

A Reframe: From The
Troubled Adolescent
To The Troubled Family

(C) Allison Bennett

A Practicum Report
submitted to the Faculty of Graduate Studies
in partial fulfillment of the requirements
for the degree of Master of Social Work

University of Manitoba
Winnipeg, Manitoba

August, 1986

Permission has been granted
to the National Library of
Canada to microfilm this
thesis and to lend or sell
copies of the film.

The author (copyright owner)
has reserved other
publication rights, and
neither the thesis nor
extensive extracts from it
may be printed or otherwise
reproduced without his/her
written permission.

L'autorisation a été accordée
à la Bibliothèque nationale
du Canada de microfilmer
cette thèse et de prêter ou
de vendre des exemplaires du
film.

L'auteur (titulaire du droit
d'auteur) se réserve les
autres droits de publication;
ni la thèse ni de longs
extraits de celle-ci ne
doivent être imprimés ou
autrement reproduits sans son
autorisation écrite.

ISBN 0-315-37140-4

A REFRAME: FROM THE TROUBLED ADOLESCENT TO THE TROUBLED FAMILY

BY

ALLISON BENNETT

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

MASTER OF SOCIAL WORK

© 1986

Permission has been granted to the LIBRARY OF THE UNIVERSITY
OF MANITOBA to lend or sell copies of this practicum, to
the NATIONAL LIBRARY OF CANADA to microfilm this practicum
and to lend or sell copies of the film, and UNIVERSITY MICRO-
FILMS to publish an abstract of this practicum.

The author reserves other publication rights, and neither
the practicum nor extensive extracts from it may be printed
or otherwise reproduced without the author's permission.

ACKNOWLEDGEMENTS

I wish to express my appreciation to Ruth Rachlis M.S.W. for her tremendous effort, energy and irreplaceable assistance. I also wish to acknowledge the others members of my graduate committee: Ellen Gordon M.S.W., for many hours of clinical insight, understanding and supervision and; Dr. Joe Kuypers for offering relevant feedback on the planning and completion of the practicum. I also wish to extend my gratitude to Cam Handford M.A. for his careful guidance through each step of this process with much patience and good humour. Thanks also to Gina Wonfor for being both my audience and a critic throughout the practicum.

Special thanks to Sharon McKay M.S.W. C.S.W., a social work consultant for Kinark Child and Family Services for providing both the encouragement and confidence to tackle this undertaking as well as the contribution of invaluable information and insight to the process of working with families during this practicum.

Finally, I would like to acknowledge my husband Jerry, for his endurance and unwavering support, along with my family and closest friends for their enthusiasm. I owe a special debt to Stella Cairns and Rosemary Shanks of S. & R. Professional Services for their tolerance in typing many drafts of this practicum.

Table of Contents

	<u>Page</u>
Acknowledgements	i
Introduction	1
Part One - Literature Review	5
Chapter One - Understanding Adolescence from a Systemic Approach	6
I Introduction	6
II An Integration of Adolescent Development	
Issues Within a Family Perspective	11
- A Systemic Perspective	12
✖ The Developmental Process of Family	15
III The Family's Impact on the Task of Adolescence	18
- Biological Family	18
- Transition from the Biological Family	30
- Transition to the Separated & Divorced Family	32
- Adolescence and the Blended Family	35

IV Demographic & Environmental Factors**Affecting Adolescence & Family**

Development	38
- Gender Differences	39
- Family Membership	40
- Ethnicity	41
- Socioeconomic	44
- Urban/Rural Communities	45
- Nuclear Age	46
V Conclusion	48

~~Chapter Two - Understanding the Structural~~

Family Therapy Model	49
I Introduction	49
II Fundamental Concepts of the	
Structural Model	50
- Family Structure	51
- Subsystems	55
- Boundaries	57
- Adaptation to Stress	61
III Structural Family Therapy Techniques	64
- Joining Techniques	64
- Restructuring Techniques	67
- actualizing family transaction patterns	68

Chapter Two - III contd.	
- marking boundaries	69
- escalating stress	70
- assigning tasks	70
- supporting education and guiding	71
IV Application of Structural Theory to Adolescence in the Family Life Cycle	72
V Conclusion	74
Part Two - The Application of Theory & Practice	76
Chapter Three - The Practicum Experience	77
I Introduction	77
II The Practicum Description	78
- The Setting	78
- The Clients	79
- The Presenting Problem	82
- The Intervention	83
- The Evaluation	84
III Case Illustrations	88
Case Study 1 - The Smith Family	88
- The Presenting Problem	89
- The Structural Assessment	90
- The Goals of Therapy	93

Chapter Three - III contd.

Case 1 - The Smith Family contd.	
- The Intervention	93
- The Evaluation	101
- An Addendum	103
Case 2 - The Jones Family	106
- The Presenting Problem	104
- The Structural Assessment	109
- The Goals of Therapy	110
- The Intervention	110
- The Evaluation	119
- The Discussion	121
Case 3 - The Nelson Family	122
- The Presenting Problem	122
- The Structural Assessment	123
- The Goals of Therapy	125
- The Results	126
- The Evaluation	128
- The Discussion	129
Case 4 - The Long Family	131
- The Presenting Problem	131
- The Structural Assessment	131

Case 4 - The Long Family contd.	
- The Goals of Therapy	132
- The Results	133
- The Evaluation	135
- The Discussion	136
Case 5 - The Campbell Family	138
- The Presenting Problem	138
- The Structural Assessment	138
- The Goals of Therapy	139
- The Results	139
- The Evaluation	142
- The Discussion	143
Case 6 - The Burke Family	145
- The Presenting Problem	146
- The Structural Assessment	146
- The Goals of Therapy	146
- The Results	146
- The Evaluation	149
- The Discussion	150
IV Conclusion	155

Part Three - An Evaluation of the Practicum Experience

Chapter Four - Self Development as a Family Therapist	157
I Introduction	158
II Inductive and Deductive Methods	158
III Practicum Experiences	165
IV Conclusions	169
Chapter Five - Conclusions and Recommendations	170
I Introduction	170
II Developmental Theories	171
III Structural Theories	176
IV Recommendations	180

Appendix A - **FAM (III) Questionnaire**

Appendix B - **FAM (III) Interpretation Guide**

Appendix C - **The Jones Family Letter**

Bibliography

Family Therapy with Adolescents

1

Introduction

The purpose of this practicum has been to demonstrate the application of structural family therapy with families where adolescents are the identified patients. The accomplishment of this objective as a social work practitioner involves the integration of theory bases appropriate to social work. This would enhance the development of advanced clinical skills for intervention in families identifying troubled adolescents.

The uniqueness of social work has always been the professions' dual focus on both person and environment. Thus, social work practitioners have been concerned with problems arising from the interaction of individuals, families, groups, communities and the qualities of their respective environments. Social work processes of assessment, intervention, evaluation and termination are carried out within the context of a holistic person/environment framework. Thus, the theoretical base underlying practice includes theories which attempt to explain human behavior within environmental context. In this practicum, the family is viewed as the primary

Family Therapy with Adolescents

2

environmental context for the growing adolescent. Subsequently, the theory base underlying the practicum draws on notions of individual and family development along with the environmental factors that impinge on the developmental processes of both the adolescent and his family. In addition, developmental and environmental processes are viewed within a general systems framework which is necessary for a holistic perspective of adolescent/family/environmental concerns and issues.

The focus of the developmental theory was on two elements: 1) a systemic integration of the developmental theories of family with the tasks of adolescent development; and 2) illustration of the effects of demographic and environmental factors in the resolution of developmental issues for the adolescent and their family. The ecosystem theory mentioned in this section provides a conceptual framework which facilitates and integrates an understanding of adolescents and their family's development over time and within an environmental framework.

In addition to the developmental framework reference is

Family Therapy with Adolescents

3

made to structural theory which builds upon the developmental theory. The structural model reinforces the impact of developmental issues along with environmental factors in understanding family dysfunction. This section provides a discussion of the structural model, addressing the major concepts and techniques appropriate to promoting change in dysfunctional families. Throughout the presentation of the structural model, case examples are cited to clarify the application of this theory, with adolescents and their families.

The next section of this report attempts to intertwine theory, practice and evaluation methods. This integration of theory and practice is accomplished with the detailed review of six case examples. Family Assessment Measure results were interpreted with respect to each case in relation to theory and practice issues.

The practicum placement served as the context for continued self development in working with adolescents and their families. A fourth section offers a summary of personal learning from the practicum experience.

Family Therapy with Adolescents

4

The final segment of this practicum report provides a synthesis of the strengths and limitations of the practicum experience with recommendations for this learner for her future work with adolescents and their families.

Note: In the literature review of this practicum report the pronouns he/she are used inter-changeably throughout. This is to enhance the reader's interest and to acknowledge the inequality of the traditional application of the masculine pronoun.

Family Therapy with Adolescents

5

P A R T O N E

LITERATURE REVIEW

Family Therapy with Adolescents

6

Chapter One

Understanding Adolescence From A Systemic Approach

I Introduction

The process of human growth and development has been a long-standing area of research and yet, adolescence has only become an area of study since the turn of the twentieth century. The absence of adolescence as a phase in the life cycle occurred because, "prior to the industrial revolution and the move to urbanization in this country, the family functioned more as a comprehensive economic unit" (Preto & Travis 1985:22). During this period, children were viewed as miniature adults - a male child was viewed as a potential farmer, a small model of his father and a female child was considered a breeder of additional field hands (Dreyfus, 1976). Childhood during this period could be equated to an apprenticeship which

Family Therapy with Adolescents

7

terminated with full responsibilities for work - children were required to perform beyond their maturational readiness as both the child and family's survival was at stake.

The advent of the industrial revolution created a shift from rural to urban life, altering the role of the family (Dreyfus, 1976). The mechanization of machinery directed increasing attention towards consumption and promoted more child-centred ideals.

The focus on more child centred ideals eventually lead to the concept of adolescence. The first writer addressing this life phase was Stanley Hall in 1904, who is now considered the father of the "psychology of adolescence" (Muuss, 1962). Hall's theory was the first attempt to understand the tasks of the young person as she grows from childhood to adult status. In Hall's view the adolescent struggles to balance the more primitive impulses with those of the more civilized. The adolescents' attempts to resolve these two divergent areas creates an inner turmoil of "storm and stress" which he considered the basis of

Family Therapy with Adolescents

8

normal adolescent development.

The continued development of adolescent theory has been shaped by many ideas which draw from the biological, psychoanalytic, developmental and social theories of human development. During the twentieth century views about adolescence have mainly been influenced by developmental and social perspectives (Elder, 1974). These perspectives of adolescence illustrate the interaction between internal developmental forces and environmental factors. The internal developmental factors relate to the tasks of adolescence which include identity formation, sexuality and individuation. The theories of Blos (1962) and Erikson (1968) most adequately illustrate the integration of the above areas.

Blos (1962) has greatly refined our understanding of adolescent intrapsychic processes and of the specific tasks at each phase of adolescence. He states that adolescents are affected by the advent of sexual maturation, improved cognitive abilities and new physical capabilities. These changes in adolescence result in interests outside of, and

Family Therapy with Adolescents

9

more independence from, the family (Blos, 1979). Blos views adolescence as a period of experimentation. This life stage is the young person's last chance to try out different roles before the possibilities left open are limited by psychological, cognitive and environmental factors. By the end of this phase, areas of interest become specific enough for the young person to assume a definite identity (Dreyfus, 1976). Blos (1962) clearly identifies resolution of sexuality, identity formation and separation as major tasks of adolescent development.

Erikson (1968) describes adolescence as a normative crisis. Erikson views the life stage crisis of adolescence as the crisis of Identity versus Identity Confusion. This is a period when puberty shakes up a child's securities and identifications so that the major task of an adolescent becomes one of achieving a coherent sense of self (Kaplan, 1984). Thus, as a consequence of both their physical and cognitive development and changing social expectations, adolescents begin to reevaluate and reorganize the skills and identifications of childhood into a new framework which provides the young person with a "subjective sense of

Family Therapy with Adolescents

10

invigorating sameness and continuity" (Erikson, 1968:19).

The process of identity formation is facilitated in adolescence by the union of increased cognitive development, rapid physical maturation and expanded social expectations (Preto & Travis, 1985). Erikson like Blos identifies the development tasks of adolescent making the distinction of identity formation as the critical task in adolescent development.

The major theorists have defined the tasks of adolescence, then, as sexuality, identity formation and individuation. These major tasks are not sequential in nature but are intertwined in the young person's development within the family. This can be illustrated with the search for identity which is a major developmental task of adolescence. The teenager establishing an identity wrestles over time to find answers to questions such as who am I, what do I believe in, and what I want to do in life (Dreyfus, 1976). At the same time the adolescent must also adapt to rapid changes in his body and dramatic changes in cognitive capacity. In concert with this, the adolescent

Family Therapy with Adolescents

11

must learn how to begin the separation from her parents and become self reliant, forming new patterns of relationships with peers of both sexes (Nichols, 1984). Not until adolescents have formulated some answers to how they feel about these aspects of their lives are they ready to begin thinking of how this self knowledge might fit together into an integrated sense of identity (Kimmel & Weiner, 1985).

The developmental tasks of adolescence are initiated simultaneously but are resolved to varying degrees over time within the context of the family. Maintaining the dual focus of Social Work practice would then require examining the tasks of the adolescent in relation to their environment. The following discussion will emphasize the adolescent development within the family environment.

II An Integration of Adolescent Development Issues Within a Family Perspective

The tasks of adolescence are most accurately viewed from a family context, as briefly explained in the previous section. This review will serve to build on the previous

Family Therapy with Adolescents

12

section with a more thorough integration of the developmental tasks of adolescence with those of the family. Subsequently, the systemic perspective of adolescent and family development leads to a new understanding of family dysfunction which is a useful intervention framework in the understanding of troubled adolescents and their families.

A Systemic Perspective

Current social work practice with families draws upon general systems and ecological theories. As noted earlier these theories provide a larger framework for understanding adolescent/family/environmental issues and concerns. The general systems theory points to the relationship between entities rather than viewing entities in isolation. Thus, a family system is a whole that is composed of interrelated and interdependent parts. The collection of these parts in a system requires a boundary that separates the inside of the system from that which is outside (Hartman & Laird, 1983). A system has a structure made up of those parts of the system included in the boundaries of the more or less permanent patterns of their relationship (Hartman & Laird,

Family Therapy with Adolescents

13

1983:62). Systems also, have emergent qualities in that the whole is greater than the sum of its parts and that the interrelatedness of units in a system gives rise to new qualities that are a function of that interrelatedness (Hartman & Laird, 1983). Thus, a change in any part of the system will affect all of its parts, unless the system is so large that a change in one part can be absorbed without affecting the whole (Casson, 1985). The contribution of systems theory has made possible a more organized perception of vast amounts of information in observation and thought processes regarding families. Systems theory has also promoted growth beyond the limitations of linear thought and language.

Within general systems theory, a system is always a part of a whole. That is, the system is part of a larger environment at the same time that it forms an environment for other smaller systems. The ecological systems perspective focuses on the adaptive balances between living systems and their environment as they grow and develop over time. This theoretical approach includes the individual, the family, the environment and the transactional

Family Therapy with Adolescents

14

relationships among these systems (Hartman & Laird, 1983:60). Attention is paid to the nature of exchanges or transitions which occur between individuals, families, groups, communities and the larger environment. The social worker focuses on how these system parts influence one another rather than influencing any specific part. To determine the point of intervention, the social worker identifies the salient needs both in relation to each other and to the whole. Points of entry are located where needs converge (Kelly, McKay & Nelson, 1985).

Several authors draw on systemic notions of reciprocal influence between individual growth processes, tasks and family coping patterns. Rhodes (1977) builds on systems theory as well as on Erikson's notions of individual stage development and conceptualizes adolescence within a series of eight successive developmental stages in the family life cycle. In each developmental stage a family crisis is created by the convergence of bio/psycho/social processes which demand that specific family tasks are undertaken. Her formulation of stages of family development force one to look at the family as the most potent milieu in which

growth and change occur (Rhodes, 1977:30).

The Developmental Process of Family

The systemic view of family is incorporated in the understanding of families developmental journey over time. White, Spesman, Costos & Young (1983) elaborate on this systemic view. They suggest that the development of each family member contributes to the development of various relational networks in the family and the development of those networks contributes to the development of each family member. This pattern is described as the intergenerational spiral. Kramer (1985) notes that the intergenerational spiral of family life involves family members in different stages of development, negotiating a mutual interdependence. In addition, this interplay between individual development and larger family relationships follows a predictable sequence leading to ideas about the family life cycle. Each new stage of development in this cycle requires that the family is to support the growth and development of each of it's members (Haley, 1973). This task is challenged with the cyclical

Family Therapy with Adolescents

16

movement through successive stages of development as each life transition (i.e., marriage, birth, children leaving home, death) brings a crisis. The aforementioned normative developmental crisis cause increased pressure and potential disorganization within the system.

