated, the prescription was, one apologizes and the other forgives. When the content was directed toward her conflict with Y. she smiled and covered her eyes. She also agreed that she is feeling very hurt and angry with her mother for leaving, which is compounded by her mother's final message for M. to stay here but not to forget her. These messages may very well have impeded M.'s adaptation to this country.

I assumed a "one-down" position with L. who had become my ally, and asked how he thought this conflict could be resolved. He suggested that this argument could be settled by either leaving them alone, have them shake hands, or give them more time. Another strategy was proposed by my supervisor.

Before this session terminated I met with all the family members and reminded the children they could be loyal to both parents. Then this writer suggested we would do something different in the next interview, to peak their curiosity.

**Fifth Session**

As I reviewed some of the content of the last interview to reinvolve family members in the process, they appeared tired and withdrawn. L. then stated he was tired and fed up with the questions and the fighting. This provided the link for me to take a stand. I agreed with L. and informed this family that although quarrelling between siblings is normal, this nonsense had gone on long enough. I then instructed Y. that within the next week he would find a way in his own time to apologize to M. and she, in turn, would in her own time and way forgive Y. Mr. M.'s job was to be there for his children if they needed help in completing their tasks, and L.'s job was to provide support. Mr. M. reinforced this message to his children and reminded them a change would be expected by the next week.

They were dismissed.

**Sixth Session**

During this interview M. did not shield her eyes but she had not accepted Y.'s apology. When asked if she needed help from me, she responded in the affirmative, and the males were excused. (My supervisor had suggested a creative use of the mirror for an apology session, but

this was not required). M. asked how she should accept Y.'s apology, and questioned if she could say "o.k."--her usual response. I agreed and the males were asked to rejoin us. When Y. was asked to apologize, he did so, and M. responded, "o.k." and glanced at Y. as he smiled.

We then discussed the changes the family members expected, they were cautioned to go slow, they were all affirmed for their good work and the interview was terminated.

The goals of the family members had been met and this case was closed.

The post-test scores of these family members (see page 116) did not reflect dramatic changes although Y.'s score (son<sub>1</sub>) for the involvement factor had fallen into the average range. The other areas he identified as problems were communication and affective expression. His score for the communication factor dropped into the average range, signaling a positive change, while the score for affective expression remained elevated as in the pre-test.

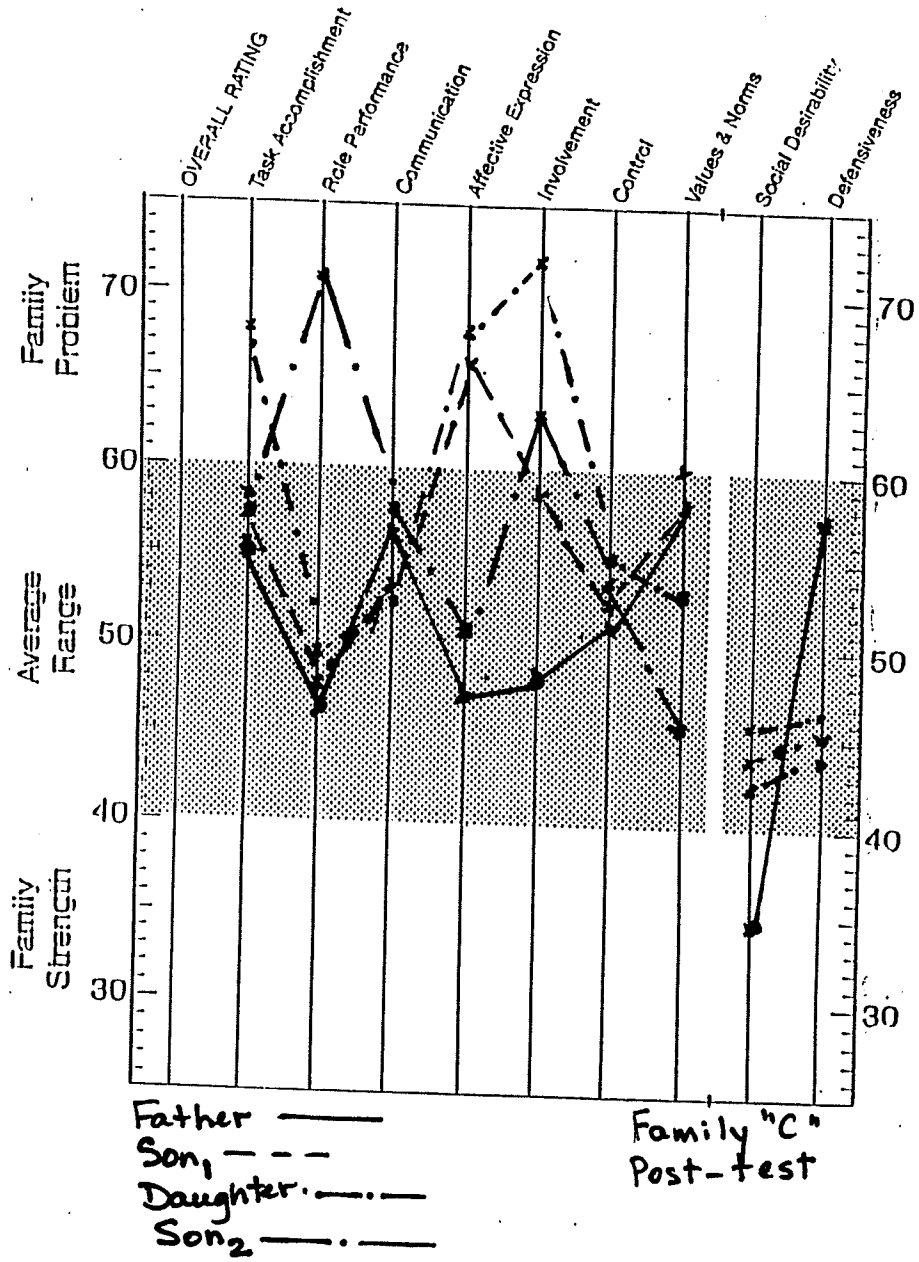
M.'s scores for task accomplishment, affective expression and involvement were all elevated on the pre-test. These scores were only slightly lower in the post-test. This is not surprising in light of the timing of

the apology session and the administration of the post-test. However, changes in the dysfunctional patterns were beginning. It is interesting to note M.'s post-test scores in the control, and values and norms dimensions had dropped into the average range, perhaps indicating she had a better understanding of a functional vertical hierarchy and the norms in this culture.

The post-test scores of the father were very similar to those of the pre-test. All fell within the average range which may reflect his strength in all areas of family functioning. L.'s scores were also similar to those of the pre-test, excepting for the role performance score which was elevated in the post-test. Perhaps he was beginning to question his role as a 13 year old in this family, as a result of therapy.



FAM GENERAL SCALE



**Summary of my learning experience with Family "C"**

In addition to learning about the culture and customs of this developing country, I became more aware of the struggles migrant families experience as they attempt to adapt to a new environment. Further, when this ethnic group has a very small population in a new culture and the social network is limited, resourcefulness becomes a key factor. These family members were to be commended for their success on their transitional journey.

I was also very aware of M.'s struggle to cope with the loss of her mother and the loss of a female role model, and the pull of the system for me to serve that function. Although M. was beginning to make friends at school, Mr. M. was encouraged to speak with women of the same ethnic background, and request they discuss with M. the normal physiological developmental changes of adolescent females.

I was also very aware of the impact that my gender and personal developmental stage had on these family members. They needed to be nurtured and I nurtured and supported them. They also needed to make some changes, and I, like a stern parent delivered a directive.

Minuchin and Fishman (1981), refer to the therapist's resonating chords that respond to the frequency of family members and state that the use of self is "the most powerful tool in the process of changing families." (p. 32). I believe my use of self was an important factor in the therapy of this family.

The creative ideas of my supervisor in the use of the mirror; in the emphasis of the reforming of a new family and the restoring of the identity of their family (by connecting the changes in their country of origin); in the reframing of M.'s refusal to speak as a temper tantrum thus challenging the belief system, expanded my belief in my executive skills in therapy. They also expanded my awareness about risks families will take in order to come "unstuck" if they believe they have the competence. Finally, they also expanded my beliefs about what can be accomplished in therapy when one integrates conceptual, perceptual and executive skills.

