

# **Brief Therapy à la de Shazer, Does it Work?**

**By**

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**A Practicum Report**

**Submitted to the Faculty of Graduate Studies in Partial  
Fulfilment of the Requirements for the Degree of**

**Master of Social Work**

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DOES IT WORK?

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DAVID F. CHARABIN

A practicum submitted to the Faculty of Graduate Studies  
of the University of Manitoba in partial fulfillment of the  
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## Abstract

This practicum represents a limited evaluation of the efficacy of brief therapy when used with families in general and remarried families in particular. The brief therapy model used, based on the work of Steve de Shazer, focuses on identifying exceptions to the presenting complaint, and the development of solutions based on what the family has already shown itself capable of doing. With the understanding that de Shazer's model of brief therapy is presented as being transparent with respect to context this practicum examined whether a consideration of the differential contexts families present with is necessary to inform intervention. Pre and post-measures were used to assess whether this mode of intervention is effective when working within the unique context of the remarried family system.

Two additional questions were used to assess how well the intervention succeeded in promoting a vision of a better future and in one case the point at which this shift in perception occurred. As well this practicum looks at the limitations a pure application of the brief therapy model would present.

For my parents, David and Elaine Charabin.

## Acknowledgements

It would be misleading to represent this practicum as the work of one person. Ruth Rachlis showed me how course work and practicum could be integrated. Harvey Frankel offered the language which enabled me to think more systemically. Paul Doerksen emphasised what I already knew and suggested other avenues to explore. George Enns taught me about how I learn.

Linda Duffy supplied editorial skills, popcorn, shoulder rubs and encouragement. John Smyth and Rose Siemieniuk both challenged and supported my thinking on how to teach people to look after themselves.

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# Introduction

## Thinking About Systems

While the evolutionary history of family therapy is relatively short the diversity of the models it has generated has been great. Different perspectives have emerged on the proper foci of assessment, techniques of intervention and the nature of therapy itself. Following Koman and Strechler (1985) we can say the systemic perspective represents a "metatheory" meaning it manifests itself in other theories rather than in technique. While different therapeutic models are promoted as being, in some way, unique they are more about which aspects of systems functioning to attend to than representing an alternative systemic view in and of themselves. Stated another way we can say the various models of intervention emphasise different patterns of interaction within the family system. In this way other theories can be understood as representing methodological rather than theoretical differences. Thus, the systemic perspective can be taken as a fundamental first premise of family therapy.

Taking a systemic perspective means seeing the family as an organizational system and not simply a collection of interacting forces (Koman & Strechler, 1985). Viewed within the context of the family system the actions of individuals can be understood through looking at the role the reactions of others have in the behaviour manifested. This, somewhat more complex, view of individual behaviour permits a shift to looking at the role that larger contexts (e.g. political, economic, cultural) play in the life of the family and its membership. Thus, the systemic perspective looks at the interactions, interrelations, interdependence between elements within a

system and between systems (Koman & Strechler). So just as an individual is an integral part of the family system the family system is, in turn, interconnected with the socio-cultural context within which it is nested (Minuchin, 1974).

It is within the context of the family system which the individual learns how to interact with others and it is the family system which represents the individual's strongest allegiance (Koman & Strechler, 1985). Because the family system simultaneously represents the larger socio-cultural environment, and forms the primary context within which the individual learns how to behave, it represents a means to both understand and promote change in behaviour. Knowing the interconnections between individuals, within a system, and how they respond to each other, provides us with a picture of the interactional patterns which are stable regardless of form and structure, and which in turn represent, the key to promoting change.

Taking a systemic perspective, as being fundamental to any model of family therapy, this report intends to examine a therapeutic technique which places emphasis on particular patterns of systems functioning. Given a pure systemic perspective does not restrict itself, to a consideration of either families nor the larger socio-cultural environments of which they are a part, what are the advantages to emphasising only certain aspects of a particular system's functioning?

### **Principal Area of Interest**

The work presented here is based on a clinical internship in family therapy, conducted at MacNeill Clinic in Saskatoon Saskatchewan, which focused on the use of de Shazer's model of brief therapy with remarried,

single-parent and first-married families. The area of particular interest was the limits and advantages of this model of intervention with remarried families. No criteria were set for the presenting problem as the focus was on the efficacy of the mode of intervention.

Taking this orientation helped to develop clinical skills in a number of ways. Narrowing the primary area of interest to remarried families required some specialization in the knowledge required. This learning was important when we understand the limited theoretical and empirical base for working with remarried families. The inclusion of single-parent and first-married families extended the knowledge base to the use of the brief model of therapeutic intervention with other family forms.

The internship on which this report is based, provided an opportunity to develop a strong skill base in family therapy. The individualised nature of the learning experience made skill development rapid and more relevant to clinical practice. The extent and level of supervision made the learning process itself easy to reflect upon and the knowledge gained more generalizable to other situations.

## **Objectives**

### **Intent of the Practicum**

This practicum had two primary aims: (a) Enhancing the adaptability and growth promoting potential of the family system, and (b) to contribute to the body of knowledge regarding the effectiveness of de Shazer's model of brief therapy.

## **Educational Benefits**

The internship program at MacNeill Clinic offered a number of educational benefits. Primarily the internship offered the opportunity to become well versed in a particular mode of therapeutic intervention and thus add to the extent of clinical expertise and experience held. The use of videotape and live supervision, while working with an experienced group of professionals, enhanced the practical value of the internship. These resources allowed a greater volume of precise information to be gathered *in vitro* thus improving the quality of feedback and its relevancy to skill development. Supervision was provided by individuals who were, themselves, currently in practice and the available technical resources permitted videotaping of sessions for later review. The additional use of live supervision meant the internship was more directly connected to clinical skill development than might otherwise have been possible. Another advantage was derived through the direct contact with families, who presented with a diversity of concerns, which complemented the reading done in preparation for the internship. In sum, the extent of supervision, opportunity for direct experience and skill development made this internship of particular educational value.

# Literature Review and Extension

## Chapter One: The Remarried Family

Divorce does not signal the end of the family, rather it symbolizes a transition to a new form (Keshet & Mirkin, 1985). One such form is the "remarried family", where at least one parent has previously married and brings with them children from the first marriage (Whiteside & Auerbach, 1978). In the year 1985, in Canada, remarriages represented 30% of all marriages up from 16% in 1974 (Statistics Canada, 1986). It is thus probable, if present trends continue, that, within the next few decades, the most prevalent family form will no longer be two married adults living with their biological children.

First-married, single-parent and remarried families are continuous in that they represent different phases in the family's life cycle (Carter & McGoldrick, 1988). Thus, the basic descriptive elements of the remarried family can be conceptualized as the logical outcome of a developmental history through other family forms. The influence of this developmental history becomes a significant context within which to understand the systemic nature of the remarried family.

### The Family as a System

Before moving to a look at the systemic nature of the remarried family and de Shazer's model of brief therapy, it is first necessary to have an

understanding of taking a systemic view of families in general. As we have already seen taking a systemic perspective on the family means seeing it as an organizational system rather than purely a collection of interacting forces (Koman & Strickler, 1985). Viewed from within the context of the family system individual behaviour can have new meaning both in terms of it's consequences and the function it serves. Taking a systemic view recognizes the actions of more than one person are at play in the reality produced. Another way of thinking about this is as a *Gestalt* where the perceived reality, or pattern, is comprised of the connections and interaction between individual elements rather than the individuals themselves. The job of the therapist becomes to study the connections between individuals and how they interact in order to obtain a perspective from which to begin the process of change. In other words, on this view understanding the patterns of interaction between the constituent elements of a system is the key to inducing change. The following section will look at how a family life cycle model can be used to understand the challenges the formation of a remarried family presents.

### **The Family Life Cycle Model**

Families, in general, can be viewed as having their own life cycle with a predictable series of transitions (Holman, 1983). Each transition, in the family life cycle, incorporates a number of developmental tasks, which if successfully completed, allows the family to maintain it's forward developmental thrust. Carter and McGoldrick (1988) state the complexity of the process through which the remarried family system first stabilizes, then

begins to move forward, adds an additional phase to the family life cycle. This suggests difficulties which occur in the remarried family system are an outcome of developmental tasks which have not been successfully completed in earlier life cycle stages.

How the family completes the developmental tasks of each life cycle transition, and responds to the challenges presented, impacts on the continued growth of the family and the individuals who are its members. Remarried family members may be uncomfortable with the new, vague, role definitions, boundaries and hierarchy which are inherent in this stage of the family's life cycle. Families who attempt to deal with new circumstances by applying old solutions become "stuck" in the life cycle process (Karpel & Strauss, 1983). Families who have successfully negotiated the transition to first-married then single-parent status may still become stuck in the remarriage part of the cycle when faced with the tasks of establishing a clear hierarchy, clarifying boundaries and creating functional roles for all family members. These are tasks which have not been completed in the first-married and single-parent family and which the formation of the remarried family now brings into focus and makes critical. The symptomatic behaviour of an individual family member can then be viewed as an extreme of the normal process which all remarried families go through as they form (Keshet & Mirkin, 1985).

The difficulty in successfully negotiating tasks from earlier transitions tends to show up later so difficulty in making the transition from first-married to single-parent status may show up in the remarried family. An apparent contradiction is resolved when we understand the transition from one family life cycle stage to another can occur without the successful completion of all the relevant tasks and the same tasks may be more salient

in later stages. Within this model, of the family life cycle, symptoms which the family shows suggest they are having difficulty negotiating a developmental transition (Carter & McGoldrick, 1988; Minuchin, 1974; Karpel & Strauss, 1983). Intervention is thus directed towards enabling the family to continue in it's development as an adaptable and growth promoting system.

This model is particularly useful in understanding the transition to remarried status with it's concomitant demand for adjustment to new life circumstances. It is within this framework that the need to look at the developmental history of the remarried family becomes most apparent. Placing the family within it's developmental context helps to show why a family displays the problems it does when it does and in turn guides intervention.

## **A Survey of the Literature on the Remarried Family System**

### **Family Functioning**

The definition of the remarried family used in this practicum permits a number of structural variations (Esses & Campbell, 1984; Duberman, 1975), and these subtypes, such as children of the remarriage or children from a prior marriage only, will impact on family functioning (Esses & Campbell). Rather than a thorough examination, of the impact of differential remarried family subtype on family functioning, the discussion which follows is

intended to elucidate those elements important to a consideration of remarried family functioning in general.

The majority of the literature is based on clinical studies which examine remarried families using first-married norms. The difficulty with this type of analysis is it promotes a view where differences are interpreted as deficits (Esses & Campbell, 1984). Gelles (1980) warns against the danger of the "Whoozle Effect" which is the citation of a finding without due consideration of its original limitations or replication. Ganong and Coleman (1984) have used the Whoozle Effect to illustrate how clinical observations become empirical facts. There may then be a tendency to first falsely examine the remarried family by assessing it on first-married norms and secondly to cite findings which have not been demonstrated to be valid.

Recognizing a comparison between first-married and remarried families is a questionable enterprise, it can, however, be used to examine the notion that a development through other forms, which is characteristic of the remarried family, has a structural and functional aftermath which warrants consideration. However it remains difficult, for a number of reasons, to draw conclusions about remarried family functioning from the research. As Peek, Bell, Waldren and Sorell (1988) have noted except for cohesion, no dimension of family functioning has received much attention. Peek *et al* go on to note few of the studies use standardized measures of functioning, the majority rely on reports from one family member, controls are often not employed and there has been little attempt to statistically control for the confounding effect of length of marriage. Further the research totally neglects an examination of the patterns of functioning in remarried and first-married families (Peek, *et al*).

This being said few differences between remarried and first-married families have been found in the adjustment of children or in satisfaction with the marital relationship (Ganong & Coleman, 1984; Pink & Wampler, 1985). Remarried families may be less adaptable and flexible than first married families (Pink & Wampler) but there is no evidence of more intrafamilial conflict as a result (Rasche & Rasche, 1979). The main differences between remarried and first-married families are found on the dimension of family cohesion where remarried families have been shown to be less cohesive, especially with regard to the relationships between stepparents and stepchildren (Anderson & White, 1986; Pink & Wampler). Level of communication between the two family types is generally comparable, with the possible exception of the stepfather and adolescent stepchild relationship, especially if the stepchild is a daughter (Pink & Wampler). An adolescent's need to differentiate themselves from the family and attempting to model a father-daughter relationship without the distance regulating mechanisms which permit such relationships to be maintained may account for this difference (Keshet & Mirkin, 1985; Pink & Wampler).

Messinger (cited in Hobart, 1988) emphasizes the ineluctable intrusion of the first-marriage into the remarried family system through the relationships linked to the remarriage by the resident children of the first marriage. No significant differences have been found in the quality of marital relationships between first-married and remarried families when the children of the first-marriage reside elsewhere (White & Booth, 1985). In contrast to the findings noted earlier this suggests the presence of children from the first marriage makes a difference for the remarried family system. This is, admittedly limited, evidence for arguing the development of the remarried family through other forms impacts on its structure and

functioning. It is not so much the research does not support a case for the differential impact of developmental history as it is the limitations of the research which present the problem. The lack of rigorous studies on remarried family structure and functioning reflects the methodological complexity of studying families in general and remarried families in particular (Esses & Campbell, 1984).

In sum, the empirical research comparing remarried and first-married families provides little evidence to suggest significant differences between them. The current trend in the empirical literature is to see the desirability of the remarried family as equivalent to that of the first-married family. Knaub, Hanna and Stinnett (1984) have found, for example, that remarried families score high on measures of marital satisfaction, family strength, and adjustment to the remarried situation. While it is true remarried families are over represented in child abuse statistics little data exists to explain the relationship between remarried family structure and abuse (Sims & Finkelhor, 1984). In addition, children of the remarried family demonstrate no more problem behaviour or negative attitudes toward self or others than children of first-married families (Ganong & Coleman, 1984; Burchinal, 1964). The clinical and theoretical writing contrasts with the empirical research in the understanding that remarried families do differ from first-married and single-parent families. The split between empirical and clinical work means there has been little attempt to integrate these findings with clinical observations.

## Strengths

There are a number of elements which can be said to be important to the remarried family's ability to withstand stress and strain. Marital satisfaction (Knaub, Hanna, & Stinnett, 1984), mutually suitable step relationships (Burnett, 1984) the unity of the marital dyad in defining the situation and a perception that the remarriage is supported by the suprasystem (Hobart, 1988; Knaub, *et al* 1984) have all been found to be predictive of the remarried family's ability to adapt and change. In general, the greater the remarried family's ability to create and adjust to alternative forms and structures, develop flexible family values and redefine task allocation to be more appropriate throughout the membership (Carter & McGoldrick, 1988) the less susceptible it will be to stress and strain from either developmental or environmental sources.

Other factors important to remarried family strength are consensus on role expectations and the willingness to negotiate nontraditional gender roles, relinquishing the first-married family as the ideal to which the remarried family should conform (Carter & McGoldrick, 1988), development of new relationships within the remarried family, realistic expectations of family integration and unity, the ability of biological and stepparents to understand children's emotions, maintaining a courteous relationship with ex-spouses, seeking social support (Visher & Visher, 1983), and a higher income level (Knaub, *et al* 1984). The families themselves have identified communication, sensitivity, support, security, flexible roles, mutual respect, family unity, and cooperation as important to family strength (Knaub, *et al*).

## Coping Patterns

Possibly more useful from a therapeutic perspective is a delineation of the coping patterns which enhance the remarried families ability to persist. Amongst those things which have been shown to be important to successful remarried family functioning are taking time to cement the relationship within the spousal subsystem (Carter & McGoldrick, 1988) getting to know the other person's children prior to marriage (Carter & McGoldrick; Knaub, *et al* 1984; Satir, 1972), working through difficulties which are a legacy from the previous marriage, allowing children of the new marriage role flexibility, and successfully mourning the loss of the first-marriage family (Whiteside & Auerbach, 1978). Overall, the remarried family is challenged with maintaining a balance of cohesiveness and adaptability. The ability to tolerate instability and allow time to generate and experiment with role alternatives until a good fit is achieved has been described as key to successful remarried family adjustment (Aldous, 1974).

Empirical research on the outcomes of remarried family consolidation, especially as it relates to intrafamilial patterns, is lacking. Anderson and White (1986) have found relationship patterns to be similar in functional and dysfunctional families. Some comparison can also be made between functional first-married and remarried families. However, whether variations in the extent of role prescription, interactional patterns, complexity and boundary definition best account for family and individual adjustment or if, for example, it is due to a stable premorbid state has not been determined. As previously noted there is a paucity of rigorous studies examining the structural and functional characteristics of the remarried family (Esses & Campbell, 1984). Those empirical studies which do examine

successful remarried family integration and functioning tend to confine themselves to comparisons with first-married families.

It is important to emphasize the tentative nature of any conclusions we might want to draw from this literature. As noted, the findings from the empirical research are somewhat inconsistent with the claims made in either clinical or theoretical descriptions (Pink & Wampler, 1985). An example is Pasley's (cited in Sims & Burnett, 1989) finding that permeable family boundaries impede integration and adjustment while others have viewed the negotiation of permeable boundaries as functional and adaptive (Carter & McGoldrick, 1988; Visher & Visher, 1988). In addition, it is difficult to reconcile reports of the inherent stresses of remarried family living with the finding that remarriages are generally satisfactory. While there is some evidence to explain such incongruities, for example the presence or absence of resident children from a first marriage (White & Booth, 1985) or an optimum level of permeability (Clingempeel, Levoli & Brand, 1984) the lack of any complete model of remarried family integration and functioning make it difficult to form these disparate assertions and findings into any coherent picture. In addition, the lack of empirical research on successful remarried family integration and functioning, the reliance on clinical data as well as the emphasis on comparisons with first-marriage families, places further limits on our understanding. The end result is a series of disparate points of information with no clear way of fitting them together.

## **Chapter Two: Issues**

### **Bringing Together Two Distinct Family Cultures**

The preceding discussions point to the importance of understanding the developmental history of the remarried family system. As previously stated remarriage represents a family life cycle transition through which the family must developmentally transform itself (Carter & McGoldrick, 1988). This transition makes demands on the family's ability to adapt and requires it to restructure itself and enact new transactional patterns. The family draws upon alternative transactional patterns to preserve its continuity and in so doing transforms itself in response to new circumstances. An inability to structurally reorganize threatens the integrity of the family which will show signs of distress as a consequence. Thus, the symptoms the family shows can be said to reflect a deficiency in the structure of the family (Colapinto, 1982). In order to understand why the structure is inadequate it is important to view the family in context and a significant context within which the remarried family exists is its development through other family forms.

Not only is the developmental history of the remarried family a context but it can be thought of as generating contexts. A larger number of relationships with significant others means the remarried family is more complex (Hobart, 1988; Visher & Visher, 1988). For example, the fact there is a biological parent elsewhere means family boundaries need to be more permeable than in first-married families (Visher & Visher). As well first-marriage children may reside in more than one household which entails

contact between former spouses and the inclusion of a variety of differentially connected relations.

The spouse who has attempted to form a viable first-married family, and the children who were a part of that family, carry with them the emotional residue of the experience. In addition, the time spent restructuring and solidifying into a single-parent family will have its own aftermath which will have to be reckoned with as the remarried family moves toward integration (Esses & Rachlis, 1981). For example, children in the biological parent-child subsystem may have to relinquish some of the former closeness they have had with the resident biological parent.

The reality more is shared within the biological parent-child subsystem than between members of that subsystem and the rest of the family results in an inherent disequilibrium within the remarried family system. Family members differ in the quality of their attachment to each other, the amount of commonly held family culture, the ease with which they interact, (Papernow, 1987) and the extent of shared experiences. Thus, the historical reality of the remarried family produces a dilemma whereby family members are split experientially (Papernow). For example, a biological parent and a stepparent may experience a child's behaviour differently with a resultant polarization of their relationship.

The biological parent-child subsystem's tendency to resist integration into the remarried family has already been mentioned. The demands placed on the single-parent family require it to develop into a self-sufficient unit with its own structure, organization and a strong outer boundary (Esses & Rachlis, 1981). Thus, some members of the remarried family will have an investment in certain ways of doing things and are likely to resist compromise as they have already experienced a great deal of unwanted change (Papernow,

1987). The members of the biological parent-child subsystem may experience a request to "stop squeezing the toothpaste tube in the middle" as a threat to a stability which has been hard won after having experienced many losses. The biological parent-child subsystem has already worked out how it does things, its culture, and the repetition of these patterns, however apparently mundane, provides a level of security and stability.

The developmental history of the remarried family includes significant losses and instability for at least some of its members. Regardless of whether the transition, to a single-parent family, was a result of death or divorce some of the remarried family's members have experienced the loss of relationships likely seen as nurturing and intimate. The transition to remarried family status may reactivate these feelings of loss as it forces those involved to come to terms with the finality of the divorce, or death, and their feelings associated with it. In addition, children may see their relationship with an absent biological parent as being threatened by the remarriage. The transition also represents the need to relinquish the intact first-married family as the ideal family form. Combined with this is the reality that despite the increasing prevalence of remarried families they continue to be viewed negatively by society in general (Bryant, Ganong & Coleman, 1988; Ganong & Coleman, 1983).

Formed against this background of loss and pain, confronted with social stigma, the remarriage may bring with it unrealistic expectations for the development of intimacy, a strong desire for a rapid resolution to ambiguity, and feelings of resistance or ambivalence toward new family relationships, on the part of some of its members (Carter & McGoldrick, 1988; Visher & Visher, 1988). The ideal of the intact nuclear family, and a concomitant desire for the rapid development of intimacy, results in family members

feeling pulled apart by the experiential differences which naturally occur (Papernow, 1987). Articulating the everyday experiences of the family means emphasizing differences at a time when an end to ambiguity and increased intimacy are being sought.

As we have seen the outcome of this developmental history through other family forms represents itself in greater complexity, vague boundaries, and the limited extent of normative role prescription to be found within the remarried family system. Different authors have made an argument for either a further breakdown of these characteristics or emphasised certain elements as more important, but for the most part the major themes which pervade the thinking on remarried families are represented here.

### **What to Consider When Working With Remarried Families**

There are a number of characteristics which make the remarried family unique and which in turn shape the tasks of family integration. Visher and Visher (1988) have catalogued these as follows: The family begins after many losses and changes; individual, marital and family life-cycles may be incongruous; all participants may come with expectations from previous families; parent-child relationships predate the marital dyad; there is a biological parent elsewhere, either physically or in memory; children are often members of more than one household; and a socially sanctioned relationship between stepparent and stepchild is either ambiguous or nonexistent.

## **History**

The history of the remarried family includes a remarried spouse's previous experience of having attempted to form a family and, if children are involved, the time spent as a single-parent family. The remarried spouse and the children of a previous marriage have experienced multiple losses associated with either divorce or death. For the spouse and children of a first marriage the remarriage may bring into focus the feelings associated with the loss of previously intimate and supportive relationships (Esses & Rachlis, 1981). The remarriage may end fantasies the children have for the reunion of the first-married family, and threaten their hopes for the resumption of a close intimate relationship with an absent biological parent (Esses & Rachlis). Where the remarriage ends a close biological parent-child relationship the children may express feelings of loss and see the remarried family as yet another threat to stability (Carter & McGoldrick, 1988). In addition, both parents and children are faced with the need to relinquish the first-married family as the ideal family form. As the remarriage brings into focus the losses which are a part of the remarried family's history acceptance and belief can no longer be suspended without a great deal of effort and thus the increased potential for symptom formation within the remarried family system. The ability of those involved to deal with concerns surrounding the transition to remarried family status, and resolve issues from the first family, are an important prerequisite for successful remarried family integration (Carter and McGoldrick, 1988; Kleinman, Rosenberg & Whiteside, 1979; Ranson, Schlesinger & Derdeyn, 1987).

## **Fantasy**

Remarried family members, as a function of their previous experiences, may have strong feelings about what relationships within the new family should be like (Visher & Visher, 1988; Carter & McGoldrick, 1988). Hopes that the new spouse will be a better parent, old wounds will be healed by new relationships, and first-marriage children will readily adapt to the new circumstances, may result in a propensity to deny difficulties encountered in day-to-day family life (Papernow, 1987). Carter and McGoldrick (1988) have used the term "pseudomaturity" to describe the tendency to deny hostile feelings fearing their expression will lead to more pain and loss. Failure to recognize and accept the distinctiveness of remarried family living results in each experience of difference signalling failure rather than the need to work together (Papernow). This need to deny difficulty results in disequilibrium with the stronger experience of "alikelessness" within the biological parent-child subsystem pulling the family toward disintegration. It is important that family members acknowledge and articulate their different experiences of each other, relinquish and grieve their fantasies in order to begin to work in the reality of their differences (Papernow).

## **Insiders and Outsiders**

Remarried family members experience each other based on how they are connected and what they share (Papernow, 1987). A biological parent will experience their children fundamentally differently than will a stepparent and this reality creates boundaries between those who are so connected and

those who are not. Walker and Messinger (1979) defined a boundary as those factors which contribute to a sense of differentiation through such things as shared experiences, values and rituals, what Papernow (1987) has called a family's "culture". Another way of thinking about culture is as the "grammar" according to which individuals regulate their behaviour toward one another. In a remarried family two intact systems of doing everything from washing the dishes to handling discipline are brought together.

Interaction between family members, who share the same culture, comes more easily and tends to exclude those family members who are not a part of the same history (Papernow, 1987). This combined with the reality that some family members are more intimately attached to each other, and thus experience each other differently, tends to pull the family toward disintegration along the boundaries of the biological parent-child subsystem. Thus, the potential for conflict varies as a function of the extent to which there is a shared culture within the remarried family (Papernow).