These concepts of family organization and development form a critical theoretical framework relevant to any therapeutic approach as they enlighten understanding of the problems families face in their struggle together from birth to death. One leading family therapist, Minuchin (1974) believes that the incorporation of developmental themes would lead practitioners to view more families who enter therapy as average families in transitional situations, suffering from the pains of accomodating to new circumstances.

In Minuchin's view a family member's symptom can be a means of signalling that the family is stuck or somehow dislocated in moving through a developmental transition. For example, an adolescent referred for service because of increasing acting out behaviors may indicate that from a

Family Therapy with Adolescents

17

developmental perspective the family may be stuck with the transition involving an adolescent preparing to leave home. To illustrate this, a rigid family structure that was successful in the nurturance of dependent children is no longer appropriate for an adolescent taking on the task of separation. Rather than "curing" an individual, a respectable goal for family therapy in this case would be to loosen rigid patterns in order to activate functional family problem solving mechanisms (Barnhill & Longo, 1978:470). In order to achieve this goal an understanding of how families differ in each stage of development is useful and necessary for both family assessment and intervention.

Systems theory, ecological systems theory and the family life cycle theory have aided the field of family therapy in the understanding of problems that adolescents and families present in treatment. Defining the family as a developing system has also assisted in attempts to understand the processes that cause successful change in dysfunctional families (Carter & McGoldrick, 1980).

Family Therapy with Adolescents

18

III The Family's Impact on the Tasks of Adolescence

The previous section served to establish an understanding of the integration of adolescence and family development from a broad perspective. Consequently, it is also important to consider specific developmental issues characteristic to various family forms struggling with adolescence. The family forms to be discussed include the biological, separated, divorced and blended family.

Biological Family

The biological family enters a new stage of its developmental history when a child reaches adolescence. Generally, the family reaches this phase of the life cycle when the eldest child undergoes the physical changes of puberty. The transformation of a child to an adolescent triggers changes throughout the family system which in turn affect each family member. The family's response to this new developmental stage requires the evolving of new family patterns and structures (Karpel & Strauss, 1983). The challenge a family faces in adjusting to the adolescent phase is extended with additional children - the family

Family Therapy with Adolescents

19

begins this stage with the eldest child's entry into puberty and ends with the last adolescent's movement toward independent living in early adulthood. The following discussion will review the tasks of adolescence as experienced by all members of the biological family in this phase of development.

No matter how adolescence is defined, one of the central tasks is grappling with sexuality (Mitchell, 1971). The task for both the adolescent and his family is dealing with the upsurge of sexual development that becomes readily apparent at puberty. This transforms the adolescent's levels of energy, and social interests to affect not only the teenager but also radically altering how he is perceived by other members of the family (Mitchell, 1971; Preto & Travis, 1985).

The family's adjustment to their adolescent's growing sexuality can be explained from the perspective of the parents own sexual development. Thus, the onset of puberty may create a variety of conflicts depending on how parents view their own sexuality. In families where parents are

Family Therapy with Adolescents

20

not comfortable with their child's emerging sexuality, they may ignore or reject this significant developmental transition. In these families there is greater probability of alienation between the parents and their adolescent. Conversely, parents that are comfortable with their own sexuality are more likely to accept the heightened sexuality of the adolescent and at the same time to set realistic limits to expressions of the young person's sexuality. This family environment provides the adolescent with an accepting framework within which to express and experiment with this important task of development (Preto & Travis, 1985).

The search for identity or sense of self is another major developmental task of adolescence. This search is a process beginning at birth and accelerating at adolescence. Erikson (1968) identifies five steps leading in sequence from childhood to the eventual establishment of a defined identity in late adolescence. Within each stage, the developing young person faces a life crisis which in theory, must be resolved before moving on to the next stage. The successful resolution of each life stage crisis

Family Therapy with Adolescents

21

depends on how well the previous stages were negotiated. As adolescence approaches, then, the child prepares for this life stage crisis by again struggling to resolve issues arising from earlier stages to achieve identity formation.

As adolescents move to more advanced levels of identity formation they develop their own ideas and perspectives. They eventually question their parent's views and begin to more objectively view parental virtues and faults in a process of integrating into their personalities those that are helpful in the transition to adulthood and rejecting those they view as negative (Preto & Travis, 1985). In the struggle to affirm their identity adolescents frequently rebel against their parents' views and more so against the dictates of autocratic parents. This rebellion arises from the fear of losing ones sense of self in accepting totally the beliefs and life style of someone else. Because they have a developmental stake in an individuated identity and distinctiveness from parents, youths exaggerate intergenerational differences (Bengtson & Kuypers, 1971).

Family Therapy with Adolescents

22

In the process of differentiating as individuals in their own right, the young person normally presses for a private life apart from the family which limits contact with parents i.e., time in school, parttime employment and social activities (Youniss & Smoller, 1985). For the majority of adolescents, the peer group functions as a sanctuary between the world of the family and the more demanding world of adulthood.

The peer group offers adolescents some protection of their fragile identity against parental intrusion. This hypothesis serves as an explanation for the intense ties the adolescent forms with peers. Such ties ensure the safety of belonging to a "we" as opposed to the terror of becoming an "I" (Meeks, 1971). This move to environments beyond the family causes radical changes in the family's boundaries.

The peer group often exists in antagonism to the parents and functions as an opportunity for experimentation with sex roles, modeling, interpersonal skills and independence from parents (Rhodes, 1977:304). The

Family Therapy with Adolescents

23

adolescent in the biological family negotiates their developmental tasks with the support of a peer group by challenging the family to reassess old perspectives with new styles, new language, new mannerisms and new values for behavior (Carter & McGoldrick, 1980). Thus, parents find themselves reassessing their own values, belief systems and personal styles, partly in response to their adolescent and partly as a result of their own development crisis (Preto & Travis, 1985:24).

The achievement of independence or autonomy is the third major task of adolescence. The adolescent's movement toward autonomy involves learning to be physically and psychologically independent of their parents (Kimmel & Weiner, 1985). Again, this learning takes place in the peer group and other environments external to the family. Successful achievement requires that the adolescent's family accommodates this separation while at the same time refraining from cutting off relationships (Karpel & Straus, 1983).

Some parents want very much to retain their child

Family Therapy with Adolescents

24

rearing roles and avoid at all costs having their adolescents grow up. This type of control is seen in families where "centripetal forces" operate to keep members from leaving the system (Preto & Travis, 1985; Stierlin, 1979). The parents build a nearly impermeable boundary to protect adolescents from threats of the outside world (Walsh, 1982). To keep adolescents from the dangers of this world parents totally regulate their behavior, even making decisions for them - so there is no experience or expression of individual identity (Kimmel & Weiner, 1985). Dependency is promoted by reinforcing infantile behavior, through mystification, or by demanding strong loyalty ties so that extreme guilt is experienced when separation is considered (Preto & Travis, 1985).

Adolescents who become entrenched in a "binding mode", such as is described above, are unable to leave home (Karpel & Strauss, 1983:68). To perpetuate this cycle family members are all expected to think and feel the same - adolescent individuation is not allowed in any form. The absence of conflict or discord between parent and child may indicate that the family is stuck in this "binding mode"

Family Therapy with Adolescents

25

and that further development has been severely compromised. Adolescents from families trapped in a "binding mode" may never achieve autonomy because of attachments to the family and their fears about the prospects of independent living.

At the other extreme, parents are eager to be free of child rearing responsibilities and push adolescents toward maturity. The push outward and lack of control within this type of family is said to be related to "centrifugal forces". These forces enhance and promote independence with adolescents taking full responsibility for decisions and offering few rules for conduct. Another characteristic of centrifugal control is an interaction style marked by competition, teasing manipulation and open conflict that may never be resolved. Frequently, a family with such limited interpersonal skills, and continual conflict provokes the adolescent to leave home. When this happens, the young persons' adaptation to the outside world is often unsuccessful and she returns to the family needy and hostile as before (Walsh, 1982). The family organization is very unstable and as a result of never ending

Family Therapy with Adolescents

26

confrontations and diffuse boundaries the adolescent easily moves out again to extended family or friends.

Most parents avoid the extremes of holding onto their child rearing roles too long or letting go of them too quickly (Kimmel & Weiner, 1985:239). However, some families find it difficult to cope with an adolescent's emerging independence and become over protective wanting to retain their child rearing roles or demonstrate a lack of control pressing their adolescents to mature quickly. Other parents, because of ambivalent attitudes toward their children, may shift back and forth between the extremes. Parents that attempt to control their adolescents in this random way may discover it leads to serious symptomatic behavior (Preto & Travis, 1985). This may include severe acting out behaviors such as, delinquency, drug abuse or suicide.

The period of adolescence is usually viewed as a time of turmoil for the teenager resolving developmental tasks. But adolescence is rarely discussed as a parental adjustment issue (Drefus 1976). Kramer frames the

Family Therapy with Adolescents

27

experience of middle aged parents within the biological family as:

the late adolescent prepares to leave the family, the family must deal with his leaving. This is the beginning of exits from and entrances into the family, with the parents truly the middle generation, caught between the emerging independence of children and the aging and death of grandparental generation. The parents are faced with renegotiation of their marriage when the last child leaves and they are alone together. Room must be made for new members, as children choose spouses and grandchildren are born. Generational roles continue to shift(Kramer, 1985:11).

This quote identifies some of the dramatic changes that parents face in the adolescent phase of family development. Functional and dysfunctional responses of parents to the changes adolescence brings to the family have been referred to earlier in this section. In summary form, parents balance their dual commitment to protecting their children while at the same time encouraging them towards independence. In this process parents may respond rigidly, permissively, or democratically to the changing needs of their adolescents. Normally, within these parenting levels ambivalence exists and is transferred throughout the family system. Parents are usually torn between their urges to hold onto the child and their urge

to see them grow up. In the same way, the adolescent is torn between urges to grow out of the family and urges to remain in it as a child (Karpel & Strauss, 1983).

At the same time as parents are negotiating the complex adjustments in the family that will allow their adolescents independence, they are also confronting the complex tasks of middle age. The first step in resolving the tasks of this age is to revitalize or renew the marital relationship (Rhodes, 1977). The couple may have difficulty with this task and instead of enjoying the renewed pleasures of courtship days may be distracted by continuing parental responsibilities. Reinvesting in the marital relationship can offset longing and regrets stimulated by the children's budding sexuality as well as fill a place vacated by the children's refuge in the peer group (Rhodes, 1977). Thus, the parent's ability to effectively meet the needs of their adolescent and their family at this point in time, is dependent on their reengagement with one another and their formation of a new level of companionship and romance in the marriage.

From a broader perspective, when the family begins to deal with adolescence the effects ripple across generations. As parents and adolescents become engaged in the tasks of this stage, unresolved conflicts between parents and grandparents may resurface (Preto & Travis, 1985:24). Unresolved conflicts are quickly triggered because parents and grandparents will continue to relate in a similar way as was learned from their families of origin (Ackerman, 1980). For example, an overfunctioning parent may simply be repeating the experience of growing up with an underfunctioning parent. The parent may rationalize this behavior by saying it is part of a deliberate action not to make the same mistakes as the grandparents, to spare the third generation the pain of the second, and to prevent the problems the parent experienced growing up (Carter & McGoldrick, 1980).

Thus, the period of adolescent development is most likely to test the flexibility of relationships within the whole family organization. Threaded throughout this discussion is the notion that what complicates the resolution of the tasks of adolescence is that it is a time

of change both for the teenager and their parents. Consequently, adolescents and their parents during this period may confront similar concerns - both may be struggling with personal goals and relationships as well as grappling with issues of autonomy and individuation (Preto & Travis, 1985:24). Awareness of the parallels in developmental tasks for parent and children may help them understand the ways in which they tend to complement each other causing conflict (Preto & Travis, 1985). On a larger perspective the identification of similarities and differences between the biological and extended family provides further understanding and appreciation for other members' roles during periods of transition in the adolescent phase of the life cycle. The shift from childhood to young adulthood can be seen as a struggle that engulfs both the nuclear and extended family systems.

Transition From the Biological Family

An alternative to the couple establishing renewed companionship may occur when parents begin to realize that many aspects of their lives have very definite or more subtle limitations. This causes frustration with the

prospect that ideals and ambitions may never be realized. For example, a career orientated parent may become very disappointed that ambitions for success will not be fulfilled in their lifetime. As well, a mother who has been devoted to maintaining the home by caring for children, may, in middle age begin to feel her life has been wasted - lacking any concrete returns. When one or both spouses are faced with an accumulation of resentments the marital relationship becomes strained (Haley, 1973).

Marital separations and divorces are common during the middle years where once tolerable situations become unbearable under the realization that time is limited. In the marital relationship this escalating level of dissatisfaction with self and personal lives often creates a compulsion for change (Preto & Travis, 1985). The resolution of serious marital problems in the middle years is difficult because the patterns for problem solving have become habitual - they are caught in old problem solving patterns despite increasing distress (Haley 1980). The couple may then seek another family member such as the adolescent to stabilize the relationship. The young person

Family Therapy with Adolescents

32

is said to be triangulated to function as a conductor of parental communication. For example, an adolescent may sacrifice independence and be unable to leave home when taking a middle position to protect parents from dealing directly with each other.

Transition to the Separated and Divorced Family

Family transitions through separation, to divorce and remarriage have also been viewed from a life cycle perspective (Carter & McGoldrick, 1980). The transition to separation, divorce and remarriage coming at this point may delay or accelerate the appropriate changes of adolescence to a pace that is not healthy for the parent or child (Keshet & Mirkin, 1985). The following sections will identify additional developmental issues that impact on the adolescent and family in these alternate family forms.

When separation occurs the family enters a period of crisis in which the parents are forced to quickly establish a new balance involving parenting from two households. The initial separation may leave the adolescent angry and feeling distant from the non-custodial parent. There may

Family Therapy with Adolescents

33

be a great deal of resistance to change to an established schedule of contact with a non-custodial parent. The adolescent may choose to deal with this situation by directly verbalizing wishes or by acting out so that the custodial parent will send him to the non-custodial parent. This behavior can overtly alienate the custodial parent while also providing a connection between the former spouses (Keshet & Mirkin, 1985:276). In this situation the adolescent's behavior may indicate that the emotional divorce of the couple has not been completed, and can also serve as a safe way to travel between the two parents and remain differentiated (Beal, 1980).

Adolescents in separating and divorcing families experience a telescoping of normal adolescent tasks; for example, their ability to control sexual development and identify formation may be limited (Wallerstien, 1974). Only those adolescents who are differentiated from parental problems can again begin to master developmental tasks. The adolescent that was the focus of parental conflict in the biological family may find less resistance and drift across the generation boundary in a single parent family.

Family Therapy with Adolescents

34

The adolescent moves across the generational boundary to support the parent. Keshet & Mirken (1985) claim that the adolescent and the caretaking parent may characteristically join in dealing with pain and grief following divorce. The intensity of this parent/child relationship can however, develop to a level where generational boundaries are blurred and the adolescent's ability to differentiate from the parent is blocked (Keshet & Mirkin, 1985).

When generational boundaries have become diffuse, the adolescent may assume an adult role in the household in an attempt to replace the missing parent. In response to this, the needy parent may regress emotionally, and inappropriately lean on the adolescent (Preto & Travis, 1985:31). This pattern can lead to the family becoming unable to meet further developmental tasks. The intimacy between parent and child can become problematic with the adolescent unable to separate and the parent becoming restricted, and not able to continue with personal goals as an adult such as future relationships. However, in most single parent families adolescents do form a closer relationship with the custodial parent and are expected to

assume extra household duties without a dysfunctional pattern developing.

Adolescence and The Blended Family

The adolescent's achievement of tasks and growth within the blended family maybe much more complex than for the adolescent in the biological family. Overall, the adolescent is said to be more likely to recover from the effects of divorce faster than a latency-age child (Wallerstein & Kelly, 1980). At the same time, adolescents are said to have more difficulty than younger children adapting to a remarriage involving the union of a new couple and one or two parental/child subsystems. Kimmel & Weiner (1985) state that an adolescent is more likely to feel resentful when one or another parent remarries. The young person resents the loss of an exclusive relationship with their parent and is disappointed that the parent is not remaining faithful to the original marriage no matter how disastrously it ended (Kimmel & Weiner, 1985:263).

The union of a step family may present an adolescent with unique difficulties. As opposed to a younger child

Family Therapy with Adolescents

36

the adolescent has more difficulty joining the reconstituted family because of stronger loyalties to the family of origin and to the non-custodial parent. Another factor that may make family unification difficult with an adolescent is the contrary developmental tasks involved in their transition to independence. Therefore it requires the negotiation of a new position in the blended family contrary to their developmental needs. These two very contrary needs may leave the adolescent distressed seeking a resolution.