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?		VERY HARD	FOR ME		
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				✓	
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Make the last rating for yourself:

22. Feeling good about myself			✓		
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NAME: Family "C" Father  
 Date: 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			✓	<del>✓</del>	
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			✓		
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Make the last rating for yourself:

22. Feeling good about myself		✓			
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Family "c" Son,  
 NAME: Problem Checkist Date:

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.)				<input checked="" type="checkbox"/>	
2. Sharing feelings like anger, sadness, hurt, etc.			<input checked="" type="checkbox"/>		
3. Sharing problems with the family			<input checked="" type="checkbox"/>		
4. Making sensible rules			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5. Being able to discuss what is right and wrong				<input checked="" type="checkbox"/>	
6. Sharing of responsibilities				<input checked="" type="checkbox"/>	
7. Handling anger and frustration			<input checked="" type="checkbox"/>		
8. Dealing with matters concerning sex			<input checked="" type="checkbox"/>		
9. Proper use of alcohol, drugs			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
10. Use of discipline			<input checked="" type="checkbox"/>		
11. Use of physical force				<input checked="" type="checkbox"/>	
12. The amount of independence you have in the family				<input checked="" type="checkbox"/>	
13. Making contact with friends, relatives, church, etc.			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
14. Relationship between parents			<input checked="" type="checkbox"/>		
15. Relationship between children			<input checked="" type="checkbox"/>		
16. Relationship between parents and children				<input checked="" type="checkbox"/>	
17. Time family members spend together			<input checked="" type="checkbox"/>		
18. Situation at work or school			<input checked="" type="checkbox"/>		
19. Family finances				<input checked="" type="checkbox"/>	
20. Housing Situation					<input checked="" type="checkbox"/>

21. Overall satisfaction with my family				<input checked="" type="checkbox"/>	
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Make the last rating for yourself:

22. Feeling good about myself				<input checked="" type="checkbox"/>	
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NAME: Family "C" Daughter Date: \_\_\_\_\_

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			<del>✓</del>	✓	
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			✓		
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Make the last rating for yourself:

22. Feeling good about myself				✓	
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NAME: Family "c" Son<sub>2</sub> Date:  
 Problem Checklist

**OTHER LEARNING EXPERIENCES****Family "D"**

The purpose of discussing my short term work with this family is to illustrate a structural pattern which Minuchin (1974) describes as triangulation and is manifested in families by behavior problems of a child. Another reason is to demonstrate how this dysfunctional pattern can be repeated in families. And finally, I plan to reflect on this learning experience and discuss how my use of self could have changed the outcome of this case.

This nuclear family consists of Ron (age 38 years), Jean (age 36 years), Mitch, the identified patient (age 16 years), and Debbie (age 13 years). They were referred for family counselling by a Child and Family Services worker who suggested that this family was prepared to look at some issues while Mitch was living in a group home again. Further he suggested that these parents could not cope with Mitch's behavior which involved theft of an automobile, substance abuse and refusal to attend school. The parenting patterns were described as Jean being very strict and Ron continually "bailing Mitch out of trouble".

Ron and Jean presented to the scheduled interview and stated that Mitch refused to attend and Debbie was at



a soccer game. They added that they refused to force their children to participate in counselling and they were affirmed for their wisdom. This writer then asked them to complete Problem Checklists (which are presented at the end of this section). Jean identified that her areas of concern were sharing problems with the family, sharing responsibilities, and the relationship between the children. The only concern Ron identified was being able to discuss what is right and wrong. This couple indicated they are very satisfied with their marital relationship. They did not complete a FAM III.

Ron began the interview by stating he had to be back at his business in one hour and then he quickly summarized his concerns which focused on Mitch. These concerns were that Ron wants Mitch to return to school and to quit using drugs. Jean echoed these concerns and added that she would like to see more of her son. Ron then interrupted her and stated that he sees enough of him as Mitch is working for him in the family business. Jean then quietly stated that she also has concerns about their daughter and is afraid she will follow in Mitch's footsteps. Again Ron interrupted her and stated, "You just can't discipline these kids any more."

As this couple began to discuss their history as a family, both noted they have a very good relationship and they argue very rarely. When they do argue it is about Mitch. They then discussed the usual argument. Mitch gets into trouble and Jean, who spends all her time with the children disciplines him. Mitch then complains to his father that the punishment is too severe and Ron then modifies the consequences. Jean disagrees with Ron's decision and predicts that Mitch will break the rules again, which he does--and the pattern is repeated.

This couple are disengaged in the marital subsystem. They stated they spent little time together excepting for winter vacations which were becoming more infrequent. This couple did not acknowledge the covert conflict between them and focused instead on the behavior of Mitch which keeps them connected. Mitch and Ron were covertly aligned and the boundaries between Jean and Debbie were enmeshed. The key dysfunctional pattern was the triangulation of the children, particularly Mitch, which deflected the conflict from the marital subsystem into the child subsystem. In addition, Jean wanted Ron to spend more time with her and as she demanded attention, he became more peripheral in this subsystem and Debbie moved into this subsystem.

When this couple were asked what they wanted to happen Jean expressed her wish that they become a family again. Ron curtly stated that this will not happen because Mitch is very happy in the group home. Jean then began to weep as Ron defended Mitch for not visiting his mother and sister and reiterated that Mitch is where he wants to be.

Ron then informed me that I cannot help the family until Mitch is ready to be helped. Further he stated that the only reason they agreed to an interview was on the instructions of the Child and Family Services worker.

Several telephone calls to this family were not returned and this inactive file of six weeks was terminated via letter. I had planned to propose to work on teamwork in the parental subsystem and point out that Mitch was doing his job to keep them together. In addition, I planned to detriangulate the children by confronting the marital issues. However, I did not complete this work. At the time I speculated that this family was not in the correct client position (which was indicated by Ron, but couched in terms of Mitch's resistance), and that they were not ready for therapy. However, as I reflect on this case, I am aware of other possible reasons.

Minuchin and Fishman (1981), state that families involved in unresolved conflicts tend to focus on the deficits in the family. (p.277). This focus is accentuated when family members are asked to repeat their concerns every time they connect with helpers from child and family services agencies. When these services are not co-ordinated, the family members are likely to receive numerous and sometimes conflicting messages about how to resolve their problems. Not only does this complicate the patterns of interactions between the systems, but confuses family members as well. In addition, some family members feel threatened by social workers and interpret interventions as punitive.

This family had been involved with Child and Family Services for some time because they "could not cope with Mitch's behavior". Ron spoke to this issue when I asked about their concerns. This couple were aware that I had spoken to the Child and Family Services worker and attended the interview on the suggestion of this worker.

There are several ways I would structure this interview differently. Instead of quickly moving into the Problem Stage because of "time constraints", I could have spent considerably more time joining with these individuals and focusing on their strengths. They are

both very success-oriented and both have achieved this in their careers, for which they should have been affirmed. I could also have gently explored their involvement with other agencies, what has been helpful and not helpful, and what solutions have been tried. Further, I could have assured them I would help them find solutions and that I would not impose my solutions on them.

When we moved to the Problem Stage, I could have broadened the focus if they berated Mitch (his behavior would have been reframed), and asked about other concerns.

Finally, I did not attempt to communicate with this family by letter and terminated this case when they did not return telephone calls. Perhaps this family had experienced another crisis, perhaps they felt I did not understand them, or perhaps they thought they had complied with the Child and Family Services worker's suggestion, and they had appeased this system. Perhaps this family may consider future counselling.

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			✓		
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Make the last rating for yourself:

22. Feeling good about myself				✓	
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NAME: Family "D" Date: \_\_\_\_\_  
Mother  
 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.)					x
2. Sharing feelings like anger, sadness, hurt, etc.			x		
3. Sharing problems with the family			x		
4. Making sensible rules					x
5. Being able to discuss what is right and wrong		x			
6. Sharing of responsibilities				x	
7. Handling anger and frustration				x	
8. Dealing with matters concerning sex				x	
9. Proper use of alcohol, drugs			x		
10. Use of discipline				x	
11. Use of physical force		NO			
12. The amount of independence you have in the family					x
13. Making contact with friends, relatives, church, etc.					x
14. Relationship between parents					x
15. Relationship between children			x		
16. Relationship between parents and children			x		
17. Time family members spend together				x	
18. Situation at work or school					x
19. Family finances				x	
20. Housing Situation					x

21. Overall satisfaction with my family				x	
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Make the last rating for yourself:

22. Feeling good about myself					x
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NAME: Family "D" Father Date: \_\_\_\_\_  
 Problem Checklist

**Family "G"**

My purpose for describing this family is to demonstrate how changes in the systemic pattern can occur by working with individual members. It also serves to demonstrate the struggles of an adolescent who needs roots as well as wings in this developmental transition.