With its own organization, structure, clearly defined outer boundaries and history of self-sufficiency the single-parent family tends to resist integration into the remarried family (Esses & Rachlis, 1981). The formation of the remarried family means doing things in a way which comes naturally, for the single-parent family, must be interrupted in order to include others (Papernow, 1987). Thus, one of the principal and potentially difficult tasks the remarried family faces is the integration of the single-parent family.

## **Complexity**

Remarried families are more complex partly because of the larger number of relationships involved (Visher & Visher, 1988). This excess of structure requires more openness to incorporate new members which in turn engenders a number of structural shifts and the concomitant potential for confusion as boundaries and membership are redefined. Complexity and ambiguity are increased as relationships within the remarried family and its suprasystem are subject to fewer socio-cultural guide-lines which prescribe the nature of interactions amongst its constituency (Cherlin, 1978; Clingempeel & Brand, 1985). The psychological boundaries which regulate appropriate physical proximity and intimacy can be vague and the resultant potential for inappropriate crossing of generational and sexual boundaries is thus increased (Walker & Messinger, 1979). Tension created by these issues may be expressed as hostility or distancing as family members have no prescribed guide-lines to direct their behaviour and thus seek other means of resolving confusion over where appropriate boundaries lay.

The transition to remarriage may be experienced as abrupt by those outside the parental dyad and their initial commitment to the newly formed family may be minimal making the establishment of new relationships difficult. The reality that children have membership in more than one household means parental authority, economic support and filial "connectedness" will be extended outside of the confines of the remarried parental dyad. The shift to a parental executive subsystem means the relinquishment of power and some of the former closeness for the children of the single-parent family (Keshet & Mirkin, 1985). In this way the

potential for conflict with a stepparent and rivalry between siblings is increased (Whiteside & Auerbach, 1978).

The remarried family's boundaries must be permeable in order to incorporate new members along with a larger suprasystem (Visher & Visher, 1988). Determining who belongs in the remarried family system and how it's members are connected to each other involves the negotiation of a number of issues related to roles, hierarchy and boundaries (Whiteside & Auerbach, 1978). Remarried family members may disagree on who is or is not in the family and the increase in membership means more combinations and permutations of relationships with which the family must deal.

The existence of children from a prior marriage makes the remarriage suprasystem distinctive by involving individuals whose only connection is through the linkage of the first to the second marriage (Hobart, 1988). The linking of people to the remarriage through the stepchildren tends to further confuse boundaries and holds increased potential for the marginalization of some family members (Hobart; Visher & Visher, 1988). The system of relationships within the remarried family and it's suprasystem means some individuals are more intimately connected than others. For example, the stepparent with no children in a family with a biological parent-child subsystem. The remarried family suprasystem can provide support for family integration or reinforce experiences of difference and thereby increase feelings of alienation within the remarried family unit (Hobart; Kleinman *et al*, 1979). The research of White and Booth (1985) found no significant differences in the quality of marital relationships between first-married and remarried spouses when stepchildren lived elsewhere. This suggests that complexity and ambiguity are increased through the presence

of children from a prior marriage and the remarriage suprasystem which results (Hobart).

## **Roles**

Relationships within remarried families are subject to fewer socio-cultural guide-lines with the consequence that roles tend to be more confused (Cherlin, 1978; Clingempeel & Brand, 1985). This is, particularly, true of the relationship between stepparent and stepchild where the role of the stepparent is always to some extent vague, regardless of the extent to which the stepparent fulfils the instrumental and emotional needs of the stepchild (Whiteside & Auerbach, 1978; Fast & Cain, 1966). Fewer socio-cultural prescriptions mean the remarried family must generate it's own codes of conduct and norms in what Walker and Messinger (1979) have called the "ascription" of roles. The remarriage brings together people with different expectations, needs, and the families themselves will vary according to the age, number, and gender of their membership, with the consequence that appropriate roles cannot be prescribed. Remarried families must be able to tolerate ambiguity and instability while they experiment with different roles until an appropriate fit has been achieved (Mills, 1984).

Whiteside and Auerbach (1978) have noted the challenges confronting the remarried family with respect to the clarification of new relationships with the same people and the inherent conflict in the roles which result. The feelings of conflicting loyalty which occur for children with an absent biological parent and a new stepparent is one example of these forces at work, where the child's expression of affection to one may be experienced as

disloyalty to the other. Roles may place unrealistic burdens on family members and an inflexible approach to their enactment can accentuate this difficulty. Traditional gender roles which require women to take responsibility for the emotional well-being of the family makes them particularly vulnerable to role strain in remarried families (Carter & McGoldrick, 1988; Hobart, 1988). For example, the reality a stepmother is not equally bonded to all members of the family can result in feelings of "powerlessness" and of being in competition with others who are differentially connected (Carter & McGoldrick). An important part of the work in therapy becomes the enactment of new roles which do not require women to be the emotional centres of the family and a concomitant shift to more realistic expectations (Carter & McGoldrick).

### **Norms**

To gain some understanding of the weave of remarried family life it is important to examine remarried family norms. As has been pointed out by other writers (Esses & Campbell, 1984; Esses & Rachlis, 1981; Visher & Visher, 1988) an understanding of the remarried family based on first-married norms tends to result in negative comparisons and the development of a deficit model of remarried family structure (Ganong & Coleman, 1984). Visher and Visher have reviewed the literature and delineated a number of normative standards with which remarried family functioning can be assessed. These authors divide remarried family norms into two broad groupings, those which tend to vary over time and those which tend to remain constant.

Amongst the elements which tend to remain constant over time are the complexity of family structure or put another way the greater number of people with whom relationships can be established does not change. While the structural characteristics of the remarried family tend to remain constant over time the tasks arising from them do not. Visher and Visher (1988) list the tasks which flow from the structural characteristics of the remarried family as dealing with previous losses, negotiating different developmental needs, establishing new traditions, developing a solid couple bond, forming new relationships, creating a working parental subsystem, accepting continual shifts in household composition, and risking the establishment of stepparent to stepchild relationships despite minimal social support.

Another norm which tends to remain constant over time is the greater stress in the remarried family. Ambiguity, complexity and the lack of a "fit" with the socio-cultural norms of the ideal first-married family all contribute to heighten the ambient level of stress. Visher and Visher (1988) point out we cannot assume extra stress necessarily means dissatisfaction as desirable situations often involve greater stress.

Although, depending on family composition, individual and family life cycle stage, there can be variance in the length of time family integration takes, on the average it tends to be years rather than months. Other norms which tend to remain constant over time are the prevalence of cut-off and distant relationships between biological siblings, parents, or children and parents, who reside in different households. In order for children to maintain links with both of their biological parents family boundaries must be permeable so as to ease the transitions between households. Partly as a consequence of the need for permeable boundaries there is often less

cohesiveness in the remarried family. Finally the greater variety of interpersonal patterns, custody and residential arrangements means flexibility and creativity in remarried families is more important.

Visher and Visher (1988) also list a series of norms which tend to change as the remarried family develops its own history. Because family members do not share a history as a family unit they may not appreciate that intimate family togetherness takes time to build. As previously discussed the remarried family may begin with many unrealistic expectations and a lack of normative guide-lines for roles and behaviour. Although the family begins without a history of homeostasis the remarried family will work out its own easily completed repetitive cycles of interaction. Following from the reality there is no shared history of homeostasis family members may be more acutely aware of their own behaviour and that of others leading to feelings of unfamiliarity with the household environment. Without a shared history there is no foundation of mutual understanding with which to interpret relationship messages, thus there is a need for remarried family members to learn the language of each other's family culture. The older the children are at the time of remarriage the more solidified and ingrained family culture is and the more difficult it becomes to build a foundation of mutual understanding. There are strongly bonded subsystems to which family members will remain loyal and which in turn engender some degree of loyalty conflict. Roles in remarried families are ambiguous meaning a greater variety of roles are possible for each individual in the remarried family.

Visher and Visher (1988) assert these characteristics are to be anticipated and in their acceptance they represent the seeds of change. Rather than being viewed as dysfunctional these elements present an

opportunity for a shift to a new set of rules for how the remarried family system functions and is structured (Nichols, 1986). In this way an understanding of the normative characteristics of the remarried family, instead of distinguishing the limits of family growth, elucidates the sites where change is most readily accomplished (Visher & Visher).

### **The Origin of Complaints in the Remarried Family System**

From the discussion so far we can summarize a number of potential sources of stress which are more likely to be present in remarried families. These include the significant losses and pain associated with previous family relationships and against which the hopes for the remarried family are formed. Family members may have unrealistic expectations of rapidly developing an intimate and stable family unit, and see the remarriage as healing the wounds of past losses and conflicts. A family history including time spent as a single-parent family which, with its own values, well-defined and easily completed cycles of interaction, may resist integration into the remarried family. In addition, to being a part of the emotional history of the remarriage, the first marriage leaves a legacy of parent-child bonds which predate the remarried parental dyad, a dead or non-resident biological parent, and children who have membership in more than one household. Socio-cultural guide-lines which prescribe family roles, generational and sexual boundaries, and establish psychological barriers to their encroachment, are either vague or inappropriate and must be reformulated by the remarried family. The remarried family is nested within a suprasystem which marginalizes some members while simultaneously

making family boundaries more ambiguous (Hobart, 1988). The remarried family has been viewed, by society, as inherently pathological (Esses & Rachlis, 1981; Ganong, Coleman & Gingrich, 1985; Johnson, 1980; Visher & Visher, 1988), and this unfavourable view impacts on the self-esteem of remarried family members (Duberman, 1975; Ganong, Coleman & Gingrich; Knaub, Hanna & Stinnet, 1984; Visher & Visher). Family members efforts to deny their remarried status ( Coleman & Ganong, 1985; Esses & Campbell, 1984) may reflect the predominant view of this family form as inherently less desirable. Finally a lack of congruence in individual, family, and marital life cycles can be an additional source of strain within the remarried family (Carter & McGoldrick, 1988).

# Assessment and Intervention

## A Note on Knowing Where to Look

Assessment and intervention reflect questions about which particular aspects of systems functioning should be emphasized. The question raised is one of deciding which technique offers the most promise for promoting change. The decisions made about how to obtain a clear picture of the presenting problem and how solutions can be found are reflected in the therapeutic outcome.

From a systemic perspective the presenting problem reflects the inability of the family system to adapt to new circumstances. The concept of homeostasis has been used to explain how the family achieves stability at the expense of resilience (Koman & Stechler, 1985). A pattern of stability is produced through information coming to the system telling it when it is in danger of exceeding its current limits. The system as a whole tends to perpetuate itself through the repetition of long-standing patterns. The ability of the system to maintain a particular state must be balanced with its capacity to alter itself in response to external conditions which have the potential to affect what actions are taken. Homeostatic mechanisms can be destructive when they lock patterns of behaviour into place reflecting the family's difficulty in coping with new circumstances (Koman & Stechler).

Questions arise as to whether an emphasis on homeostatic mechanisms is useful when the goal of therapy is producing change (de Shazer, 1985). In other words exploring how problems are maintained is not the same as finding solutions. Steve de Shazer argues we tend to find what we are looking for in that if we expect a pattern of behaviour to emerge we will

tend to highlight those patterns which fit with our expectations. It is on this basis de Shazer asserts more emphasis should be placed on solution oriented patterns of behaviour than on exploring those patterns which maintain the problem. A focus on the families homeostatic mechanisms lends itself to an emphasis on the patterns maintaining the presenting problem. The mode of intervention employed during the internship, and discussed herein, directs our attention to those patterns which promote solution oriented change. Steve de Shazer has suggested an emphasis on what the family is already doing, that works, does not require a detailed understanding of the presenting problem or the patterns maintaining it.

The mode of intervention employed during the internship is based on the brief therapy approach developed by de Shazer, and the structural approach to families (Minuchin, 1974, 1981; Colapinto, 1982), placed within the broad context of the family life cycle model (Karpel & Strauss, 1983; Carter & McGoldrick, 1988). While de Shazer does not describe a connection between his model of brief therapy, the family life cycle, and the structural approach to families, one can assert such a linkage exists. The brief therapy model views problems as arising out of the demands experienced in daily life. Some of the greatest demands experienced by the family occur as a result of negotiating the transitions inherent in the family's life cycle. Difficulty in managing these transitions can result in a family member showing symptoms. The structural framework is a way of describing the changes families make as they adapt to new circumstances arising internally through developmental changes in individual family members or externally through demands made by the broader socio-cultural environment. Taken together these models are particularly useful when applied to working with remarried families. The formation of a remarried family places large

demands on the individuals involved necessitating change in a number of spheres.

The structural approach provides a framework for assessing the family's functioning as a system. Used as an assessment tool the structural approach can act as a guide to the interactional patterns which constitute the family system. In this way the structural approach not only gives us a vantage point from which to observe, but guides our exploration of, the family's patterns of interaction. The emphasis on punctuating solution oriented patterns of behaviour, in de Shazer's model, highlights family strengths and thus moves away from a deficit oriented model of remarried family functioning. Therapy becomes, for the family, a process of highlighting and building upon their strengths which enables the family to externalize their difficulties and move to identifying other solution oriented patterns. Not only does this reduce the potential for encountering resistance but in the case of the remarried family it emphasises strengths to individuals who may see their family situation as less than desirable. The following chapters describe, the structural framework, used for assessing families, de Shazer's model of brief therapy and the form of the interventions it generates.

## **Chapter Three: The Structural Framework**

### **A Way of Understanding Change**

The structural framework is one way of understanding the organizational changes which a family makes over time. The structural view of the family is similar to the family life cycle model in that they both represent a developmental approach to understanding family functioning. The structural view differs in that it represents a specific therapeutic modality and examines family organization as it is expressed at one point in time. The family life cycle model, on the other hand, looks at how family organization changes over time and is intended to inform intervention.

The structural framework places emphasis on viewing the individual in the context of their family system. The influence of the family system on the growth and development of its members distinguishes it as the most important context within which they are imbedded. The family's existence as a system is dependent upon the capacity to adapt to new circumstances and alter its structure in a way which does not threaten the growth of its members. The integrity of the family system, on this view, depends on the ability to enact alternative transactional patterns. Thus, two further elements emerge for how we can assess family functioning, structure and adaptation, which in turn help to determine the focus of intervention.

### **Structure**

How the family is structured is determined by the rules that prescribe the organization and regulation of relationships within it (Colapinto, 1982).

Transactional patterns are based upon the rules which constitute the family's structure and in turn provide the basis for the continuity that is the family. When transitions occur the family must be able to adapt its structure to meet the demands of new circumstances without sacrificing its integrity in the process.

The transactional patterns which characterise a family can be understood in terms of subsystems. Subsystems may be organized along the lines of gender, shared interests, age and perform specific functions within the family system. Individuals may hold membership in more than one subsystem and a subsystem can be comprised of one or more family members. The spousal, parental and sibling subsystems perform functions which are the focus of assessing family functioning. The two partners who form the spousal subsystem negotiate a mutually supportive relationship which facilitates individual growth and complementary patterns of functioning while permitting the rules which govern the relationship to be changed. The birth of the first child gives rise to the parental subsystem and the complementarity developed in the spousal subsystem must generalize to the new demands of parenting. As the child ages demands will be made on the parenting skills of the two partners and changes in their executive roles will be necessary. The effectiveness of the parental subsystem is predicated on its ability to maintain a clear executive position while simultaneously allowing the developing child to differentiate. When there is more than one child within a family the sibling subsystem gives the child a first experience with peers. The sibling subsystem makes it possible for a child to assert their independence from the rest of the family system as well as providing a sense of belonging (Minuchin, 1974).

The potential of a subsystem to persist is dependent on the ability to maintain the integrity of its boundaries. Boundaries must at one and the same time allow for involvement between members of different subsystems without threatening the process of individual differentiation. A boundary represents the rules which regulate the amount and nature of contact between family members. The more clear and well defined a family's boundaries are the more able a subsystem, and the family as a whole, can function effectively. Poorly defined and overly rigid boundaries impede the ability of the subsystem to carry out its function and inhibit the growth of individual family members. The extent to which boundaries are functional, their clarity and existence, will vary with the life cycle stage of the family. Both, predominantly diffuse and rigid boundaries, that is families who are disengaged or enmeshed, inhibit personal growth.

It is important to note a family's preferred and accustomed ways of organizing itself may operate outside, and independently of, a conscious acknowledgement of their existence. A family will tend to resist altering these patterns at the expense of potentially more viable alternatives. Increased demands on the family system tend to result in attempts to maintain the preferred pattern of functioning. New sets of circumstances are constantly arising either through developmental changes in the family itself or through demands from the socio-cultural environment. Difficulty in adapting to new circumstances may mean the family is attempting to maintain a particular pattern of interaction when this way of organizing itself is no longer functional. Altering family structure creates flux within the family system which is experienced as strain, however, the greater threat to the continuance of the family system comes through maintaining maladaptive patterns of functioning. Adaptation must then simultaneously

meet the demands of new circumstances while not being so destabilizing it threatens the family's integration.

### **Adaptation**

The family can be viewed as a system which is continually in transformation, exchanging information with its environment and adapting to the demands made on it both internally and externally (Minuchin, 1974). A system which is open to having demands made on it is also vulnerable to disequilibrium from those demands if it cannot continue to transform itself in response to them. The major threat to the family comes from a rigid adherence to transactional patterns which were functional at one point in time but have not remained so. Something of a paradox exists here in that the desire of the family membership for stability can only be achieved through their ability to enact alternative patterns of functioning, or restructuring the family, which engenders some degree of instability. The symptoms a family, or one of its members, shows can then be understood as indicative of a problem in how the family has structured itself (Colapinto, 1982).

The family's desire for stability must then be balanced with the ability to move away from accustomed patterns of functioning. An inability to enact alternative patterns of interaction inhibits the growth promoting potential, and threatens the continuity, of the family. The family's ability to developmentally transform itself in response to its own life cycle transitions and socio-cultural demands determines if it will persist.

## **The Focus of Change From a Structural Perspective**

The structural view emphasises the context of the complaint as the proper focus of efforts to promote change. Complaints are seen as bearing a metaphorical relationship to dysfunction in the overall system. Change on this view takes place through the modification of the pattern within which the complaint is nested. Intervention is then directed at the system of rules which dictate transactions amongst family members and in so doing restructures the family as a system. Intervention thus requires a detailed knowledge of the function the complaint serves in the system.

Moving the family toward altering familiar patterns of functioning, of which the presenting problem is a part, is the primary focus of structural interventions. Interventions are thus aimed at the system of rules which govern transactions among family members with a goal of promoting more options for how people can behave within the family system as a whole. In this way the family is freed to utilise transaction patterns not available if the homeostatic pattern were maintained. As the family's reality changes the complaint, the pattern of interaction of which it is a part, no longer functions to maintain homeostasis and the family moves towards a new stability.

Because this model sees how the family has structured itself as the reason for the presenting complaint an understanding of that structure becomes essential to promoting change. A detailed understanding of the complaint, and how the family is organized around it, becomes central to the way in which the therapist intervenes (Minuchin, 1974). The more entangled the presenting situation is the more complicated the job of promoting change becomes. As we shall see this is in contrast to de Shazer's (1982) model of brief therapy where the solution to complex problems does not require a

detailed knowledge of how they are constructed. The focus of brief therapy has more to do with how complaints are resolved and how solutions work than with complaints and how they are maintained.

## Chapter Four: Brief Therapy à la de Shazer

### Definition

Brief therapy refers not so much to the actual number of sessions employed as it does to a particular mode of intervention. The number of sessions is more a function of a particular way of conceptualising problem formation and solution than an emphasis on the parsimonious use of time (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich & Davis, 1986). Any constraints placed on time are a product of this understanding in that setting time limits may be seen as an important part of the intervention to the extent it promotes finding solutions.

Steve de Shazer's (1985) model of brief therapy places more emphasis on how to solve problems than on understanding how they are maintained. Learning is not seen as an important part of this method rather families are viewed as already knowing what to do, "they just do not know that they know" (de Shazer *et al*, 1986, p. 220) The work of therapy is then directed towards helping family members construct a new use for the knowledge they already have (de Shazer, *et al*).

### What This Means for Intervention

Steve de Shazer's solution focused therapy is based on minimalist interventions geared toward initiating new behaviours which once commenced will tend to have an effect such that the original small change in the behaviour pattern is amplified throughout the family system (de Shazer,

1982). Because the complaints families present with are largely interactional in nature change initiated in one part of the system tends to ripple through the entire system (de Shazer, 1982). In this way a complex problem need not have solutions which are equally complex in nature. The systemic view, that de Shazer holds, says that every part of the system is related to every other part of the system such that a change in one part will cause a change in the total system. In terms of how the therapist works with the family this means an effective intervention need only fit the complaint in a way that promotes a solution (de Shazer & Molnar, 1984a).

This idea of "fit" is central to de Shazer's thinking on how therapists promote change in the family system. At it's most basic this idea says that if what the therapist does is to be useful then it must fit the interactional patterns of the family (de Shazer, 1982). Anything the therapist does will not trigger the development of a new interactional pattern unless it matches what the family can be conceived of as doing (de Shazer & Molnar, 1984b). In other words, for an intervention to work it must be a member of the limited set of things the family is capable of doing.

Following the thinking of Bateson (1979) de Shazer and Molnar (1984a) assert anything the family does that is seen to be different represents a difference that makes a difference. Interventions built on things the family is already doing, which are good for it, automatically fit as the family makes use of knowledge it already has and so no new learning is required. The therapist thus focuses on exceptions to the way things usually happen and in so doing begins the creation of a new reality for the family (de Shazer & Molnar, 1984b), a reality where change is not only possible but inevitable (de Shazer, 1984).

Placing emphasis on what the family is already doing that is good for it is seen as a way of emphasizing the family's strengths and cooperating with it. Steve de Shazer's model of brief therapy assumes the family wants to change and will have their own way of attempting to cooperate with the therapist. By focusing on establishing exceptions to the rule the therapist not only cooperates with how the family solves problems but also creates a context within which change is expected. Envisioning a future where the problem no longer exists engages the family with the therapist in resolving the complaint. The therapist can then work with the family around envisioning what this new better future will be like and in so doing promote the formation of solutions. Intervention then becomes focused on the family's attempted solutions rather than the complaint and the task of therapy becomes one of finding a way of cooperating with the family's method of problem solving such that real change is produced in the interaction.

### **Focused Solution Development**

Steve de Shazer's model of brief therapy places those aspects of family interaction which represent exceptions to the general pattern of functioning at the centre of our attention. On this view finding solutions does not require a complete understanding of how the problem is maintained. In order for someone experiencing difficulty to find a solution all that is required is that they do something different (de Shazer, 1985). Because we are not required to have a detailed picture of the complaint we can more readily shift to looking at those exceptions to the pattern which represent potential solutions. Suggesting the family try some new behaviour based on exceptions

to the rule naturally fits because the family enacts a new pattern of interaction based on what they are already doing which in turn opens up new ways of behaving. The introduction of new behaviour shifts the pattern of interaction which has sustained the problematic situation toward an eventual solution.

The family's attempted solutions become the rule and develop a logic of their own. In this way the task of identifying the solution becomes one of finding the exceptions to the rule. The interactional nature of human problems means an initial small change in the way things are done can be self-propagating (de Shazer, 1982). Highlighting exceptions promotes solution oriented behaviour and creates an expectation of further change. Since any change in behaviour has the potential to be amplified throughout the family system identifying the exceptions to the rule is a feasible method of altering the prevalent pattern. The task for the therapist then becomes one of finding and demonstrating the existence of solution patterns and indicating their role as part of the family's reality.

What the therapist is engaged in then is creating a new reality for the family. The family's predominant reality is one where attempted solutions are expected to fail. The family's expectations influence the outcome of their attempted solutions and thus how they try to solve the problem acts to maintain the problem (de Shazer, 1985). The efforts of the therapist are thus best directed towards the introduction of information which in some way contradicts the family's prevailing reality. The therapist begins this process through developing the expectation things are going to be different for the family.

Identifying those times when the usual problem orientated patterns of interaction are not in place begins the creation of a new reality where

change is expected. Establishing the times when things are different leads the family toward a recognition they are already doing things which do not fit with their expectation of continued difficulty. The therapist can intervene through the prescription of tasks which focus family members on when things are different. By highlighting when things are different a number of tasks are accomplished. Through focusing the family on those patterns which are functional the implication is the family is already capable of doing things which are solution oriented. Through the application of a task the therapist connects solutions the family has already formulated to the family's meeting with the therapist thus increasing the expectation of further change.

Steve de Shazer (1985) emphasizes the importance of developing a vision of the future in which the complaint is absent and making this vision salient to the present. The therapist asks the client to project themselves into a future in which the complaint is no longer present and describe what will be different when the problem does not exist. This focus on painting a picture of a future where the problem is solved further promotes the expectation that change is possible. The question of what such a future will be like can be further phrased to obtain a clear behavioural description of what people will be doing once the problem is solved. This vision of an alternative future identifies for the family where they are headed and joins them with the therapist in getting there. Each individual response suggests further paths to follow toward a solution which can be adopted by other family members. Through painting a picture of an alternative future where a solution has been found family members are freer to behave in ways that represent solutions to the presenting difficulty. Individuals have more freedom to act because the focus is on identifying strengths, rather than obtaining a

description of the problem, so therapy is less likely to be experienced as judgemental and more likely to encourage new behaviour.