The blended family with adolescents may have increased difficulty in resolving the task of sexual development. The blended family may experience increased incestuous impulses with the adolescent's new found sexuality (Visher & Visher, 1979; Sager, 1983). This often occurs with blurred generational boundaries in a step father - daughter relationship. The lowered incest taboo can create increasing levels of discomfort and be expressed in a conflictual relationship between step father and daughter. The pseudohostility serves to protect family members from their sexual impulses (Goldstein, 1984). The clear

definition of roles and expectations and the availability of adult role models are necessary to provide a safe environment in which the adolescent can feel secure (Preto & Travis, 1985:31).

The blended family may encounter difficulties launching their adolescent children. A mode of separation that has become characteristic to the blended family is the extrusion mode of separation. This process begins with disengagement and may lead to permanent divisions or banishment from the family (Sager, 1983). In these families the centrifugal forces impel children to leave unprepared, knowing they are unwanted or needed by the family (Karpel & Strauss, 1983:68). These adolescents lack a "caring", secure home environment and without intervention are vulnerable to exploitation - underemployment, prostitution, or involvement with an abusive partner (Preto & Travis, 1985).

In this situation parents are usually overwhelmed with child rearing duties of adolescents and abdicate their parenting role entirely to others. Parents may seek

residential placements or other outside authorities with a mandate to take charge - probation or law enforcement agencies. Adolescents and parents using the extrusion mode of separation will be severely limited in their capacity to negotiate future transitions along the life cycle.

It is now apparent that various family forms have a profound effect on an adolescent's developmental achievements. In addition to the impact of family there are other variables that originate in the broader environment. This discussion will now address some of these more universal variables.

IV Demographic and Environmental Factors Affecting Adolescence and Family Development

As noted earlier, social work family practitioners always view family development in context. Building upon this the theoretical framework then it is important to consider the variety of ways that adolescence can be experienced in our society. Some factors which impinge on family functioning include growing up in a nuclear age,

socioeconomic levels, ethnicity, and urban/rural communities. Another important element is the composition of the family, which includes the number of family members as well as her age and rank in relation to the family system. The adolescent and their family may experience some or all of the above factors to different degrees, altering the way in which they react and in turn cope with the specific tasks of this stage.

Gender Differences

For adolescents today gender differences can no longer determine the choice of roles or careers. This shift is reflected in changing patterns of launching adolescents. Traditionally, families gave males greater encouragement to pursue further education and occupational advancement as a means to achieve self sufficiency, while females were primarily launched into adulthood through marriage (Preto & Travis, 1985). Currently families have had to reexamine expectations and patterns of launching as adolescent daughters are demanding equal opportunities.

As these changes in values become more pronounced they

Family Therapy with Adolescents

40

will have a ripple effect influencing gender expectations in the way families cope with child care and homemaking responsibilities. These societal changes may lead to androgyny - with adolescents incorporating both masculine and feminine characteristics into their personalities as a more appropriate sex role ideal for contemporary society (Kimmel & Weiner, 1985). The difficulty created by this kind of identity transition is there will be no prototypes to provide role models for the adolescent. This may induce increased conflict and confusion for the adolescent in identity formation and his additional tasks (Kimmel & Weiner, 1985).

Family Membership

The number of children in a family, their ages and rank are factors that influence the way in which families manage adolescence. In a one child family the lack of generational conflict involving siblings and parents, as well as the lack of experience with competition and sharing may leave the child less equipped for some adolescent struggles and possibly unable to individuate successfully (Preto & Travis, 1985).

Family Therapy with Adolescents

41

Generally, in families with more than one child, if the family experiences the adolescence of the first child and successfully overcomes this stage it will be better prepared to launch the next child in line. Parents will have developed new resources with the first child leaving home that will be available in advance for a second child. Also a second child will have experienced this change in responsibilities and privileges. Making it easier for them to take on the tasks of adolescence. However, if the first child has a difficult transition it may influence the launching of a younger sibling from the family.

Ethnicity

A family's ethnic origin provides the backbone to family functioning. Thus, understanding a family's ethnic and cultural background is critical to revealing the interplay between the family system and the environment; leading to a more accurate determination of family limitations, internal capacities and strengths in reaction to the tasks of the adolescent stage of development.

In general terms the British American families parents

Family Therapy with Adolescents

42

tend to maintain an under-involved status in relation to their adolescent child. The parents under-involvement may deprive an adolescent of the guidance and support they require but also serves to strengthen the teenager's ability to differentiate from the family (McGill & Pearce, 1982). The British American family is normally very accepting of an adolescent's separation, unlike Italian and Hispanic families that are characteristically viewed as struggling to keep adolescents close to home.

Frequently Portuguese families also promote early separation from the family as did British American parents. The Portuguese families often differ in that they expect adolescents to seek employment and contribute their earnings to the family to repay some of the expenses in their upbringing (Moitoza, 1982). The adolescent is not only expected to make financial contributions to the home but also to be emotionally loyal to the family (McGoldrick, 1982:419). An adolescent's loyalty requires them to live at home under their parents' supervision until they marry. Most members of the Jewish culture have passed down the bar mitzvah ceremony to mark a rite of passage from childhood

Family Therapy with Adolescents

43

to adulthood. Conversely, the Puerto Rican family often expects adolescents to adopt new adult responsibilities and also remain respectful and obedient of their parents - often these mixed behavioral expectations lead to generational conflicts (Preto & Travis, 1985).

The traditional pattern of native family organization is quite different, with three generations involved in multiple parental functions delegated among aunts and uncles as well as grandparents. For the native child the extended family means ties from birth allowing binding to several parental figures (Attneave, 1984:72). Consequently, a rebellious native adolescent may then be sent to live with an uncle or grandparent who can be more objective about setting limits. This move also serves to provide enough emotional distance from each other to regain control and reestablish a more balanced relationship. These are some of the characteristic ways a select group of ethnic cultures negotiate the phase of adolescent development.

Socioeconomic

The socioeconomic background of a family will also influence an adolescent's experience in growing up. The socioeconomic status and educational level of families are factors that influence the availability of resources and opportunities for adolescent growth and development. The multiproblem poor family because of economic conditions is subject to more abrupt losses of its members that require quickly shifting roles and responsibilities before members are developmentally capable (Colon, 1980). Thus, poor families have a restricted timeframe in which to complete the developmental tasks of each stage. The shortened duration of the life cycle means there is often inadequate time to resolve developmental tasks which creates less distinct generational boundaries (Aponte, 1984). The blurred generational boundaries may make it difficult for parents to provide the limits and guidance that can help adolescents accomplish their developmental tasks and the cycle is repeated in the next generation.

Conversely, the middle/upper class families have increased the duration of stages within their life cycle.

Family Therapy with Adolescents

45

With adolescents deciding to pursue further education and later a professional career - they begin the stages of family life later. Thus, a family's position in society will impact the pattern of the life cycle in generations to follow.

Urban/Rural Communities

Another factor that may affect adolescents and their transition into adulthood is whether they reside in an urban or rural community. The pressures and expectations are radically different for adolescents living in urban areas when compared to other counterparts in rural areas.

Adolescents who grow up in urban areas experience a fast pace modern world. Dreyfus (1976) posits that often the adolescent experiences little stability in his urban environment because of continual changes in standards, residence, school and friends. Dreyfus (1976) views the problem as being:

By the time a friendship is beginning to take hold, the friend is moving to another school, neighborhood, city, state, or even country. The experience of making and losing friends is frustrating and causes a withdrawal reaction, as well as a feeling of helplessness.

Feelings of abandonment, loss, impotence and fear of closeness are common among the adolescent population (pp.27).

The constant movement perpetuated by an urban environment definitely heightens an adolescent's feelings of alienation and disrupts the development of ego identities (Dreyfus, 1976).

Adolescents in rural areas have a different experience. Growing up in a rural community may lead to a greater sense of family cohesion because the isolation makes the family unit more dependent on one another (Isharanik, 1983). However, an adolescent in a rural community also has more obligations to the family. Often there are less opportunities for identity expansion in rural areas. The closed nature of the rural family allows for more intensive interpersonal socialization necessary for adolescents to move to adult status within the community yet may inhibit the individuation and passage from the family of origin.

Nuclear Age

The last factor to be discussed affecting adolescence

is the tension created by the increased technology in the nuclear arms race and the possibility of all out nuclear war becoming a serious concern for modern society.

Adolescents experience the stress and uncertainty as our society is perched on the brink of nuclear disaster.

The threat of nuclear war has caused adolescents to express increased cynicism and bitterness that adults were not protecting them. Concerns have been expressed about the possibility that:

These young people are growing up without the ability to form stable ideals, or the sense of continuity upon which the development of stable personality structure and the formation of serviceable ideals depend. We may find we are raising generations of young people without a basis for making long-term commitments (Mack, 1981:19).

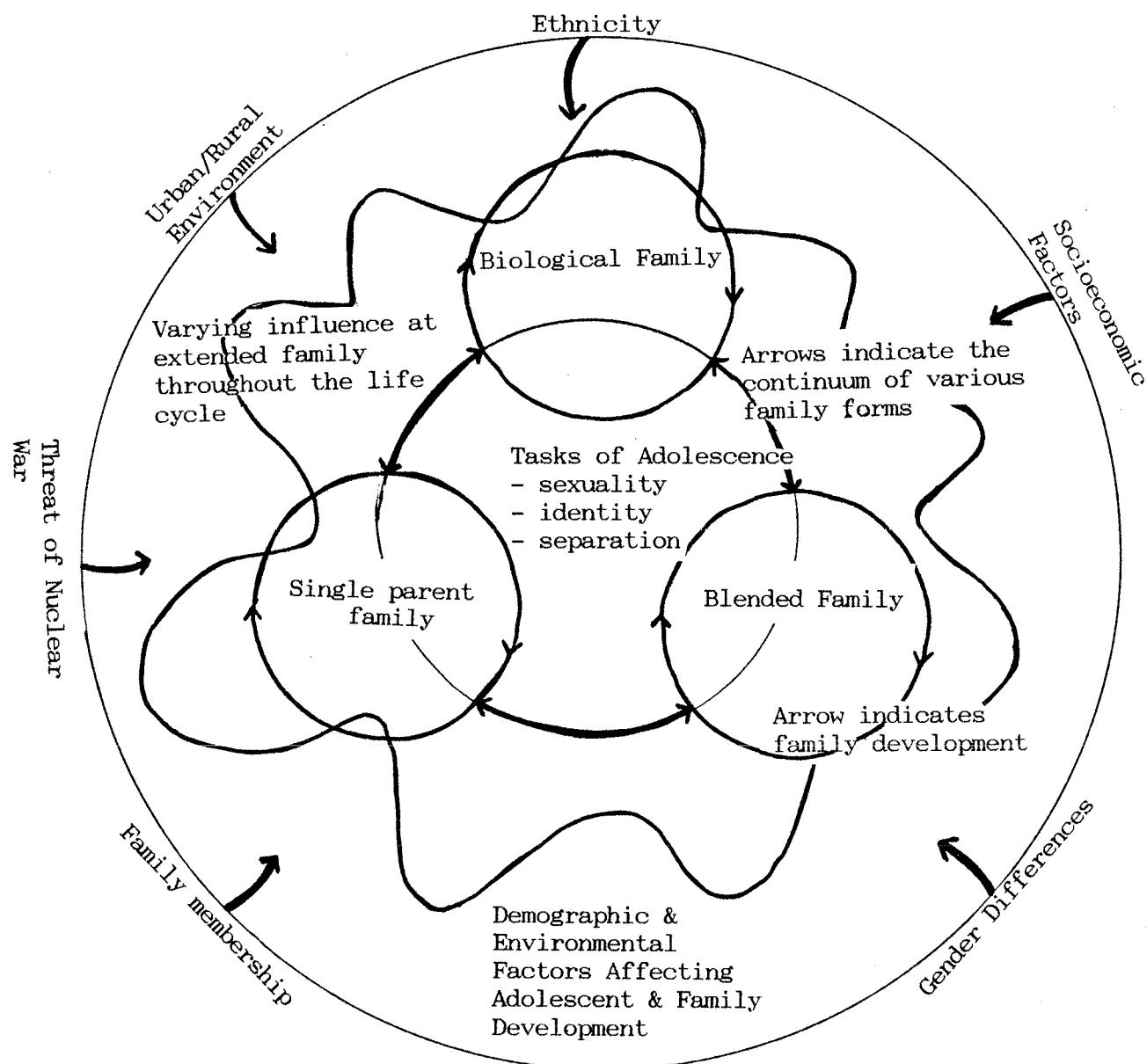
Adolescents feel powerless and that there is nothing they can do to make a difference with government leaders. The adolescent in this developmental stage should be developing a sense of identity and a sense of mastery which is directly contrary to the feelings of powerlessness. In order to deal with the anxiety of nuclear war young people can also resort to different forms of accommodation - one

of them is immediate gratification without regard for future implications, accentuating an already common adolescent view of the world (Preto & Travis, 1985).

V Conclusion

In summary, the theme threaded throughout this chapter specifically deals with the tasks of adolescence - sexuality, identity formation, and individuation in a family context. On another level this chapter was sufficiently broad to encompass developmental issues and environmental factors that challenge various family forms at this stage, which then affect the adolescent's task completion. The review of structural family therapy theory in the next chapter serves to further reinforce the impact of developmental issues and environmental factors in working to promote change with troubled adolescents and their families. This broad perspective assists the social work practitioner to integrate the problems encountered in practice at the individual family and community level.

Adolescence a Spinning Top



A visual representation of Chapter One

Chapter Two

Understanding The Structural Family Therapy Model

I Introduction

In the 1960's, structural family therapy emerged as an influential approach for intervention with troubled adolescents and their families. This approach rapidly influenced family therapists and social work practitioners because it offered clinicians a new understanding of families with emphasis on the following principles: 1) the structural configuration and organization of the family (i.e. subsystem membership, affiliation and level of functioning); 2) boundary and boundary maintenance (i.e. the development of clear, rigid or diffuse subsystem or family system boundaries); 3) family's developmental stage (i.e. family's developmental tasks according to their position in the life cycle and its relationship to the

Family Therapy with Adolescents

50

onset of presenting problems); and wider social context are contributing to the problem and what resources in the wider social context and strengths within the family may help alleviate the problem (Andreozzi, 1984). These concepts provided clinicians with clear guidelines for the diagnosis and treatment of families.

This chapter will expound on the outlined principles and incorporate case studies as cited in Minuchin (1974) The presentation will highlight the integration of theoretical concepts and practice techniques in working with adolescents and their families. In addition this chapter will illustrate the connection between the developmental, systems and demographic and environmental material introduced earlier in understanding structural family therapy.

II Fundamental Concepts of the Structural Model

There are four constructs that are considered essential components of the structural family theory: family

structure, subsystems, boundaries and adaptation to stress. These concepts form the theoretical framework to guide the clinician in determination of functional and dysfunctional elements with the family. Each concept has an interdependent function with others in the family but will be presented individually for the reader.

Family Structure

The principle of family structure is a fundamental concept of the structural model. Minuchin defines family structure as "an invisible set of functional demands that organize the ways in which family members interact" (1974:51) When family members repeat interactional sequences, these transactions become established and form enduring patterns. These repeated transactions "underpin" the family system by defining patterns of when, how and with whom to relate. For example, a mother consistently has difficulty setting limits with her young son and requires father to intervene over time this results in an interactional pattern. The repetition of this interaction pattern creates a structure where father is the disciplinarian and mother is less effective. This family is

Family Therapy with Adolescents

52

likely to struggle with their son at adolescence as only half of the parental subsystem enforces limits. The adolescent may become unmanageable in this family structure with a weak executive system in which parents are unable to direct and control their child through appropriate means.

The family structure also involves a set of covert rules which govern transactions in the family (Nichols, 1974: 472). The rules which govern transactions are regulating codes that maintain family structure in the way members relate to one another. These codes can be illustrated in an adolescent depending on mother to wake her up in enough time to get ready for school; the adolescent intervening during parental conflict to diffuse and stabilize the situation; the parents preoccupation with the adolescent's problems keeps the couple from negotiating their relationship. All these sequences of interactions are isomorphic as they are structured (Nichols, 1984). Any shift in these interactions may have impact on the family structure. Conversely transformation in the family structure will shift the way in which family members relate to each other (Minuchin 1974).

Minuchin defines the shaping of family structure occurring in two ways: 1) transactional patterns represent generic constraints or universal roles; 2) transactions involve idiosyncratic constructs of mutual expectations among family members. For example, families have a hierarchy structure with parents and children having different amounts of power or authority. Family members also have reciprocal and complementary demands on others within the family system. If one parent who has been the disciplinarian backs away from that role, the other parent will adjust to compensate. Thus an alteration in the family structure has significant impact on changing an individual's experiences and behavior.