This family consists of Judy (age 37 years) and her daughters Becky, (age 16 years), and Terry, the identified patient (age 15 years). This writer had no contact with Becky.

The "E" family was referred by a teacher at school when Judy expressed concerns about Terry's "attitude" (surliness and sarcasm) at home and her refusal to participate with her mother in activities they previously enjoyed, such as shopping, swimming and board games. At the time of intake Terry lived at home. However, at the time of this writer's contact with the family, three months later, Terry lived in a foster home. This arrangement was made after Judy and Terry became involved in a physical confrontation over the keys to the house. Terry then left home and presented to Child and Family Services the following day. Judy also informed this writer that if she had been able to arrange counselling earlier, Terry would not be in care at this time.



All of Terry's scores on the pre-test indicated a problem--over 70--while Judy's fell within the average range, with the exception of role performance and affective expression. (See page 135). Both Judy and Terry indicated dis-satisfaction in most of the areas of the Problem Checklist, including "overall satisfaction with my family". (See pages 136 and 137).

Judy reluctantly agreed to present to an interview stating that the problem was with Terry and until she changed they would live apart. She reiterated this during the session and spoke at length about her close relationship with her parents, who she visited daily, and who helped her with all her problems including financial, relationship and every day stressors. It became apparent that Judy, an only child, had not differentiated from her family of origin.

Terry requested that her worker from Child and Family Services be in attendance for "support" during her initial interview with this writer, to which I agreed. This adolescent clearly articulated her feelings of rejection following her parents' marital separation and divorce two years ago. She had become her mother's confidante (boundaries became enmeshed) as the marital relationship deteriorated. When her mother joined a

support group in the community Terry felt rejected. She freely vented her anger stating that her mother refused to accept any responsibility for their problems and Terry rebuffed her mother's attempts to reconcile, fearing further rejection. When this occurred, Judy responded with angry accusations and then withdrew, leaving Terry feeling rejected and she in turn withdrew. Terry's withdrawal was metaphorically reframed as a "Prisoner of Love", with which she agreed. We contracted to find "the key".

Terry refused to attend an interview with her mother, but she agreed to present for another interview to begin work on finding the key. During the second interview Terry became very anxious when asked what she wanted from her mother, what she (Terry) did to block this from happening and how she could help her mother want to do this for her. She agreed her mother needed help in learning to understand what she needed and agreed to help, but asked that I not push her too fast.

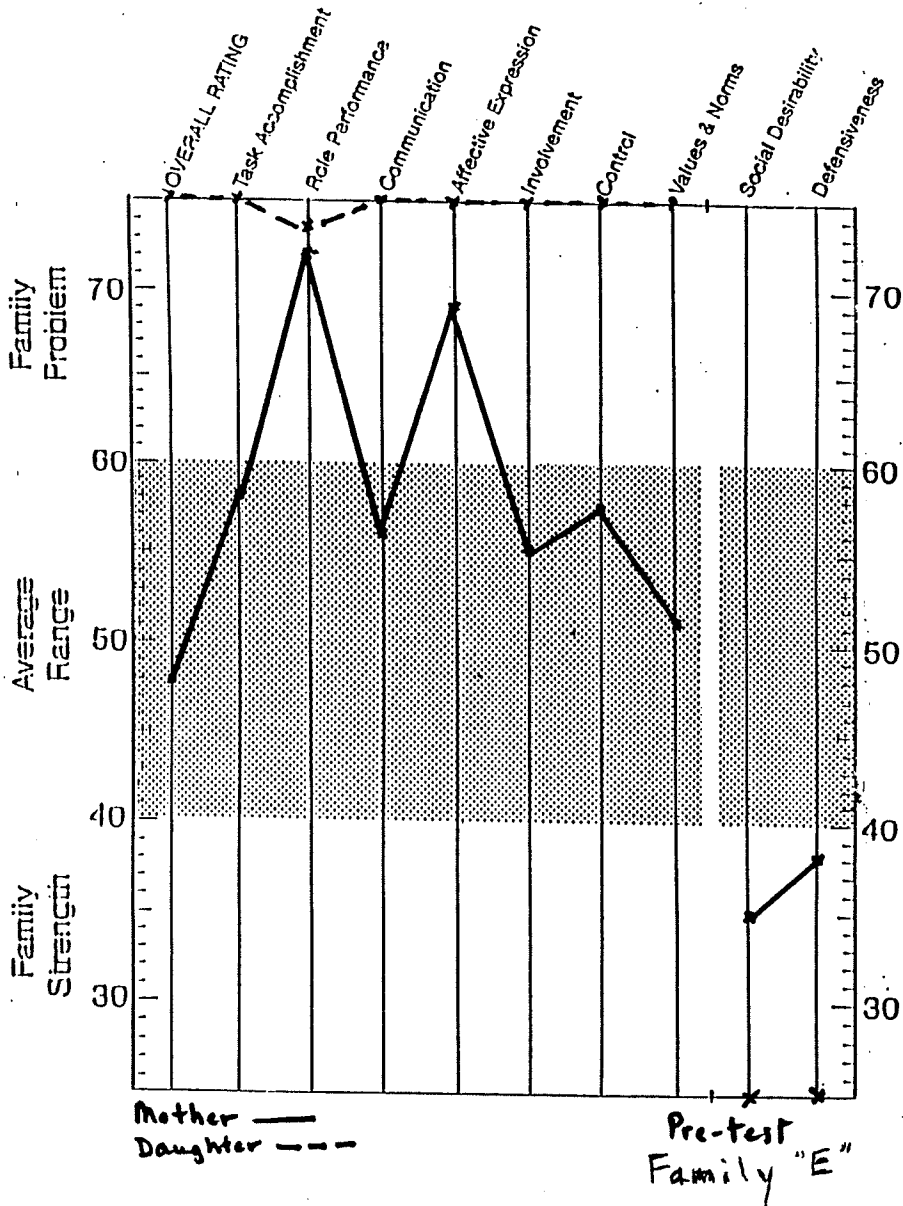
Perhaps I had moved too fast or did not validate Terry for her inner strength or instill hope that changes could occur. She did not contact this writer for one month. When we finally arranged an interview, Terry requested that her mother not attend (although she

consented that her mother be given the opportunity to view the videotape of the interview). Terry was validated for the positive changes she had made during the past month. As she discussed how she had visited her mother on several occasions and emphasized that they did not argue, she stated, "I'm so proud." Terry then stated she thought they were ready to work on their problems together.

Judy agreed with this plan several weeks later when this writer met with her in her home because it was more convenient for her. She too was congratulated for the positive changes she had made which were summarized prior to the transfer of this case when I left the agency.

Changes in the systemic pattern were taking place as the relationship and developmental issues were discussed. However, more changes need to occur before Terry returns home to establish her roots and strengthen her wings, before she can "leave home" with a strong sense of her identity.

FAM GENERAL SCALE



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: Family "E"  
 Mother  
 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: Family "E" Date: \_\_\_\_\_

Daughter  
Problem Checklist

### OTHER FAMILIES

These four families presented new challenges in my practicum experience. (The assessment and outcome data for these families are presented in Appendix F).

One family, a blended family, stimulated my interest in attempting to understand from a theoretical perspective, how remarriage impacts on the family. The "F" family's attempts to re-establish boundaries and integrate a new member (who described how he was locked out of the family) reflected the dynamics of my family of origin. Similarly, an adolescent was triangulated and she rebelled. Although the adolescent in this family refused to attend therapy sessions, the family structure was reorganized as the conflict in the spousal sub-system was confronted.

In another family, the "G" family, the structure of the family began to reorganize after a two generational genogram was used to illustrate how this couple had learned to avoid conflict in the spousal subsystem from their parents. This pattern of avoidance resulted in the detouring of the conflict into the child subsystem and the adolescent male demonstrated similar adolescent developmental problems as his father had experienced.

When these patterns were exposed, the family began to strengthen the parental subsystem and delineate the boundary between the child and parent subsystems.

These last two families presented with problems relating to the adolescent stage of the family life cycle. History was also a key factor for both of these single mothers, which was an important piece in how the systems remained "stuck". While one mother showed reverence for her history, and deference toward her parents, the other talked about a "dysfunctional home life", and her determination to prevent the repetition of these patterns with her children.