Because the individuals expectations of what will happen in the future influences what they do, having a clear picture of how things will be different increases the likelihood of change in the desired direction, and solutions are thus more likely to be realized (de Shazer, 1985). In other words, expecting to get somewhere increases the probability you will do so and knowing where you are going makes it easier to get there. Asking questions which direct attention toward patterns which suggest solutions, rather than those which support the problem, make it possible for the individual to step back from their own circumstances gaining some degree of objectivity about their situation. This ability to step back from the situation is important when we understand that one of the tasks the therapist is engaged in is finding new meanings for the difficulty the family is experiencing. The family's reality can have a number of alternative meanings attached to it. Typically the family comes to therapy having selected a meaning which serves to reinforce the continuance of the problem (de Shazer, 1985). One interpretation of reality tends to operate at the expense of others such that potential solutions are excluded. Because the family sees only one possible outcome, or resolution, solutions based on a different conception of reality are ignored because they do not fit the family's prevailing definition of reality. Thus, one way of seeing things becomes the only way of seeing things which is another version of saying, "this is the way we do things because they have always been done this way." The therapist's introduction of alternative ways of seeing the situation, or reframing, makes it possible for solutions to be developed. Other ways of acting are more accessible when there is some doubt about the current

understanding of the situation (de Shazer, 1985). Themes can be developed through the course of therapy which form the basis for acting in different ways. Thus, knowing how the family understands the situation, and their attempted solutions, becomes important if the therapist wants to construct a new explanation of the situation which the family will accept and make use of. Asking family members about their understanding of the circumstances allows them to step back and see the situation from another perspective. The way in which family members describe the situation tells the therapist how to construct a new explanation which the family will accept. Exploring exceptions to what usually happens helps to promote acting differently from the accustomed manner and promotes an alternative view of present circumstances. Prescribing tasks which emphasise when the problem is less evident acts as a further impetus toward the construction of a new reality.

How the therapist introduces a new interpretation of the family's reality influences their receptivity to the new information. The use of compliments, and a short break in the session to construct the new frame, heightens the family's openness to a new interpretation of the situation. The combination of drawing attention to what the family is already doing well and the use of a break to raise the family's level of attentiveness makes them more receptive to a different description of events (de Shazer, 1982, 1985). The use of compliments, as part of the intervention process, suggests to the family their way of seeing the situation is not accurate. Used in combination with identifying exceptions to the rule, envisioning a better future, compliments can prompt a shift to a new world view and promote change. Once the process of change is begun therapy can focus on punctuating what works.

Developing a new understanding of the situation means there are a number of different options open for how family members are to behave. Creating a new reality means the options tried are more likely to represent a real difference than an application of the same solution (Watzlawick, Weakland & Fisch, 1974). Stated in another way, seeing the problem in a different way frees family members to behave in a manner which is truly different from that which they are accustomed to. Thus, the construction of a new frame, or way of understanding the "facts" of the family's world, suggests new ways of solving the problem. Seeing things differently means people can behave differently and some ways of seeing things are more likely to promote beneficial behaviour than others (de Shazer, 1985).

A focus on developing solutions makes the assumption the family wants to see the situation changed. This expectation on the part of the therapist helps to create an environment in which the therapist is focused on finding a way to cooperate with the family rather than overcoming resistance. Viewing the family as wanting to change places emphasis on finding a means of working with the family through interventions which fit with the family's own way of doing things. Incorporating elements from the family's way of doing things into the intervention increases the probability it will be accepted and acted upon. Generally the elements in de Shazer's model of intervention emphasise the family's willingness to cooperate with the change process. In addition, to their other functions, the use of the consultation break, compliments, offering the family a summary of their situation, combined with tasks designed to draw attention to the times when the problem is not present are designed to illicit family member's cooperation in the therapeutic process. Once established this emphasis on looking for and punctuating how the family is cooperating tends to continue as the same

behaviour can be seen as cooperation or resistance depending on which aspects are emphasised (de Shazer, 1985).

An emphasis on what family members are doing that is good for them increases cooperation and enhances the expectation of change (de Shazer, 1985). Looking at what the family is already doing that is working validates and empowers them. Establishing exceptions to the rule and initiating change in the desired direction lends itself to a focus on developing solutions rather than the patterns which maintain the problem. Highlighting the things the family is already doing which represent change enhances the family's sense of control and potential for improving the situation. Since the focus is on things the family is already doing that work cooperation is enhanced and the elements of the family's functioning emphasised fit because they are already part of the family's behavioural repertoire. Much of what is implied here is the seeds of the solution to the presenting complaint lay within the bounds of what the family has already shown itself capable of doing. By helping the family to recognize when things are different the focus of therapy can shift to looking at which differences the family would like to see more of (de Shazer, 1988). We can then say focused solution development involves looking for the differences that make a difference.

# The Practicum

## Chapter Five: A Clinical Internship in Family Therapy

### Raison d'être

So why do an internship using de Shazer's model of therapeutic intervention? Steve de Shazer's version of brief therapy is attractive in that it offers, what is almost, a template for resolving complaints families present with. The advantages and disadvantages of a therapeutic method which places most of it's emphasis on how problems are solved is the focus of this report. This is another way of asking how important a more extensive understanding of the way in which the complaint is constructed is to our interventions. The multiple contexts within which the remarried family is imbedded and which shape the experience of it's members provides the principal means of assessing the efficacy of de Shazer's model in this report.

### Setting and Personnel

The practicum was completed through participation in the Family Therapy Internship Program offered by MacNeill Clinic. MacNeill Clinic uses a multi-disciplinary team approach to provide services to individuals, groups and families who request treatment or who have been referred by community sources for therapy. The internship was under the supervision of George Enns who is Director of the Family Therapy Internship Program and

the Youth and Family Team at the Clinic. As well, Paul Doerksen, a member of the Youth and Family Team, oversaw this writer's work with many of the families seen during the internship.

### **Clients**

The intended focus group of the intervention was remarried families who either sought or were referred for treatment. In addition, a number of single-parent and first-married families were seen to broaden the internship experience and provide a means of further examining the effectiveness of the model. As the defined interest of this practicum was the efficacy of de Shazer's model of brief therapy no differentiation was made based on the presenting complaint. It was anticipated that in some situations certain issues would tend to predominate due to the nature of the family system concerned. For example, parental discord over handling a child's behaviour is more likely to occur in families where the child is not biologically connected to one parent. Family's were assigned by George Enns in consultation with Paul Doerksen and the other members of the Child and Youth treatment team. These families presented with a variety of complaints and were diverse in terms of such descriptive elements as composition, background, length of time in their present form and socio-economic status.

### **Duration**

The practicum extended from September to December 1990 inclusive. In addition to involvement with the clinic, five days a week, the practicum

required on-going study and review of the learning done with Ruth Rachlis, this writer's principal academic adviser, at intervals over this period.

## **Evaluation Criteria**

### **Post Intervention Assessment**

Permission was granted to use the general scale of the FAM-III (Family Assessment Measure) as developed by Skinner, Steinhauer and Santa-Barbara (1983) (see Appendix A for letter). A modified version of the Morrison Check-list (Trute, Campbell & Hussey, 1988) as developed by the Morrison Centre for Youth and Family Service was employed as a second measure of change. As the Morrison Check-list is not copyright protected permission for its use or reproduction was not requested. One remarried family was asked to respond to two additional questions, before each session, designed to reflect their appraisal of the current situation and what sort of future they envisioned. These scales are intended to provide evidence for change having occurred as a consequence of the intervention. Given the exploratory nature of the instruments used and the limited size of the sample population no preset level of successful functioning was determined. A final session debriefing involved asked family members what they saw as most useful in the sessions they attended. This was used to establish what the families themselves saw as most significant about the intervention.

## **Educational Benefits**

Supervision and evaluation provided at MacNeill Clinic represented the primary method of assessing personal skill development. Being part of a team at MacNeill Clinic and having periodic access to this writer's academic adviser afforded the opportunity of gathering more than one perspective on skill development as a family therapist. In addition, a formal evaluation of this writer's progress was part of the internship process at MacNeill Clinic.

## **Procedures**

Both the FAM-III and the Morrison check-list were administered just prior to the first session and after the final session. This allowed for pre and post intervention comparisons to be done with both measures. The FAM-III and Morrison check-list were also useful in that they located sources of family strength and weakness as well as identified the specific complaints a family brought to the first session. Additionally, one family was asked to report on their sense of change, within the family, on a session to session basis.

It should be recognized this research design is limited in that it incorporates neither controls nor a large number of replications, the client sample is not random, and, as we shall see, the instruments themselves may not accurately assess remarried family functioning. As a consequence an analysis of the data will do little more than offer tentative hypotheses about the obtained results.

Procedures regarding the process and content aspects of the intervention were examined from a number of angles. As previously mentioned the use of

live supervision was used to access information which is directly relevant to skill development. Review of videotaped sessions, with George Enns, and Paul Doerksen as well as independently, was a second means of evaluating the process and content levels of this writer's work. As well Ruth Rachlis reviewed videotaped sessions for discussion and comment. A third means of assessing skill development was the use of a journal intended to lend additional focus to this writer's thinking and questioning during the learning process. Recordings in the journal were daily for the duration of the practicum. In addition, the final session debriefing provided another source of information on this writer's skill as a therapist.

### **Instruments**

The FAM-III inventory is comprised of three scales each of which include a number of subscales. The General Scale, used during the internship, employs 50 items to assess overall family functioning along seven dimensions; task accomplishment, role performance, communication, affective expression, involvement, control, values and norms. The General Scale also attempts to determine the social desirability of the clients responses and any defensiveness which may exist. The General Scale is appropriate for completion by preadolescent, adolescent and adult family members (Skinner *et al*, 1983).

The FAM-III was chosen, in part, because it was developed using Canadian norms for clinical and nonclinical populations. More importantly the scale attempts to measure family functioning from a systemic perspective (see Appendix B for interpretation guide). The FAM-III offers

other advantages as it is relatively unobtrusive and does not require a great deal of time to complete or score. Another advantage is the FAM-III's utility as a diagnostic tool, a measure of therapeutic process, and a measure of outcome (Skinner *et al*, 1983). The General Scale has demonstrated reliability and validity (Coefficient alpha .93,  $p < .001$ ) in distinguishing between clinical and nonclinical populations. As well the General Scale highlights family strengths which is consistent with de Shazer's focus on identifying what the family is already doing that works. A final feature which makes the FAM-III attractive, for the purposes of this report, is the inclusion of remarried families in the sample used to determine the norms for the General Scale.

I have alluded to there being drawbacks to the use of the FAM-III. This inventory is directed at more systemic indicators of change as reflected in shifts in the overall organizational structure of the family. Changes in specific behaviours or treatment goals are not likely to be reflected in FAM-III outcome scores. A second difficulty resides in the paucity of empirical knowledge about what is functional in remarried families. An example is the, previously noted, finding by Pasley (cited in Sims & Burnett, 1989) that permeable family boundaries impede integration and adjustment while others have viewed the negotiation of permeable boundaries as functional and adaptive (Carter & McGoldrick, 1988; Visher & Visher, 1988). Thus, a greater degree of disparity between remarried family members indicating less family cohesion could be taken as either a strength or a weakness depending on the view one adopts. In addition, remarried family norms may change over time reflecting the reality that characteristics which are functional at one point may not remain so (Visher & Visher, 1988). This

suggests using increased caution when interpreting the results of the FAM-III as evidence of either a pathological or healthy family system.

The Morrison Check-list identifies problems which require attention as well as providing an index of family change. In contrast to the evidence of systemic change the FAM-III offers the Morrison Check-list reflects change in specific problem areas. This focus would seem to work well with an emphasis on finding solutions to, as well as demonstrating change in, specific complaints.

As previously mentioned one family was asked to respond to two questions on a session to session basis. This involved indicating on a scale of one to ten how happy each individual thinks they would be if things were to remain unchanged and how happy they anticipate being in the future. In addition, to reflecting family members expectations of change, this was intended to give some indication of their appraisal of the current situation. As de Shazer's model involves envisioning a better future determining when such a shift in perception occurs is potentially useful when evaluating the interventions employed.

The use of live supervision, feedback from other team members, review of videotaped sessions and a journal, are the principal instruments used to assess skill development. While it is difficult to precisely delineate those skills which are key to being an effective therapist it is thought this multi-instrument approach to evaluation most accurately reflects changes in ability. The combination of these instruments, in particular the review of videotaped sessions and live supervision, provided an opportunity to explore this writer's potential.

## **Recording**

### **Progress of Therapist**

Skill development was evaluated through the use of live supervision and videotape. As well, a journal was kept as a means of formally reflecting on this learning experience. The journal recorded this writer's observations and responded to five questions about the families seen: (a) What interventions seem connected to changes in the family system; (b) are there any changes in the family's life circumstances which are affecting the outcome; (c) is there anything about the clinic or its procedures which could be affecting the family system; (d) when looking at the family as a whole are there changes in task accomplishment, role performance, communication, control, affective expression, involvement, values and norms, which are tied to the intervention and if so is the situation better or worse; and (e) as a consequence of the intervention the major issues being addressed are better, worse, or unchanged (Trute *et al*, 1988)?

### **Progress of Clients**

The primary method of assessing family change was the administration of a standardized measure of family functioning prior to and following treatment. A secondary measure of progress involved the use of a pre and post intervention problem check-list to obtain some measure of the family's perception of change in specific areas. One family was asked to respond to two questions, prior to each session, designed to assess their appraisal of the current situation and the future.

## **Chapter Six: The First Illustration**

### **Introduction to the Illustrations**

Over the four months of the internship a total of nine families were seen and a further four failed to attend the first session. Five of the families seen were remarried, two were first-married and two were single-parent families. All families were seen for an initial assessment interview prior to a contract for further sessions being made. The initial contract for therapy was made for five, or less, sessions with additional sessions being added if deemed necessary at the end of the last contracted session. Whenever possible all family members were seen together for the first session. The inclusion of family members in subsequent sessions was subject to the assessment made at the first session and the treatment process involved. For example, when a shift to working with the marital dyad became the primary focus of subsequent sessions children were sometimes excluded. All of the families who attended the first session continued to be seen for subsequent sessions. Of the families seen two indicated they may seek further treatment to work on issues related to those which brought them to therapy. The total number of sessions ranged from three to six over the families seen.

The first session (i.e. the assessment interview) was geared toward testing potential hypothesis about what was going on in a particular family, looking for family strengths and likely solutions. This was accomplished through first asking questions directed at gaining a clear understanding of what each family member saw as the problem. The following questions focused on determining the family's understanding of why the problem existed. Subsequent questions were then aimed at obtaining a process

description of the behaviour patterns in the family. The effort here being directed toward obtaining a picture of the family's structure, attempted solutions, "stuckness" in relation to the presenting complaint and their approach to problem solving. The next questions were typically directed at finding out what family members are doing when the problem is not present. Following in this line questions asked to individual family members were intended to give the therapist a clear description of how they would behave if the problem were not present. These last two sets of questions are designed to help individuals step back from the problem and thus gain some objectivity about their own behaviour and that of other family members. These questions also helped in the development of tasks which build on family strengths and fit with the family's typical mode of interaction.

Task assignment followed a therapeutic break during which other team members were consulted or the therapist individually took time to review the initial hypothesis, think of compliments and formulate solution oriented tasks. After the break the therapist would return to the family with a number of compliments emphasising what the family was already doing well, a description for the family of their definition of the problem, the solutions they had attempted, and finally suggest things they could do which built on the indicated family strengths and directed the family toward doing something different. Following sessions built upon the findings of the first, assessment, session. Rather than exploring the nature of the problem questions were asked which, allowed the family to become more objective about the situation and their role in it, emphasise exceptions to the rule, highlight family strengths as well as develop potential solutions.

Two cases are presented in detail to in order to fully illustrate the linkage between the assessment, therapeutic process and outcome

components of the internship. These cases were selected on the basis of the contrasting issues they brought to therapy. Three additional cases are discussed with reference to the significant aspects of therapy as they presented themselves to this writer. The obtained pre and post measures on the FAM-III for these three families can be found in Appendix C. When observations or information, drawn from the other first-married and single-parent families seen, is included it will be so indicated. In order to preserve confidentiality information which would make the identification of the individual families possible has been changed.

### Family Example One

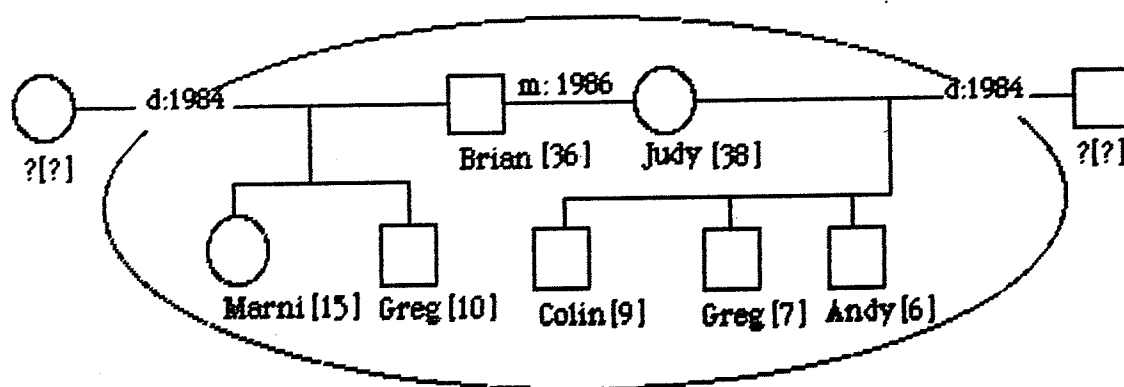


Figure 1.  
Example One Family Constellation

### The Complaint

Judy contacted the clinic concerned about Marni's poor attitude toward school, general surliness, insolence toward authority figures, and her own conflict with Brian over how best to handle the situation. Judy noted

increased strain in her relationship with Brian, Brian's use of alcohol, a heightened level of tension in the home, and financial problems as other sources of concern.

### **First Session**

Judy, Marni, both Gregs, Colin and Andy attended the first session. In the four months which had passed from the time Judy first sought treatment and this first session the focus of her concerns had shifted. Judy had taken a parenting class, was involved in a group for adult survivors of incest and Marni's behaviour had improved with the involvement of school counselling personnel. As a result Judy's concerns had shifted to her relationship with Brian, Brian's manner of disciplining the children and his use of alcohol.

Judy indicated she and Brian had come together quickly after the dissolution of their first marital relationships. Both Judy and Brian's previous marriages were chaotic, Judy had been physically abused by the biological father of her children who had also abused alcohol, Brian's former spouse left him, she also abused alcohol, sought out other sexual relationships and was generally unavailable as a parent or spouse. Judy's former spouse maintained no contact with the children while the biological mother of Brian's children made sporadic contact primarily with Marni. In addition, Judy indicated she had been sexually abused in her family of origin.

Judy described the difficulty the family was having forming a cohesive unit. Judy painted a picture of herself as isolated, feeling overwhelmed by the demands of parenting, often single-handed, five children, and as having to act as a buffer between Brian and the children. Judy indicated she saw

Brian's attempts at control as too harsh on the children, sometimes using language she felt was abusive when he became frustrated. Brian's job took him away from home for periods of up to a week at a time leaving Judy as the sole parent. Judy had placed a great deal of emphasis on building a relationship with Brian's biological children to what she thought may have been at the expense of her relationship with her own children.

Judy characterized her parenting style as somewhat more *laissez-faire*, than Brian's, and saw herself as tending to focus on the emotional needs of the children while Brian placed more emphasis on routines, expectations around homework, household chores and standards of behaviour being followed. It was this split in the marital relationship which Judy indicated as being the source of the most strain.

### **Assessment**

Some crossing of generational boundaries was evident in Judy's over involvement with the children and Marni in particular. In part this was illustrated by Judy's difficulty, during the first session, in describing how the problem had effected her as a person. The tension within the spousal subsystem and Brian's unavailability, due to work and withdrawal when at home, drew Marni into a parental role. Throughout the first session Marni presented herself as very competent and as handling herself in an adult-like manner. Judy tended to consult with Marni and defer to her opinion rather than state her own position in a clear and direct manner. This pattern of Judy's vying for Marni's approval communicated a lack of confidence in her own ability to parent and elevated Marni's position in the family hierarchy

which in turn made taking a firm stance with Marni more difficult. The extent to which Judy accepted her stepchildren's connectedness to their biological mother was also an issue in this regard. Judy described herself as trying to make up for much of the neglect Brian's children had experienced with their own mother. Judy recognized Marni's caring for her biological mother did not stop with the new family however her over emphasis on building a good relationship with Marni simultaneously accentuated the role strain Marni felt, from having two mothers, and increased her ability to control events within the family.

In the time which had elapsed from when Judy had first sought treatment at the clinic, to her attendance at the first session, a significant shift occurred within the family. The problem had been relocated from how Marni was behaving to Judy's relationship with Brian and how they should handle Marni's behaviour. Marni's more responsible behaviour may have facilitated this shift in focus to the marital dyad. Judy and Brian's different parenting styles set up a pattern where each of them attempted to compensate for the other's perceived weaknesses. Judy's reluctance to tell the truth about how things were affecting her reinforced her lack of personal worth. For example, Judy had wanted Brian to attend the first session, but had assumed he would be unwilling to, so she had not asked him. Judy took a view where telling Brian she wanted him to be at the session was an unfair request. Judy expressed her low opinion of herself by not making her needs known which in turn reinforced the notion she did not matter as no one responded because they did not know what she wanted. Judy was protective of Brian and the children, she made exceptions for them, her tolerance was tantamount to giving approval for behaviour she did not think was okay.

The system prevents Judy from doing what she knows needs to be done. A situation had been set up where the rules of the system stop Judy from expressing what she thinks clearly and directly. Judy's efforts were geared toward ensuring the problem did not escalate so misrepresenting the situation was, for her, necessary to save it. In turn, instead of being critical, of Judy, Brian would attempt to establish order in the house by yelling at the children. Judy's role, as dictated by the system, was not to make waves, not to do anything which would further upset the situation. This pattern was locked into place by the rule which dictated no one should "rock the boat" by indicating what they were thinking. This rule was inherited from their previous marriages, and most probably families of origin, where saying what one thought only made the situation worse. Any resolution which may have been achieved by moving to a direct expression of the differences between them was thus not available.

Significant remarried family issues reinforced the established pattern of interaction in this family. The tendency to deny difficulties encountered in day-to-day family life, feeling pulled apart by the experiential differences which naturally occur (Papernow, 1987) are a function of the desire for a rapid development of intimacy, and resolution of ambiguity. For Judy and Brian articulating their experiences of the family means emphasizing differences at a time when this is counter to what they are seeking. In addition, the socio-cultural prescription, which sees women as the emotional caretakers in the family (Carter & McGoldrick, 1988), combined with the tendency of remarried family members to have unrealistic role expectations (Hobart, 1988) is shown in Judy's feelings of powerlessness and efforts to gain Marni's approval.

When asked how people would behave differently if the problem were not present Judy indicated the first sign to her things were different would be Brian's attendance at the next session. To this point Judy had not asked Brian directly if he would attend the sessions and had assumed from his general attitude he would not. The statement was made to Judy that she could ask Brian to attend the next session without it being a "guilt trip". It was suggested to Judy that by not asking Brian to come to the sessions in a clear and direct manner she was in the position of devaluing herself, and putting the blame on Brian by not saying she wanted him there. Based on her demonstrated skill in building relationships, as evidenced in her relationship with Marni, and ability to express herself clearly, confidence was expressed that Judy would be able to tell Brian she wanted him at the next session.

At the end of the first session a contract was made for five subsequent sessions. This contract was undertaken with the understanding these further sessions would be used to find ways for Judy and Brian to form a more effective parental relationship. Cementing the relationship within the marital dyad, introducing more flexibility into Judy's role as the family's emotional caretaker, increasing the unity of the parental subsystem in defining the situation and creating more realistic role expectations were the goals of treatment.

The pre-measure FAM-III (Figure 2) and Morrison Check-list responses (Figure 4, 5 & 6) can be understood as confirming the first session impressions of this family. Judy's FAM-III profile shows her perception of family weakness on the role performance and control subscales. This suggests the adjustment to, and understanding of, changing life demands is being expressed in an inability to develop new roles while the patterns of

influence do not permit the family to effectively perform the routines of on-going family life. In addition, the difference between Brian and Judy's profiles on the FAM-III suggest the existence of an underlying power struggle.

Responses to the Morrison Check-list further indicate specific problems which can be viewed as related to conflict within the parental subsystem. Judy's responses, in particular, show a concern with issues related to parenting style as well as clear and effective communication within the family. Thus, the FAM-III and Morrison Check-list offer another method of developing hypothesis and provide a focus for the sessions to follow. Through highlighting the areas of incongruence between Judy and Brian's perceptions of the family and delineating the specific problem areas related to these different perceptions the form of the subsequent sessions is suggested. The next session was set for two weeks hence.

## **Second Session**

The entire family attended the second session, Brian was congratulated on his decision to attend and asked what made him decide to do so. Brian's decision to be at the session centred on Judy's request for him to attend. Judy was complimented on asking Brian to attend the session in a clear and direct manner and asked how she had accomplished this. After a brief meeting with the entire family Judy and Brian were seen alone to explore their previous marriages and how they came together.