[Some aspects of the family structure depend on the unique history of the family beginning with the union of the couple moving through the transitions of the family life cycle (Nichols, 1984). There are expectations established that will influence future patterns - often the origin of an ingrained transactional pattern is forgotten, and they are presumed necessary rather than optional (Nichols, 1984). For example a single parent overwhelmed

by their responsibilities, abdicates their parental position and may then experience their adolescent children floundering. These adolescent children lack the limits and structure they require to continue their development. Even with parent and adolescent feeling distress this pattern becomes self perpetuating and very resistant to change. Although alternatives are available, they may not be considered by the single parent family until the family is immobilized by the dysfunction.

An understanding of family structure provides the clinician with a theoretical tool to evaluate family function. In order to effectively evaluate family structure two conditions are necessary: 1) to view the family in action; 2) to have a conceptual understanding of the family structure. The following example illustrates the importance of the presence of both components during an assessment interview with a 17 year old adolescent:

...the spontaneous dialogue between mother and son reveals an intense involvement between them - an involvement no less real or intense simply because it is conflictual. This dyadic sequence does not reveal the whole family structure, because it doesn't include father or the other three children. They must be engaged in interaction to observe their role in the family structure. If the father sides with his son

against his wife, a cross generational coalition is revealed. If the father sides with his wife, but seems unconcerned, then it may be that the mother's preoccupation with her son is related to her husband's lack of involvement. Further if the three younger children tend to agree with their mother and describe their brother as bad, then it becomes clear that all the children are close to the mother - close and obedient to a point, then close and disobedient (Nichols, 1984: 473).

This reference reveals the importance of viewing the family in action and an understanding of the concepts of family structure to make an accurate assessment of family dysfunction.

Subsystems

The subsystem is the second concept within structural theory. Minuchin describes the family as a system that because of its complexity, differentiates to carry out its functions through subsystems. Subsystems are viewed as divisions, constructed by the family for the division of labor to promote the system's effective functioning. Subsystems can be formed by generation, by sex, by interest, or by function (Minuchin, 1974:52). A subsystem may consist of one individual in the family or several members at any one time. A couple can be viewed as a

Family Therapy with Adolescents

56

spousal subsystem, as well as the parental subsystem, which involve differing functions, skills and authority. The composition of a subsystem may be rigidly defined or relatively open. For example, the spousal subsystem is not open to any other members of the system, because of specific functions only the couple perform. While on the other hand, the parental subsystem can include immediate and extended family because the emphasis is not on composition but on role assignments and responsibilities that its members accept. The sibling subsystem conversely requires a protective boundary to provide children the opportunity to learn cooperation, and competition which are skills necessary to main relationships with peers.

It is often difficult for parents to develop new relationships with adolescents as younger adults with their demands for age appropriate autonomy. The development of a child to adolescence causes changes in the composition of the family, related to the child's participation in a widening circle, interests and tasks. In order to cope with these expanded interlocking systems, new family rules need to be negotiated with new subsystems and lines of

differentiation. For many parents, there is a resistance to change in their relationship to their adolescent children. This may generalize until the whole family is involved in an escalating conflict.

Boundaries

The concept of boundaries is the third major construct of the structural theory. A boundary is defined as the rules and regulations that separate the system from its environment. The characteristics of the boundary determine how exchanges are carried out (Okun & Rappaport, 1980:142). The boundaries then define the structure of the system as follows:

The function is to protect the differentiation of the system. Every family subsystem has specific functions and makes specific demands on its members, and the development of interpersonal skills achieved in these subsystems is predicated on the subsystem's freedom from interference from other subsystems. (Minuchin, 1974:53).

(The boundaries should draw clear lines of responsibility and authority, yet be flexible enough to allow input from members in other subsystems. Minuchin

states that clarity and nature of boundaries may be more important than the composition of the subsystem. He identifies three types of boundaries: (1) disengaged boundaries, where relationships are inappropriately rigid or too distant; (2) enmeshed boundaries where relationships are diffuse and too close; and (3) clear boundaries, where relationships are within the normal range (Okun & Rappaport, 1980:142). Minuchin describes a continuum with boundaries ranging from rigid to diffuse.

In a family with rigid boundaries, communication across subsystems becomes difficult, establishing dysfunctional patterns. A rigid triad develops when the boundary between the parental subsystem and the child triad becomes inappropriately rigid. In his discussion of chronic boundary problems Minuchin describes three forms of rigid triads. In the first form of dysfunctional systems, each parent demands the child side with them against the other parent. Whenever the child sides with one parent, the other feels attacked and the child becomes paralyzed (Minuchin, 1974:102). This scene describes a sacrificial adolescent with the formation of a triangle where each

Family Therapy with Adolescents

59

opposing partner seeks to join with the same person against the other (Haley, 1980).

Another form of the rigid triad occurs in detouring where "negotiation of spousal stresses occurs through the child and serves to maintain the spouse subsystem in an illusionary harmony" (Minuchin, 1974:102). In this situation, the parents define the child's sick or symptomatic behavior being the source of family problems. The spouses in this instance are active in reinforcing any deviant behavior in the child. This allows them to detour or submerge their own spouse subsystem problems in the problems of parenting (Minuchin, 1974:102). Minuchin related a case where the identified patient was a fifteen-year-old girl suffering from psychogenic vomiting. The therapist in this case study, takes on the medical responsibility for her symptom. The adolescent is instructed to discuss the vomiting with the therapist and not with her parents. The therapist becomes a barrier between the girl and her parents, in a manoeuvre that promotes her autonomy and also promotes closeness between spouses (Minuchin, 1974:103).

Family Therapy with Adolescents

60

The third form of rigid triad may appear as a stable coalition. In this situation one of the parents joins with the child in a rigidly bounded cross-generational coalition against the other parent. A related case involves anorexia in a teenage boy, which the family regards as a reaction to his Father's harsh authoritarianism. The Mother in this situation has joined with the boy in a tacit coalition against the Father, who feels excluded and guilty (Minuchin, 1974:104). The therapist introduced an adolescent co-therapist whose function was to assist the identified patient to become more involved with peers. The adolescent's increased distance from the family of origin, created a shift resulting in the wife moving toward her husband. Evident from the case studies, the therapist's goal in working with rigid triads is to restructure the subsystem organization. The case studies illustrated only a few of many possible strategies for subsystem restructuring.

In direct contrast to the rigid family structure, is the enmeshed family system with diffuse or blurred subsystem boundaries. An enmeshed family is characterized

by overinvolved and overdependent interactions. The members of the enmeshed families are handicapped in that the heightened sense of belonging requires a yielding of autonomy (Minuchin, 1974:55). The membership and functions of the subsystems in an enmeshed family are not defined and members are not able to distinguish who does what (no lines of authority or responsibility), when or how it is to be accomplished. With the lack of boundaries in an enmeshed family, any stress in an individual member reverberates strongly across the boundaries and is swiftly echoed in other subsystems. The parents in an enmeshed family may become extremely concerned over small issues, such as an adolescent occasionally coming home past curfews. The therapist in this situation would function as a boundary maker and clarifier.

Adaptation to Stress

The structural model builds on the foundations of developmental theory presented in the last chapter with this final concept. This concept identifies the sources of stress affecting the family and understanding how families adapt. The family is subject to stress from both internal

Family Therapy with Adolescents

62

sources and external sources. The internal sources of stress emanate from developmental changes in its own members and subsystems, while external stressors are environmental pressures that may be directed at individuals or affect the total structure as it attempts to cope.

Minuchin (1974) identifies four types of stress that affect the family directly. These stresses include: 1) stressful contact on one member with extrafamilial forces; 2) stressful contact of the whole family with extrafamilial forces; 3) stress at transitional points in the family; and 4) stress around idiosyncratic problems.

The first stressors identified, relate to sources outside the family, while the latter two are internal stressors that may affect one individual or the total family. Minuchin believes that all families, when confronted with stress, will attempt to preserve the integrity of their family structure. Then, it follows the dysfunctional family has a distorted perspective, as destructive behaviors are viewed as preserving the family structure. This unhealthy coping developed in families utilizing old and inappropriate methods of dealing with

stress that stifles its growth and development (Minuchin, 1974:64).

Minuchin (1974) cautions the clinician not to mistake family growing pains for pathology. All "normal" families experience some disruption as its members adapt to the new demands of the next developmental stage. Many families seek help in the transition to a new stage, as they modify their structure and accommodate to new circumstances. For example the transition of an eldest child to adolescence can create stress within the family. An inappropriate resolution of stress created at this transition point may involve a Father's denial of his son's adolescence. The Father's attacks on the boy may cause the Mother to become enmeshed with the son in providing protection. This dysfunctional pattern initiated with a child's transition to adolescence has lead to cross-generational conflicts with the family system. The continuing conflict could lead to serious dysfunction in the adolescent or in the family system as a whole. Conversely, a healthy family uses stress as a means for growth and development. Thus, a healthy family tends to modify their structure to

accommodate to changed circumstances; and pathological families tend to increase the rigidity of a structure which is no longer functional (Nichols, 1984:479).

III Structural Family Therapy Techniques

In structural family therapy, techniques can be classified into two categories, according to their main purpose: 1) those that maintain the family members' sense of themselves and the way they operate; and 2) those that challenge them and create change.

*Joining Techniques - *say and observe*

The therapist's first task in transforming the dysfunctional family transaction is to join with the family. Joining is the process of "coupling" that occurs between the therapist and family, and which leads to the formation of the therapeutic system (Colapinto, 1982:125). Much of the therapist's success in joining relates to the successful incorporation of accommodation techniques. There are several accommodation techniques which include: (1) "Maintenance" which involves the provision of support to

individual subsystems and alliances; 2) "Tracking" in which the therapist follows the contents of the families communication and behavior in a way that encourages them to continue further; 3) "Mimeses" involves the therapist mimicing the family's style of relating and conforming to their affective range. These accomodation techniques highlight the therapists adjustment of self in order to achieve joining.

Another intertwined activity of the therapist during the joining period is assessment of family functioning. Assessment of the family includes evaluation of family functioning in six major areas; 1) the family structure which includes transactional patterns; 2) the systems flexibility and potential capacity for restructuring; 3) the family members degree of sensitivity to one another which is graduated from the extremes of enmeshment to disengagement; 4) the family'life context which includes sources of support and stress in the family's ecology; 5) the family's developmental stage and adjustment to its demands; 6) exploration of the identified patient's symptoms and the way in which they maintain the current

Family Therapy with Adolescents

66

family structure (Okun & Rappaport, 1980:147). The examination of each of the six areas leads the therapist of a working hypothesis of family functioning, the development of a clear hypothesis of family functioning is mixed with a therapist's experiences in joining with a family.

The accommodation techniques required during joining and as a part of assessment, functions to place the therapist in the family; accommodating to their accustomed style gives the therapist leverage; and restructuring interventions transform the family structure (Nichols, 1984). However, if the therapist remains an outsider or uses interventions that are too dystonic, the family will reject her. Conversely, if the therapist becomes too much part of the family or uses interventions that are too syntonic, the family will assimilate the interventions into previous transactional patterns (Nichols, 1984:486). For example, a trainee can be described as good at joining, but not at creating change. In this case, what in fact happens, is the trainee has not joined well. The trainee has been accepted by the family but at the expense of

relinquishing his/her role and being swallowed by the homostatic rules of the system (Colapinto, 1982:125). The well-joined therapist then, is accepted as the therapist with a quota of leadership within the family, allowing for restructuring to occur. It is essential that the therapist has established a degree of rapport with each member as restructuring requires compliance from the family system.

Restructuring Techniques

The completion of assessment leads to a contracting to work with the family on specific areas. This leads to a second set of manoeuvres called restructuring techniques. These restructuring techniques are used to confront and challenge the family in an attempt to produce change toward a therapeutic goal. The six required structuring techniques become evident from a hypothesis developed during assessment formulation of a therapeutic map also serves as an ongoing evaluation of the therapeutic process by unveiling coalitions, alliances or establishing whether transactional patterns are enmeshed or disengaged (Minuchin, 1974:89). The therapeutic map then functions to guide the incorporation of a variety of restructuring

Family Therapy with Adolescents

68

techniques. Minuchin lists seven categories of restructuring operations, namely: 1) actualizing family transactional patterns; 2) marking boundaries; 3) escalating stress; 4) assigning tasks; 5) utilizing symptoms; 6) manipulating mood; and 7) supporting education or guiding.

The actualizing family transactions involves stimulating interactions between family members, which allows them to experience their own transactions with heightened awareness. This technique is accomplished by using tasks such as: 1) engaging individuals in discussion to recreating blocked communication channels; 2) having family members change places, which manipulates space in the family configuration. The actualizing of family transactional patterns involves the therapists active manipulation of communication and behavior. For example an adolescent saying "Mom doesn't care for me - its true she wants to get rid of me! The therapist then interrupts saying "do you think your Mom knows that you don't think she loves you". The adolescent replies "I don't know". The therapist turns to the Mother saying "Can

Family Therapy with Adolescents

69

you talk to your daughter and find out why she feels that you don't love her". In this situation the therapist is encouraging family members to change old patterns of communication and create a new sequence of interactions.

The second technique identified, is marking boundaries. The boundaries within the family between individuals or subsystems that may be too rigid or too diffuse. It is common for adolescent family problems to result from boundary dysfunction, in that the boundaries are too diffuse or too rigid to accommodate the needs of an adolescent struggling to separate from the family. These techniques aim at changing the delineation of individual boundaries from a rigid triad by: 1) the altering of distance between subsystems or changing subsystem membership, i.e. blocking an adolescent who part of a conflict avoidance pattern, to promote closeness between spouses; 2) to alter a stable coalition between the adolescent and one parent by reframing the adolescents weak behavior as controlling the parents; 3) to block an over involved parent in a rigid mood by giving the authority to the weaker parent. These techniques are helpful to the

Family Therapy with Adolescents

70

therapist in developing clear boundaries and assuring individual autonomy for adolescents necessary in creating opportunities and experiences for growth.

Families coming for treatment have often developed inappropriate transactional patterns for handling stress and are unable to discover new ways of relating. Minuchin believes that it can be helpful to heighten stress in a family to loosen rigid patterns by: 1) blocking the regular transactional patterns; 2) emphasizing differences the family has been ignoring; 3) joining in alliance or coalition for longer periods. These methods of increasing stress can challenge ways of transacting methods of negotiating or avoiding conflicts and persuades the family to accept restructuring for a healthier resolution to stress.

The technique of assigning tasks can be very beneficial to the therapeutic process by incorporating them in a planned way to create a shift in the system towards the desired structure. Tasks can be used by the therapist in the session or as homework to create a frameowrk within the

Family Therapy with Adolescents

71

family members' function (Minuchin, 1974). The task is also a means of testing family flexibility with a new framework for transactions. A task can offer experimentation and practice in alternate transactional patterns by emphasizing a symptom and/or increasing focus on it.

The technique of utilizing the symptom is viewing the individual member's symptom as an expression of a contextual problem. Minuchin (1974) recommends a number of different and opposing ways that this problem may be negotiated. The therapist may focus directly on the symptom and use all family resources to assist an individual member. In other situations the therapist may de-emphasize the original symptom by relabelling or moving on to a new symptom and another member of the family. For example, a struggle between a single parent Mother and adolescent daughter is defined by the Mother as her daughter's "attitude problem". This attitude problem identified by the Mother accounts for daughter's belligerent behavior and leads Mother into an escalating symmetrical struggle with her child. The therapist may

Family Therapy with Adolescents

72

offer an alternative perspective in suggesting that the daughter's behavior signals Mother that she needs to become more active as a parent. This reframe changes the daughter's behavior, placing it in a more productive stance and also challenges Mother to expand her view of her past beliefs.

Manipulating mood in a family is a technique used by the therapist to exaggerate the family style to counter family reliance on that mode or demonstrate more appropriate effect, such as relaxed and accepting mood. The family members may model the therapist or change with new insight into the behavior. The therapist may also use the role of teacher to instruct a family to behave differently.

IV Application of Structural Theory to Adolescence in the Family Life Cycle

Although, Minuchin has not solely written on families with adolescent problems, there are references throughout his books to case studies which reveal his theory and

techniques as they apply to families with acting out adolescents. Minuchin recognizes that a child entering adolescence creates in the family, developmental demands for both autonomy and guidance that impact the parental subsystem and cause changes in the family composition. As the adolescent increases his participation in the extra-familial world, the relationship with parents is disturbed. The adolescent optimally should be moved a little way from the sibling subsystem and given increased autonomy and responsibility appropriate to their age. At this point of transition the family may become "stuck" as the parental subsystem's transaction with the adolescent should move from concerned parents of young children, to respectful parents of young adolescents (Minuchin, 1974).