Therapy with these families focused on establishing clear interpersonal boundaries to allow individuation, teaching the parents to "let go", and encouraging the adolescent children to demonstrate responsible behavior. They were also reminded that we can learn from the past, but in order to move on, history must be placed in proper perspective.

One of these families, family "H", terminated rather abruptly the week before termination was planned, when they moved. In the other family, family "I", the female adolescent did not present for the last three scheduled interviews. FAM III(s) were mailed to these



family members but none had been returned at the time of this writing. Both of these cases were closed and the therapeutic contract was terminated via letter.

**CHAPTER IV****SYNTHESIS AND CONCLUSIONS**

Throughout this report I have discussed my learning along this journey. This would not have been possible without the gifts afforded me by these families and three supervisors. Each family offered the opportunity for my precise and focused learning objectives--to develop and demonstrate conceptual, perceptual and executive skills in working with families in the adolescent stage of the family life cycle--to be realized. And each supervisor in her/his unique style challenged, coached and confronted me to integrate structural and strategic family therapy concepts into practice, and to challenge my beliefs about therapy and about myself.

As I stated earlier, I initially focused so intently on the content I could not see the process and patterns of interaction, I could not track behavioral sequences, nor ask circular questions, nor reframe behavior positively. And I certainly could not make covert conflict explicit or address dysfunctional patterns of interaction in the families. Instead, in my initial state of anxiety I used very primitive assessment skills.

When a supervisor coached me to become aware of my use of self, I realized that as I became less anxious I had the freedom to become more flexible as a change agent. My executive skills became more fluid and this allowed me to see the process. As my perceptual skills began to develop I began to integrate conceptual skills. In turn, my executive skills improved. My learning and skill development became circular as did the therapeutic process.

The process of how families changed was a gripping and positive experience for me. When the "A" family became unstuck in the developmental cycle and Val began to "let go" after I asked circular questions and challenged their belief systems about the role of a teenager and the mother of a teenager, I was intrigued. When I began to master the technique of "shifting gears" smoothly and marking boundaries with the "B" family, I was fascinated with the change in the process. And when my supervisor reinforced the idea that families sometimes prescribe solutions, I began to understand how changes are made.

When we search for inner strength and competency, affirm family members for their wisdom, and reinforce that the responsibility to change lies with them, we

become the scout as we guide them on the therapeutic journey. Once we cross the river with "all hands on deck", our work is done.

My journey as a therapist has just begun as I continue to learn about the connections of family problems to systemic patterns, always aware of the unique emotional pulse of each family.

In conclusion, and looking to the future, I believe there is a need in this field to explore the importance adolescents attach to individuation, at what point they begin to embark on this quest for identity and if, in fact, individuation is a central issue in adolescence. In retrospect, I had the opportunity to explore these questions in my clinical experience. Perhaps I will explore them in my future practice with adolescents and their families in the adolescent stage of the family life cycle.

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**A (i)**

**APPENDIX A**

A (11)

January 7, 1991

### Supervision Contract

This contract will define the structure and goals of supervision for my practicum placement at Children's Home of Winnipeg beginning January 7, 1991 and terminating June 28, 1991.

During the four months from January to April, 1991, I will be available for 12 hours per week. In May and June I will be available full time. During these six months I plan to work with six-to-ten families depending on the complexity of the case and the length of therapy. During the first three months I will carry a caseload of four families.

#### Supervision

##### 1. Structure

My work with the first two families will be supervised by Paula Burleson. I will receive 1 1/2 hours per week of scheduled clinical supervision which will include live supervision and/or review of audio-visual tapes. In addition, recording will be reviewed to ensure agency protocol is followed. Paula Burleson will inform her supervisor, Len Zachidniak of my progress.

Len Zachidniak will supervise the next two cases and I will receive 1 1/2 hours per week of scheduled clinical supervision and/or review of audio-visual tapes and review of my recording.

Dr. Harvy Frankel will supervise the last two cases. I will receive 1 hour per week of scheduled clinical supervision which will include live supervision and/or review of audio-visual tapes.

Dr. Barry Trute will be available for consultation for the interpretation and discussion of pre-and-post-test measures for my practicum report.

Finally, I will initiate ad hoc supervision regarding cases, direction regarding case management, resource information or other concerns.

A (iii)

2. Goals

- to develop a working knowledge of the theoretical underpinnings of the structural model of family therapy as they apply to the assessment and treatment of adolescents and their families
- to integrate theory with practice
- to receive through supervision, feedback regarding assessment, treatment and recording skills
- to explore alternate interventions from the structuralist perspective
- to receive support/validation

Evaluation of Practice

Preceding the scheduled Committee Meeting on Monday, March 25, 1991 at 10:00 a.m., Paula Burleson and Len Zachidniak will meet with me to discuss a mid-term evaluation of practice.

\_\_\_\_\_  
Paula Burleson, Supervisor

\_\_\_\_\_  
Len Zachidniak, Supervisor

\_\_\_\_\_  
Dr. Harvy Frankel, Supervisor

\_\_\_\_\_  
Dr. Barry Trute, Supervisor

\_\_\_\_\_  
Yvonne McLeod, Supervisee

**B (i)**

**APPENDIX B**

B (ii)

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: \_\_\_\_\_

C (i)

APPENDIX C



C (ii)

Family Assessment Measure Sample Questions<sup>1</sup>

1. Task Accomplishment
  11. When problems come up, we try different ways of solving them.
  41. We deal with our problems even when they're serious.
2. Role performance
  2. Family duties are fairly shared.
  22. We agree about who should do what in our family.
3. Communication
  3. When I ask someone to explain what they mean, I get a straight answer.
  23. I never know what's going on in our family.
4. Affective Expression
  24. I can let my family know what is bothering me.
  44. When our family gets upset, we take too long to get over it.
6. Involvement
  26. My family tries to run my life.
  46. We don't really trust each other.
7. Control
  17. When you do something wrong in our family, you don't know what to expect.
  37. Punishments are fair in our family.
8. Values and Norms
  8. We have the same views on what is right and wrong.
  48. We are free to say what we think in our family.
9. Social Desirability
  5. We are as well adjusted as any family could possibly be.
  49. My family is not a perfect success.
10. Defensiveness
  25. We never get angry in our family.
  50. We have never let down another family member in any way.

-----  
<sup>1</sup>Skinner, H., Steinhauer, P., and Santa-Barbara, J. (1983). The Family Assessment Measure. Canadian Journal of Community Mental Health, 2(2), 91-105.

## C (iii)

### FAM Interpretation Guide 1

#### 1. TASK ACCOMPLISHMENT

##### LOW SCORES (40 and below) STRENGTH

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

##### HIGH SCORES (60 and above) WEAKNESS

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

#### 2. ROLE PERFORMANCE

##### LOW SCORES (40 and below) STRENGTH

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

##### HIGH SCORES (60 and above) WEAKNESS

- insufficient role integration, lack of agreement regarding role definitions
- inability to adapt to new roles required in evolution of the family life cycle
- idiosyncratic roles

#### 3. COMMUNICATION

##### LOW SCORES (40 and below) STRENGTH

- communications are characterized by sufficiency of information
- messages are direct and clear
- receiver is available and open to messages sent
- mutual understanding exists among family members

##### HIGH SCORES (60 and above) WEAKNESS

- communications are insufficient, displaced or masked
- lack of mutual understanding among family members
- inability to seek clarification in case of confusion

#### 4. AFFECTIVE EXPRESSION

##### LOW SCORES (40 and below) STRENGTH

- affective communication characterized by expression of a full range of affect, when appropriate and with correct intensity

##### HIGH SCORES (60 and above) WEAKNESS

- inadequate affective communication involving insufficient expression, inhibition of (or overly intense) emotions appropriate to a situation

#### 5. AFFECTIVE INVOLVEMENT

##### LOW SCORES (40 and below) STRENGTH

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

##### HIGH SCORES (60 and above) WEAKNESS

- absence of involvement among family members, or merely interest devoid of feelings
- involvement may be narcissistic, or to an extreme degree, symbiotic
- family members may exhibit insecurity and lack of autonomy

#### 6. CONTROL

##### LOW SCORES (40 and below) STRENGTH

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

##### HIGH SCORES (60 and above) WEAKNESS

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

#### 7. VALUES AND NORMS

##### LOW SCORES (40 and below) STRENGTH

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

##### HIGH SCORES (60 and above) WEAKNESS

- components of the family's value system are dissonant resulting in confusion and tension
- conflict between the family's values and those of the culture as a whole
- explicitly stated rules are subverted by implicit rules
- degree of latitude is inappropriate

<sup>1</sup>Skinner, H., Steinhauer, P., and Santa-Barbara, J. (1983). The Family Assessment Measure. Canadian Journal of Community Mental Health, 2(2), 91-105.