As the problem is lodged in the system of rules that govern interaction between individuals in this family and not in any one person the focus of

change must be these rules. For Judy and Brian this involved an important reframing of the problem as they had presented it. Their mutual reluctance to tell each other the truth about where they stood was pointed out and was presented to them as a problem they had inherited rather than one which was lodged in either of them. Rather than a problem in their relationship the presenting complaint was reframed as a challenge to create a new kind of experience in which their needs could be met. Judy and Brian's traditions said they should avoid being direct with each other. Brian's background was one where he learned that if he expressed his concerns directly to his spouse the situation would deteriorate while Judy's history put her in the role of ensuring the situation did not escalate by misrepresenting what was going on. Both Judy and Brian agreed this way of doing things had not worked and part of the reason they were together was the hope things could somehow be different with each other. The reframe involved suggesting to Judy and Brian the struggle was not with each other but with finding a way to win over the old way of doing things. It was emphasised to Judy and Brian how their traditions give them impressions which were not accurate. They were told they were on the same team breaking with the traditions which prevent them from doing what they knew they needed to.

Judy presented a picture of herself in both this and the first session as an incapable parent. Judy's strengths as a parent were highlighted and it was suggested that her obvious effectiveness as a parent was one of the reasons Brian did not know when things were not going well. Judy and Brian were complimented on their potential to be a good couple and the suggestion was offered to them that they stop and congratulate themselves for how well they have done so far. A second suggestion was offered that they list all of the things they do together, or see each other doing, which they would like

to see more of. Judy requested the next session be devoted to reviewing the videotape of the first session as she wanted Brian to see what had transpired.

### **Third Session**

The review of the videotape, two weeks later, accomplished a number of goals. First it challenged Judy's view of herself as an incompetent parent, despite Judy's maintaining she was unable to gain control over the children the videotape clearly illustrated a number of times when the children became disruptive and Judy was able to assert herself and appropriately direct the children's behaviour. Judy had seen the session as very chaotic so the instances in which she had gained some control challenged her view of herself as incompetent. Judy's articulate, insightful and sensitive nature was also very apparent from the tape and was used to question her view of herself as someone who was not able to express herself directly and clearly. The use of the videotape permitted the writer to raise doubt about the accuracy of Judy's picture of herself by punctuating those events which represented exceptions. Brian's nonverbal behaviour also indicated his disagreement with Judy's statements, on videotape, of her inability to express herself or parent appropriately. Brian's disagreement with Judy's self-deprecating statements, made on tape, were also highlighted and used to reinforce the writer's earlier suggestion the conflict was not with each other but there was a challenge to break with their traditions to create a new experience together.

#### **Fourth Session**

At the fourth session, two weeks later, only Judy and Brian were seen. They had completed the first task assigned to them, from the second session, and reported they had gone out to lunch at a good restaurant as a way of getting some time together and celebrating what they had accomplished. They had not completed the second task but had given it some thought and were able to tell each other, in the context of the session, the things they saw each other doing, or the things they did together, which they would like to see more of. Both Judy and Brian reported enjoying the time out together as a couple and indicated it was something they would like to see more of. Based on their statements of what they would like to see more of it was pointed out to them the extent to which they saw each other as capable parents.

At this point a number of solution focused themes can be delineated. Judy and Brian's realization of the need to spend time as a couple separate from the family, the recognition of each other's strengths as parents and, in conjunction with this, the mutually held challenge of breaking with tradition to create a new experience. An aid to this was Judy and Brian's agreement on the need to work on being together as a couple as a way of resolving whatever concerns they might have with the children.

The pace at which Brian and Judy had met, and confronted the challenges of parenting had not allowed time to develop a large repertoire of repetitive, easily completed, cycles of interaction. The line of questions presented to Judy and Brian, in this session, focused on the amount of time they had to themselves, how they met, what attracted them to each other, and what kinds of things they continue to do for each other. The comment was made to

Judy and Brian that it is easy to forget about being newly-weds when your in a remarried family, while they had recognized each other's potential to be good parents, and were putting a lot of energy into creating a new family, they did not know how to be selfish as a couple. A number of alternatives were discussed for how Judy and Brian could be more selfish as a couple the final decision for what they would do being left to them.

This represents a further development of the information gathered from the initial session. Namely, Judy avoids issues she has with Brian by allowing the home environment to remain somewhat chaotic which serves a similar function for Brian in that if the children are better behaved he has less reason to be involved with Judy. The central hypothesis is that Judy and Brian are not coupling well, in other words, they are not meeting each other's needs. Two additional suggestions were given to Judy and Brian, one that they do something which they think the other would not expect and second they give the other a kiss and a hug when they see them doing something they think is headed in the right direction.

### **Fifth Session**

At the fifth session, two weeks later, Judy and Brian both thought they saw the other do things which they had not expected. This was used to demonstrate how both Judy and Brian were capable of behaving differently. A second function of this task was to simultaneously add an element of mystery to the process of coupling while focusing attention on what they do for each other. Judy and Brian reported they occasionally gave each other a hug and a kiss when they saw something they wanted to see more of. At this

point Judy and Brian were reporting greater success at talking directly to each other when they had concerns and as having greater faith in their potential as a couple. This was evident from the session as both Judy and Brian were more likely to openly express their thinking and indicate how they differed in a clear and direct way than they had previously.

A new concern had arisen around Marni's behaviour as she again was showing signs of being less responsible. Marni was forgetting her homework, arriving late for school, not doing her laundry or cleaning her room. Judy and Brian requested a sixth session to focus on a solution to Marni's behaviour.

### **Sixth Session**

Four weeks later Marni, Judy and Brian attended the sixth and final session. The session focused on what was different when Marni's behaviour was not a concern. From the answers given it was apparent when Marni's behaviour was less of a concern she was given more leeway to make her own decisions and experience the consequences. Marni indicated she was not aware of why her behaviour had regressed but agreed it had and indicated she was unhappy with the way things were going. Her previously demonstrated ability to do better was highlighted by asking her how she had managed to do this.

The pattern suggested that Marni became less responsible as Judy and Brian took more responsibility for her. Judy and Brian's tendency was to protect Marni from the consequences of her decisions rather than allowing her to learn from them. When seeing Judy and Brian separately a solution was proposed where Marni was to be allowed to make some mistakes and

work through the consequences on her own. As part of this intervention it was suggested that when they saw things they wanted to see more of Judy or Brian would do something special for Marni. This last suggestion might involve cooking Marni's favourite dish when she cleaned her room with no verbal signification of the change in behaviour as the reason.

In a follow up telephone call, several weeks later, Brian indicated Marni had expressed some surprise when neither he nor Judy came to her rescue. Dirty laundry had been allowed to pile up, Marni had to deal with her teachers about her tardiness and uncompleted homework while Judy and Brian maintained a united front. The end result had been Marni began to take more responsibility for her own affairs and Judy and Brian could find more things they wanted to encourage more of. Marni thus got the attention she may have been indirectly seeking for doing things she needed to do. Marni's ability to state she was not happy with the way things were going, and her previously successful behaviour, were useful in that they allowed responsibility to be given to her for finding a solution and emphasised how she already knew what to do.

### **The Findings From Family Example One**

From Family Example One Judy completed the Morrison Check-list, as well as the FAM-III at the first and last sessions and the additional two questions over all six sessions. Marni completed all the measures for the first session and last session and the two additional questions for the second session. Brian responded to the two additional questions for the five sessions

he attended and the Morrison Check-list as well as the FAM-III at the first and last sessions.

### **FAM-III Profiles**

The pre-test FAM-III profiles for Family Example One, shown on the next page, are suggestive of a trend toward seeing the same areas as strengths or problems, despite a great deal of disparity between individual scores. Judy's pre-measure scores range widely from family strength to problem giving some indication of the level of distress Judy felt at the first session. Judy's perception that role performance and control, the later with a score of 82, represent problem areas conforms to the information gathered at the first session. Judy's perception of herself as an incompetent parent, of Brian as overly rigid, of his attempts at establishing discipline as being shaming, and of there being an underlying power struggle within the parental subsystem are reflected in this profile. The control score can also be understood, to reflect the difficulty Judy was experiencing as the family's emotional caretaker, and as a function of unrealistic role expectations. In particular Judy's statements around feeling overwhelmed, not knowing when it was appropriate for her to take time out for herself and the sense she had neglected her own sons at the expense of building a relationship with the children Brian brought to the marriage, support this.

The differences in how Judy and Brian perceive the situation reflects the degree of discord which existed in their relationship. While the general trend of their scores sometimes coincides, with the exception of task accomplishment, there is little congruence in their profiles on any of the

### FAM GENERAL SCALE

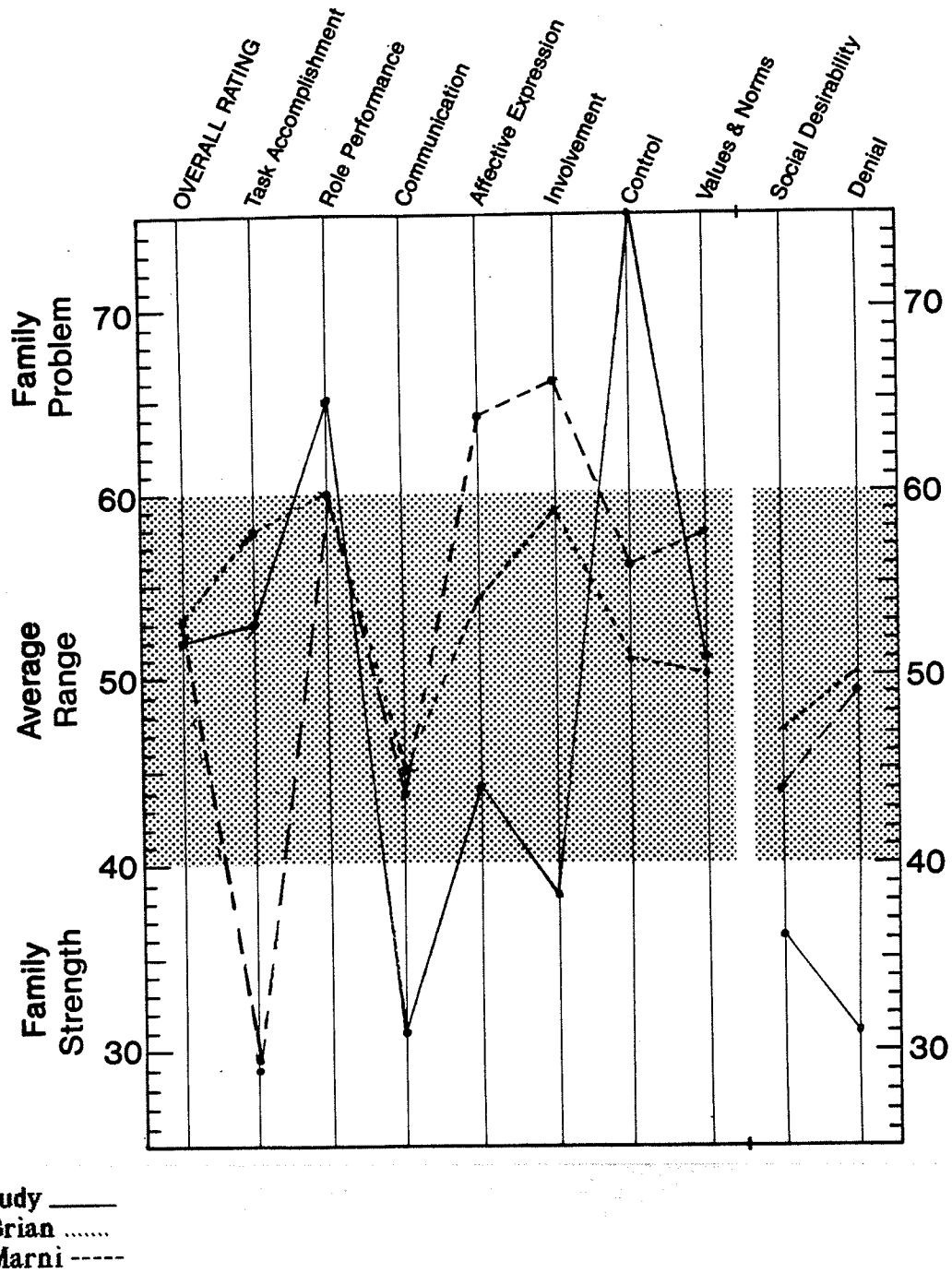
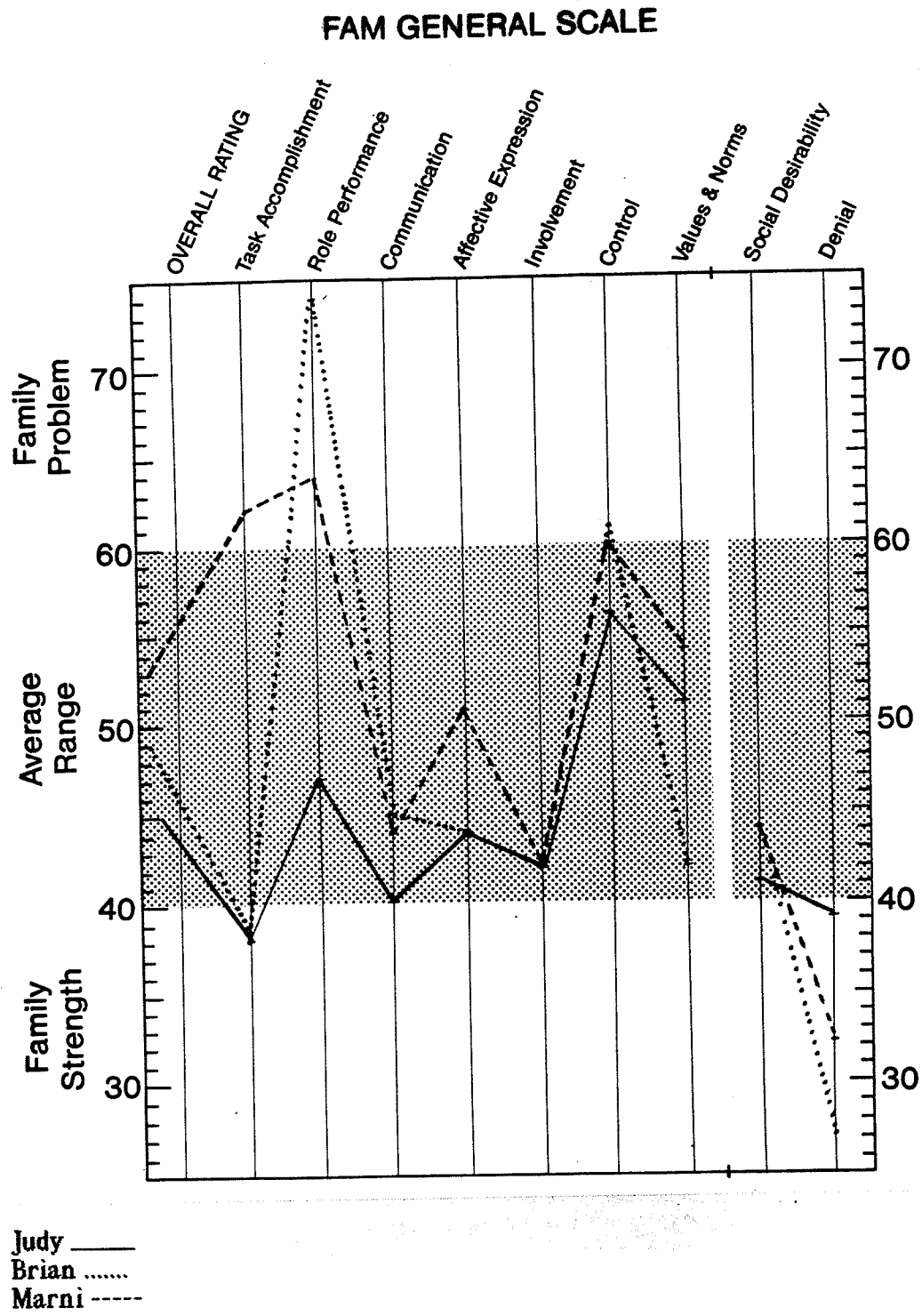


Figure 2.  
Pre-measure FAM-III Profile Family Example One

subscales. Brian's scores indicate that at the first session he attended he saw no areas of concern with the possible exception of role performance. This fits with an assessment which says there may have been a tendency for Brian to deny the existence of any difficulty while Judy viewed the situation as worse than it really was. To a limited extent this observation is supported by Judy's low social desirability and denial scores suggesting the possibility that some other distortion, which is not being measured, is at play.

Marni's FAM-III profile shows high scores on the affective expression and involvement subscales, otherwise her perceptions of the family are more congruent with those of her biological father, Brian, than they are with Judy's. The obtained subscale scores give evidence of insecurity and a lack of autonomy amongst family members supported by inadequate expression of emotions. This is consistent with the highly emotional demands placed on family members as a consequence of remarried family life. The blending together of two family cultures may be loaded with emotional content which is not easily expressed. The divided loyalty Marni feels between her biological mother and Judy may be suppressed leading to some emotional distancing and consequent feelings of insecurity. As such Marni's attempts to establish her own independence, at a point when her position in the family is less secure, means being autonomous is more difficult.

The trend of Marni, Judy and Brian's FAM-III profiles shows the most congruence in the area of role performance. This again would be consistent with our understanding of the challenges confronted by remarried families and the initial assessment of this particular family. Difficulty in adapting to the new roles created by the coming together of two family cultures, ambivalence and confusion around role definitions, and roles which are



**Figure 3.**  
**Post-measure FAM-III Profile Family Example One**

idiosyncratic are the logical outcomes of integrating two distinct family cultures.

The post-measure FAM-III, shown on the previous page, demonstrates dramatic change. With the exception of the role performance subscale the obtained values are significantly closer producing profiles which are more congruent. This outcome is consistent with the intent of the intervention which was to improve the boundary around the parental subsystem and in so doing facilitate greater role flexibility and thus more effective parenting. The differences in Judy and Brian's scores on the role performance subscale is consistent with the on-going negotiation of roles within the family and Brian's stated sense that Judy's *laissez-faire* parenting style means she does not do her share. This is also reflected in Brian's control subscale score which indicates the patterns of influence within this family are such that many things which, in his view, need to get done do not. Marni's elevated role performance and task accomplishment scores reflects her perception of the difficulty family members are having in adapting to new roles, identifying tasks, generating solutions and making changes. Marni's scores reflect the challenges inherent in the remarried stage of the family life cycle. Overall, the post-measure FAM-III profiles show a greater congruence and are consistent with the demands of remarried family life.

### **Morrison Check-list**

A comparison of the pre and post-measure pattern of responses (Figure 4) to the Morrison Check-list reveals while improvement has occurred, Judy's initial concerns with Brian's use of alcohol, parenting style and

potential use of physical force remain. These were concerns Judy had expressed in coming to treatment and the slight improvement in all but one of the areas, that of Brian's alcohol use, is consistent with her post-measure FAM-III profile. The pre-measure patterns of response indicate a negative view of how the family is doing which matches the extreme scores on Judy's FAM-III profile. A primary focus of treatment had been the relationship between Judy and Brian which Judy views as having improved. In general, while certain concerns remain, relationship issues show the most sign of improvement.

### Judy's Morrison Check-list Responses

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **now** in each area. Circle the number that shows your feelings about each area.

	Very dissatisfied		In between		Very satisfied
Showing good feelings like joy, happiness, pleasure, etc..	1	2	3	4	5 <input checked="" type="radio"/>
Sharing feelings like anger, hurt, etc..	1	2 <input checked="" type="radio"/>	3	4 <input type="radio"/>	5
Sharing problems with the family.	1	2	3	4 <input checked="" type="radio"/>	5 <input type="radio"/>
Making sensible rules.	1	2 <input checked="" type="radio"/>	3	4 <input type="radio"/>	5
Being able to discuss what is right and wrong.	1	2	3	4	5 <input checked="" type="radio"/>
Sharing of responsibilities.	1	2 <input checked="" type="radio"/>	3	4 <input type="radio"/>	5

Handling anger and frustration.	1	2♥	3☐	4	5
Dealing with matters concerning sex	1	2	3	4	5♥☐
Proper use of alcohol drugs.	1♥☐	2	3	4	5
Use of discipline.	1♥	2	3☐	4	5
Use of physical force.	1♥	2☐	3	4	5
The amount of independence you have in the family.	1	2	3	4	5♥☐
Making contact with friends, relatives, church, etc..	1	2	3	4	5♥☐
Relationship between parents.	1	2	3♥	4	5☐
Relationship between children.	1	2	3	4♥	5☐
Relationship between parents and children.	1	2	3♥☐	4	5
Time family members spend together.	1	2♥	3	4	5☐
Situation at work or school.	1	2	3♥	4☐	5
Family finances.	1	2	3♥	4☐	5
Housing situation.	1	2	3	4♥☐	5
Overall satisfaction with my family.	1	2	3	4♥	5☐
<b>Take the last rating for yourself:</b>					
Feeling good about myself.	1	2	3	4♥☐	5

Pre-measure Response ♥  
 Post-measure Response ♡

**Outcome**  
 Positive change 13  
 No change 9  
 Negative change 0

**Figure 4.**  
**Morrison Check-list Pre and Post Measure Responses for Judy Family Example One**

The pre-measure pattern of responses on the Morrison Check-list obtained from Brian (Figure 5) is consistent with his pre-measure FAM-III profile which indicates he perceives the family as generally doing well. Brian's post-measure scores on both the FAM-III and the Morrison Check-list show a very slight increase in concern with family functioning issues around affect. This more negative pattern of responses could be understood to be reflected in the pattern of Judy's post-measure check-list responses. As Brian shows more concern there is less need for Judy to show concern and more room for her to be satisfied with how the family is doing. Brian's post-measure scores on the FAM-III are not consistent with the increasing concern shown in the post-measure pattern of responses to the check-list. Given the amount of change in pre and post responses to the Morrison Check-list is slight FAM-III profile scores may not be capable of reflecting it. In general, the overall pattern of responses, to the check-list, indicates little change, with the exception of how responsibilities are shared, which is reflected in the post-measure FAM-III role performance score, and in the level of satisfaction with how the family is doing on specific related issues.

## Brian's Morrison Check-list Responses

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **now** in each area. Circle the number that shows your feelings about each area.

	Very dissatisfied		In between		Very satisfied
Showing good feelings like joy, happiness, pleasure, etc..	1	2	3 <del>0</del>	4 <del>0</del>	5
Sharing feelings like anger, hurt, etc..	1	2	3 <del>0</del>	4 <del>0</del>	5
Sharing problems with the family.	1	2	3 <del>0</del>	4 <del>0</del>	5
Making sensible rules.	1	2	3	4 <del>0</del>	5 <del>0</del>
Being able to discuss what is right and wrong.	1	2	3	4	5 <del>0</del>
Sharing of responsibilities.	1	2 <del>0</del>	3	4	5 <del>0</del>
Handling anger and frustration.	1	2 <del>0</del>	3	4	5
Dealing with matters concerning sex.	1	2	3	4	5 <del>0</del>
Proper use of alcohol drugs.	1	2 <del>0</del>	3	4	5
Use of discipline.	1	2	3 <del>0</del>	4	5
Use of physical force.	1	2	3	4 <del>0</del>	5
The amount of independence you have in the family.	1	2	3	4 <del>0</del>	5
Making contact with friends, relatives, church, etc..	1	2	3	4 <del>0</del>	5 <del>0</del>

Relationship between parents.	1	2	3	4	5♥
Relationship between children.	1	2	3♥	4	5
Relationship between parents and children.	1	2	3♥	4	5
Time family members spend together.	1	2	3♥	4	5
Situation at work or school.	1	2	3	4♥	5
Family finances.	1	2♥	3	4	5
Housing situation.	1	2	3	4♥	5
Overall satisfaction with my family.	1	2	3	4♥	5
<b>Take the last rating for yourself:</b>					
Feeling good about myself.	1	2	3♥	4	5

Pre-measure Response ♥  
 Post-measure Response

**Outcome**  
 Positive change 6  
 No change 12  
 Negative change 4

Figure 5.  
 Morrison Check-list Pre and Post-measure Responses for Brian Family Example One

Marni's responses to the Morrison Check-list (see Figure 6) indicates an increase in her level of satisfaction with how the family is doing. The decrease in satisfaction with the situation at school is consistent with Judy

and Brian's concern with the degree of responsibility Marni was showing around school attendance and completing her homework. Marni's pre-measure check-list responses are congruent with her pre-measure FAM-III profile in as much as they both reflect a more negative assessment of family functioning. Marni's increased satisfaction, as demonstrated on the post-measure check-list, with how the family is doing is also seen in her post-measure FAM-III profile.

### Marni's Morrison Check-list Responses

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **now** in each area. Circle the number that shows your feelings about each area.