In this stage of transition the old patterns that served the family well when the children were young, interfere in the development of a new family shape. The children may feel more comfortable in their development whereas the parents have not yet involved new alternatives for their own status in life (Minuchin & Fishman, 1981:59). Thus, there may be a tendency to maintain the

old patterns by paralyzing the adolescent in a dysfunctional systematic role. In detouring or forming inappropriate cross-generational coalitions in attempts to resist change.

IV Conclusion

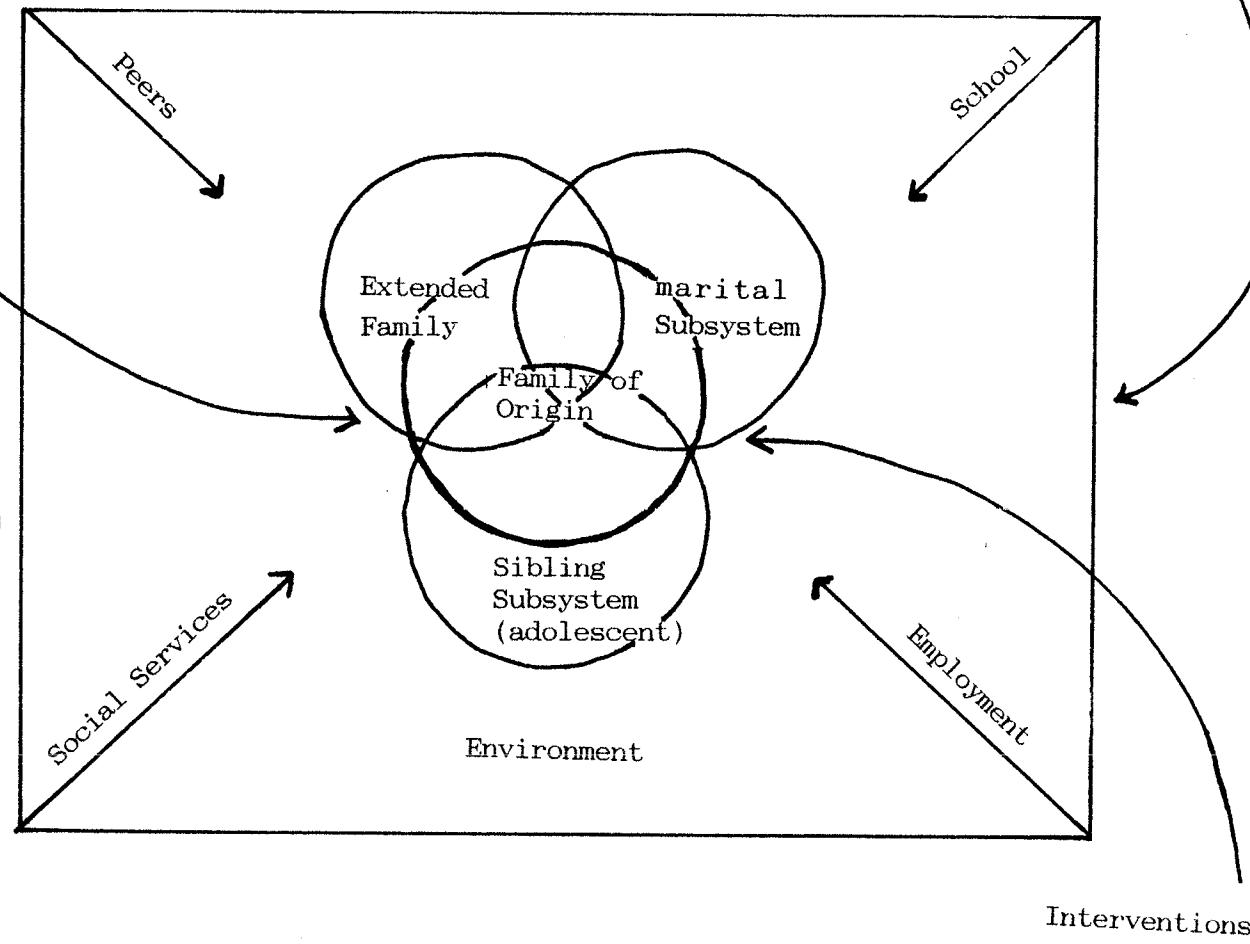
Throughout this discussion, an integral issue for adolescents is that of hierarchy. The therapist's ability to affect changes depends upon careful selection of the therapist's own position in the hierarchy, with the objective to help subsystems negotiate with and accommodate each other. Minuchin states that the therapist should support the parents to have effective control, rather than being restrictive and overwhelming the adolescent. Minuchin also notes that the dilemma created with the support of the parental subsystem, may conflict with a therapeutic goal of supporting the adolescent's autonomy (Minuchin 1974:58). The therapist working with troubled adolescents and other family members must walk a fine line to maintain an effective balance in therapy.

Family Therapy with Adolescents

75

This concludes the discussion of the conceptual underpinnings of structural family theory and interventionist techniques. The following chapter demonstrates the integration of the practice of structural family therapy with the theoretical principles previously presented.

An Application of the Structural Family Therapy Approach.



A visual representation of chapter two illustrates the impact of structural, interventions promoting change in the individual/family environmental context.

Family Therapy with Adolescents

76

P A R T T W O

THE APPLICATION OF THEORY & PRACTICE

Chapter Three

The Practicum Experience

I Introduction

This chapter integrates the theoretical framework developed in previous chapters with clinical practice involving troubled adolescents and their families. To achieve this objective, the chapter begins with a description of the practicum setting, the clients and their problems. This is followed by a segment explaining the practitioners general use of intervention techniques with families during the practicum. A subsequent section discusses the Family Assessment Measure (FAM III) as an evaluation tool. The aforementioned areas set the stage for the presentation of six case illustrations which solidify the linkages between theory and practice with troubled adolescents and their families.

II The Practicum Description

The Setting

The practicum was conducted at the Children's Home of Winnipeg which is a multifaceted agency offering a continuum of services to children and their families. The actual practicum work was completed within the Family Therapy department of Children's Home of Winnipeg. The Family Therapy department assists parents and their children to resolve problems together as a family.

The Family Therapy department was selected as a practicum site because the structural model was utilized in work with families. This practicum site offered the student an opportunity to develop skills in the application of structural therapy through the direct observation and the supervision of senior therapists. Direct supervision included the discussion of theoretical issues and planning case directions for each session. This process on occasion was enhanced with consultation of previously video-taped materials. The student also had live supervision on cases with a one-way mirror and an electronic communication

Family Therapy with Adolescents

79

device known as a "bug-in-the-ear". Agency supervision was provided by Ellen Gordon, Cam Handford and Vicki Harrison; external supervision on several cases was provided by Ruth Rachlis (practicum advisor). Over the duration of the practicum each supervisor contributed to the enrichment of the student's learning during the practicum placement.

The Clients

The targeted client population for this practicum was composed of adolescents who presented behavior problems. The clients were referred to the setting by social service agencies, schools, doctors, and other helping professionals. All incoming cases were presented and assigned at weekly intake meetings.

Nine families involving a total of thirty-one people were seen in this practicum. The nine families represented various family forms, they included two blended families, two single parent families and five traditionally intact families. In the last group, the parents of one family had ambivalent feelings about their marital relationship and were caught in a cycle of separations and reconciliations.

Family Therapy with Adolescents

80

All families were at least second generation Canadian and considered themselves Canadian. They represented a variety of ethnic origins which included Lithuanian, Scottish, Danish, Anglo-Saxon, Irish, German and Canadian Indian. Almost all families indicated they belonged to either a Protestant or a Roman Catholic religious denomination with only one family describing themselves as having no religious affiliation.

The families seen in treatment were primarily the working and middle classes with general incomes of families ranging from \$15,000 to \$50,000. In five of the seven families having two spouses, both parents worked either full-time or part-time. In the single parent families, one parent worked full-time, while in the other family the single parent was receiving social assistance and limited child support payments from her former husband. The parents had a variety of occupations which included: accountant, civil servant, store manager, nurse, dairy worker, barmaid, group home worker, ventilation contractor, courier, sheriff and office manager. Of the fourteen parents, three had university educations, while the others

Family Therapy with Adolescents

81

had high school education ranging from grade 9 to grade 12, and some had additional vocational training. The above information was obtained from a face sheet that all families complete when entering therapy.

Of the nine families, seen in treatment, eight involved the whole family unit while in one traditional family unit only Mother and adolescent daughter attended sessions. All families were initially seen together for assessment purposes. Later sessions varied from those involving the whole family unit, the marital couple, the siblings or an individual family member.

At the termination of the practicum three of the families remained in treatment, three families had been discharged and three families terminated voluntarily. Of those families who voluntarily withdrew from treatment two families were seen for five sessions and one for four sessions. The nine families involved in the practicum were seen for a total of 61 sessions. This averaged out to seven sessions in total for assessment, contracting, intervention and termination with each family in therapy.

Families involved in the practicum completed the Family Assessment Measure for evaluation purposes. During the initial phases of assessment nine of the families received a pre-test and at termination eight families completed a post-test. Further explanation of what occurred in the evaluation of pre and post testing with families will be discussed in the case illustrations.

The Presenting Problem

The problem that brought these families to treatment in each case involved problematic behavior of an adolescent family member. A general concern identified in all of the families was that there was a great deal of conflict between the adolescent and parents. The adolescent's behavior was cited as the trigger to conflict which was causing the family distress.

The parents frequently saw the adolescent as having an "attitude problem". The therapist had to be persistent in her efforts to aid the family in identifying specific behaviors of concern. The problematic behaviors identified included: stealing at home and in the community;

underachieving and truancy from school; drinking and suspected involvement with drugs; aggressive behavior directed toward others in the home; self destructive behaviors, i.e., threatening suicide; self mutilation; prostitution and conflictual relationships with siblings.

The Intervention

The structural approach, being problem-solving and action oriented was the major interventionist model for this practicum. It emphasizes bringing the problem into the therapy room to work on because only discussion of a problem is not likely to cause change. In addition the family member's recollection of a problem is often distorted. Thus, the structural family therapist directly observes the family problem as well as indirectly applying interventions that are appropriate to create organizational changes. To achieve this problem orientation rather than a method orientation the therapist varies interventions according to the problem. Utilizing this model means interventions with families cannot be learned simply through reading but must be learned as well through direct application of knowledge. Because part of the therapist's

learning can only be achieved by doing, the practicum setting becomes an environment to develop the skills required for effective interventions. The setting offered supervision which guided the learner in the skills required for effective intervention while working with adolescents and their families. The case studies taken from the practicum experience will illustrate the use of a problem focus in developing the skills of intervention.

The Evaluation

All families involved in the practicum were required to complete the Family Assessment Measure (FAM III). The FAM (III) was developed by Harvey Skinner, Paul Steinhauer and Jack Santa-Barbara, at the University of Toronto, as an assessment measure based on a process model of family functioning developed from a variety of approaches to family therapy and research (Skinner, 1983:91). The FAM (III) was selected as an evaluation method because it provided a qualitative indicator of the strengths and weaknesses in family functioning.

The FAM (III) assesses several areas of basic family

functioning which include: task accomplishment, role performance, communication, affective expression, involvement, control, values and norms. Of the seven areas of family functioning "task accomplishment" involves the most basic activities of any family's development. The area of Task Accomplishment becomes a primary subscale in a family's profile because it is through the process of accomplishing developmental tasks that the family attains, or fails to achieve their life cycle goals (Skinner, Steinhauer, Santa-Barbara, 1983). Thus, the remaining six areas of family functioning interrelate to determine the level of task accomplishment. A detailed summary of all seven areas which highlight family dynamics can be found in the appendix of this report.

The FAM (III) has three major components which include: 1) a general scale which focuses on the family as a system; 2) a dyadic relationship scale which examines relationships between specific pairs; and 3) a self-rating scale which taps the individual's perception of his functioning in the family (Skinner, Steinauer, Santa-Barbara, 1983). The General Scale was the only scale

Family Therapy with Adolescents

86

administered to families in this practicum. The general scale similar to the dyadic and self-rating was designed for all members in the family over twelve years old. In the families seen during the practicum all family members with the exception of three were over twelve years. For those completing the questionnaire it required approximately ten minutes to fully answer. The results of the general scale were then graphed to provide a profile. This profile was a visual illustration of their strengths and weaknesses. The graph clearly marked strengths as below forty on the scale, with scores falling between forty and sixty as an average range and high scores above sixty as problematic areas.

The use of the general scale as an evaluation tool assisted the practitioner to develop insight into the way family members perceived their functioning together. Thus, the general scale served as a useful tool during the assessment and diagnosis phase of treatment. In addition, the general scale was useful in determining a baseline for which the course of family therapy was evaluated. The general scale was chosen to measure family change as it has

Family Therapy with Adolescents

87

demonstrated both reliability and validity in revealing differences between problem and nonproblem families (Skinner, Steinhauer, Santa-Barbara, 1983).

Earlier sections of this report developed a theoretical framework for the discussion of case illustrations. The case studies in the next section will integrate the theoretical material with practical knowledge. In these studies, all names and other identifying material have been changed to protect client confidentiality.

CASE ILLUSTRATIONS

Case Study No. 1 - The Smith Family

Tom Smith, age forty-three years, and his wife, Joan, age thirty-nine years, had been married for seventeen years. They had both been married once before. Tom has two children residing in Ontario from the previous marriage. He has not had contact with these children for twenty-three years. Joan had four children from her previous union, Judi, age 16, is the last of these children still residing with the couple. Tom and Joan had one child shortly after their marriage, Shaun, who is now age 15. They owned their own home in the core area of Winnipeg. Tom has been employed as a courier for the past fifteen years. Joan worked in a government office as clerical staff over the past four years.

Tom grew up in Winnipeg and is the eldest of thirteen siblings. Tom's family of origin including his stepfather and siblings, continue to reside in the Winnipeg area. Tom

Family Therapy with Adolescents

89

said he prefers to stay away from his extended family as they are "getting into back stabbing". Joan has a brother and sister in the city. Her parents passed away within months of each other eight years ago. Joan recalled her parents remained in an unhappy marriage for the sake of the children. Joan vividly recalled an unhappy childhood because of escalating conflict between her parents that frequently drove her and a sister into the streets. The two crying young girls were usually taken in by neighbours until the conflict at home subsided.

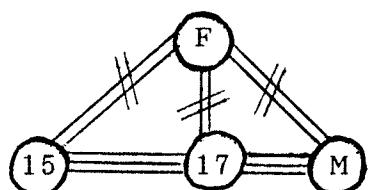
Presenting Problem

This family has had long standing problems beginning eight years ago when Joan's eldest children began to leave home. In January 1985 the family conflicts became intolerable as the youngest girls now in their adolescence began to press for their independence by testing what Tom describes as "basic household rules". Tom recited the four rules of the house as: 1) Judi is to seek employment or returns to school; 2) Shaun is to attend school regularly; 3) the girls are not to have boyfriends in the house without adult supervision; and 4) they are to abide

by curfews. Tom was very interested in maintaining these "basic household rules". Tom said, "I've done my best and the girls deliberately breaking the rules is like a stab in the back". Tom felt so personally offended by the girls breaking the house rules he had lost control and struck Shaun. Tom reported this incident of violence had brought them to therapy. He was very remorseful about the incident. Joan minimized the violence saying "It wasn't that bad, it sounds like you left them black and blue". Joan's concerns for the girls were less immediate and more future orientated in "neither girl has a purpose in life, just drifting, from day to day, not doing anything constructive. They seem to think that we will always be home for them".