**D (i)**

**APPENDIX D**

D (ii)

Termination Summary

Worker \_\_\_\_\_

Family \_\_\_\_\_

What would you identify as the key interventions that were tied to change in the child and/or family system?

During the course of therapy, were there any important life circumstances that could have negatively or positively affected the family system? (That is, in the home, workplace/school, or community setting.)

Were there any circumstances tied to this agency setting or its procedures that you believe could have affected the progress of this case?

When you consider the family as a whole, how would you assess change that was the result of your clinical intervention, within these domains:

Task Accomplishment	better___	unchanged___	worse___
Role Performance	better___	unchanged___	worse___
Communication	better___	unchanged___	worse___
Control	better___	unchanged___	worse___
Affective Expression	better___	unchanged___	worse___
Involvement	better___	unchanged___	worse___
Values and Norms	better___	unchanged___	worse___

What were the major presenting problems that were addressed in this case? As a result of therapy, were they

	better	unchanged	worse
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

Other comments?

---

**E (i)**

**APPENDIX E**

E (ii)

THERAPIST EVALUATION FORM

Below are a number of questions regarding the services you received at Children's Home of Winnipeg, Family Therapy Department. For each of the following questions please circle the appropriate number that reflects your opinion about the services your therapist provided. Thank you.

	Very Dis- Satisfied 1	Dis- Satisfied 2	In Between 3	Satisfied 4	Very Satisfied 5
Communicates clearly	1	2	3	4	5
Demonstrates sensitivity to feelings of our family	1	2	3	4	5
Helps our family define(discuss) needs	1	2	3	4	5
Demonstrates respect	1	2	3	4	5
Helps our family find solutions	1	2	3	4	5
Demonstrates warmth	1	2	3	4	5
Provides a new way of seeing(understanding) things	1	2	3	4	5
Demonstrates understanding of our family	1	2	3	4	5
Listens to our family	1	2	3	4	5
Overall quality of service	1	2	3	4	5

ADDITIONAL COMMENTS

RECEIVED  
10-07-1991  
J.E.

E (iii)

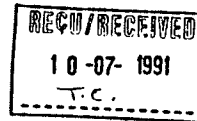
THERAPIST EVALUATION FORM

Below are a number of questions regarding the services you received at Children's Home of Winnipeg, Family Therapy Department. For each of the following questions please circle the appropriate number that reflects your opinion about the services your therapist provided. Thank you.

	Very Dis- Satisfied 1	Dis- Satisfied 2	In Between 3	Satisfied 4	Very Satisfied 5
Communicates clearly					5
Demonstrates sensitivity to feelings of our family					5
Helps our family define(discuss) needs			3	4	5
Demonstrates respect				4	5
Helps our family find solutions			3	<del>4</del>	5
Demonstrates warmth				4	5
Provides a new way of seeing(understanding) things				<del>4</del>	5
Demonstrates understanding of our family				4	5
Listens to our family				4	5
Overall quality of service				4	5

ADDITIONAL COMMENTS

*I wish we had more sessions with her.*



E (iv)

THERAPIST EVALUATION FORM

Below are a number of questions regarding the services you received at Children's Home of Winnipeg, Family Therapy Department. For each of the following questions please circle the appropriate number that reflects your opinion about the services your therapist provided. Thank you.

	Very Dis- Satisfied 1	Dis- Satisfied 2	In Between 3	Satisfied 4	Very Satisfied 5			
Communicates clearly			1	2	3	4	5	(5)
Demonstrates sensitivity to feelings of our family			1	2	3	4	5	(5)
Helps our family define(discuss) needs			1	2	3	4	5	(5)
Demonstrates respect			1	2	3	4	5	(5)
Helps our family find solutions			1	2	3	4	5	(5)
Demonstrates warmth			1	2	3	4	5	(5)
Provides a new way of seeing(understanding) things			1	2	3	4	5	(5)
Demonstrates understanding of our family			1	2	3	4	5	(5)
Listens to our family			1	2	3	4	5	(5)
Overall quality of service			1	2	3	4	5	(5)

**ADDITIONAL COMMENTS**

*Our family situation has become much improved since prior to the services.*

*I believe the services, combined with a drastic change in schooling for our son, helped improve the situation.*

*I would definitely request further assistance if the need arises.*

*Thank you to you and the entire staff that helped me!*

10-07-1991  
T.E. ....



E (v)

THERAPIST EVALUATION FORM

02-08-1991  
MP

Below are a number of questions regarding the services you received at Children's Home of Winnipeg, Family Therapy Department. For each of the following questions please circle the appropriate number that reflects your opinion about the services your therapist provided. Thank you.

Very Dis-Satisfied 1	Dis-Satisfied 2	In Between 3	Satisfied 4	Very Satisfied 5		
Communicates clearly		1	2	3	4	5
Demonstrates sensitivity to feelings of our family		1	2	3	4	5
Helps our family define (discuss) needs		1	2	3	4	5
Demonstrates respect		1	2	3	4	5
Helps our family find solutions		1	2	3	4	5
Demonstrates warmth		1	2	3	4	5
Provides a new way of seeing (understanding) things		1	2	3	4	5
Demonstrates understanding of our family		1	2	3	4	5
Listens to our family		1	2	3	4	5
Overall quality of service		1	2	3	4	5

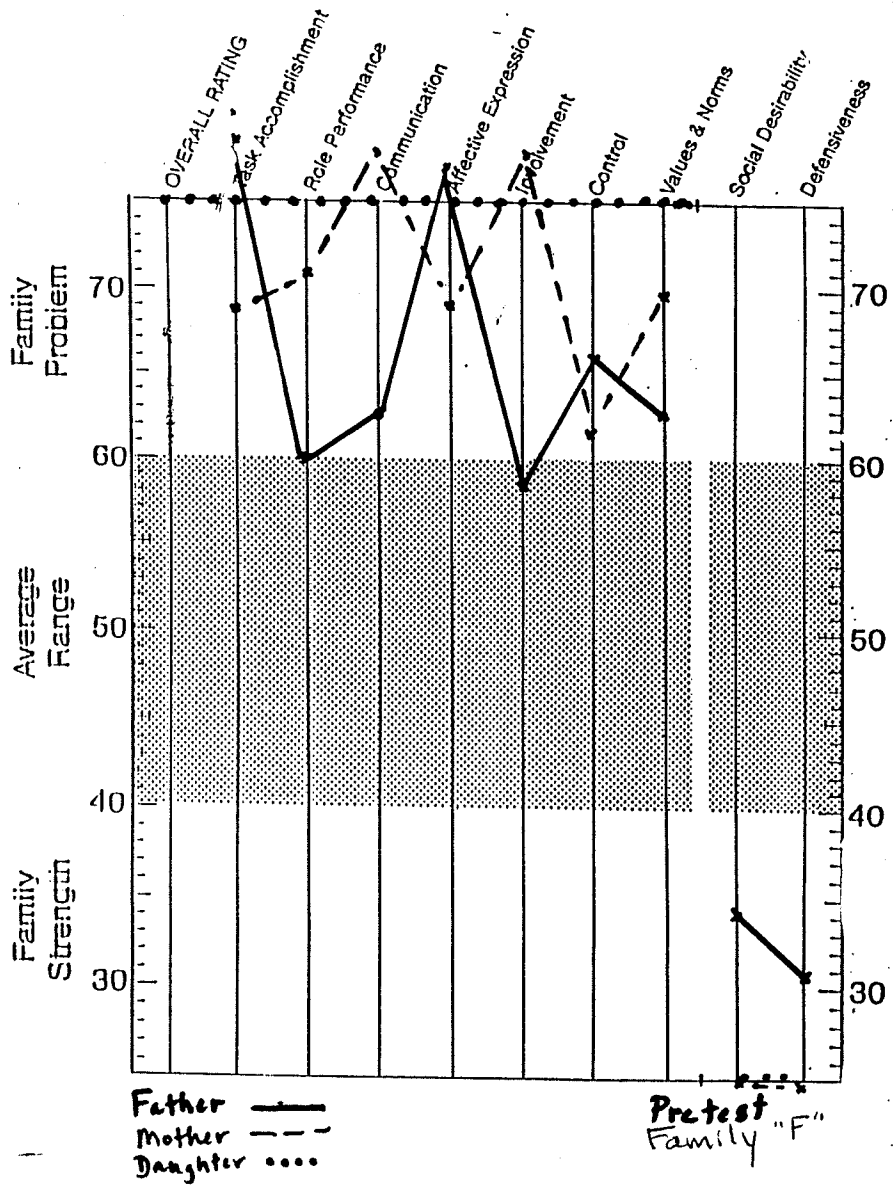
ADDITIONAL COMMENTS

Mrs. McLeod helped me to understand a lot of things about myself and how I am + I discuss a lot of problems openly + I still tend to get argumentative sometimes. There are less problems at home now. We see and understand more about how we feel towards each other. We also understand that a lot of our problems come from our own home lifestyles. You were a very understanding + compassionate person. + I found it a pleasure to see her at our meetings. It was great to feel that someone really cared about our family + thanks for the help