	Very dissatisfied		In between		Very satisfied
Showing good feelings like joy, happiness, pleasure, etc..	1	2	3	4	5 <input checked="" type="radio"/>
Sharing feelings like anger, hurt, etc..	1	2	3	4	5 <input checked="" type="radio"/>
Sharing problems with the family.	1	2	3 <input checked="" type="radio"/>	4 <input type="radio"/>	5
Making sensible rules.	1	2	3 <input checked="" type="radio"/>	4	5 <input type="radio"/>
Being able to discuss what is right and wrong.	1	2	3	4	5 <input checked="" type="radio"/>
Sharing of responsibilities.	1	2	3	4 <input checked="" type="radio"/>	5 <input type="radio"/>
Handling anger and frustration.	1	2 <input checked="" type="radio"/>	3 <input type="radio"/>	4	5

Dealing with matters concerning sex.	1	2	3	4	5 <del>00</del>
Proper use of alcohol drugs.	1	2	3	4	5 <del>00</del>
Use of discipline.	1	2	3 <del>0</del>	4	5 <del>0</del>
Use of physical force.	1	2 <del>0</del>	3	4	5 <del>0</del>
The amount of independence you have in the family.	1 <del>0</del>	2	3	4	5 <del>0</del>
Making contact with friends, relatives, church, etc..	1	2	3 <del>0</del>	4 <del>0</del>	5
Relationship between parents.	1	2	3	4	5 <del>00</del>
Relationship between children.	1	2	3	4	5 <del>00</del>
Relationship between parents and children.	1	2	3	4	5 <del>00</del>
Time family members spend together.	1	2	3 <del>0</del>	4 <del>0</del>	5
Situation at work or school.	1 <del>0</del>	2	3	4	5 <del>0</del>
Family finances.	1	2 <del>00</del>	3	4	5
Housing situation.	1	2	3 <del>0</del>	4 <del>0</del>	5
Overall satisfaction with my family.	1	2	3 <del>0</del>	4 <del>0</del>	5
<b>Take the last rating for yourself:</b>					
Feeling good about myself.	1	2	3 <del>0</del>	4 <del>0</del>	5

Pre-measure Response ♥  
 Post-measure Response ♡

**Outcome**

Positive change 10

No change 9

Negative change 3

Figure 6.  
 Morrison Behavioural Check-list Pre and Post-measure Responses for Marni Family  
 Example One

A further comparison of the overall pattern of responses from the three check-lists indicates a general reduction of the level of concern family members express around specific issues. The difference between the application of the pre and post-measure Morrison Check-lists indicates a tendency for Judy and Marni to see more positive change having occurred while Brian perceives less change. This is consistent with the post-measure FAM-III profiles which show a greater degree of congruency and fewer subscale scores which fall outside of the average range.

### **Two Additional Questions Profile**

The two additional questions were given to the members of Family Example One following a single systems design where Judy, Brian and Marni were asked to respond to the questions each time they attended a session. The intention of such an approach was to examine the utility of determining at what point a change in perception occurred and if it could be in any way linked to the interventions employed. The results (Figure 7) show Judy's happiness, with how things are currently in her family, as increasing over the last two sessions while her perception of how happy she thinks she will

be follows the same pattern. This can be linked to the change in Judy's pre and post FAM-III profiles and the pattern of responses to the Morrison Check-list. The only specific event which could be linked to the change in the responses is, in the second session, where Judy's perception of the future improves as a function of Brian's attendance. Judy's increased happiness with how things are now in her family can be linked to the focus on improving her relationship with Brian. As this course of intervention begins to take effect Judy's happiness with the present situation can be thought of as increasing. The drop in the middle sessions may reflect the difficulty inherent in establishing a more clean and direct relationship with each other. In general, Judy's perception of how happy she would be if things were to remain as they currently are tends to vary widely over the course of the six sessions while her perception of how things will be is more consistently positive.

The pattern of Brian's responses to both questions remain largely consistent over the course of the five sessions he attended. Possibly Brian's increasing awareness of the need for change accounts for the slight decrease in his sense of how happy he would be if things were to remain the same in session six. Again as Brian recognizes the need for change and becomes more involved it is possible that Judy's perception, of how things are and how they will be, becomes more positive. Brian's FAM-III profile and Morrison Check-list responses conform to the suggestion that Brian is less happy with how the family is currently functioning.

Answer the following question by circling the number that shows how you see the future.

How happy would you be if things were to remain as they are now in your family?

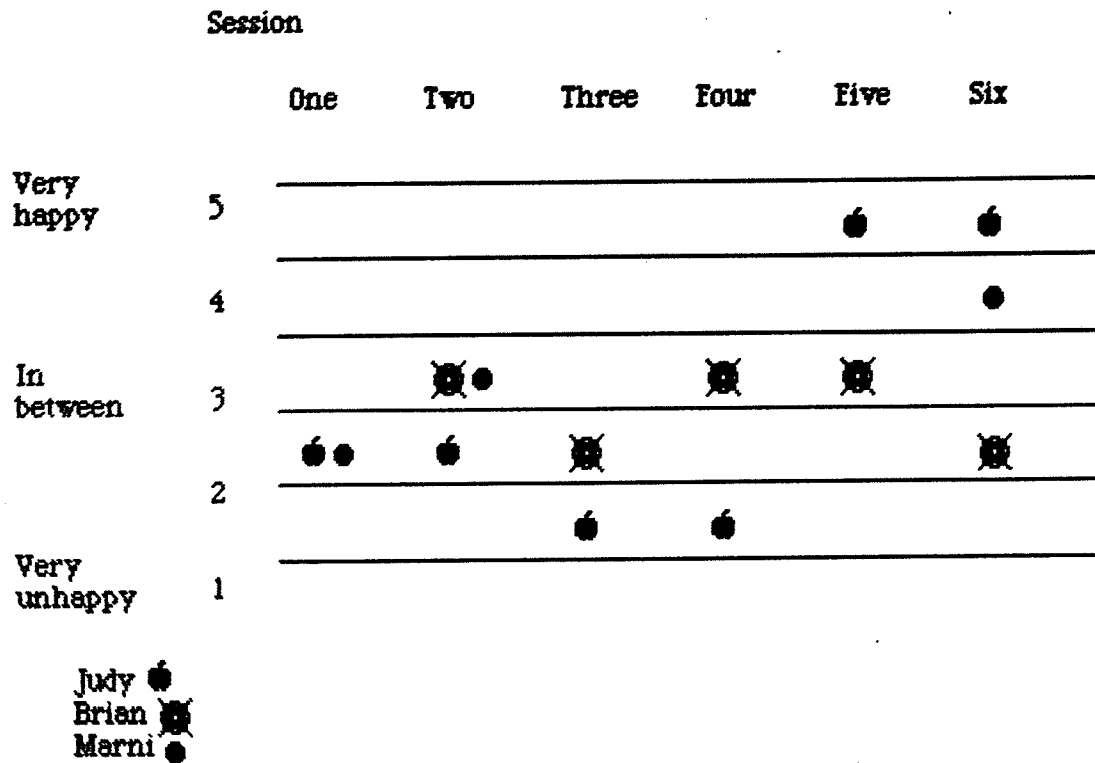


Figure 7.  
Two Additional Question Responses for the First Question Family Example One

Answer the following question by circling the number that shows how you see the future.

How happy do you think you will be?

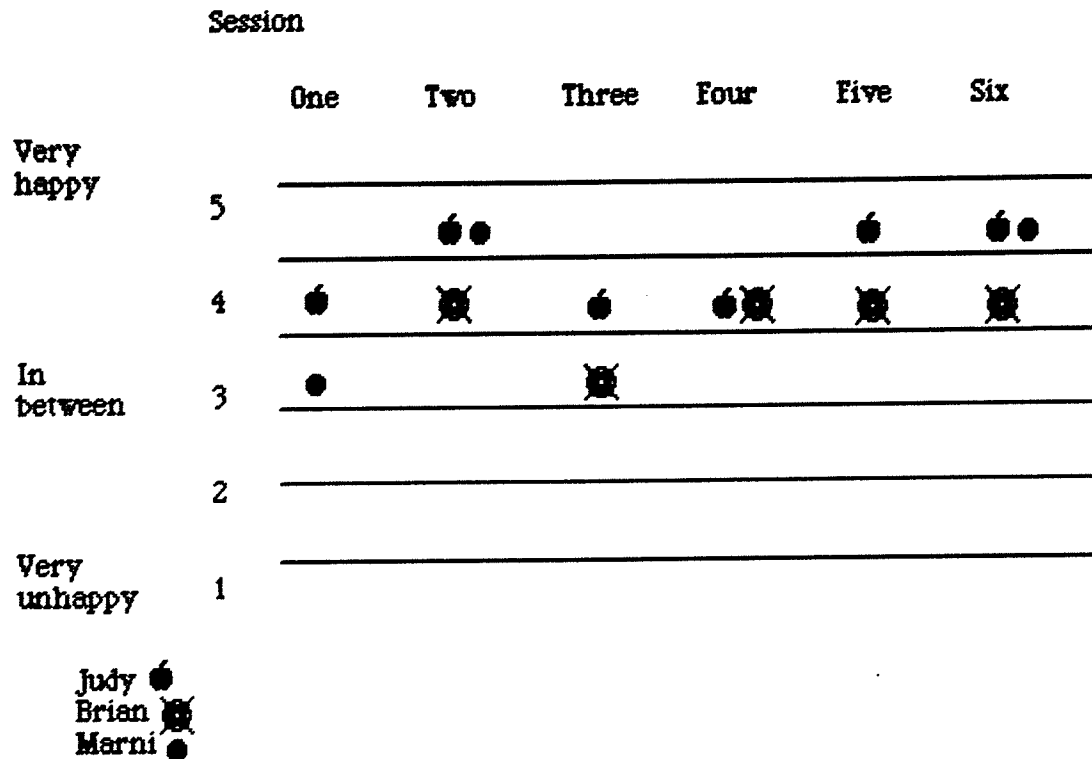


Figure 8.  
Two Additional Question Responses for the Second Question Family Example One

Marni's responses, over the three sessions she attended, show a consistently more positive view of both how the family is doing and how it will be doing in the future. This conforms to her FAM-III profile and Morrison Check-list responses which also shown a generally more positive view of how the family is doing from the pre to the post-measurements.

The use of the two additional questions in this time-series design tends to confirm the trend towards a perception of improved family functioning as suggested by the FAM-III profiles and the response to the Morrison Check-list. However it does not permit us to locate the point at which the shift in

perception began to occur. The lack of congruency in the responses, or any specific correlational pattern, means the conclusions we can draw are only linked to certain individuals and not the family system. The hypotheses generated to account for the responses, on a family systems level, are thus even more tentative than those attached to individual responses.

### **What Worked?**

The measurement techniques employed in this practicum were an attempt to answer four questions: (a) did the intervention work, (b) can we determine when change began to occur, (c) what was done that worked, and (d) what else happened which might have influenced the outcome? The later two questions are the focus of this and the next sections.

An answer to the first question was sought through asking the families what they thought was most helpful about the sessions they attended. Members of Family Example One responded by saying the sessions provided a safe place to discuss issues which were very emotionally laden. The understanding being that issues either would never have been discussed or would have tended to accelerate into conflict had they been introduced in another context. This indicates the sessions were seen as a safe place to begin the process of being direct and clear with each other without fear of increased ambiguity or a loss of intimacy. A second comment was directed at the affirming and empowering nature of the sessions. Judy in particular had come to therapy seeing herself as lacking the skills to be a parent in this family. To a lesser extent Brian and Marni noted the focus on what the family was already doing well as being helpful.

## **Journal Notes**

From this writer's journal a few observations can be summarised which help elucidate the outcome for this family. From this writer's perspective the focus on facilitating clear and clean communication between Brian and Judy, the emphasis on strengthening the boundary around the parental subsystem and highlighting family strengths were the most useful interventions employed. The focus on learning how to be selfish as a couple, highlighting what first attracted Judy and Brian to each other, as well as the common bond of creating a new experience together, were most successful in solidifying the boundary around the parental subsystem. The net result was the increased unity within the marital dyad around the definition of the situation as evidenced in the post-measure FAM-III profile.

The fact Judy was in group therapy, dealing with how she had been sexually abused in her family of origin, and had attended parenting classes, while waiting to be seen at the clinic, were factors which improved the chance of a better outcome. The work the school guidance counsellor and psychologist did with Marni, as well as Brian's increased job security reduced the overall level of strain and stress in this family and helped to focus Judy and Brian on how they were doing as a couple. Additionally, Brian's increased concern for how the family is doing may on some level have freed Judy to be less focused on family problems. The interventions had the most success with the issues of communication, control, affective expression, affective involvement and values and norms. Overall the major issues being addressed were better at the end of the six sessions. It remains to be seen how contagious and persistent the changes made in therapy will be. Task accomplishment and role performance represent the two areas which this

writer views as representing the greatest remaining challenges to this family. The extent to which Judy and Brian can continue to mesh their different approaches to parenting will help to determine the on-going adaptability and growth promoting potential of this family.

## Chapter Seven: The Second Illustration

### Family Example Two

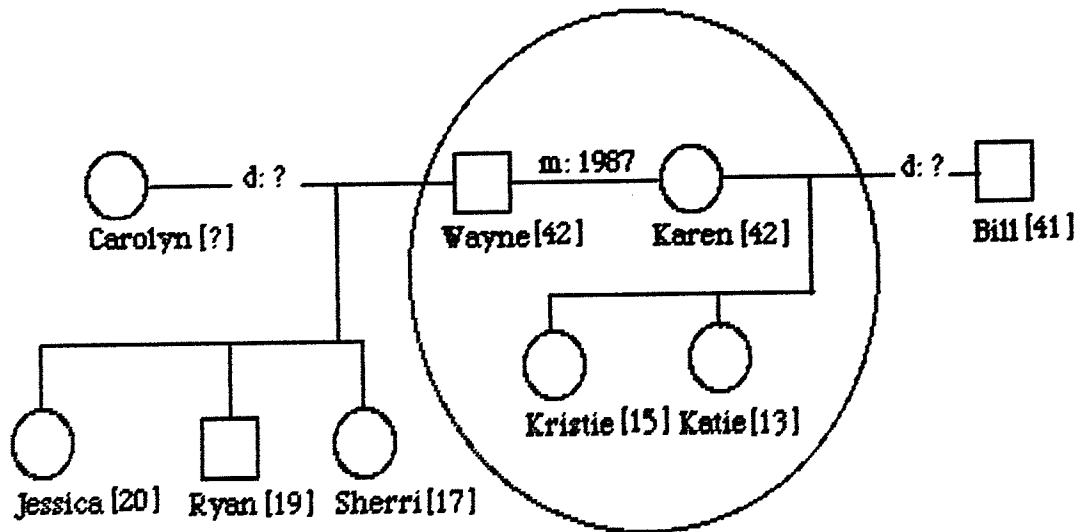


Figure 9.  
Example Two Family Constellation

### The Complaint

Karen contacted the clinic concerned about Kristie's school attendance, falling grades, possible promiscuous behaviour and the conflict between Kristie and Wayne. Karen indicated Wayne's unemployment as a contributing factor to the level of tension in the home.

### First Session

Kristie and Karen attended the first session. Karen indicated the problems had started about three years ago when the family moved to another city.

Kristie's behaviour gradually became more deceitful, more preoccupied with the opposite sex and she ran from home on occasion. Soon after Wayne and Karen were married Wayne and Kristie were in conflict. Kristie was defiant towards Wayne while he was verbally abusive and on one occasion physically aggressive towards her. At the point this family sought treatment Wayne and Kristie's positions had become very polarised. Karen said she felt she was being forced to make a choice between Kristie and Wayne because they refused to find a way of living together. Kristie had clearly indicated she had no desire to remain in the same household as Wayne and intended to move out unless he left. Karen's response had been to request Kristie stay out of Wayne's way and suggest to Wayne he attend therapy to deal with his relationship with Kristie and learn to manage his anger, however, both Wayne and Kristie had refused to do anything which might change the situation. Kristie was essentially delivering an ultimatum either she left or Wayne did.

At the time this session took place Wayne was unemployed and spending most of his time in a bedroom separate from the one he had been sharing with Karen. The company Wayne worked for had requested he move several times, within a short period, and Karen had refused to make the last move. Wayne had tried commuting, but found this to be unworkable, with the end result that he quit his job and had remained unemployed for the previous five months. Karen had returned to work within the last month in an attempt to keep up with the family finances.

Karen was seeing her relationship with Wayne as less and less workable. Karen said Wayne had confined himself to a separate bedroom, rarely speaking with anyone, eating his meals alone, essentially avoiding contact with everyone in the household. Karen said she increasingly felt Wayne was

showing signs of a psychiatric disorder. Karen admitted she was considering how to leave Wayne but still held out some hope of salvaging her relationship with him. At this point Karen felt she had to leave Wayne, partly because of his withdrawn and erratic behaviour, and partly to keep Kristie from leaving home. Karen said she was not financially in a position to walk away from the house, she had bought with Wayne, and reluctant to move into an apartment with her daughters. Karen described the years she had spent as a single parent in almost idyllic terms and expressed some regret at not having held onto them.

### **Assessment**

A diffuse generational boundary between Karen and her children resulted in some of her parental authority being diluted. Karen's focus on Kristie's attempts to save the family, as the source of the problem, draws attention away from her own ambivalence about continuing her relationship with Wayne. Thus, Kristie's behaviour performed a protective function, attempting to rescue the family from Wayne, while at the same time diverting Karen from her own pain around leaving him. While Karen showed the ability to use good judgement she allowed Kristie to fight some of her battles for her. This partial reliance on Kristie tends to parentify her role in the family with the end result that setting limits on Kristie's attempts to rescue the family becomes more difficult. Karen indicated that Kristie was very responsible and independent from an early age and had tended to worry about things which were not usually the concern of a child. Kristie's role as the family protector, forcing Karen to make a decision and fighting

Karen's battles for her, blocks her from moving forward with her own development.

A therapeutic contract for three sessions was agreed upon to work on the concerns of each family member. The focus of the sessions was to develop a clear generational boundary between Karen and Kristie with the intention of making it possible for Kristie to get on with her own life. The assertion of this boundary allows Karen to deal with her relationship with Wayne directly rather than through Kristie. This focus was supported by highlighting what Kristie was doing well and affirming Karen's ability to deal with relationship issues and conflict directly.

Karen and Kristie's pre-measure FAM-III profiles (Figure 10) show a perception of family weakness on the same subscales. Along with their pre-measure Morrison Check-list responses (Figures 12, 13 & 14) this indicates a shared definition of the type, if not the extent of difficulty, which exists within the family. In addition, to confirming the observations made in the first session, this suggests a further struggle for Karen. Kristie's alignment with Karen in her definition of the situation makes it more difficult for Karen to assert her role as parent. The struggle for Karen is to assert her position within the family in a clear and direct manner without disconfirming Kristie's perception of the situation. The next session was scheduled for two weeks from the first.

### **Second Session**

The second session was attended by Karen, Kristie and Katie. Karen indicated Wayne remained in his room, he continued to avoid other family

members. Most of the work in this session was directed towards having the three family members tell their own part of the story. The more detailed picture of the situation painted by having each person give their view of what was going on provided a number of issues for further clarification.

Karen was asked if she saw how both Katie and Kristie were aware of the drain the situation was having on her? It was suggested to Karen both Katie and Kristie were more concerned about Karen than she realised. Karen was asked if Katie and Kristie were not still living at home would she be happy with Wayne? Subsequent questions focused Karen on the need for her to decide what she is going to do if she could not get her needs met with Wayne. It was suggested to Karen that if Kristie and Katie are right, her relationship with Wayne has no potential, because they want her to leave him. The next line of questions focused on asking Karen if she thought the relationship was something which could last longer if she were the only one getting hurt? This set of questions was used to clarify how clear Karen was about protecting herself and the need for Katie and Kristie to understand that even if they were not around Karen would not tolerate being abused. In other words Karen would not tolerate any abusive behaviour from Wayne out of concern for her own needs being met and as such her daughters did not have to worry about protecting her. It was indicated to Karen because her daughter's care for her they do not want her to put up with any abuse.

The next stage in the session further emphasized the need for Karen to clarify her position with Katie and Kristie. The statement was made to Karen that Katie and Kristie were not as convinced as this writer that she would not tolerate an abusive relationship. It was suggested Kristie in particular was still thinking that without her being in the situation Karen would put up with a lot more from Wayne. In other words, Kristie was wondering at what point

Karen was thinking about leaving Wayne just for the children rather than out of concern for herself.

Karen and Kristie had already indicated Kristie was attending school on a regular basis, had a steady boyfriend and had improved her grades since the family had first sought treatment. Building on this change Kristie was complimented on her wisdom, for in spite of what Karen's decision might eventually be, she had decided to make the best of it. It was suggested to Kristie that from her behaviour it was clear she did not want to jeopardize her own future. When asked if this was the case Kristie agreed it was. It was then conveyed to Kristie how impressive it was she had arrived at this decision on her own.

The suggestion was made to Kristie she continue to follow her own good judgement. Kristie was told her challenge was not to "screw-up" as a way of rescuing Karen or stated another way she did not need to sacrifice herself for her mother. It was emphasised to Karen how much of Kristie's behaviour had been an attempt to be helpful and Karen was asked if she would support Kristie's decision to go on with her life? Smiling at the reframe of Kristie's, sometimes belligerent behaviour, as caring Karen indicated she would be okay if Kristie went on with her life.

Kristie, Karen and Katie were asked if this writer had some suggestions to improve this situation how likely would they be, on a scale of one to ten, to follow them provided they were not illegal, immoral, unethical or expensive? Karen, Kristie and Katie were all cautious in their estimates of how likely they were to commit themselves to making change. The suggestions then given were intended to be in line with this family's willingness to do something different. Katie and Kristie were asked if they could give Karen a hug or some other sign of affection when they worry about her. Instead of

keeping her concern to herself Kristie was asked if she could tell Karen directly she deserves someone to care about her. The reframe of Kristie's behaviour as protective and caring towards Karen was restated. Karen was asked to watch for signs her daughters were showing their worry in a more helpful way and Kristie was being more direct.

Kristie's perception of her mother as being too soft was challenged through emphasising Karen's strength and ability to make decisions on her own. Karen nodded throughout this statement and added that through all their ups and downs she had always managed to "land on her own two feet" and take care of the family. It was then emphasised how Karen must make the decision regarding her relationship with Wayne for herself in a very clear and direct way.

Finally all family members were complimented on the strength they had shown in dealing with the present difficulty. The similarity between the strengths shown by Karen and her two daughters were also highlighted. Karen was complimented on the ability she had shown to be a hard nosed decision maker when the situation required it while at the same time showing she had a soft caring side. The next session was set for two weeks hence, Kristie and Katie were reminded to be more direct about showing their concern for Karen. Karen was asked to watch for signs that Kristie had been clear about expressing her concerns and both daughters were showing their worry in a caring manner.

### **Third Session**

The focus of the third, and final, session was to build on the strengths this family had already exhibited and continue to work towards clarifying each person's stance with regard to the present situation. At the start of the session Karen reported she had seen signs Kristie was expressing her concern and caring in a more clear and direct manner. Karen also noted that Katie was showing signs of being more considerate. Kristie said she had found it difficult to express her concerns directly to Karen then proceeded, through the rest of the session, to be very direct about her concern for Karen, her own unwillingness to remain indefinitely in the same house with Wayne and doubts that Karen really had made a decision about her relationship with Wayne.

The situation in the home was described as very tense. Wayne was largely confining himself to his bedroom, Kristie was adamant the present situation could only be resolved if Wayne or she left. Karen remained ambivalent about her relationship with Wayne as well as feeling trapped by the financial loss she would incur if she left. Karen had been to the bank and seen a lawyer in order to gain a better understanding of her options should she leave. Kristie continued to do well at school and showed no signs of reverting to her earlier behaviour. When asked if the home situation was interfering with school Kristie reported she continued to do well. Kristie was asked how she would know if it was interfering with school. Kristie responded she was unsure but was confident she was able to separate her school responsibilities from the tension at home. Kristie would not commit herself to continuing her efforts in school if the situation at home remained unchanged.

It was clear from the sessions, to this point, Kristie was the only one in the family who really stood up to Wayne. Karen's ambivalence about her relationship with Wayne was giving Kristie two different messages about her intentions. Kristie saw Karen not getting what she needed from the relationship and responds, in her parentified role, by doing what she feels she needs to do to save the situation. Thus, Kristie is in a position of trying to rescue her mother by holding out the possibility she may decide not to do well if Karen does not come to a decision.

The next series of questions focused on which message Kristie was more likely to believe. What more did Kristie think Karen could do about the present situation with Wayne? Kristie's desire to get directly to the point, was noted, and she was asked how clear she was that Karen had made a decision. Kristie indicated she saw no sign Karen was doing anything about leaving Wayne which Kristie viewed as the only viable solution. The next question asked Kristie what she saw in the present situation which concerned her? Kristie responded by saying she was concerned because she saw no indication the situation was going to change. Following this Kristie was asked what would tell her Karen had made a decision?

Karen's cautious nature was commented on and it was noted how it may be difficult for Kristie to discern when she has made a decision. It was suggested that Kristie tends to worry so she needs more information in order to be able to operate accurately, she does not need to know everything, but enough so she knows what is going on. For example, what if the house does not sell for a year, what are the options, what is Karen's thinking on what she would do if this happens?

Karen was then asked if she wanted to work it out with Wayne or was she more committed to leaving and if she is does Wayne know she is plans to

leave? Karen said she was certain of her intention to leave Wayne but did not think he was directly aware of her decision. Karen was then asked if she felt more strongly about her decision sometimes than others? A statement was made to Karen that it was okay if she was committed to Wayne it just means other arrangements need to be made for Kristie. In other words, Kristie can continue to go on with her life if Karen decides she wants to be with Wayne. The question then becomes if Karen decides not to leave what needs to be done so Kristie can survive. If Karen decides to leave what is the plan if the house does not sell? Karen was asked if her decision to leave was based on how Wayne treated Kristie and Katie? If Karen was not leaving for herself then the decision was to protect her daughters. Karen indicated she did not feel she could have her needs met in the current relationship and she planned to talk with Wayne about whether or not he was going to leave or she would. It was stressed to Karen that the decision to leave must be made not to protect Katie and Kristie but for herself.