Structural Assessment of Family Members in the Household

Key



- functional relationship
- ≠ conflictual overinvolvement
- ≡ overinvolvement

The therapist's structural assessment showed an

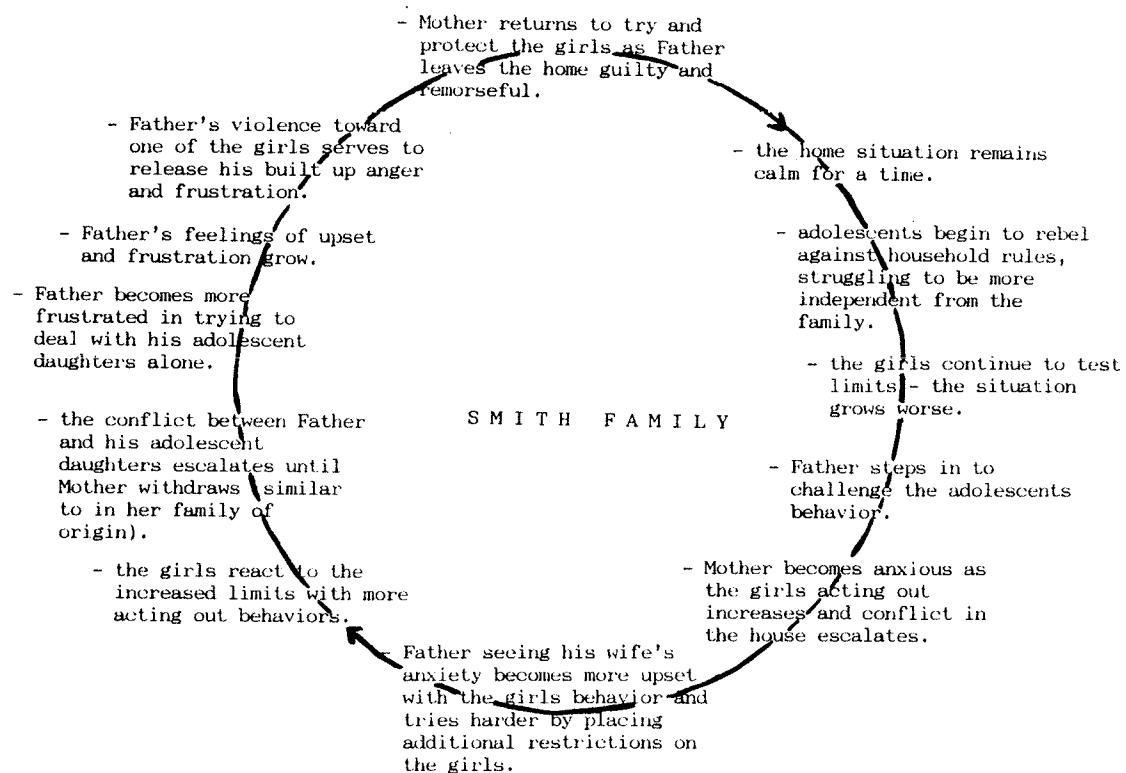
enmeshed family, with blurred generational boundaries between the parental and sibling subsystems. In this family Father was clearly over involved with his daughters. Tom's relationship with his adolescent daughters was fused by conflict and frustration in attempts to maintain household rules. Joan had formed an alliance with her daughters to protect them from her husband. As a result, the parental hierarchy was divided and the effective maintenance of limits in the household was impossible.

The basic transactional pattern that has developed in the family is as follows: the adolescent daughters begin to rebel against their parents' restrictions, Father becomes concerned that the girls are out of control and takes steps to stop them. While Father confronts the girls, Mother becomes increasingly upset and withdraws from the mounting conflict (in a similar way to her family of origin). Tom sees his wife's anxiety as being produced from the girls rebellion and he begins to feel increasingly upset. Tom also feels building frustration in trying to manage the girls without his wife's support. He makes

Family Therapy with Adolescents

92

greater efforts to enforce restrictions on the girls. This circular pattern continues to spiral until Tom lashes out in violence towards one of the girls. The following diagram describes this cyclic pattern of escalating conflict ending in violence.



The Goals of Therapy

1. To establish a clear executive hierarchy in the family by the strengthening of the parental subsystem. This would be achieved by supporting Joan taking a more active role in limit setting to begin working with her husband.
2. To strengthen the sibling subsystem serving to unbalance the system and break the family's enmeshment. This goal would be achieved by having the girls begin to make decisions for themselves.
3. To strengthen the couple relationship which would begin to decrease the parents' child focus, allowing them to continue their developmental tasks of renewing intimacy as a couple.

The Intervention

The family was seen for eight sessions. These sessions involved meetings with the whole family, the parental and sibling subsystem separately.

Family Therapy with Adolescents

94

In the first session the therapist took time to join with family members. Joining with the family began the establishment of a therapeutic system from which therapeutic goals and restructuring could be reached. The first session began the assessment phase which involved the testing of hypothesis about the rigid family structure. The first session promoted a broadened exploration of the symptoms presented by the family. The therapist used the "tracking technique" to develop a complete understanding of the symptoms maintainence of family transactional patterns. The therapist was tracking the symptom by having family members describe specific details about the sequence of their experience. However, in this session the therapist had some difficulty maintaining a leadership position resulting in some areas of the problem definition remaining unclear.

In second session the therapist rejoined with the family. Throughout the remainder of the session there was continued exploration of several areas that had been unclear from the previous session. During the session the therapist concentrated on problem definition along with the

family's reaction to problems which would be an indication of their flexibility and capability to restructure.

In this session Tom revealed that his over-involvement with his daughters occurred because of a fear he would lose "his babies" just as in his first marriage, and worry for the health of his wife as the girls acting out caused her such disappointment and upset. Joan was also very overinvolved with the girls by her statement, "it wasn't that long ago I was in their place". Thus, any problems creating stress in the family had a ripple effect throughout the system because of overinvolvement.

The second interview explored the family's coping with the stage of adolescence and its tasks for both the teenagers and couple. The discussion addressed the parents ambivalence to have the children move to independence and the adolescents' fears for themselves and their parents in anticipation of leaving home. For the couple, their children leaving home signified a very different marital relationship. They had never experienced a time without children. In blended families, this is a characteristic stressor.

Family Therapy with Adolescents

96

From the discussion of development issues it became apparent that intergenerational patterns for launching children were linked to the present family dysfunction. The pattern that has been transferred down from the extended family involves a rigid family structure where adolescents seeking independence are entrenched by family boundaries. As the adolescents move toward independence the family experiences ongoing struggles that only seem to reach resolution with premature separation. This was critical information and the beginning of the therapist's formulation of a "developmental reframe" for the symptom.

In the session, the parents expressed their concerns for Shaun's chronic lateness to school. This provided an opportunity to begin establishing new rules and patterns of interaction. The parents were challenged to find ways to help their daughter grow up to be more responsible for her attendance. In the past Shaun had depended on Mother to give her a wake-up call from work. After much discussion, the family developed a solution which distanced Mother and made Shaun responsible for her actions, experiencing consequences for her irresponsibility. This intervention

began to impact family members overinvolvement with each other and allowed the parents to work together in setting limits. The intervention also began mobilization of the school as a supportive system external to the family. This intervention incorporated resources of the individual/family and larger environmental context.

In the third session the therapist rejoined with the family and discussed the content of previous sessions to reinforce a shift from a linear view of the problem to one involving the whole family. The family was given the following message in order to reframe their struggles as a family developmental problem:

Lots of families are like yours, with adolescents leaving home through a battle. This is especially true in families like yours - with such caring parents. Because you care so much for your kids the only way they can break away is through conflict and battles. This is the pattern in your family. It has happened with the older children and now it is happening with your youngest.

With the reframe the purpose of our future meetings began changing this family's patterns of launching their adolescents in allowing all family members to fully negotiate their developmental tasks. This is a radical

Family Therapy with Adolescents

98

shift from framing the individual family member.

The fourth session, was with the parents only. The session began by following up on Shaun's attendance in school. The parents reported a great improvement. The therapist reinforced the difference that parents working as a team made on setting limits. The discussion continued to other ways the parents could work together more effectively as a team. Later, an enactment served to highlight the couples difficulty in resolving issues which in the past had been detoured by the adolescent's acting out behavior. The enactment raised the intensity between the couple. The therapist's role was to support Joan in remaining involved not to be dissuaded by her husband's dismissive manner or the increasing intensity of the interaction. Toward the end of the session the therapist challenged the couple to identify their next step in their development as a couple. Tom and Joan both decided the next stop was to enjoy a Sunday together on the River Rouge away from the kids so they can talk. Joan described the process of rejoining as a couple as "getting to know each other all over again - like a second honeymoon".

The fifth session involved the whole family and followed a similar theme to previous sessions. For example, in this session the girls were having difficulty deciding which of them would date Shaun's boyfriend (this demonstrates the family's enmeshment). The girls with the support of the therapist were able to independently resolve their dilemma without parental interference. The adolescents acting independently marked the boundary between the generations. A brief segment of this interview was used to follow up with the parents separately (again marking the parental/child subsystem) regarding their impressions of the last session and what needed to happen next. The couple reported completing the task and having an enjoyable weekend. It was clear there had been a shift to focusing on their couple relationship as they confirmed the importance of spending time away from the kids. Joan had also begun to reclaim her authority in the family and Tom was feeling more supported in dealing with the girls. We agreed to meet in two weeks time to discuss termination as the couple felt more empowered to cope with family problems.

Family Therapy with Adolescents

100

In sessions six and seven we began termination by reviewing changes since we had first met. Tom felt more supported in his role as a parent with Joan taking a more active leadership position. In this process the couple reported coming closer together and beginning to know each other again which was evident in the quality and quantity of time spent together. The adolescents reported feeling more able to tackle issues independently of their parents. All family members agreed that some issues still remained, but on the other hand they were confident with their progress and their new skills. The parents felt comfortable contacting the agency if they should need something in the future.

The therapist terminated with the family confirming their improvement in specific areas of family functioning. These improvements include strengthening of both the parent and sibling subsystems. This resulted in a further shift in family structure involving a decrease in Father's over-involvement with the children and decrease in alliances between Mother and daughter. These changes have facilitated a clear marking of generational boundaries

decreasing enmeshment which has freed-up family members to continue with the development life cycle. This case clearly revealed how life cycle theories provide a framework for interventions with families. The unresolved developmental issues in this case were interconnected in the family and eventually became so dysfunctional that any further development was hindered. This case also illustrated the powerful nature of intergenerational patterns.

The Evaluation

The Smith family were given the FAM (III), General Scale prior to the initial session as a premeasure and after therapy completed it as a post measure. The following observations are the resulting scores from the pre/post measures.

The pre scores for the Smith family indicated the parents shared concerns in the areas of Communication, Affective Expression, Involvement and Control. These scores illuminated general areas of disturbance experienced with the mounting conflict in the family. The therapist

Family Therapy with Adolescents

102

was also alerted to Judi's elevated score on Affective Expression attributed to escalating conflict with Father. The completed profile was given to the family during the assessment phase of treatment. Family members confirmed that the profile was consistent with the issues and concerns that had been identified. The profile assisted as an intervention technique to extend discussions and to move the perception of the problem to a broader family perspective.

The final profile for evaluation purposes was administered three months after the first profile was completed. This post profile revealed movement of problematic prescores in the areas of Communication, Affective Expression, Involvement and Control into a normal range. These scores indicated there had been significant changes in the family members' perception of what had been problematic areas. The changed scores now clustered in the normal area may relate to the new perspective of family problems, shifting to a more normalized developmental perspective. In addition, a movement to loosening rigid boundaries in the structural balance of the system allowed

family members to continue their development unrestricted. The Father's Involvement scores moved thirty points to become a strength. This may indicate he is striving to find a balanced relationship with his adolescent daughters - no longer referred to as "his babies". The FAM (III) General form was helpful in relating each family member's perceptions in areas that fit with the structural model and its interventions.

An Addendum

Two weeks after completing the process of termination with the Smith family, they recontacted the agency to present a new problem. Judi called to advise that she was four months pregnant and requested a meeting to discuss appropriate resources. A meeting was scheduled for the whole family the following week. The author decided to briefly outline this experience as it broadened the transactional patterns identified during therapy to an intergenerational perspective.

During the meeting, the therapist discussed resources

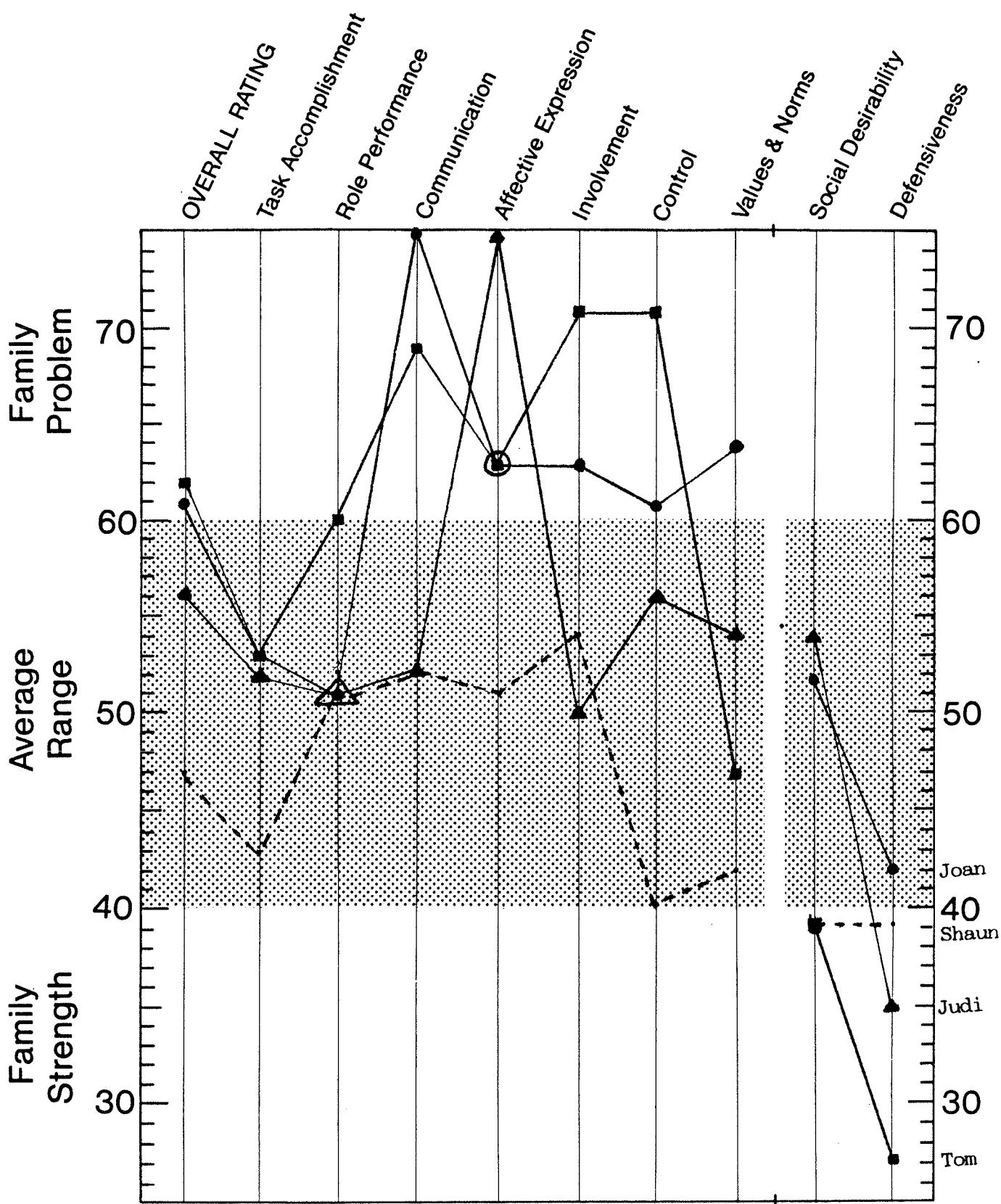
available for Judi. Both parents clearly emphasized the importance of Judi taking responsibility for herself - which would begin with her making contact with the necessary services for financial needs and health care. They supported Judi while at the same time carefully monitored their distance to allow her room to continue growth toward managing adult responsibilities. Joan found it particularly difficult to maintain this balance and not become overly involved with Judi since she also had become pregnant when she was a teenager. Joan described her strong identification with Judi as being, "like reliving her own struggles as a teenage Mother". Tom was aware of his wife's dilemma and reported being able to assist her in maintaining her distance. The therapist, continuing this theme, promoted discussion emphasizing the role of grandparents in not deserting their daughter, but reinforcing her transition to adult status. Generally, the family seemed to be adequately coping with the situation which had the potential to recreate the dysfunctional enmeshment.

It was evident the family had made great strides in

dealing with their past discomfort which has risen from symptoms of developmental (horizontal stressors) and related structural problems. The family had left therapy with new resources to deal with horizontal stressors that has promoted their continued growth and development towards launching children and renewing a sense of intimacy as a couple despite the increased vertical stressors (with Judi repeating the pattern of teenage pregnancy). By addressing the horizontal stressors in therapy the family was able to redirect their energy to effectively cope with the vertical stressors (intergenerational patterns). Through this example, the therapist further recognized the entrenching nature of intergenerational patterns.