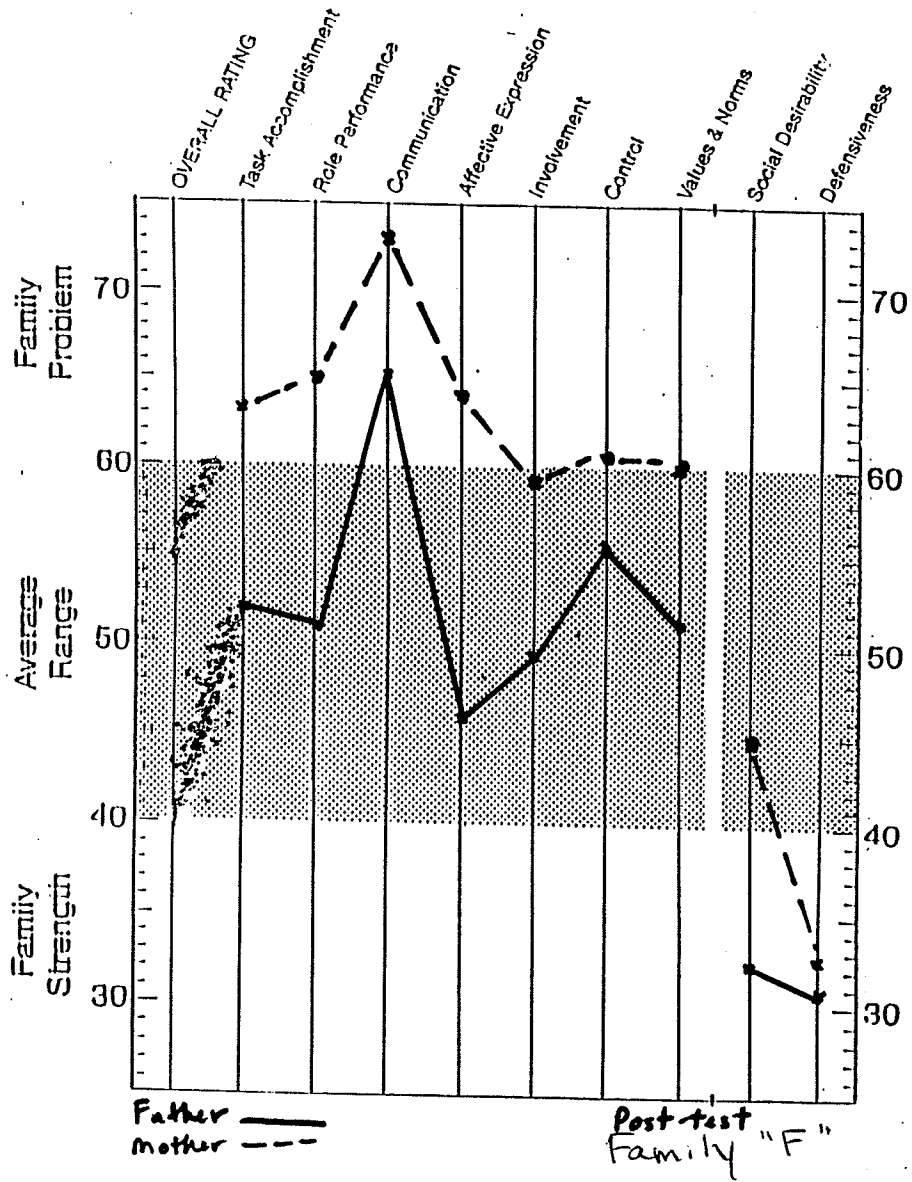
**F (i)**

**APPENDIX F**

FAM GENERAL SCALE



### FAM GENERAL SCALE



F (iv)

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			✓		
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Make the last rating for yourself:

22. Feeling good about myself		✓			
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NAME: Family "F" Date: \_\_\_\_\_  
 Mother  
 Problem Checklist

F (v)

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			✓		
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Make the last rating for yourself:

22. Feeling good about myself			✓		
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NAME: Family "F" Date: \_\_\_\_\_  
Father  
 Problem Checklist

F (vi)

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.	✓				<del>✓</del>
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	<del>✓</del>		✓		
The amount of independence you have in the family			✓		
Making contact with friends, relatives, church, etc.					✓
Relationship between parents		<del>✓</del>		✓	
Relationship between children	<del>✓</del>		✓		
Relationship between parents and children		✓			
Time family members spend together				✓	
Situation at work or school				✓	
Family finances		✓			
Housing Situation					✓

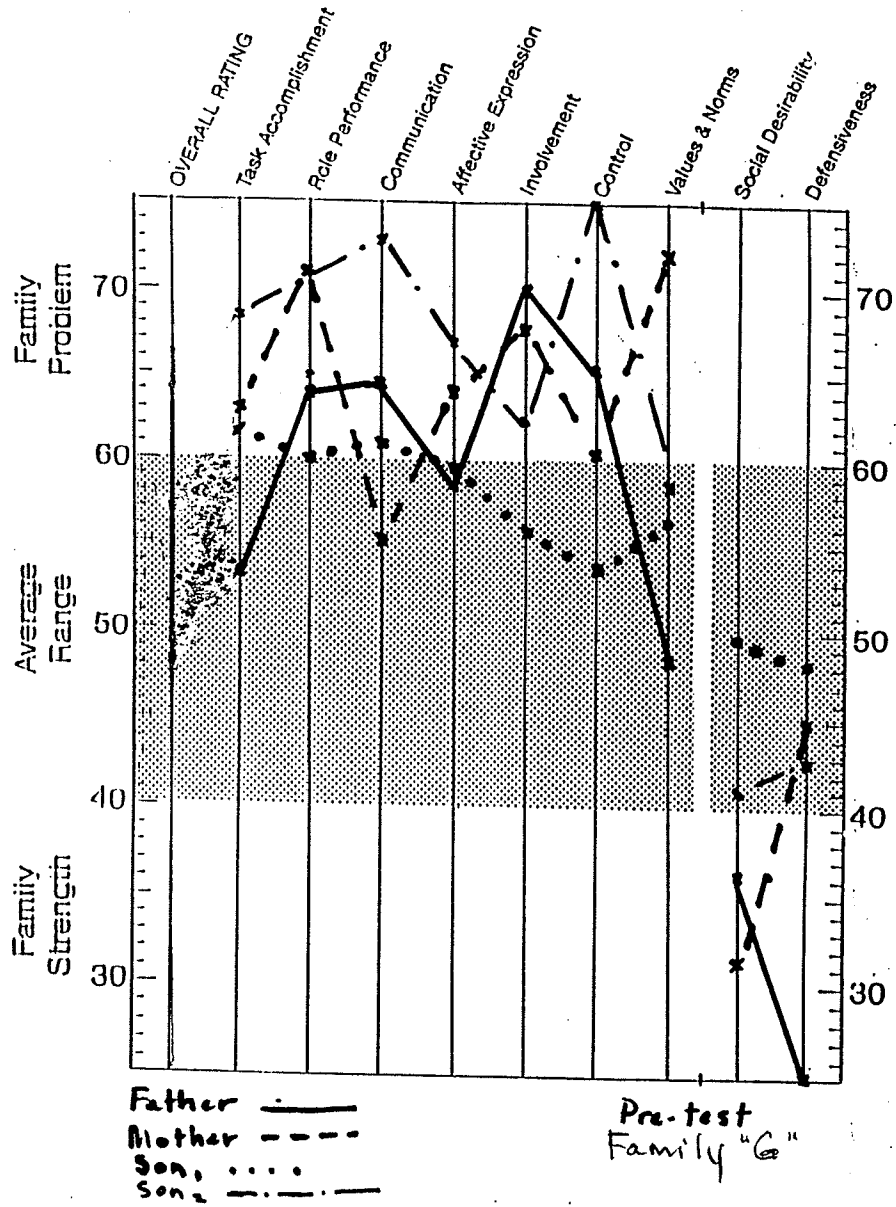
21. Overall satisfaction with my family

Make the last rating for yourself:

22. Feeling good about myself

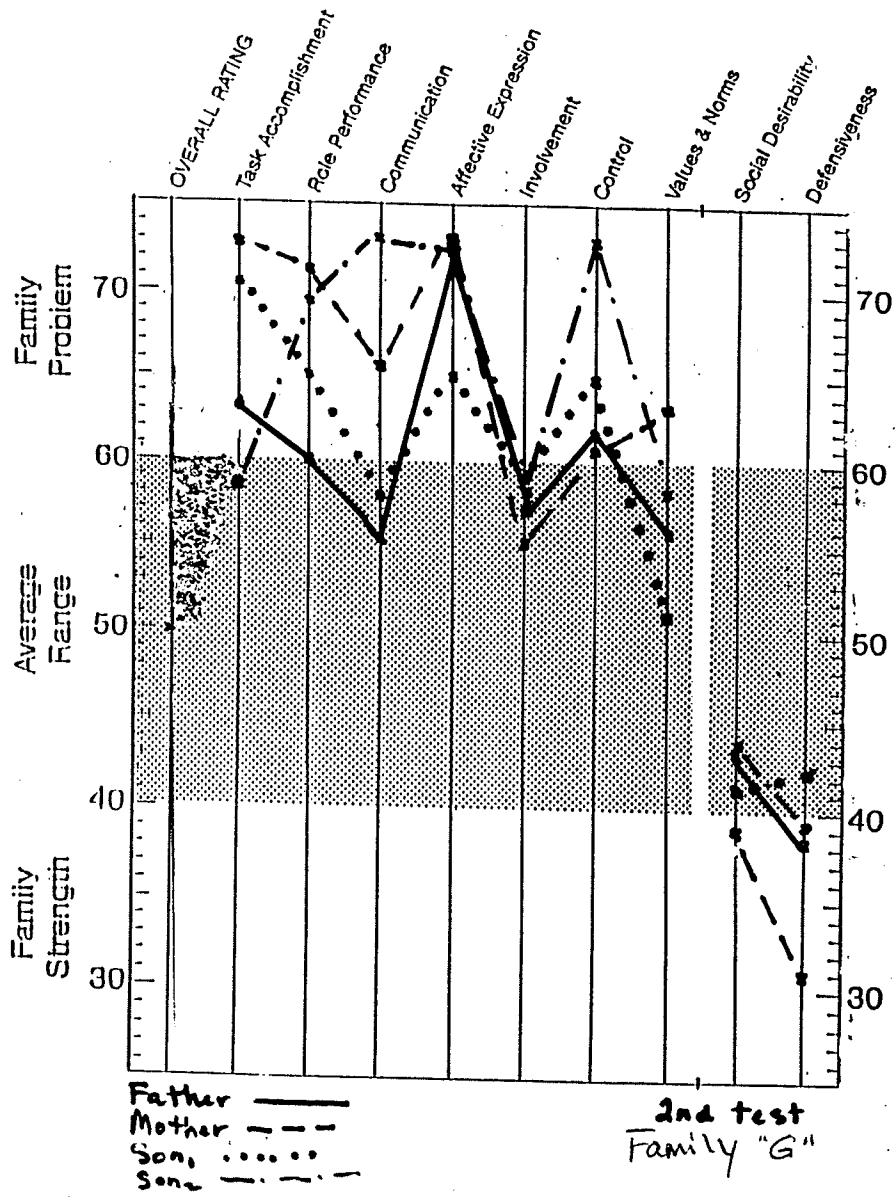
NAME: Family "F" Daughter -Date: \_\_\_\_\_  
 Problem Checklist

FAM GENERAL SCALE

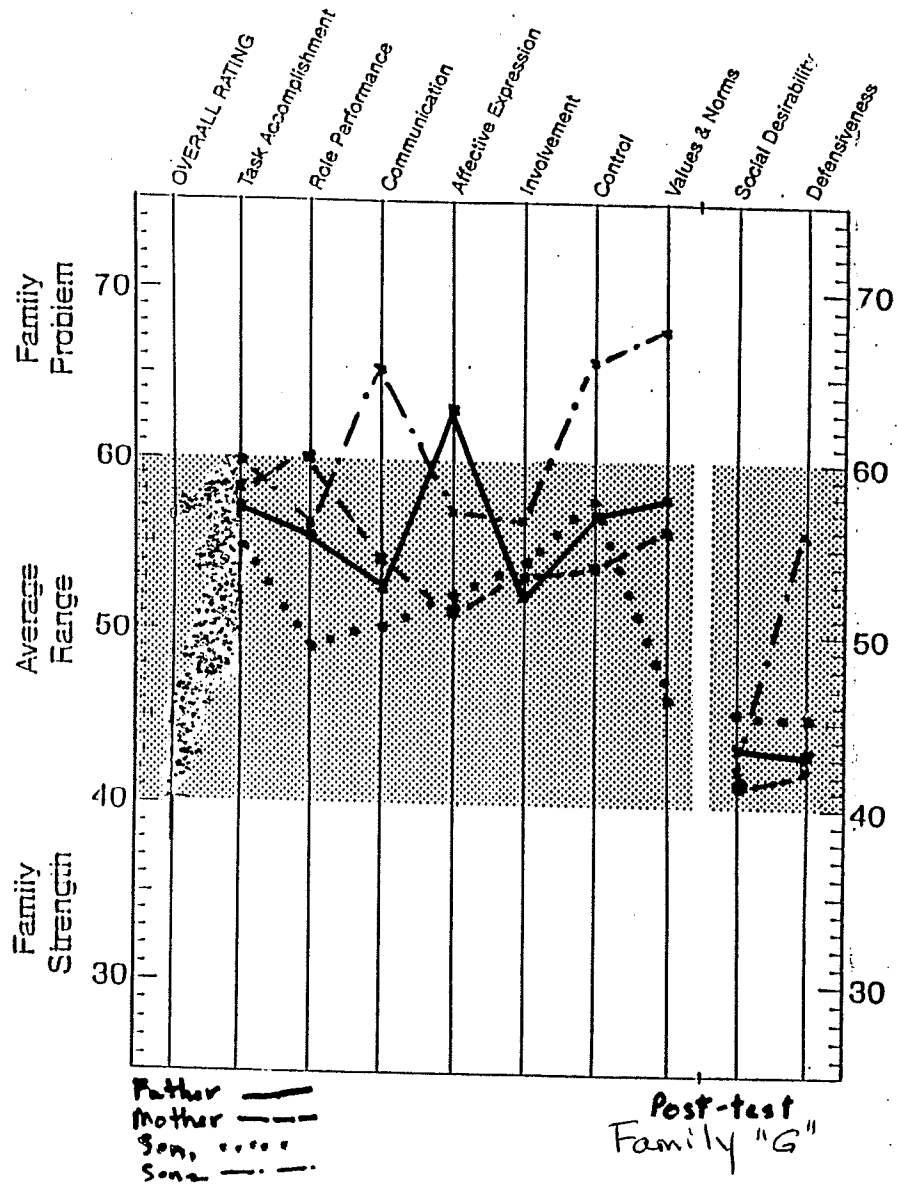




FAM GENERAL SCALE



FAM GENERAL SCALE



F (x)

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			✓		
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Make the last rating for yourself:

22. Feeling good about myself			✓		
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NAME: Family "G" Date: \_\_\_\_\_

Mother

Problem Checklist

F (xi)

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		✓			
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NAME: Family "G" Date: \_\_\_\_\_  
Father  
 Problem Checklist

F (xii)

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

21. Overall satisfaction with my family			x		
---	--	--	---	--	--

Make the last rating for yourself:

22. Feeling good about myself			x		
-------------------------------	--	--	---	--	--

NAME: Family "G" Date: \_\_\_\_\_  
Son,  
 Problem Checklist

F (xiii)