For this part of the session Karen was seen alone. A final series of questions, to Karen, focused on separating parenting issues from the conflict between Kristie and Wayne. Did Karen feel she had control over Wayne's behaviour towards Katie and Kristie when she is there? Does Karen agree with Wayne's attempts to discipline Kristie? Would Karen make the same ruling if Wayne were not there? The importance of declaring herself as a parent, for Katie and Kristie, was pointed out to Karen. If Karen has parenting issues she is allowing Wayne's conflict with Kristie to do for her this confuses Kristie's view of Karen. It is important Kristie know where Karen stands independently of Wayne so she understands her mother as someone who is capable of making her own decisions and taking a stand.

This was framed as one way Karen could impress upon Kristie the message she was capable of looking after herself.

Katie and Kristie were brought back into the room for the last part of the session. The significance of Karen's realisation of the need to make a decision, based on her ability to have her needs met with Wayne, was noted. Karen's understanding of the need to share some of her thinking with her daughters was also emphasised. The maturity of Kristie's continuing to follow her own good judgement, in particular having arrived at her own understanding that she can be most helpful by going on with her life, was complimented. It was suggested Katie must also continue to follow in the course of her own good judgement in this regard. No follow-up contact was made with this family and as such the outcome of these sessions is not known.

### **The Findings From Family Example Two**

Kristie and Karen completed the Morrison Check-list, FAM-III and the two additional questions at the first and last sessions. Only post measurement scores on all the scales were obtained for Katie as she did not attend the first session.

### **FAM-III Profiles**

Despite the wide disparity in Karen and Kristie's scores their pre-measure FAM-III profiles (Figure 10) indicate a trend towards holding a shared view of the family. While Kristie's scores are lower than those of Karen there is a similar trend towards viewing the same areas as more of a concern than

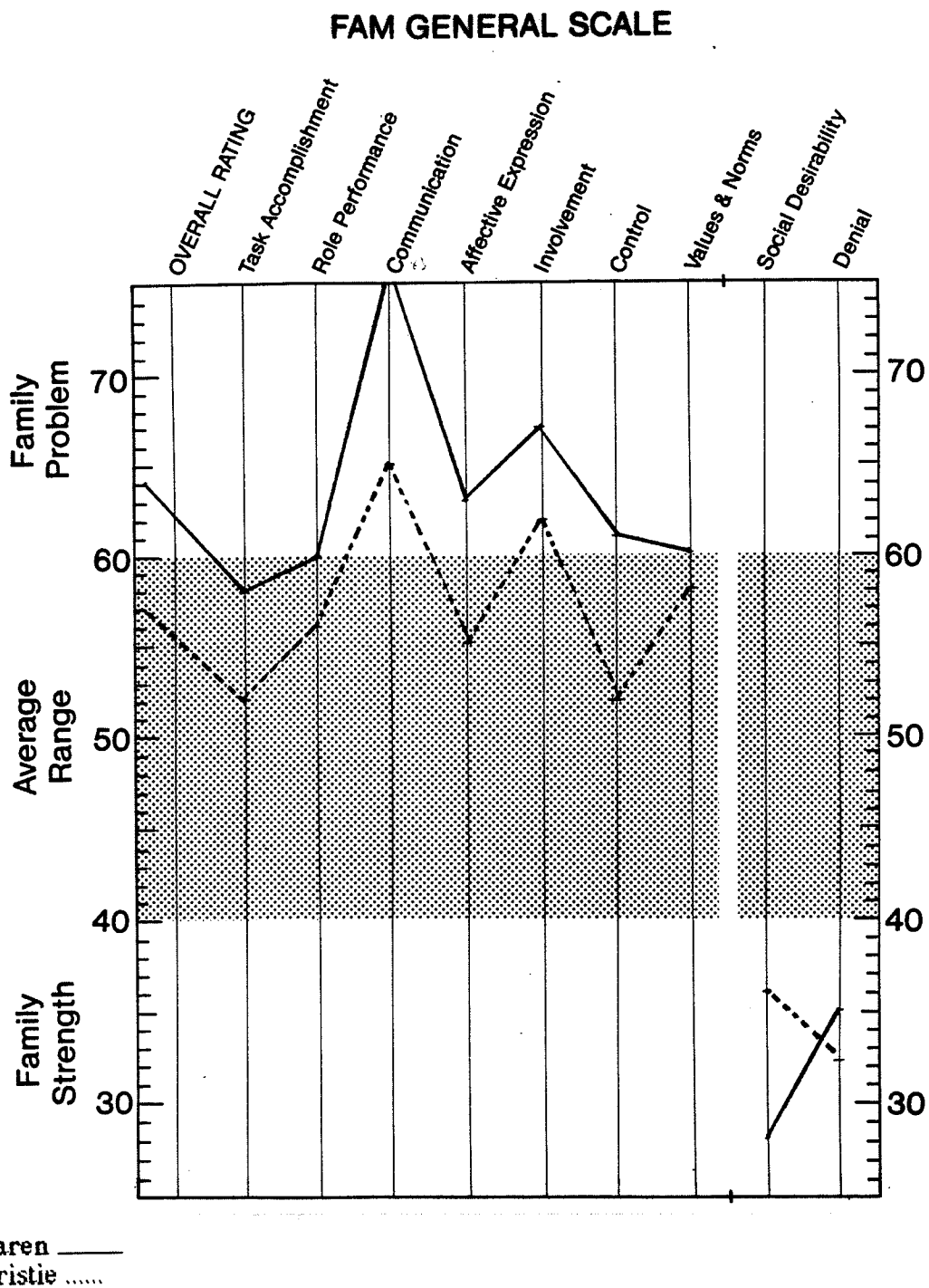


Figure 10.  
Pre-measure FAM-III Profile Family Example Two

others. Karen's perception of her family as "not working" is clearly represented in her elevated FAM-III profile scores. With the exception of task accomplishment, to a lesser extent role performance and value and norms, Karen's scores do not fall within the average range. A score of 83 on the communication subscale reflects Karen's perception of a lack of understanding between Wayne and Kristie. In particular, Karen had come to the sessions thinking unless Wayne and Kristie made some effort to understand each other the family would disintegrate. Kristie's perception of not being understood by Karen and her general lack of clarity as to Karen's thoughts on the situation are reflected in her elevated communication score.

Karen viewed the family as being in the process of disintegration, Kristie and Wayne's avoidance of each other, Wayne's unwillingness to talk with anyone, Kristie's threats to leave the family, all conform to Karen's perception of difficulty in the areas of affective involvement, expression and control. Karen's control subscale score paints a picture of the family as characterised by overt and covert power struggles, of there being a rigid style of control and of the patterns of influence not allowing the family to master the routines of everyday life or adjust to changing life demands. In particular Wayne's rigid conflictual style of dealing with Kristie represents one difficulty the family has had in remarried family life. The obtained post-measure profiles (Figure 11) reflect change in Karen and Kristie's subscale scores. Karen's post-measure FAM-III profile show a more positive view of how the family is doing while Kristie's subscale scores show a similar shift to a more positive view of family functioning. An exception to this rule, of a shift to a more positive view of the family, is shown in Katie's post-measure subscale scores. As the focus of the sessions was on Kristie and Karen it is possible issues relevant to Katie were not adequately perceived or addressed

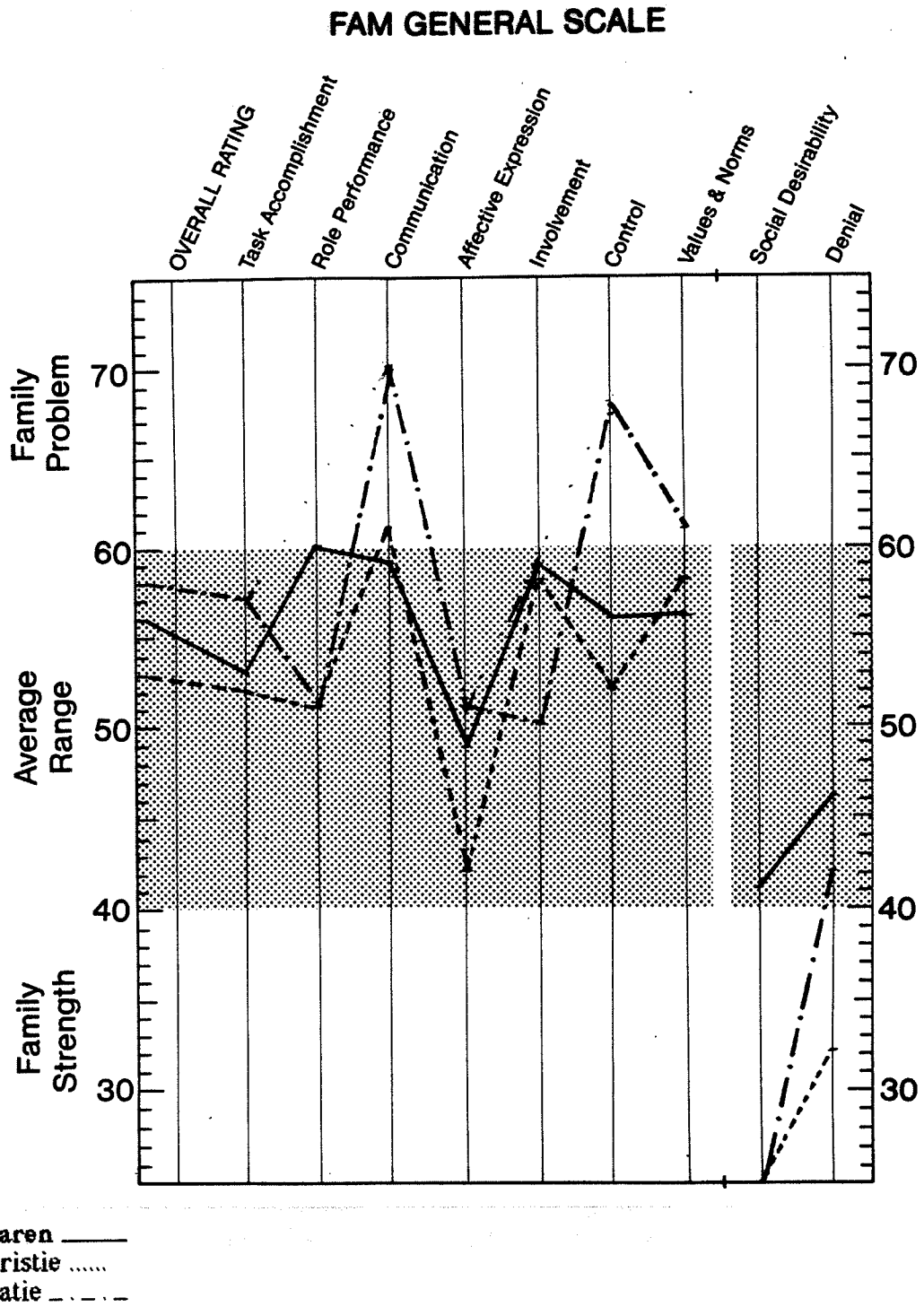


Figure 11.  
Post-measure FAM-III Profile Family Example Two

in the two sessions she attended. Katie's post-measure profile shows concern with how the family is doing in the areas of communication and control. To some extent this conforms to Katie's expressed concern over Wayne's behaviour towards Kristie and her awareness of the lack of understanding between Karen, Wayne and Kristie. Katie's FAM-III scores may thus represent more of a focus on Wayne's behaviour than on her perception of family functioning as it pertains to herself, Kristie and Karen.

### **Morrison Check-list**

A comparison of Karen's pre and post-measure pattern of responses (Figure 12) to the Morrison Check-list is consistent with the generally more positive view of how the family is doing shown on her FAM-III profile. One of the focal points of therapy was finding greater clarity in the relationship between Karen and Kristie. Karen's response suggests she sees an improvement in her relationship with Kristie as it was Kristie who she was primarily concerned with in coming to the sessions. The emphasis on clear and clean messages is shown in the greater satisfaction Karen expresses with how the family is doing on such issues as showing good feelings, sharing problems, and dealing with matters concerning sex. As Kristie is more direct with Karen her need to communicate through her behaviour is diminished and in turn Karen has less reason to be concerned thus increasing Karen's satisfaction with how the family is doing.

## Karen's Morrison Check-list Responses

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **now** in each area. Circle the number that shows your feelings about each area.

	Very dissatisfied		In between		Very satisfied
Showing good feelings like joy, happiness, pleasure, etc..	1♥	2	3	4☐	5
Sharing feelings like anger, hurt, etc..	1	2	3♥☐	4	5
Sharing problems with the family.	1	2♥	3	4☐	5
Making sensible rules.	1♥	2	3	4☐	5
Being able to discuss what is right and wrong.	1	2♥	3	4☐	5
Sharing of responsibilities.	1	2	3♥	4☐	5
Handling anger and frustration.	1♥	2	3☐	4	5
Dealing with matters concerning sex.	1♥	2	3☐	4	5
Proper use of alcohol drugs.	1	2	3♥	4☐	5
Use of discipline.	1♥	2	3☐	4	5
Use of physical force.	1♥	2	3☐	4	5
The amount of independence you have in the family.	1	2	3♥☐	4	5

Making contact with friends, relatives, church, etc..	1	2	3	4	5
Relationship between parents.	1	2	3	4	5
Relationship between children.	1	2	3	4	5
Relationship between parents and children.	1	2	3	4	5
Time family members spend together.	1	2	3	4	5
Situation at work or school.	1	2	3	4	5
Family finances.	1	2	3	4	5
Housing situation.	1	2	3	4	5
Overall satisfaction with my family.	1	2	3	4	5
<b>Take the last rating for yourself:</b>					
Feeling good about myself.	1	2	3	4	5

Pre-measure Response ♥  
 Post-measure Response ☐

**Outcome**  
 Positive change 15  
 No change 6  
 Negative change 1

Figure 12.  
 Morrison Check-list Pre and Post Measure Responses for Karen Family Example Two

Kristie's responses to the Morrison Check-list (Figure 13) are consistent with her FAM-III profile in both the extent and amount of change. While

Kristie's responses reflect a perception of change the shift to a more positive view of how the family is doing is minimal. Kristie's FAM-III profile indicated an improved view of how adequately emotions are expressed however this difference is not reflected in the related items on the Morrison Check-list. In general, Kristie's responses to both the FAM-III and Morrison Check-list reflect a perception of little change as having occurred. Given Kristie's concern with Wayne's continued presence in the home, and Karen's ambivalence over continuing her relationship with him, the tendency to see little change in the situation is understandable. The minimal positive change noted may reflect Kristie's decision to go on with her life and the move to greater clarity in her relationship with Karen.

### Kristie's Morrison Check-list Responses

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **now** in each area. Circle the number that shows your feelings about each area.

	Very dissatisfied		In between		Very satisfied
Showing good feelings like joy, happiness, pleasure, etc..	1	2 <del>☐</del>	3	4	5
Sharing feelings like anger, hurt, etc..	1	2	3 <del>☐</del>	4 <del>☐</del>	5
Sharing problems with the family.	1	2	3 <del>☐</del>	4 <del>☐</del>	5
Making sensible rules.	1	2 <del>☐</del>	3 <del>☐</del>	4	5
Being able to discuss what is right and wrong.	1	2	3	4 <del>☐</del>	5 <del>☐</del>

Sharing of responsibilities.	1	2	3	4	5 <sup>♥♥</sup>
Handling anger and frustration.	1 <sup>♥</sup>	2 <sup>♥</sup>	3	4	5
Dealing with matters concerning sex.	1	2	3 <sup>♥</sup>	4 <sup>♥</sup>	5
Proper use of alcohol drugs.	1	2	3	4	5 <sup>♥♥</sup>
Use of discipline.	1 <sup>♥</sup>	2	3 <sup>♥</sup>	4	5
Use of physical force.	1 <sup>♥♥</sup>	2	3	4	5
The amount of independence you have in the family.	1	2 <sup>♥</sup>	3 <sup>♥</sup>	4	5
Making contact with friends, relatives, church, etc..	1	2	3	4	5 <sup>♥♥</sup>
Relationship between parents.	1	2 <sup>♥</sup>	3	4 <sup>♥</sup>	5
Relationship between children.	1	2	3 <sup>♥</sup>	4 <sup>♥</sup>	5
Relationship between parents and children.	1	2	3 <sup>♥</sup>	4 <sup>♥</sup>	5
Time family members spend together.	1	2	3 <sup>♥♥</sup>	4	5
Situation at work or school.	1	2	3 <sup>♥</sup>	4 <sup>♥</sup>	5
Family finances.	1 <sup>♥</sup>	2 <sup>♥</sup>	3	4	5
Housing situation.	1 <sup>♥♥</sup>	2	3	4	5
Overall satisfaction with my family.	1	2 <sup>♥</sup>	3 <sup>♥</sup>	4	5

**Take the last rating for yourself:**

Feeling good about myself.	1	2	3 <input checked="" type="radio"/>	4	5
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Pre-measure Response ♥  
 Post-measure Response ☺

**Outcome**  
 Positive change 10  
 No change 8  
 Negative change 4

Figure 13.

**Morrison Check-list Pre and Post-measure Responses for Kristie Family Example Two**

Katie's responses to the Morrison Check-list (Figure 14) show slightly more satisfaction with how the family is doing. Katie's FAM-III profile had shown a perception of difficulty on the communication and control subscales. Katie's indicated dissatisfaction with how the family handles anger, frustration, and the use of physical force reflect her concern with Wayne's behaviour. While Katie's relationship with all family members was characterised as good, as was her behaviour in other areas, her FAM-III profile and Morrison Check-list responses suggest concerns which were not adequately dealt with in the two sessions she attended. Obtaining Katie's responses to the initial assessment questions, in the second session, may have required more effort to illicit an adequate picture of the situation from her perspective.

## Katie's Morrison Check-list Responses

Below is a list of family concerns. Indicate how satisfied you are with how your family is doing **now** in each area. Circle the number that shows your feelings about each area.

	Very dissatisfied		In between		Very satisfied
Showing good feelings like joy, happiness, pleasure, etc..	1	2	3	4 <del>0</del>	5
Sharing feelings like anger, hurt, etc..	1	2	3	4	5 <del>0</del>
Sharing problems with the family.	1	2	3	4	5 <del>0</del>
Making sensible rules.	1	2 <del>0</del>	3	4	5
Being able to discuss what is right and wrong.	1	2	3	4 <del>0</del>	5
Sharing of responsibilities.	1	2	3 <del>0</del>	4	5
Handling anger and frustration.	1 <del>0</del>	2	3	4	5
Dealing with matters concerning sex.	1 <del>0</del>	2	3	4	5
Proper use of alcohol drugs.	1	2	3	4	5 <del>0</del>
Use of discipline.	1	2	3 <del>0</del>	4	5
Use of physical force.	1 <del>0</del>	2	3	4	5
The amount of independence you have in the family.	1	2	3 <del>0</del>	4	5

Making contact with friends, relatives, church, etc..	1	2	3	4 <del>☐</del>	5
Relationship between parents.	1 <del>☐</del>	2	3	4	5
Relationship between children.	1	2	3	4	5 <del>☐</del>
Relationship between parents and children.	1	2	3	4 <del>☐</del>	5
Time family members spend together.	1	2	3	4	5 <del>☐</del>
Situation at work or school.	1	2	3	4 <del>☐</del>	5
Family finances.	1 <del>☐</del>	2	3	4	5
Housing situation.	1	2	3 <del>☐</del>	4	5
Overall satisfaction with my family.	1	2 <del>☐</del>	3	4	5
<b>Take the last rating for yourself:</b>					
Feeling good about myself.	1	2	3	4 <del>☐</del>	5

Response ☐

Figure 14.  
Morrison Check-list Responses for Katie Family Example Two

### Two Additional Questions Profile

Karen and Kristie responded to the to the two additional questions, pre and post intervention, and Katie answered the questions at the end of the

third and final session. The questions were administered with the intention of discovering if any shift had occurred, in how family members saw their current situation, and their expectation of change, over the sessions they attended. The responses (Figure 14) to the first question were consistent over the two measurements. This reflects the continued stalemate at home where Karen's financial restraints, Wayne's resistance and Kristie's conflict with Wayne have remained essentially unchanged.

How happy would you be if things were to remain as they are now in your family?

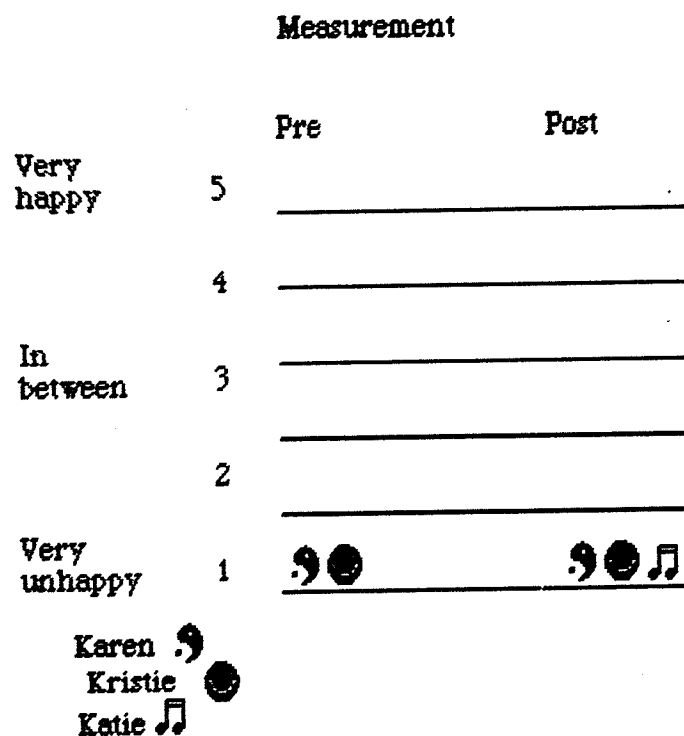


Figure 15.  
Two Additional Question Responses for the First Question Family Example Two

Kristie's post-measure response to the second question (Figure 16) shows a decrease in her expectation of happiness in the future. This may be

connected to her increasing frustration with Karen's cautious approach to the situation. Karen's expectation of increased happiness in the future is high at both measurements as is Katie's for the post-measurement.

Taken as a whole the use of the two questions, in this instance gives little indication of any change as having occurred. The short duration of therapy, the unknown reliability and validity of the questions used, as well as the fact a exploration of what these questions connect to in peoples lives was not a part of the sessions, make it difficult to draw conclusions. Clearly the greater potential utility of these questions is derived from their application at each session attended.

How happy do you think you will be?

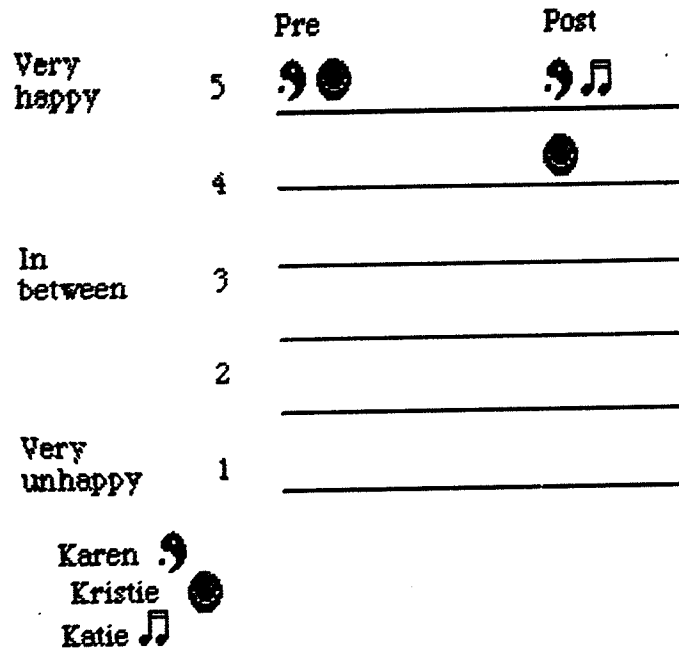


Figure 16.  
Two Additional Question Responses for the Second Question Family Example Two

## **What Worked?**

Karen, Kristie and Katie were all asked what they found most useful in the sessions they attended. The first point made was the sessions provided a forum to clarify issues which might otherwise have found expression in a less clear and direct manner. Kristie and Karen especially saw the sessions as a chance to increase their understanding of each others thinking. This was seen to promote some improvement in their relationship generally and communication in particular. A second comment was made by Karen that the new understanding of Kristie's behaviour, a reframe from belligerence to caring, changed the general tone of their relationship. Karen indicated she saw Kristie's behaviour differently and thought Kristie now saw herself in a different, more positive, light.

## **Journal Notes**

Capitalizing on the change which had already occurred in Kristie's behaviour, reframing her stubbornness as caring, emphasising Karen's cautious nature and urging the family to continue in the good judgement they had already shown seem most connected to change in this family.

The punctuation of solutions already arrived at, highlighting family strengths, in combination with the reframing of bad behaviour into caring behaviour was linked to the emphasis on clear and clean communication. The emphasis on having Kristie and Karen tell their own part in the story, directly and clearly, increased the mutual understanding between them. Greater mutual understanding through clear and direct messages promoted

change in the direction of family strength between Karen and Kristie in other areas of family functioning.

As a consequence of the intervention the major issues being addressed were better. Kristie's ability to continue to do well at school, the decrease in the level of tension between Karen and Kristie and the reduced concern with Kristie's sexual behaviour all point to improved family functioning. The major issues around Wayne's withdrawal and the conflict between Kristie and Wayne remain unresolved. While Karen has moved in the direction of leaving Wayne her continued ambivalence over her relationship with him and her tendency to be cautious represent continued sources of strain. Karen and Kristie's ability to be clear and direct with each other will influence the eventual outcome with regard to the initial complaint. The reality that significant concerns were not addressed for Katie represents an area where change has not yet occurred.