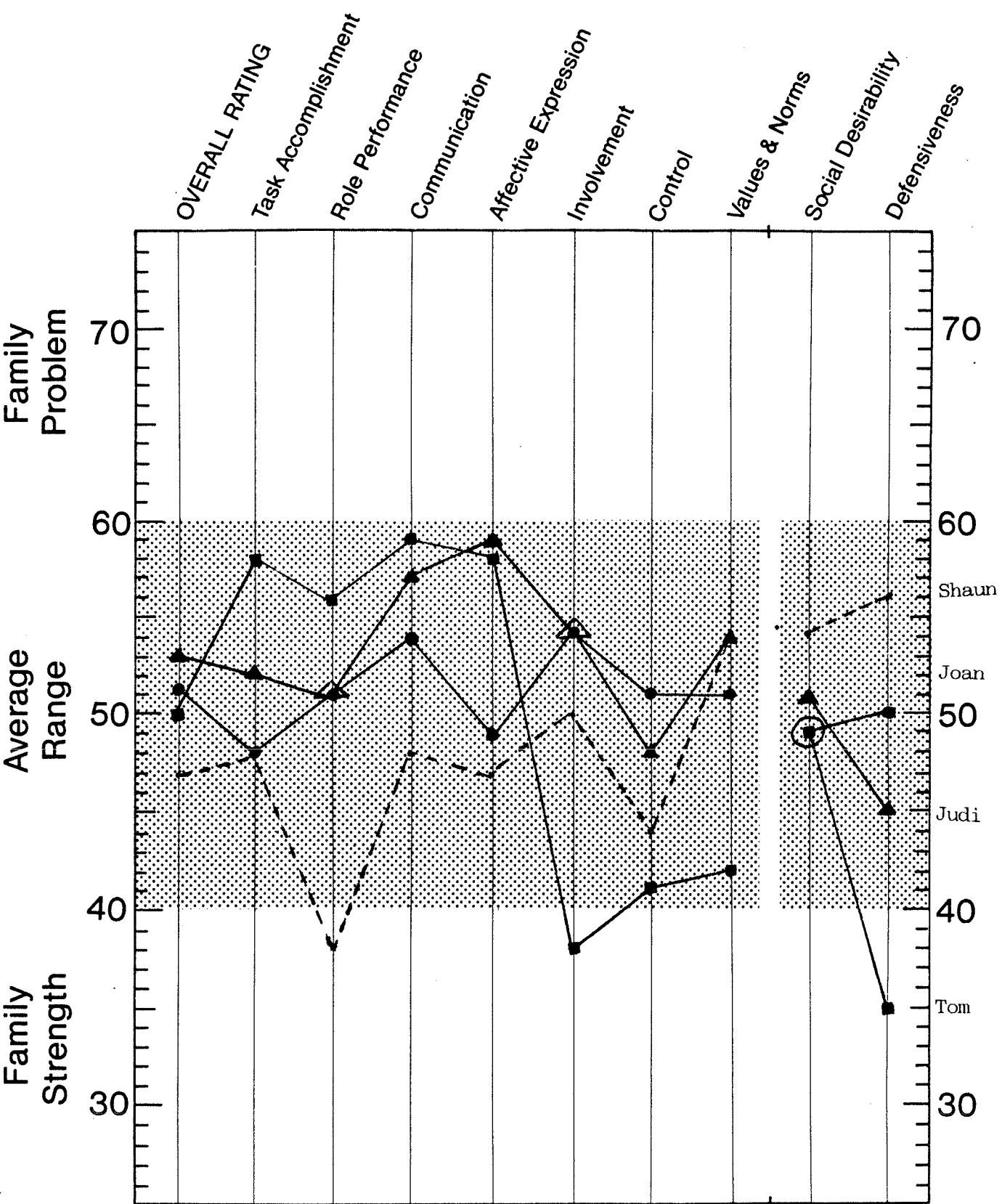
FAM GENERAL SCALE

SMITH FAMILY
PRE TEST



FAM GENERAL SCALE

SMITH FAMILY
POST TEST



Case Study No. 2 - The Jones Family

The Jones family consisted of Bill, age 30, Janet, age 30, and their two children Nancy, 13, and Brad age 2.

The Presenting Problem

The family sought therapy because of concerns for their adolescent daughter. Nancy, described as having poor grades and was frequently absent from school, argumentative and non-compliant at home. The family's description of the symptoms revealed they had developed an internal definition of the problem describing Nancy as bad. This definition of the problem was reconfirmed by the school placing Nancy in a separate class away from other children. The therapist accepted the family's linear view that the problem was in one family member and then worked to shift this established definition of the problem to a systemic perspective.

A systemic view of family problems involved identifying a series of related interactions that form a cyclic pattern maintaining the symptom. The following sequence of interactions describes the difficulties the Jones family has experiencing from a systemic perspective.

Bill is the "breadwinner" for the family and takes responsibility for managing the family budget, since Janet quit her job after Brad was born. With one income Bill has had a more challenging job balancing the family budget. Periodically, he became tired of trying to stretch the family finances and made an arbitrary decision to cut out the extra spending. Bill said "I get worried about finances until finally instead of scraping up money to go out, I just say the heck with it and we stay home". With Bill's decision, Janet began to feel overwhelmed caring for the children without relief and not having her husband available to her. She views her husband as working full time and being active in sports outside the home and this increases her anger and resentment. Over time this frustration built. Covertly, she expressed her anger toward Bill by keeping secrets about Nancy's misbehavior, thus forming a collusion with her daughter. Frequently Janet reaches her limit and decides, without any forewarning to leave the family for a few days to a week. This happens about four times a year. Janet usually spends this time with her sister. In her words, she and her sister "party", meaning that they bar-hop and socialize

with the people met on these outings. Bill comes home from work after Janet has left and ends up "blowing his top", lashing his anger toward Nancy in Janet's absence. Nancy senses her Father's concern and upset which heightens with her own feelings of missing her Mother. Nancy expresses her feelings by acting out behaviors which seemed quite normal for an adolescent. After a time, Janet runs out of money, returns home very guilty and apologetic toward her husband. Nancy's acting out behaviors serve to immediately draw Janet into the system dealing with misbehavior both in the home and at school. The parent's child focus detours their attention from resolving their differences as a couple. Bill remains angry at Janet for leaving the family. Bill forms an alliance with Nancy allowing her to be disrespectful toward her Mother. This is his way of getting back at Janet for leaving home. Nancy's behavior continues to escalate until Bill and Janet decide together to take control and the house returns to a calmed state for a time until the cycle begins again.

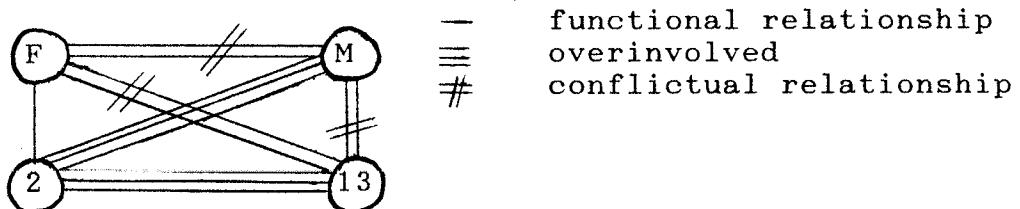
Developing the family perspective of the problem was critical in the completion of an accurate structural

assessment which is presented in the following section.

The structural techniques used to develop a systemic perspective of a linear presenting problem will be described in the intervention section to follow.

The Structural Assessment

Key



The therapist's structural assessment involves a rigid family system with the adolescent's acting out behavior serving two functions in the family: 1) there is a triangulation pattern formed with the escalating acting out behaviors detouring parents and leaving their marital conflicts unresolved; 2) there is a shifting alliance with each parent at different times aligning with the adolescent to use the acting out as a way to get back at their spouse. Thus, Nancy's misbehavior within the home and school has several functions in maintaining this dysfunctional pattern within the family.

The Goals of Therapy

The metaphor for this family is one of ongoing civil war. The goals of therapy reflect this metaphor in a need to begin to mend family relationships. The following are a list of the goals:

- 1) to strengthen the marital boundaries so that couple issues are dealt with directly. This goal would result in adolescent no longer being triangulated.
- 2) to encourage the family to engage in activities as a family, which would alter the present disengagement in the family structure.
- 3) to strengthen the parental subsystem and promote team work in setting limits for their adolescent.

Interventions

During the first session the therapist joined with each family member to establish a therapeutic system. The joining with this family was a longer process because the therapist sensed the family's discomfort. In joining

Family Therapy with Adolescents

111

family members were asked about their jobs and interests with recognition given for their achievements. During this interview family members were each asked what they thought were areas of difficulty in the family. The therapist used tracking techniques to begin to clarify the function of the symptoms (families perception of the problem) in maintaining the family dysfunction. Throughout the session, the therapist gently challenged the family to begin broadening their definition of the problem to a family perspective. In this process the therapist began to "punctuate" how each family member was involved and affected by the problem as a technique to move from a linear definition. The "punctuation" also assisted in unbalancing the system with the therapist agreeing or disagreeing with family members, inducing a distorted reality. This distorted reality was another step toward creating enough intensity for expansion toward a systemic definition of the "problem".

In the second interview the family reviewed their pre-test scores on the FAM (III) profile. This exercise confirmed that each family member perceived difficulties

Family Therapy with Adolescents

112

making this a family problem that would require each member's contribution for a solution. In addition, the family was provided an opportunity to normalize their difficulties as the therapist discussed how many families have similar problems as their children grow into adolescence. The therapist then directed the couple to select the issue that they both felt most needed to be resolved as the focus for the remainder of the session. They discussed several issues and finally agreed that Nancy not attending school was their primary concern. By the end of the session the parents had formulated a plan to deal with Nancy's absence from school. This intervention had encouraged the couple to come together as a team defining the issue in determining a plan to resolve the problem. During this process Nancy became terribly angry and anxious as she no longer had control of her parents as they began to work together. At one point in the meeting Nancy stormed out of the interview room. The therapist took this opportunity to make the parents aware that as they began to come together as a team in their parenting role that Nancy would try to get them off track. Nancy's leaving the room served as an example of an attempt to distract the parents.

from their duties. At the end of the session the therapist assigned the family the task of going out together and having a fun time. The purpose of the assigned test was to begin the process of mending the parent/child relationships. The assignment of this task whether the family complete it or not is important as it will give clues to the family's flexibility and how it may respond to future interventions.

The therapist called the family later that day to warn the parents that Nancy may try to dissuade them from attending the next session. Bill had already anticipated that Nancy would feel the sessions were not helpful and was prepared.

In the third session the therapist rejoined with each family member and received an update of happenings in the family during the past week. The parents reported that Nancy's attendance at school had improved. The therapist tied the parent's report of Nancy's improved attendance as a consequence of their beginning to work together as a team. The discussion moved to what happens when they do

not work as a team. For example, when Bill and Janet are having a disagreement the following occurs: 1) when Bill is angry with his wife he allows Nancy to be disrespectful to her; 2) when Janet is angry with Bill she keeps secrets about Nancy's misbehavior. The therapist punctuated these interactions as occurring when they are not working as a team. This means that when the parents do not work as a team Nancy does not get a clear message that they want her to behave. She is able to play parents off against each other and has no expectations of her own behavior. Janet then made the observation, "if we don't agree then how can Nancy agree with the different messages".

The remainder of the session was spent having Nancy discuss the worries she has for her parents. Nancy was concerned about her parents fighting which may lead them to separate. She also said "if my parents don't have any money then they start to fight". Nancy described that sometimes she feels she must take one parent's side, or she is stuck in the middle or she just disagrees with both parents. Nancy very accurately described the ways in which she was triangulated in her parent's marital conflicts.

The way Nancy has learned to cope with the triangulations is to disagree with both parents in a generalized rebellion. This segment of the session reinforced the impact of unresolved marital conflicts in connection with their daughter's acting out behavior. When conflict starts between the couple it quickly incorporates Nancy and becomes a family war. The interview ended by contracting with the family to end the family wars and begin to mend relationships.

The fourth session began with rejoining and updating of the past week. Bill said "someone had disappeared but this time they had handled it differently". Bill said they were able to talk about the reasons for Janet leaving without involving Nancy.

The family reported being unable to complete the assigned task of family activity. The therapist reviewed what was getting in their way, the kinds of activities they enjoyed together in the past and what kinds of things they might enjoy doing now. After a lengthy discussion of the above areas the family agreed that they would all enjoy

going to a drive-in movie. The movie seemed a good idea as it was in their budget and Brad would be able to come.

The latter part of the session was spent exploring involvements with extended family and its impact on the dysfunctional family patterns. It became apparent to the therapist that developmentally Bill and Janet had not differentiated from their own families of origin. Although this family was embarking on the life stage of Adolescence, they as individuals had been married too soon and had not established a sense of self and independence from the family of origin. Thus, both parents had brought to their marriage the unresolved developmental tasks of adolescence. As Nancy entered her adolescence in the family these developmental issues resurfaced. The parents were then pressured to deal with their own developmental issues as well as cope with the new demands Nancy was placing on the family. This discussion with the family highlighted their difficulties from a developmental perspective. The meeting ended with the family planning to go to the drive-in movie. The next session was scheduled with Bill and Janet only to discuss the history of

relationship as a couple to further identify cross-generational patterns from their parents and the ways this has impacted on their family unit.

The next meeting never materialized, however, the therapist remained in contact with the family for a six week period. During this time, Janet had left the family for an extended period of time and had taken up residence in a room and board situation. This was different than her usual pattern and at the time, the separation seemed permanent. The therapist planned to meet with Bill to discuss the next steps for him in dealing with the separation. The day of the meeting Janet called back to cancel this appointment and to reschedule for a couple meeting. She advised that "they had gotten back together". The couple did not arrive for the meeting or several others that were scheduled afterward. The therapist's initial hypothesis for cancellation of further meetings with the family was attributed to a movement into the couple issues too quickly. The marital issues should have been focused on after Nancy's problems had been remedied. This indirect work with the couple around

parenting issues would have allowed the time necessary to develop credibility with the couple. It would naturally follow that if progress can be achieved with this first child focused stage of therapy. It is likely the parents will commit themselves to dealing with marital issues (Heard, 1978).

In hindsight a viable second hypothesis for the family not returning to therapy again relates to the therapist's interventions. The therapist gently challenging Bill and Janet by highlighting their dysfunctional relationship patterns had terrific impact. This intervention pushed the couple to begin dealing with that anger directly and not involving Nancy. As Bill and Janet began to work on issues as a couple Janet became frustrated and left the family feeling free to make this separation more permanent. The couple became scared with the separation that no longer seemed temporary. They "recoiled" and came together again at a new level of homostatus. The family is functioning at this new level of equilibrium reporting that "things are fine". It may be when Nancy returns to school in the fall, there will be more pressure and more difficulties within the family.

The termination with this family was in the form of a letter (see appendix). This letter was given to the family for the purpose of clarifying issues that the therapist would have discussed had she met with the family. The letter included the following: 1) how the symptom functioned to maintain interactional patterns within the family; 2) a notification of the student's leaving the agency and availability of her supervisor should they again decide to have assistance in beginning to sort out family issues; and 3) a request to complete post treatment evaluation forms.

The Evaluation

The evaluation forms completed in the pre treatment stage of therapy revealed all family members' perceptions of problem areas. From the profile each family member views Task Accomplishment as a problem area. These scores verified the family's inability to respond appropriately to the changes required as they moved into a new life cycle stage. Other areas identified by two or more family members as problematic were Communication, Affective Expression, Involvement and Control. The FAM (III) profile

Family Therapy with Adolescents

120

also identified a twenty point spread between the couples' scores on Involvement. This would alert the therapist to potential conflict in this area. Overall, the FAM (III) provided an accurate profile of a "family at war" which was utilized during assessment and diagnosis phases of treatment.