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					✓

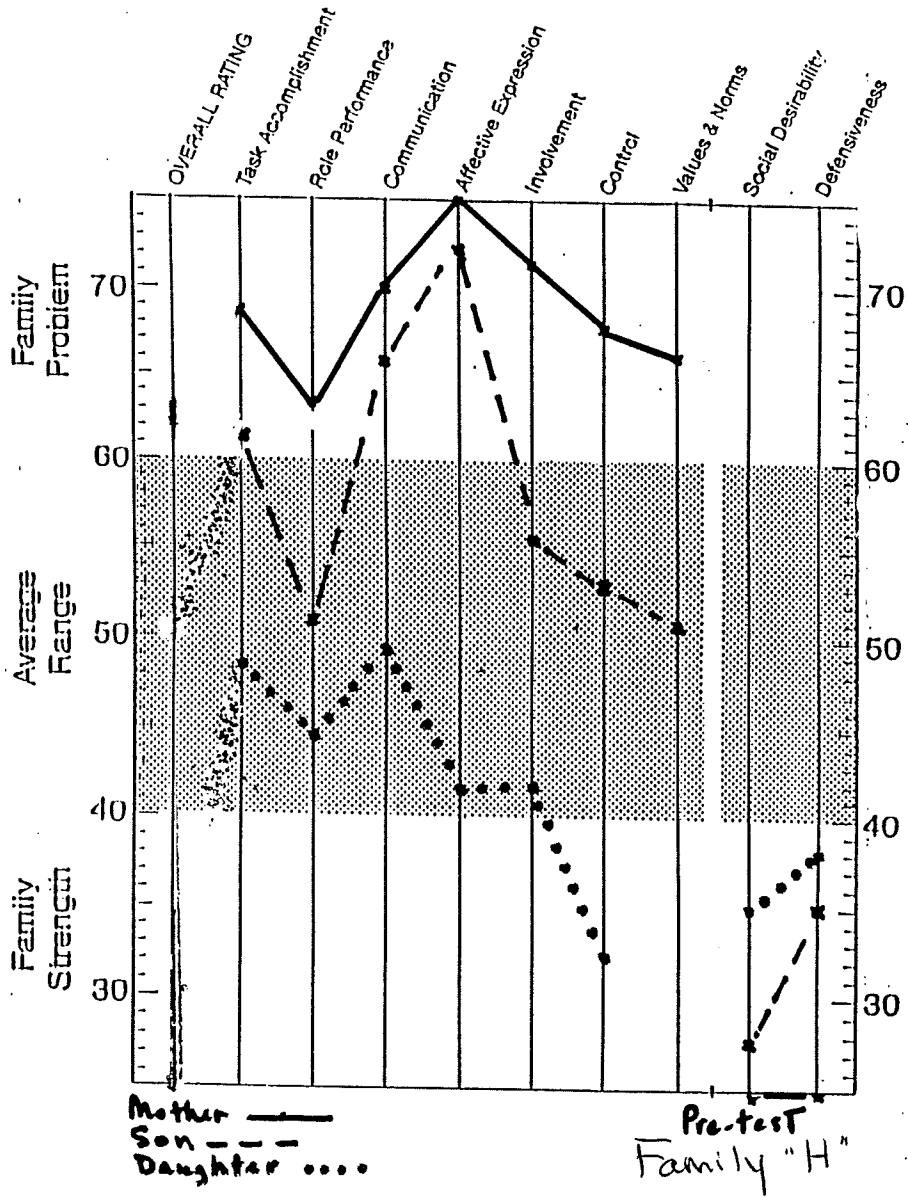
21. Overall satisfaction with my family				✓	
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Make the last rating for yourself:

22. Feeling good about myself				✓	
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NAME: Family "G" Date: \_\_\_\_\_  
Son<sub>2</sub>  
 Problem Checklist

FAM GENERAL SCALE



F (xv)

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	✓				
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Make the last rating for yourself:

22. Feeling good about myself	✓				
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NAME: Family "H" Date: \_\_\_\_\_  
 Mother  
 Problem Checklist



F (xvi)

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	<del>AD</del>	<del>sp</del>	<del>sp</del>	✓	<del>AD</del>
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Make the last rating for yourself:

22. Feeling good about myself			✓		
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NAME: Family "H" Date: \_\_\_\_\_  
Son  
 Problem Checklist

F (xvii)

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					✓

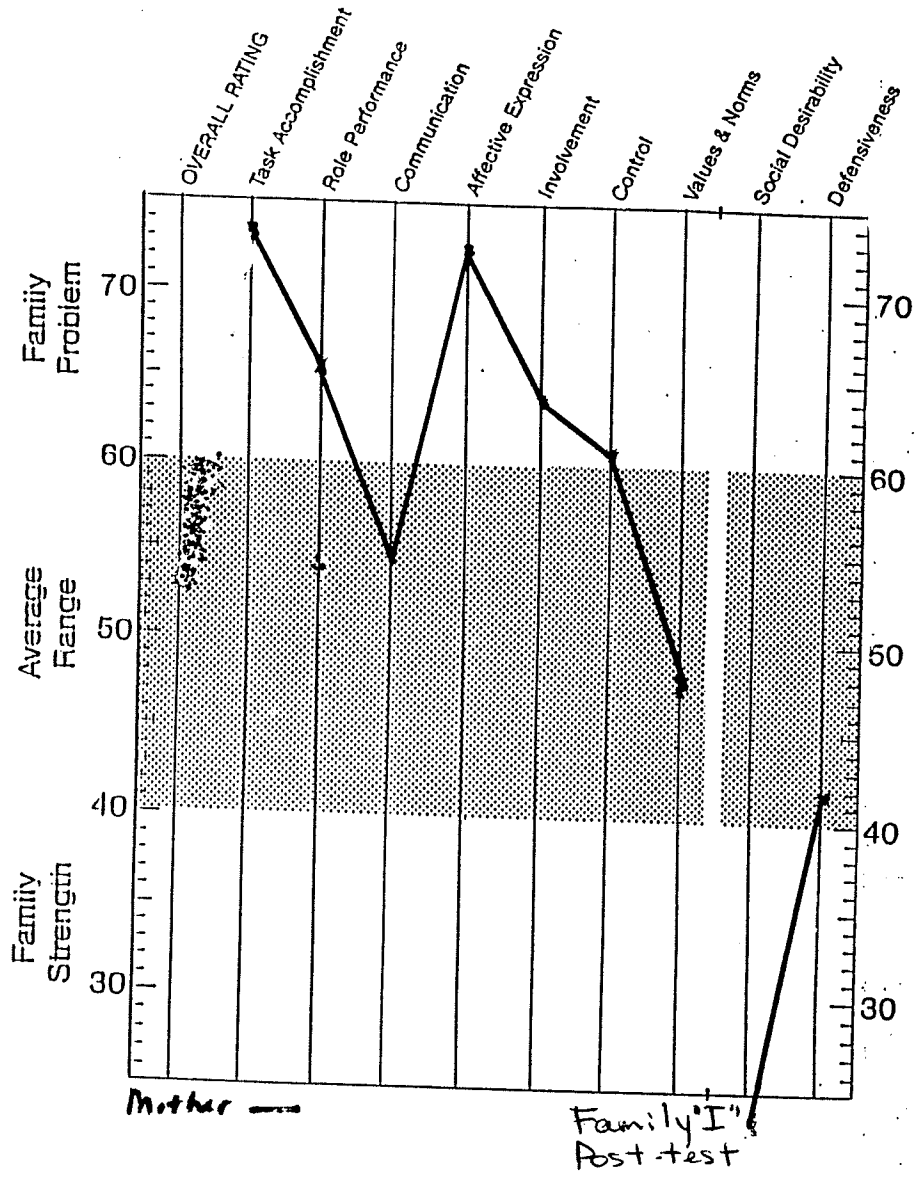
21. Overall satisfaction with my family					✓
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Make the last rating for yourself:

22. Feeling good about myself					✓
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NAME: Family "H" Date: \_\_\_\_\_  
 Daughter  
 Problem Checklist

FAM GENERAL SCALE



F (xx)

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.)			<del>///</del>	✓	
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			✓		
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Make the last rating for yourself:

22. Feeling good about myself				✓	
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NAME: Family "I" Mother  
 Date: \_\_\_\_\_  
 Problem Checklist

F (xxi)

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

21. Overall satisfaction with my family	X				
---	---	--	--	--	--

Make the last rating for yourself:

22. Feeling good about myself				X	
-------------------------------	--	--	--	---	--

NAME: Family "I" Date: \_\_\_\_\_  
Daughter  
 Problem Checklist