## **Chapter Eight: A Summary of What Happened With the Other Remarried Families Seen**

As mentioned three other remarried families were seen as part of the internship at MacNeill Clinic. The pre and post-measure FAM-III profiles (See Appendix C) and the description of the therapeutic process presented here are intended to give a general overview of intervention and outcome. The following consists only of what this writer considered to be the most important highlights of the therapy.

### **Family Example Three**

Family example three was comprised of Susan (39), Neil (38), Jenna (17), Riley (14) and Melissa (12). Susan had contacted the clinic because Melissa, who was twelve years of age, was refusing to go to school. Susan was the biological parent of all the children living in the home. Susan and Neil had been married for just over two months at the time of the first session after knowing each other for about one year, this was the second marriage for both Susan and Neil. This family was seen for a total of four sessions.

Melissa's behaviour was framed as a challenge to Susan to demonstrate her effectiveness as a parent. Melissa's actions were to be understood as a lack of confidence in Susan's ability to parent. Susan was complimented on her realization that her prior strategy was no longer working and on her decision to seek a new approach. It was suggested to Susan that doing what her better judgement said she needed to do was not going to be easy. Neil, who had assumed the role of disciplinarian, was given the job of doing something relaxing with Susan whenever she asserted her role as a mother.

In this way Neil would indicate his agreement with Susan's good judgement and support her endeavour to regain control.

By the second session Melissa had returned to school. This session focused on elucidating some of the remarried family issues evident in this family. It was pointed out to Susan and Neil that Melissa needed to understand the family can never be the same again. By taking a stand Susan was creating an opportunity for Melissa to face the consequences of her actions. Susan's asserting her role as a mother was described as her way of demonstrating she has her own ideas and is capable of looking after herself. Melissa is less likely to be concerned with Susan's marriage to Neil if she understands her mother as someone who is able to take care of herself. At the same time it was indicated to Neil that being a husband does not mean you have to be a father.

The second session also was used to emphasise how the children may struggle with the question of the extent to which Neil is their Dad and can be a friend to Susan. The children's initial impressions of Neil, their first thoughts when they found out Neil and Susan were going to be married, what potential they thought Neil and Susan had to be a good couple and if they thought Neil was their mother's style of man were explored. Finally it was pointed out how, if the children liked how things were before their mother remarried, this would place a gap in the way they thought things should be.

At the third session Melissa was asked how she had decided to return to school. Melissa was complimented on her knowledge that she should be in school, her understanding that the family has moved on to a new stage, and her realization that her mother is going to be okay if she goes on with her

life. It was pointed out how Susan's standing up to both Neil and the children had demonstrated she is capable of looking after herself.

The last session found Melissa still attending school with Neil and Susan focusing on their relationship. As Susan had begun to assert herself, and the concern with Melissa's behaviour abated, Neil and Susan began to express less satisfaction with how they were doing as a couple. A number of options were offered to them on how they could be more selfish as a couple and in so doing improve their relationship with each other. A final suggestion was offered that if, after a suitable period of time, they continued to find themselves disenchanted with how they were doing as a couple they might want to seek another consultation. A final therapeutic move involved worrying about Susan and Neil's ability to continue to recognize and celebrate those things which, they saw in each other, they did well together and had first brought them together.

#### **Family Example Four**

Scott (45), Erica (35), Jordan (16) and Mike (14) were referred to the clinic because the school was concerned with Mike's disruptive and oppositional behaviour. Mike would refuse to work, walk out of the class room and get into fights on the playground. No similar problems were noted at home. Scott and Erica had been together for eight years. Both children were Erica's from a prior marriage. This family was seen for a total of four sessions with the first session being conducted in front of the team.

The first session included Scott, Erica and Mike. At the time of the first session Mike's behaviour had abated considerably due to his participation in

an adolescent anger management group. However, Erica and Scott continued to side with Mike against the school putting the changes he had made at risk. It was pointed out to the family that Mike had already solved the problem with his parents help. Mike's ability to control his temper, desire to do well, changed attitude toward school and decision to work with his parents were noted as evidence of the change which had already occurred. It was suggested to the family that the school had simply not come to the realization that the situation had changed. It was proposed that what was needed was a new reputation for Mike.

A number of additional compliments were then offered to this family. Erica was complimented on her recognition of the dramatic change in Mike and not allowing resentment, at the school's failure to see the change, to take over. Scott's commitment to the boys, never giving up, never allowing his anger to take over, his willingness to spend time with them, and his ability to recognize their behaviour as normal, were described as exemplary characteristics in light of his relationship to them as a stepfather. It was also noted how well Scott had conveyed to the boys and Erica the amount of love and caring that existed behind his rough exterior. Mike's ability to find new, more helpful, ways of expressing his emotions, take control over his anger rather than allowing it to push him around, his desire to change the school's opinion of him and please his parents were described as incredible.

The family was then asked how willing they would be to try something new? Following the family's indicated willingness to do something different a number of suggestions were offered. Mike was to continue to control his anger rather than allowing it to control him. It was explained to Mike that, given his unwarranted bad reputation, everyone was going to be watching him. So Mike's job was to convince the teachers that he was working hard.

By obeying the rules, saying good morning to the principal, letting his teachers know when he was tempted to get into fights, but managed instead to avoid them so he could continue to do well at school, and by pulling up his grades one or two percent because, it was said "every teacher likes to see their students do well", Mike could show the school they had the wrong impression of him. Mike's challenge was to not get angry but instead to convince the school.

It was suggested to Erica that whenever the school phoned her she should get a detailed description of what happened, thank the person phoning for their concern, indicate the family had started a new approach as a result of their attendance at the clinic and indicate that, at the first opportunity, she would implement the plan with Scott and Mike. It was explained to Erica the plan referred to was developing a new reputation for Mike. Whenever Erica was tempted to express her frustration to, or disagree with, the person phoning from the school, it was suggested she say she would talk with Scott instead.

Scott was asked if he would be prepared to drop into the school on his day off to speak with the principal and check how things were going? It was suggested that on these visits Scott would hear out the school's concerns and express his appreciation for their efforts.

Scott and Erica were seen separately from Mike for the remainder of the session. It was pointed out to them how their telling the school Mike was not a problem was seen by the school as a failure to appreciate the severity of the situation. The challenge was then to help the school develop a new reputation for Mike. A suggestion was offered that if Mike should get into trouble he was to be sent to his room to write an essay on how he could handle the situation differently. Scott and Erica were not to talk to him about

what happened but send him to his room to write until he could provide them with a clear written picture of what he could have done differently. These essays were to be kept on file so they could be shown to the school at a later date. When Mike had a good day Erica and Scott were to talk with him about what he did to convince the school that he was not the person the school thought he was. Scott and Erica agreed to attend a further two sessions with the focus being working on a new reputation for Mike.

It was apparent from the first session that Erica was taking sides with Mike. On a process level her statement that "he does get teased" gives Mike a mixed message about who is responsible for his behaviour. While saying that Mike's behaviour is unacceptable Erica conveys that it is the school who is to blame. Erica's concern over how Mike expresses his anger is frustrated when Mike does not understand the situation as serious. In a way, Erica is saying to Mike that he is justified in expecting what he gets because it is the school, and not his behaviour, which is the problem. The extent to which Erica accommodates Mike's behaviour suggests she feels some guilt which then acts to immobilise her.

How the change in Mike's behaviour happened is clear when we see that by having Mike attend the anger management group Erica gave a message that he can not continue to behave as he has. The school's position that Erica did not have control led Erica to adopt the stance that Mike needed to get his anger under control. The school changes the pattern by indicating the difficulty they are having with Mike in response to which Erica moves to accommodate the school by giving Mike the message he does have a problem.

Mike's behaviour can be understood as spoiled in as much as he has very little tolerance for not being noticed. By making sense of Mike's behaviour in

this way knowing how to teach him to cooperate becomes clear. A knowledge of the attempted solutions, a process description of what people did, the sense made of what typically happens combined with taking a position in therapy which does not challenge the family's version of events points toward solutions and enlists the family in the change process.

Erica came to the second session with Mike. Erica was asked why Scott was not at the session and what her understanding of the plan developed in the first session was? Erica continued to complain about the school's treatment of Mike when asked how things had gone since the last session. Erica was seen alone and asked if there was anything about the original plan she was not in agreement with? It was explained how Mike's desire to be loyal to his mother meant he had to be bad at school if she expressed a negative opinions of the school in his presence.

Scott, Mike and Jordan attended the third and final session. Since the last session Mike had one incident which had resulted in the school expressing concern. Puzzlement was expressed at Mike's behaviour as it was clear he had control of his anger, everyone knew the school was watching and Mike knew he would be caught. Mike was asked if he was curious about what had happened? A number of possible explanations were then offered, that Mike wanted to keep some independence by doing this, maybe he was not satisfied with the recognition he received for doing well, or he was concerned he would be forgotten about, possibly he did not want to be integrated into the regular school program? It was suggested that Scott and Erica could find out what was going on. Mike was asked if Erica and Scott were in agreement with how to deal with him? Mike responded that Scott tended to be more strict than his mother.

Scott was then seen alone and Mike's behaviour interpreted to him as a way of finding out if his parents were really prepared to come down on him. It was described as fascinating how Mike kept doing minor things to keep the struggle alive and yet was smart enough to know he would be caught. At this point Scott and Erica stilled relied on a certain amount of cajoling to get Mike to be good. By not confronting the situation directly Scott and Erica were allowing Mike to direct what happened. Until Scott and Erica took a stance with Mike, which said they would no longer tolerate his behaviour, he was not going to back down. Scott was asked what he thought would work to help Mike give up his behaviour? Agreement was expressed with Scott's response which indicated he saw a need for a more consistently united parental response to Mike's behaviour.

### **Family Example Five**

Kelly (39), Matthew (45), Shauna (14) and Kristina (13) attended the clinic for two sessions. Kelly had contacted the clinic concerned with Shauna's tardiness, verbally abusive and irresponsible behaviour. Shauna had been sexually assaulted in the previous year while Kelly and Matthew were attempting to reconcile after a separation. As well Matthew's adult son had been missing for two years without any indication of what might have occurred. Both Shauna and Kristina were Kelly's biological daughters.

Kelly, Matthew, Shauna and Kristina attended the first session. The marital discord between Matthew and Kelly was apparent both in the physical distance they placed between them and the accusing tone they used when speaking about the presenting complaint, Kristina presented herself in

a very adult manner while Shauna provided continuous diversions and responded to questions in an irreverent manner. Kelly and Kristina made repeated attempts to stop Shauna's interruptions. Matthew was clearly evasive in his responses while Kelly and Kristina gave guarded answers to the questions asked. Kelly made repeated allusions to feelings of not being safe without describing who or what she might be feeling unsafe about. There were repeated suggestions of issues that were six or seven years old but still relevant to the present situation again without any clarity as to what these issues were or who they were about. Responses to a question of what people would be doing if the problem were solved also proved vague and uncertain. The one exception to this was Matthew's comment that "people would be volunteering information" once again without any clear picture of what that information might be or who it might be about.

Matthew and Kelly were seen separately from each other and the rest of the family with the intention of clarifying the situation and assessing any personal safety issues present. This revealed that Kelly, on one recent occasion had felt threatened by Matthew, Shauna had intervened in the conflict, and Kelly was confident she would not tolerate any behaviour which was physically abusive. Matthew also mentioned the same situation when seen alone and indicated he did not think it would have resulted in his being violent. Matthew and Kelly were then seen together and it was suggested to them that they saw old issues as what kept them from dealing with Shauna's behaviour as a team. It was suggested that Matthew and Kelly could work as a team regardless of whether they saw themselves as a couple or as parents.

All family members attended the next and final session. Shauna's behaviour had improved considerably in the interim without family members noting anything they were doing as having changed. All family

members indicated they doubted the change was real and were adopting a wait and see attitude towards the future. Kelly presented as significantly more relaxed and her responses showed more hope for the permanence of the change than was evident in the responses of other family members. Kelly and Matthew were again seen separately, from the children, and the suggestion given to them was that they continue to interact in ways that moved towards a solution. No further sessions were scheduled with the understanding the family would return if the change proved impermanent.

## **Chapter Nine: What was Learned?**

### **About the Writer**

#### **What the Supervisors, and Adviser, Saw**

The feedback, offered by this writer's adviser and two clinical supervisors, and presented here, is a summary rather than a complete description of what was noticed about this writer's work and learning. The first point was the importance of paying attention to information which can be gathered from the process of interaction rather than a focus on it's content. By looking at such issues as who interrupted who, at what point, this writer was better able to establish how a family functions. Simply knowing a particular individual's boundaries are continually being violated in interaction with other family members suggests a number of avenues for further exploration.

Knowing what information is being sought, that is having a hypothesis about what is going on in a particular family, allows the therapist to distance somewhat from the emotional intensity of the session. Focusing on the information the therapist wants to gather, that is testing hypotheses about what is going on in a particular family, looking for themes, searching for what really is the problem, make knowing where to go next more obvious. By thinking strategically, about looking for information, rather than organizing a line of questions around the emotional responses of family members, establishing what is going on becomes easier. Other comments which were offered suggested the writer should challenge people to slow

down and think about what they could do differently, use the language people use when offering them suggestions, and find more effective ways of selling the idea of doing something different to family members.

### **What the Writer Thought**

The internship process at MacNiell Clinic focused as much on the learning process as on what was important to learn. The process of skill development focused both on content, offering suggestions about how to be more effective, and looking at process, how the information was integrated and employed. In this manner the progression to an understanding of what is important to know was made more rapidly.

Certainly the most difficult learning involved translating what was sensed intuitively into such skills as paying attention to boundaries, reframing, and obtaining a moving picture of how the family functions. Taking a systemic perspective, and using the structural framework provides the therapist with a means of translating what is sensed intuitively into a clear statement of what is going on. The presence of such a theoretical framework makes being pulled into the emotional response of the family less likely.

Steve de Shazer's model of intervention provides no framework for understanding what is going on in a family. Instead de Shazer appears to assume the therapist will already have an understanding of the structural framework before using his model of intervention. Use of the structural framework provided this writer with a means of organising the information gathered from the family into a coherent picture of the rules which govern it's functioning. The greater clarity the use of such a framework provides, even if the picture developed is not complete, points out what is not known

and suggests where to go. The more decisions are made based on a clear picture, of what is happening in the family, the more likely the interventions are to be effective. A clear process description of the family means the efforts of the therapist can be evaluated and change understood as a consequence of the intervention. With increasing confidence change can be seen to be a result of the intervention and not occurring as if by magic. This forms the basis of further skill development as it becomes possible to connect a clear picture of how a family functions with intervention and outcome.

As the internship progressed this writer's ability to avoid being overwhelmed by the family, maintain a focus through the session and intervene with greater confidence, improved. The end result was an increased ability to articulate what was going on in a family in terms of the structural framework and intervene based on this awareness. The more, in effect, this writer knew what it was he was doing the easier it became to do it. A clear picture of how the family functioned was developed sooner, potential solutions were more readily arrived at, in short the sessions became more efficient and effective.

A number of elements were important to the learning process and most useful were those directly connected to practice. Reviewing videotapes of sessions alone, and with either of this writer's supervisors or adviser represented one of the core methods of learning. The ability to repeatedly go over a sequence from a session, especially with someone who is a more skilled therapist, better able to see how a family functions and understand the way in which this writer works and learns, was a major part of the learning process. Probably the only limitation on the use of this type of

learning is the volume of information contained on a videotape exceeds one's ability to review and analyze it completely.

The advantages of live supervision were not seen to be as great. The inability to see what one is doing objectively as one does it makes the process of connecting intervention to outcome more difficult. Seeing what one did in response to the family and how the family responded in turn, on videotape, served to more clearly illustrate what was going on in the session. The greatest benefit was derived from those sessions which permitted both live supervision and videotaping for later review.

The opportunity to watch other therapists work with a family provided a number of examples which could then be emulated by this writer. Observing how others accomplish the same goals differently and the types of interventions they use demonstrates alternative ways of working therapeutically with families. In other words, seeing what others do that works offers an example of how to work.

In short, this *in vitro* learning process made skill acquisition, knowing what to do, more relevant and more immediate to this one's own style of learning. Being able to watch oneself, or others, in the presence of someone who is an expert makes knowing not only what worked but also how it worked more readily accessible.

## Dénouement

While the primary focus of this practicum was on remarried families the inclusion of single parent and first-married families permits an expanded

view to be taken of the efficacy of de Shazer's brief therapy model. Steve de Shazer's model of brief therapy and the structural framework for viewing the family system represented the key components of the internship. The use of the structural framework for assessing the family's organization and level of functioning gave direction to the interventions employed. The brief therapy model puts emphasis on what a family is already doing that works, cooperating with the family's way of finding solutions, highlighting success patterns, developing a vision of a more satisfactory future and creating an environment in which beneficial change is seen as unavoidable. The combination of these two modes of assessment and intervention suggest where change needs to occur and how best to promote it.

### **Does it Work?**

The brief therapy model places direct emphasis on creating change with the understanding the original change, however small, will be contagious within the family system. Translated into intervention this means family members are prompted to do something different from what they are already doing in response to the complaint. Doing something different is all that is deemed necessary to create change in the presenting problem. The original change is thought to propagate throughout the system such that a solution is formed. The demonstrated outcome for the remarried families and the reports from the single-parent and first-married families suggest this mode of intervention is useful in promoting change.

Regardless of the nature of the presenting complaint therapy was based on a hypothesis about what was going on in the family being seen. This

hypothesis, based on a structural and functional assessment of the family, formed the basis of knowing how to move therapeutically. The structural framework provided a roadmap for knowing where to go using de Shazer's model of brief therapy as the means of getting there.

Steve de Shazer (1985) asserts we do not have to have a complete understanding of how the problem is maintained to find a solution. Within an understanding which says the complaint is partially constructed by the attempted solutions change is seen as the result of doing something different in response to the problem. The focus of therapy is thus more on changing the attempted solutions rather than on the complaint itself. A knowledge of the complaint is only important in the context of knowing what happened when it is not present. Finding the exceptions to the rule represents the core element of developing solutions. Solutions are then built upon doing more of what has been already been seen to work.

Asking family members how things would be different if the complaint were not present further elucidates the nature of the solution. By obtaining a picture of what family members will be doing differently when the complaint is no longer present the therapist simultaneously develops a picture of a better future and establishes how it can be realized. A central difficulty arises when the family's vision of a better future does not fit with the therapist's assessment of what is going on in the family. An example from the cases seen can serve to illustrate this point.

Lorraine indicated Mark was not listening to her any more, he was not showing responsible behaviour around school work or school attendance and tended to be unduly influenced by his peers. Looking for times when the complaint was not present suggested the more Lorraine got on with her own life, and was less involved with Mark, the more responsible he became. This

suggested Lorraine was over-involved with Mark with the result her attempts to establish control resulted in his asserting his independence by being increasingly defiant.

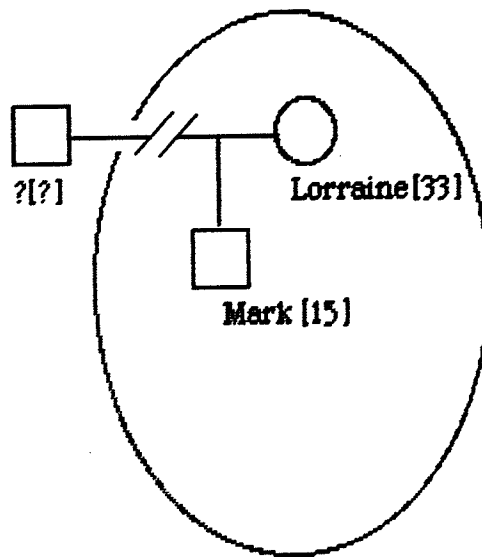


Figure 17.  
Example Six Family Constellation

After several sessions it became apparent the more opportunity Mark was given to be independent the less inclination he showed to be more independent. Following the initial exception to the rule, and doing more of the same, failed to generalize desirable change throughout the system. Lorraine was happy with the situation because the less Mark did the less she had reason to worry about what he was doing. This suggests the original hypothesis, of enmeshment, was at least partially right but that it did not go far enough. The immediate result of finding an exception to the rule, and encouraging Lorraine to do more of the same, was Mark began to do less of anything. Mark gradually became more invisible, he spent his time at school

not doing his school work, he was fired from his job, stopped making payments on his stereo and spent the majority of his time at home amusing himself.

It became apparent that not only was Lorraine over-involved, with Mark, she did not know how to provide him with the structure and direction he needed. With the situation thus complicated the focus of the sessions shifted to convincing Lorraine she needed to find a way to make Mark less comfortable with doing nothing. Solution development then focused on coaching Lorraine on how to set limits and initiate consequences so Mark would do more of what he needed to. In the final analysis the sessions were less based on finding times where the complaint was not present then on teaching Lorraine how to take a stand with Mark. Using the structural framework made what needed to be done clear while capitalizing on exceptions to the rule, and the family's vision of the future, made the situation worse. This case illustrates the importance of developing a clear picture of the presenting complaint and is in apparent contrast to de Shazer's argument that we need only have an incomplete understanding of how the complaint is maintained.

Steve de Shazer never explicitly details a means of interpreting what is going on within the family system. While much is assumed it is doubtful de Shazer would disagree that an understanding of how a family functions is necessary to know where you are going. Steve de Shazer's therapeutic roadmap emphasises following those routes which approach the same destination by a different road. What is clear from this internship is the exceptions to the rule are better understood within the context of a structural assessment of the family. The implication here, as shown in the illustration of Family Example Three, is change in any direction is not

necessarily desirable. As was seen the pattern of interaction within the family can amplify change, which does not represent a solution, through the family system. In order for change to be the right kind of change it must be change in the right direction. Once it is clear where the process of therapy should be headed, interventions based on exceptions to the rule, the families vision of a better future, punctuating what the family is already doing well can all be employed to promote change in the desired direction.

The object here is not to suggest one view is better or more correct than another. Rather having more than one description of what is going on gives us an enriched view of the family's reality. Both the structural view and looking for exceptions to the rule, through their contrast and comparison, promote a better understanding of what is going on as well as suggesting what to do. In order to obtain the bonus having two separate views provides we must maintain their integrity.

### **Some Final Thoughts on the Use of This Model With Varying Family Forms**

One of the most useful aspects of de Shazer's model, with particular reference to remarried families, is the emphasis on family strengths. As we have seen the research on remarried families has largely been focused on how they differ from first-married families, and there is a concomitant tendency to interpret these differences as deficits. This can be seen a reflection of the cultural bias toward seeing the remarried family as inherently pathological. Amongst the remarried families seen during this internship an awareness of the tendency to see being a part of a remarried family as undesirable was evident. A focus on complimenting family

members and highlighting what they were already doing well proved to be an empowering experience for both the remarried, single-parent and first-married families seen. This was especially clear from the final session where families were asked what they saw as most useful in the sessions they attended. Repeatedly family members stated how they began to see themselves and their situations in a different light as a result of having the strengths they already possessed pointed out to them. The compliments given in the first session were the most commented on component of the sessions attended. Families noted how they had come to the first session feeling defeated and with the expectation they would be told what they were doing wrong and how to correct it. Instead families were shown what they were already doing well with the suggestion being they do more of it. This reframe of the presenting situation began the process of change and created an expectation of a better future linked to the family's coming to therapy.

The new reality made family members more receptive to what other suggestions the therapist might have to offer. Finding a way of cooperating with the family's way of solving problems was made easier when they were receptive to what the therapist had to suggest. The more a family felt they had the ability to change the situation, the more they saw themselves as capable of making a difference, the more likely it was they would work with the therapist toward promoting further change.

A particular interest of this practicum was the use of the de Shazer's brief therapy model with remarried families. The developmental history of the remarried family through other family forms plays a significant role in the enactment of its interactional patterns. There are then multiple contexts which influence remarried family structure and functioning. Steve de Shazer

assumes his model of intervention is transparent with respect to context. By not considering how complaints can be contextually constructed de Shazer ignores issues peculiar to the remarried family in therapy.

A pure focus on finding solutions denies access to questions about the impact of the many contextual levels within which the remarried family is nested. Understanding the family is reduced to a theory about solving problems exclusive of the context within which they are constructed. Steve de Shazer's focused solution development isolates complaints from their developmental, structural and socio-cultural context. This view of how problems are formed is in danger of distorting the issues the remarried family brings to therapy because there is no consideration of the presenting complaint as something which is contextually constructed. The "complaint" is seen as a-thing-in-itself with the result the various contextual levels cannot be examined or called into question. Although problems are seen as interactional in nature de Shazer limits his view to how interactional patterns propagate change throughout the family system. A new understanding of the remarried family's complaints which might arise from a consideration of the contexts created by a developmental history through other family forms disappears into the focus on finding the difference which makes a difference.

An example of how an awareness of context, which is produced by a developmental history through other family forms, can inform practice will illustrate this point. A possible function of symptomatic behaviour in a child is to divert attention away from a parent's marital and personal distress. By coming to the child's aid the parent is able to avoid their own issues. Intervention might focus on empowering the parents, communicating to the child they are strong enough to deal with their own issues and do not need

to be diverted. Intervention might centre around reframing the child's behaviour as a test of the parent's ability to handle the child putting the parents in the position of having to work together and develop their parenting style to pass the child's "test". In a remarried family the greater experience of alikeness within the biological parent-child subsystem may impact on the intervention. A solution which does not call into question the greater experience of alikeness within the biological parent-child subsystem may fail because the difference which makes a difference may not be a sustainable difference. While it may be true a child sometimes responds to both parents working together a child could experience this same solution as abandonment by the biological parent. The differences in how the parents experience the child's resultant behaviour can act to pull the marital couple further apart rather than bringing them together. Without articulating the differences in how family members experience each other they cannot begin to deal in the reality of how they are (Papernow, 1987). Solutions which are mutually satisfying and persistent must be grounded in an awareness of how the complaint is constructed.

Therapy is based not on objective reality but on how we process the information we receive, in other words not only is the family effected by our interventions but by our ways of looking at it (de Shazer, 1985). Focused solution development is then only a partial response to the complaints a family brings to therapy. If the ability to change is dependent on knowledge and that knowledge is dependent on experience which in turn is conditioned by context then some awareness of how context frames our experience is necessary to learn and in turn to change. For the remarried family to become an adaptable and growth promoting system it must have some understanding of the contextual elements which condition experience within

the remarried family system. Learning generated from an understanding of the inherent remarried family contextual issues is more likely to promote a beneficial difference than change which is problem specific. Steve de Shazer assumes the change propagating mechanisms of a system will tend to move change through the family such that other difficulties are more readily surmounted. But what guarantee is there such a change amplifying mechanism will generalize change to other situations? For example, from Family Example One, will Judy's satisfaction with Brian's use of alcohol increase as a result of the change process begun in the sessions? Further, is the probability of successful problem solution greater when there is no awareness of how problems are contextually constructed?

The internship indicated putting family member's experience into context was necessary in order to maintain the change promoting mechanism of the system. Just as the structural framework provides direction for the intervention so a knowledge of the issues which are relevant to a particular family form can both guide the assessment and inform intervention. A therapeutic method which does not permit an awareness of the social context which conditions women to be responsible for the emotional relationships in the family will be more likely to ignore the resultant role strain in remarried families. In other words, a social role model which sees women as the emotional caretakers in a family where there are divided loyalties and deep differences in how family members experience each other may mean the complaint is not really the problem. Conflict between stepmothers and stepdaughters may be more a function of unrealistic role expectations than interactional patterns, requiring solutions based on increased role flexibility and a concomitant calling into question of the social context which constructs the problem.

It is not inconsistent to say that while de Shazer's methodology may lead to interventions which are effective in the short term there is no guarantee they will help the family meet the next challenge with success. On some level individual family members have to be able to reflect on and understand how their experience is conditioned in order to begin to move toward change which is more persistent. A knowledge of the differences in how family members experience each other and an understanding of the difficulty inherent in bringing two distinct cultures together is less likely to lead to unrealistic expectations for instant intimacy and more likely to put feelings of ambivalence into perspective. A difference that makes a difference can be based on learning and a difference based on learning is more likely to be in some form applicable to the next difficulty encountered.

Is de Shazer's model of brief therapy applicable to working with varying family forms? This writer's answer to this question is a limited yes, while de Shazer's model of intervention may promote solution formation it does not deal with how context conditions experience, promotes or inhibits further adaptation. A view of change which ignores the change promoting or inhibiting characteristics of the other contexts, within which the family exists, is less likely to promote change which is itself persistent. The conclusion of this writer is the interventions which flow from this model tend to ignore the family's context. For example, one can question whether an approach which does not have the ability to challenge the unrealistic expectations of remarried family members can succeed. The separation process so important to the relinquishment of fantasy does not seem to lend itself to interventions which do not move beyond the formation of solutions to a calling into question of how the family frames experience. The recognition of the role played by context can reinforce and broaden our

awareness of our status as participants rather than observers in the therapeutic process. At a minimum an awareness of how context constructs the challenges the remarried family confronts can help the therapist to avoid making them into problems while a view of the family from the structural perspective can point out the direction in which change must proceed.

The emphasis on how to promote beneficial change represents the most useful aspect of de Shazer's model of brief therapy. Looking for those patterns of interaction which represent stepping stones on the way to a solution is effective and efficient. Combined with a clear understanding of the context within which the family operates, and of what is going on in the family itself, de Shazer's model represents a means of empowering the family. If what we are about is teaching people how to take care of themselves then building upon what they do well seems the most logical course.

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# Appendix A

## Letter of Permission to use the FAM-III General Scale



May 22, 1990.

Addiction  
Research  
Foundation

Fondation  
de la recherche  
sur la toxicomanie

Central Office  
Siège social

33 Russell St.  
Toronto, Ontario  
Canada M5S 2S1

33, rue Russell  
Toronto, Ontario  
Canada M5S 2S1

Tel: (416) 595-6000  
Fax: (416) 595-5017

David F. Charabin

Dear Mr. Charabin,

I am responding to your letter regarding the Family Assessment Measure. You have my permission to use the FAM-III (General Scale) in your research of therapeutic outcome of remarried families.

Please respect our copyright and do not make copies of the instrument available to others or reproduce it without my permission.

Obviously, I would be quite interested in your findings. All the best with your research and please let me know if I can provide you with further information.

Sincerely,

Dr. Harvey A. Skinner  
Professor and Chairman  
Department of Behavioural  
Science  
Faculty of Medicine  
University of Toronto  
and  
Senior Scientist  
Addiction Research Foundation

## Appendix B

### FAM-III Interpretation Guide

#### 1. Task Accomplishment

##### **Low Scores (40 and below) Strength**

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

##### **High Scores (60 and above) Weakness**

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

#### 2. Role Performance

##### **Low Scores (40 and below) Strength**

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

##### **High Scores (60 and above) Weakness**

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

### 3. Communication

#### **Low Scores (40 and below) Strength**

- communications are characterised by sufficiency of information.
- messages are direct and clear.
- receiver is available and open to messages sent.
- mutual understanding exists.

#### **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 characterised 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**

- 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**

- 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 on-going 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 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.

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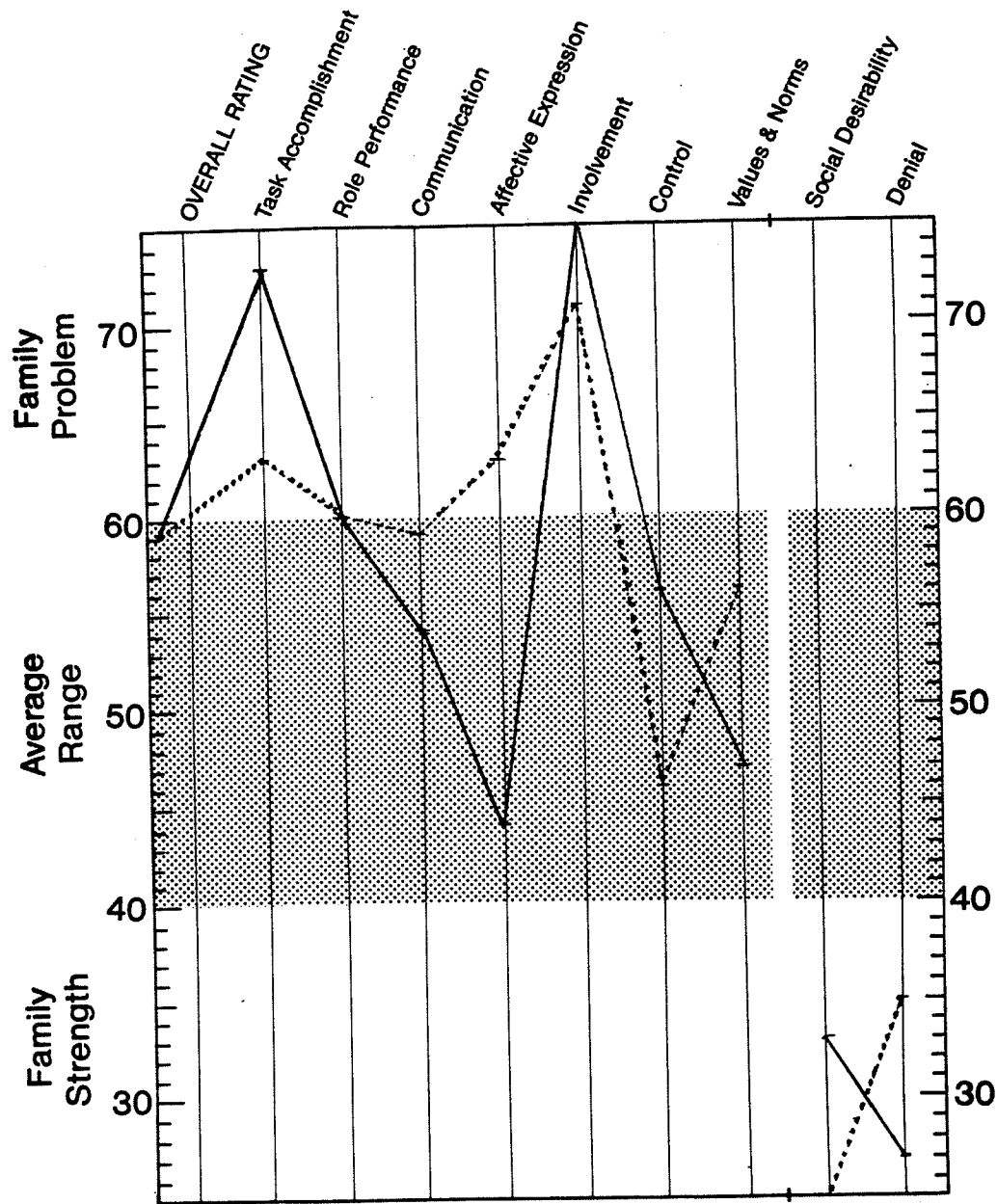
Skinner, H.A., Steinhauer, P.D. & Santa-Barbara, J. (1983). The family assessment measure. Canadian Journal of Community Mental Health, 2(2), 91-105.

## Appendix C

### **Pre and Post-measure FAM-III Profiles for the Three Other Remarried Families Seen**

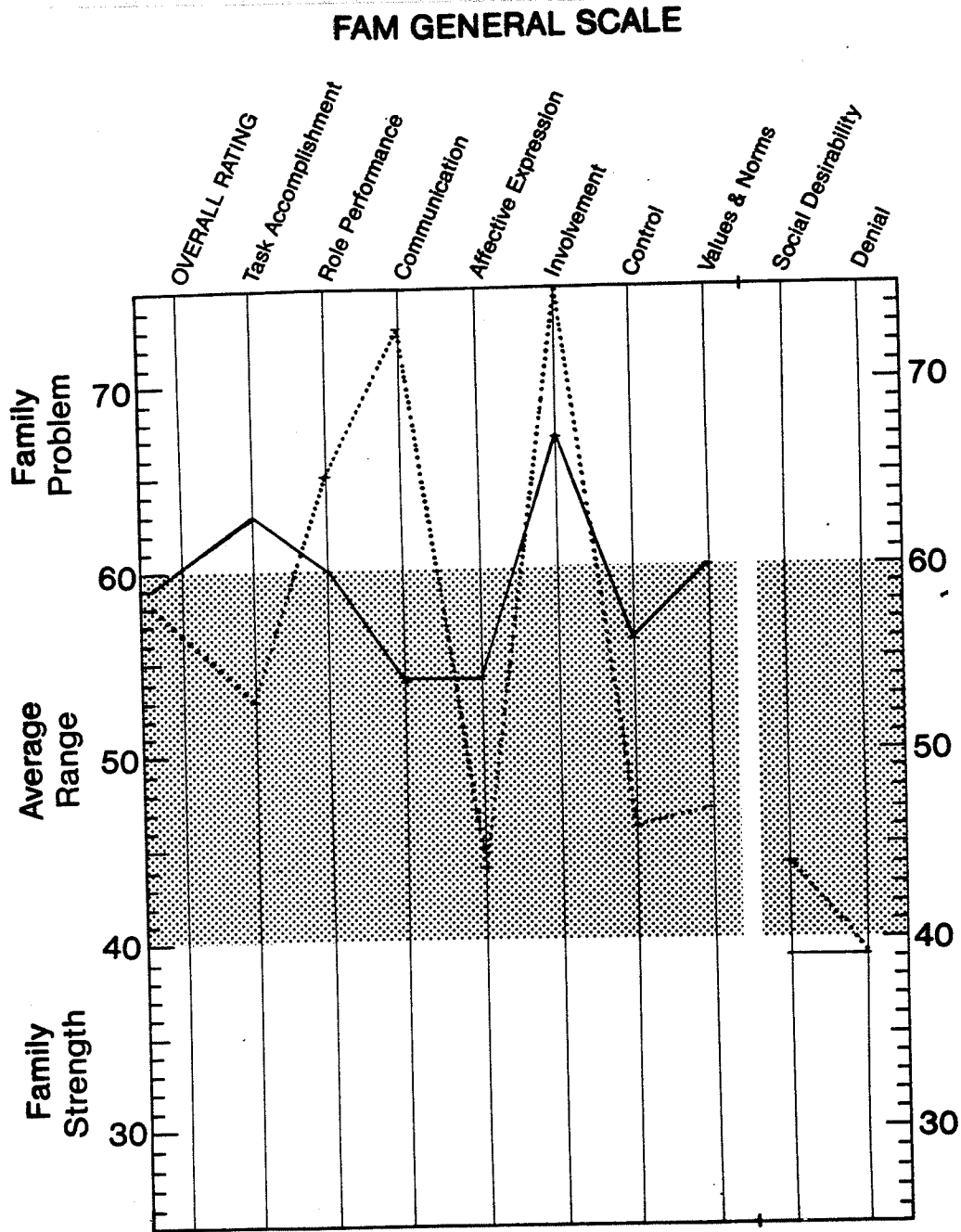
Pre-measure FAM-III Profile Family Example Three

FAM GENERAL SCALE



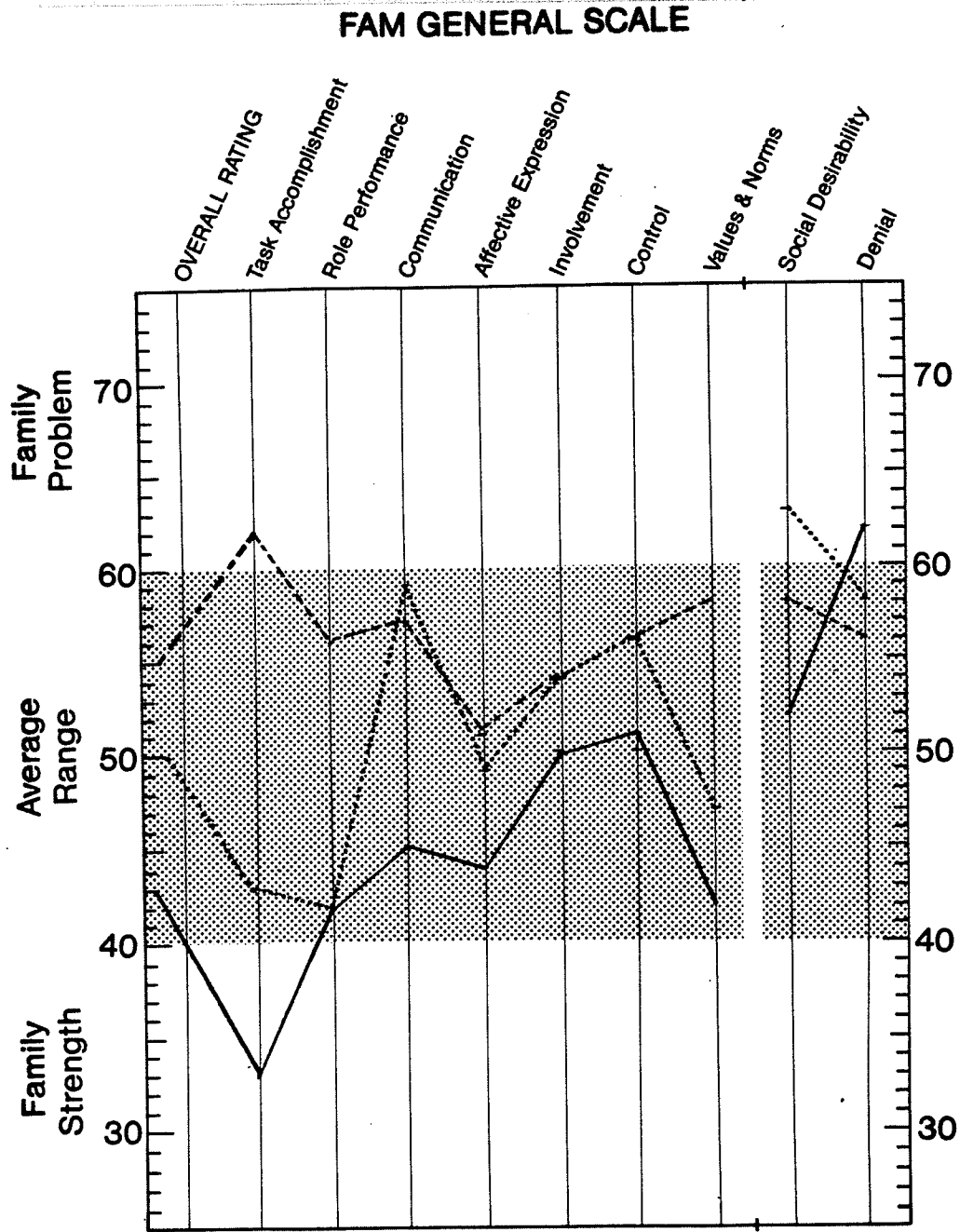
Susan ———  
Neil .....

### Post-measure FAM-III Profile Family Example Three



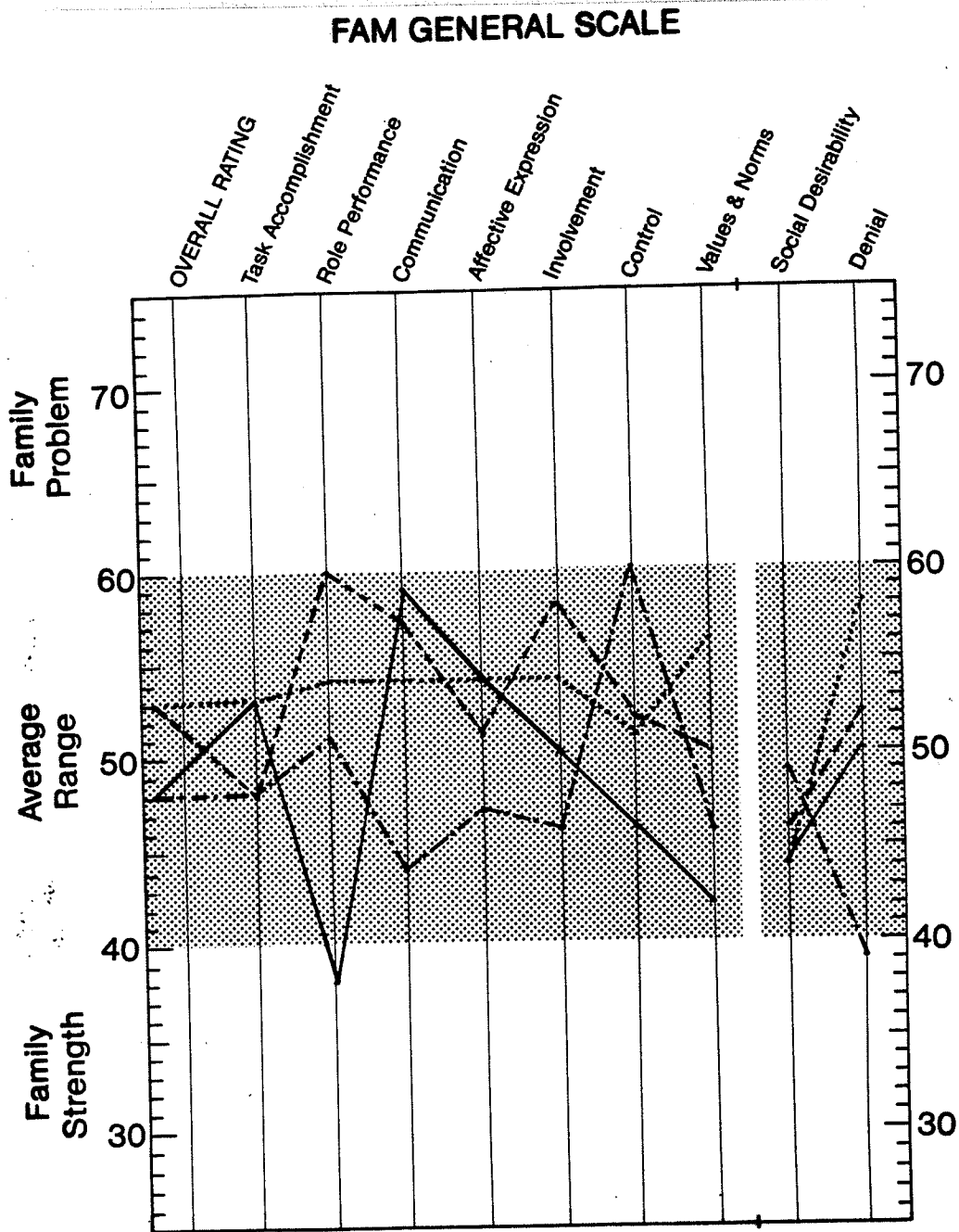
Susan ———  
Neil .....

### Pre-measure FAM-III Profile Family Example Four



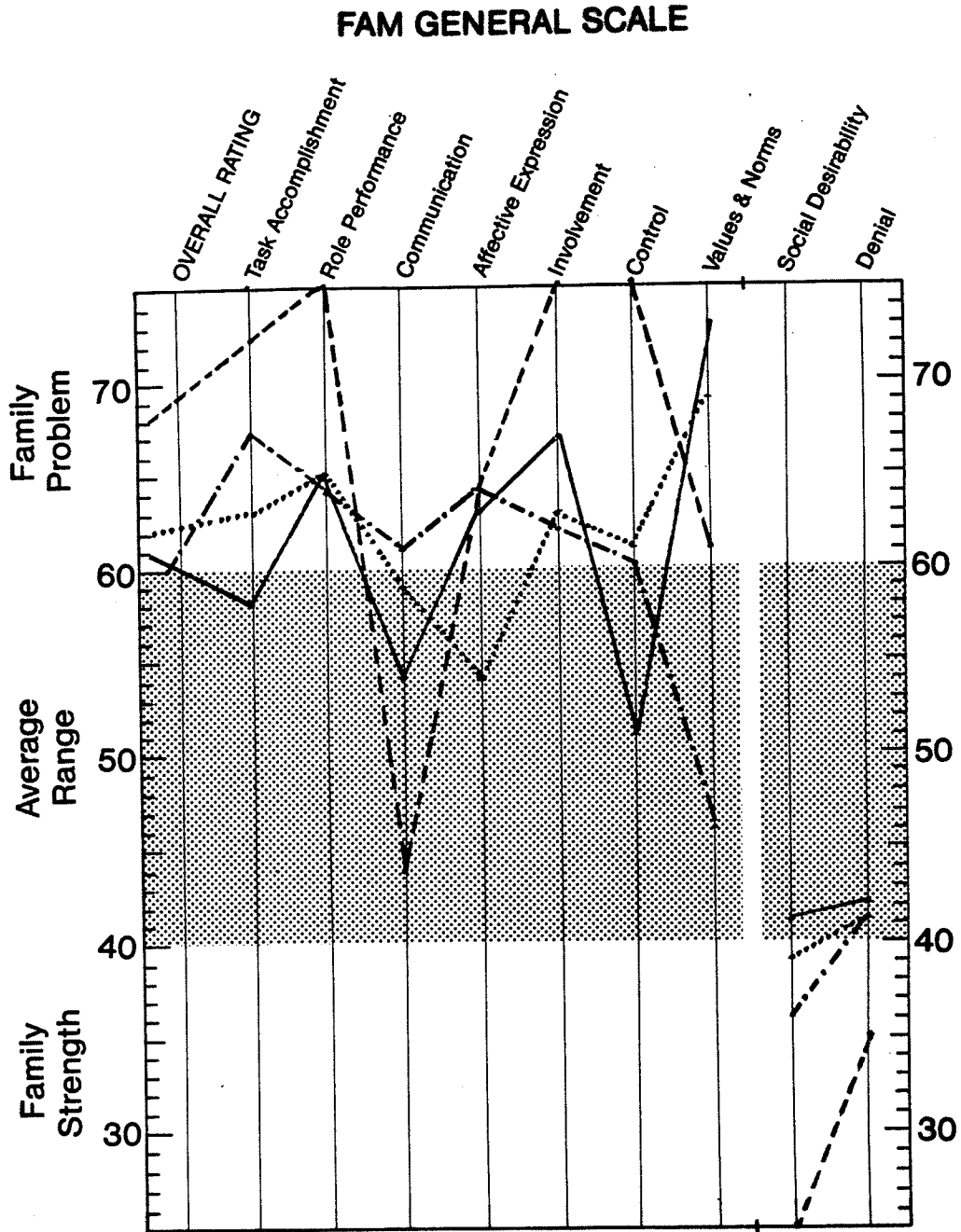
Erica —  
Scott .....  
Mike - - -

### Post-measure FAM-III Profile Family Example Four



Erica \_\_\_\_\_  
Scott .....  
Mike .....  
Jordan - . - .

### Pre-measure FAM-III Profile Family Example Five



Kelly \_\_\_\_\_  
Matthew .....  
Christa .....  
Shauna .....

Post-measure FAM-III Profile Family Example Five