The post test scores revealed the following: Bill perceived family difficulties only in the areas of Task Accomplishments; Janet reported problems with Control, Involvement, Affective Expression and Communication; Nancy saw problems in all areas with the exception of Affective Expression which was on the outer limits of the average range. The dispersion of scores from the pre to the post test indicates a lowering of scores toward the average range. This shift may relate to the family's improved ability to cope with less pressure from the school regarding Nancy's behavior. The distance between Bill and Janet's scores may indicate conflict in the couple subsystem. In general the post treatment profile scores confirm the therapist's hypothesis of a lowered urgency to resolve family problems as Nancy's difficulties in school

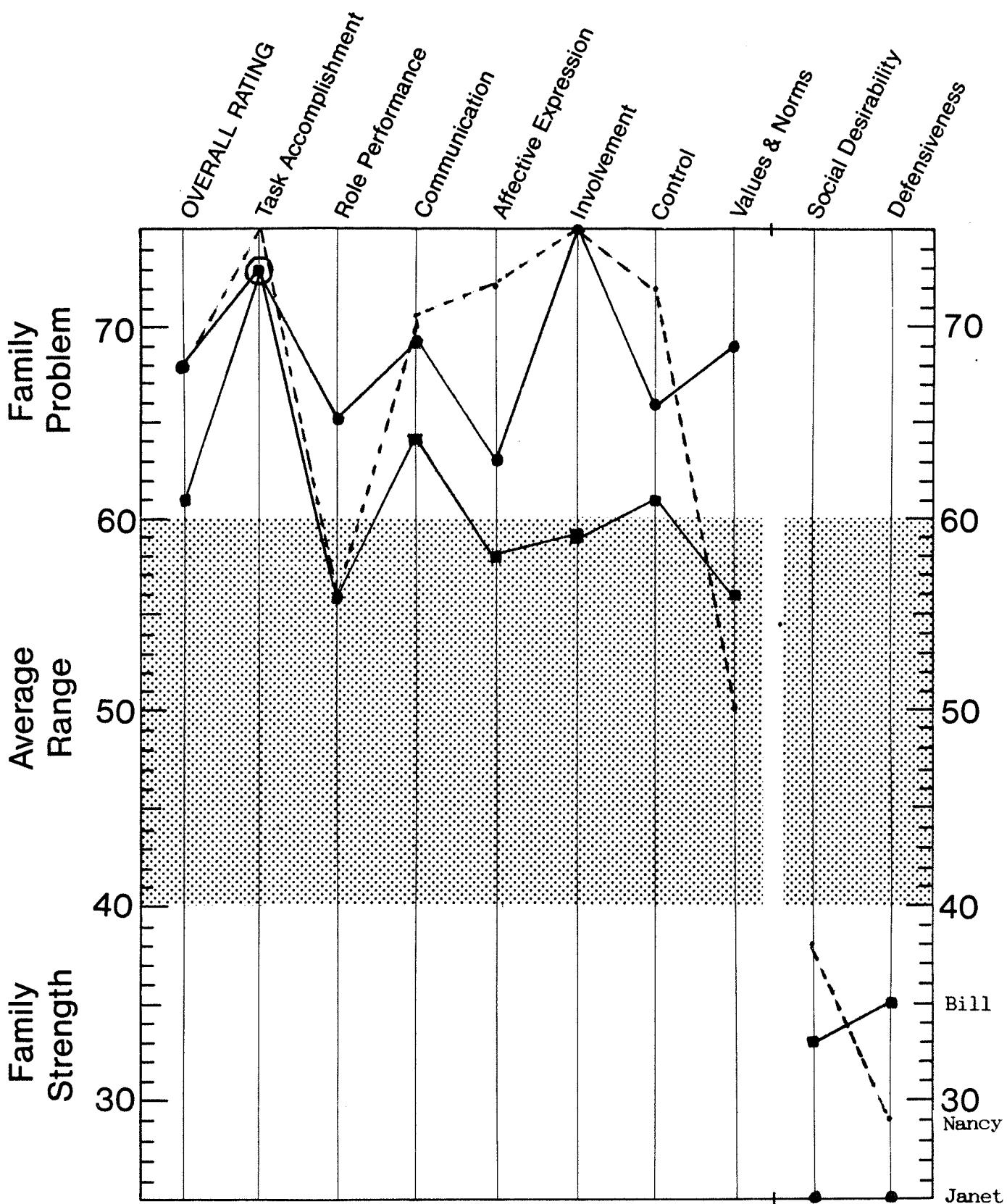
(external stressor) are not apparent in the summer months. Thus the FAM (III) appears to have accurately illustrated in the pre and post profiles the family dynamics observed by the therapist.

Discussion

This case followed basic structural therapy techniques in establishing the marital relationship the primary coalition in the family. It was critical that the couple begin to work as a team in parenting their adolescent. The next step in the process of therapy with this family would have been to establish appropriate boundaries between the marital pair, their children, their own parents, family of origin and extra-familiar others (Teyber, 1983). When the family terminated from therapy the therapist was beginning to identify cross-generational alliances. It is the therapist's hypothesis that cross generational alliances were interfering in the marital relationship and reflected a failure in the couple to negotiate their developmental tasks in the family life cycle. These intergenerational patterns involved forming a primary alliance with the offspring rather than with the spouse is a repetitive pattern that would have been identified in a history of the couple's relationship.

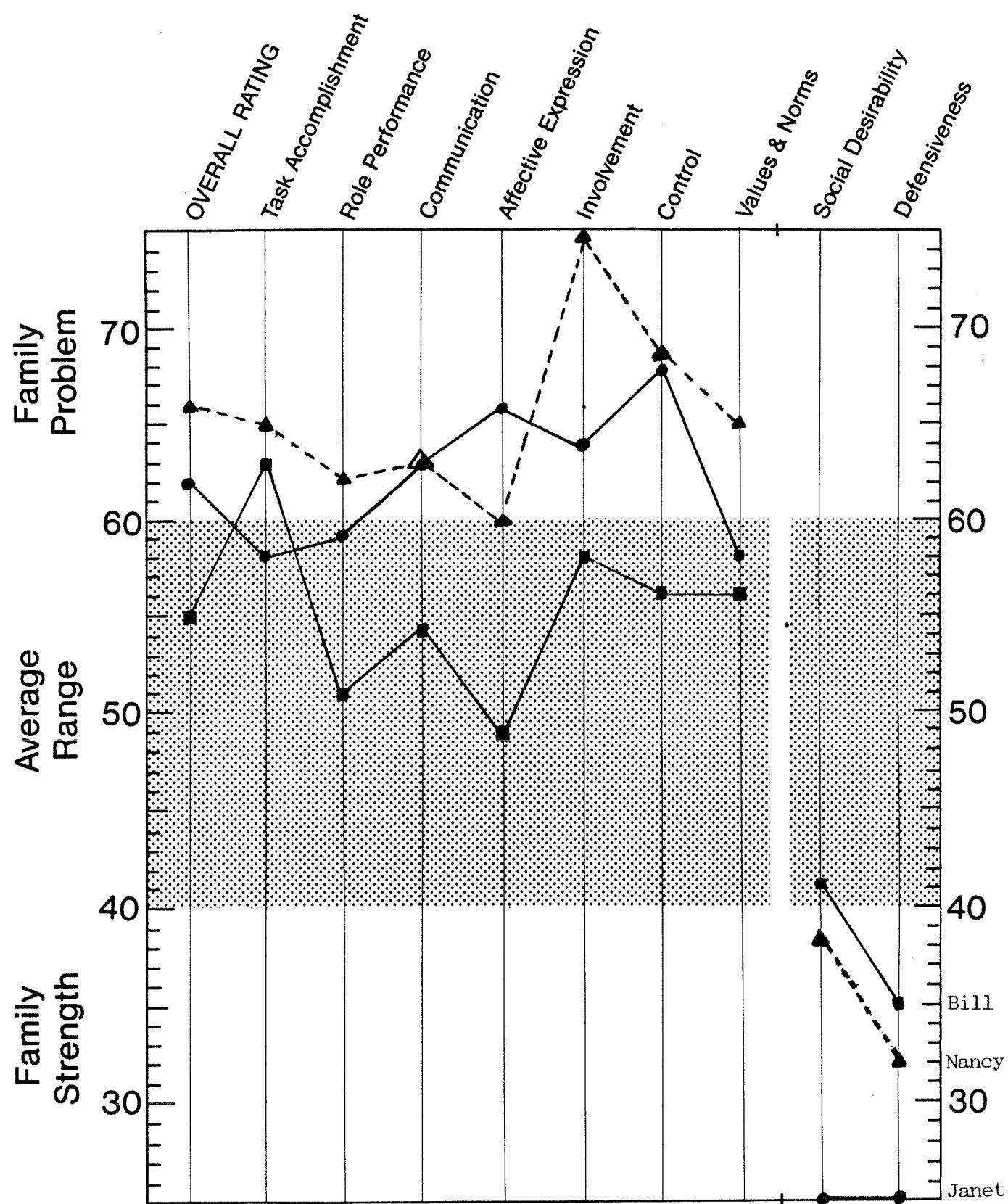
FAM GENERAL SCALE

JONES FAMILY
PRE TEST



FAM GENERAL SCALE

JONES FAMILY
POST TEST



Family Therapy with Adolescents

122

A brief review of four case studies will provide a selection of specific issues and interventions used in solving family problems. The FAM (III) will evaluate if changes occurred in family functioning during the therapy. As in the previous section the presentation of clinical practice with families will be supported by theoretical knowledge.

Case Study No. 3 - The Nelson Family

This family was a single parent family which consisted of Pat, age 37, and her daughter, Heather, age 16. Pat separated from her husband, Ron seven years ago. Ron moved to Toronto after the separation resulting in very little contact with Heather over the years.

Presenting Problems

A series of increasing conflicts brought Mother and daughter to therapy. They described uncompleted housework

Family Therapy with Adolescents

123

as a contentious issue in the home and a symptom of their conflictual relationship.

Structural Assessment

Key

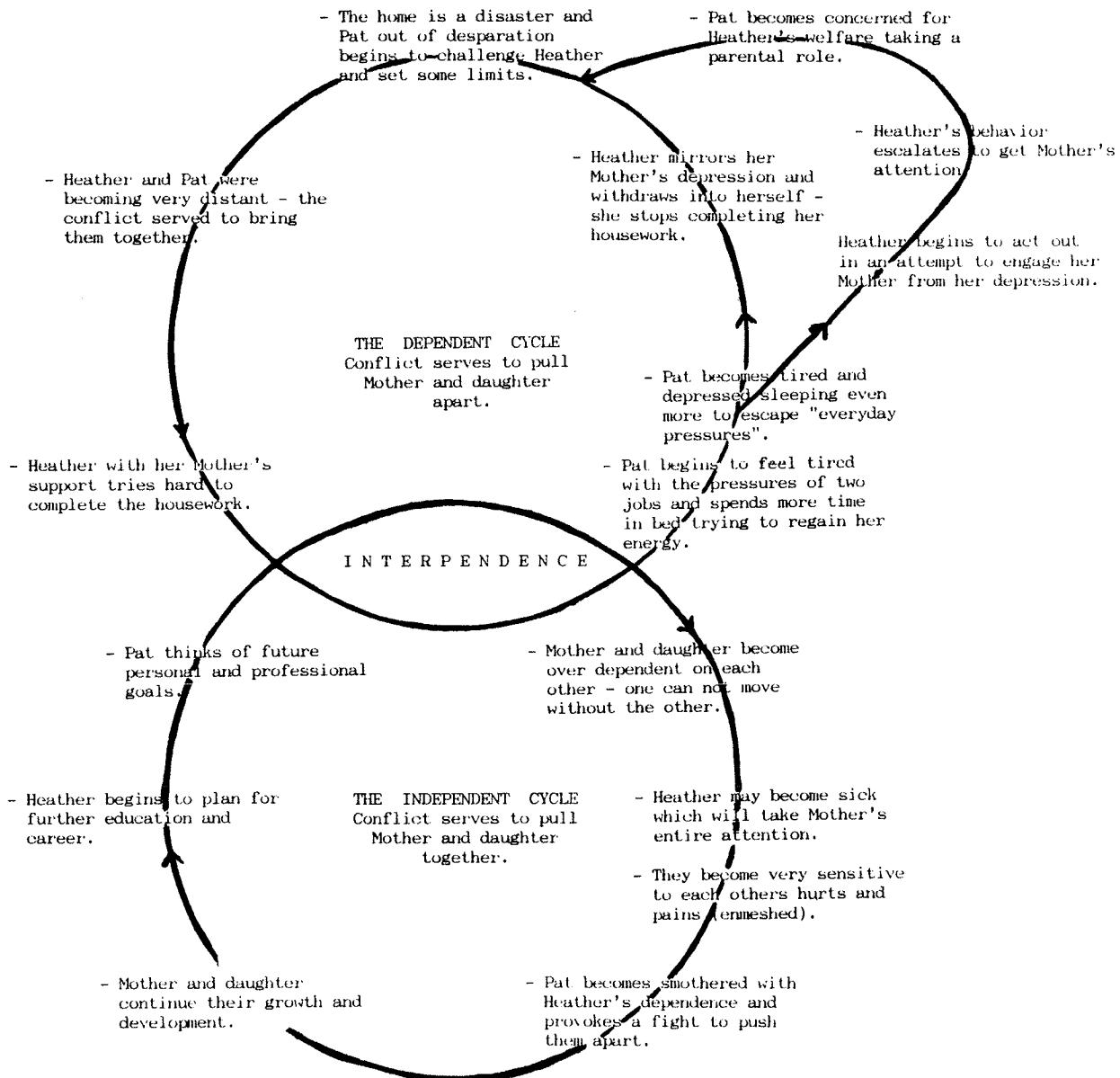
≡ overinvolvement
conflictual relationship



This one parent family was structurally assessed as using conflict as a catalyst to travel between two extremes in the family structures. The pattern appeared to be either enmeshment (the parent and child were totally dependent on each other) or conversely, disengagement (parent and child entirely independent of one another). The conflict in this family served to continually move Mother and daughter in a cyclic pattern between the two extremes in family structure. This repetitive pattern is most effectively demonstrated in the diagram below.

Family Therapy with Adolescents

124



This pattern of constant conflict embedded in dependent and independent cycles was a symptom of a developmental impasse. In this family the adolescent shows an urge to grow up and to remain active both for her own needs and for her Mother's needs.

The diagram of the dysfunctional family system reveals that the conflict is a symptom within a larger sequence of interactions. The function of the symptom within the system serves to balance the distance in the relationship (Mother and daughter do not get too far apart nor too close). In the independent cycle the adolescent tries to keep Mother more involved and less depressed by acting out behaviorally as a way to detour her Mother's attention. In the dependent cycle the Mother is unable to set limits for her adolescent, becomes overwhelmed and provokes conflict to gain some distance from her daughter. The diagram also reveals the lack of clear boundaries between the single parent subsystem and the sibling subsystem. The blurring of generational boundaries has led to the Mother over-burdening her adolescent with adult responsibilities.

Goals of Therapy

- 1) To empower the Mother to set and enforce limits and enforce limits for her adolescent daughter. This will help to establish a generational boundary between Mother and daughter.

- 2) To have Mother and daughter develop ways by which they can be more "interdependent" in their everyday life rather than becoming totally dependent or independent.

The Results

The therapist's goal in the initial sessions with the Nelson family was a process of joining which would lead to defining a therapeutic reality. This process began with a clash of two framings of reality. In systems theory, the family's framing of the problem was relevant for the continuity and maintenance of the system more or less as it is; the therapeutic framing was related to the goal of moving the family toward a differentiated reality. Thus, the therapist strived to define the pattern through which each person reinforces the behavior of the other (note diagram of the "Nelson Cycle"). This understanding of the family's difficulties placed the therapist in a position to redefine or reinterpret the meaning of the behavior by reframing it in another constructive category (Sherman & Freeman, 1986). The following briefly outlines the process of reframing experienced with the Nelson family.

During therapy Pat identified herself as taking the opposite parenting position to her Mother, who was over controlling. As a result, Pat was unable to provide her adolescent daughter with structure and limits for fear of repeating the pattern she found so aversive with her own Mother. In struggling with this dilemma, Pat realized that the limits her Mother had enforced had some positive influences on her own development as a child. Pat then saw that Heather could also use limits and structure to provide her with a sense of security to go forward to tackle her developmental tasks. At this point, Pat began to see Heather as a "floundering" child much younger than her chronological age. This "developmental reframe" assisted Pat to view her daughter as struggling to grow up rather than being able to cope with adult expectations. This illustrates the use of reframing techniques used to change the meaning of what is going on without changing the facts. Through reframing there was a redirection of attention from the negative to the underlying positive elements in the Mother/daughter relationship. This intervention assisted the family to escape its downward spiral within a negative frame of meaning that perpetuates

the problem (Sherman & Freeman, 1986). Pat now sees that her duty from a parental perspective is to be more involved in ensuring Heather gets the job done. To successfully take on this parental role, Pat had to evaluate what in the past had gotten in the way of her being an effective parent, i.e., job obligations, Heather's illness, past beliefs, from her family of origin.

The establishment of generational boundaries enabled Pat to begin moving ahead in her development dealing with middle age which has involved setting new goals for herself personally and professionally. Heather also began to move ahead in dealing with the developmental tasks of adolescence. This is evident in Heather making plans to enter a vocational program in the fall by working a full time job throughout the summer.

The Evaluation

The FAM (III) pre and post Task Accomplishment scores demonstrate that both Mother and daughter are no longer "stuck" developmentally. The evaluation scores also indicate other improved areas which include Communication

Affective Expression and Involvement scores. These improved scores would indicate family members perceive less conflict and greater ability to negotiate the resolution of issues in the home. The Mother's Involvement Score still remains above the average range, demonstrating that she would like to continue working toward being even closer to her daughter. The FAM (III) scores complement the family members distress on entering therapy and improved functioning at termination still wanting us to work toward being even closer to her daughter. The FAM (III) scores complement the family member's distress on entering therapy and improved functioning at termination.

The Discussion

This case study illustrates the different power structure of the single parent family from that of a traditional family unit. In the single parent family the adolescent gained power relative to the parent by participating in household duties, providing support and feedback to the parent and becoming a companion. The parent who allows the adolescent to have equal power in their relationship is abdicating their parental role of

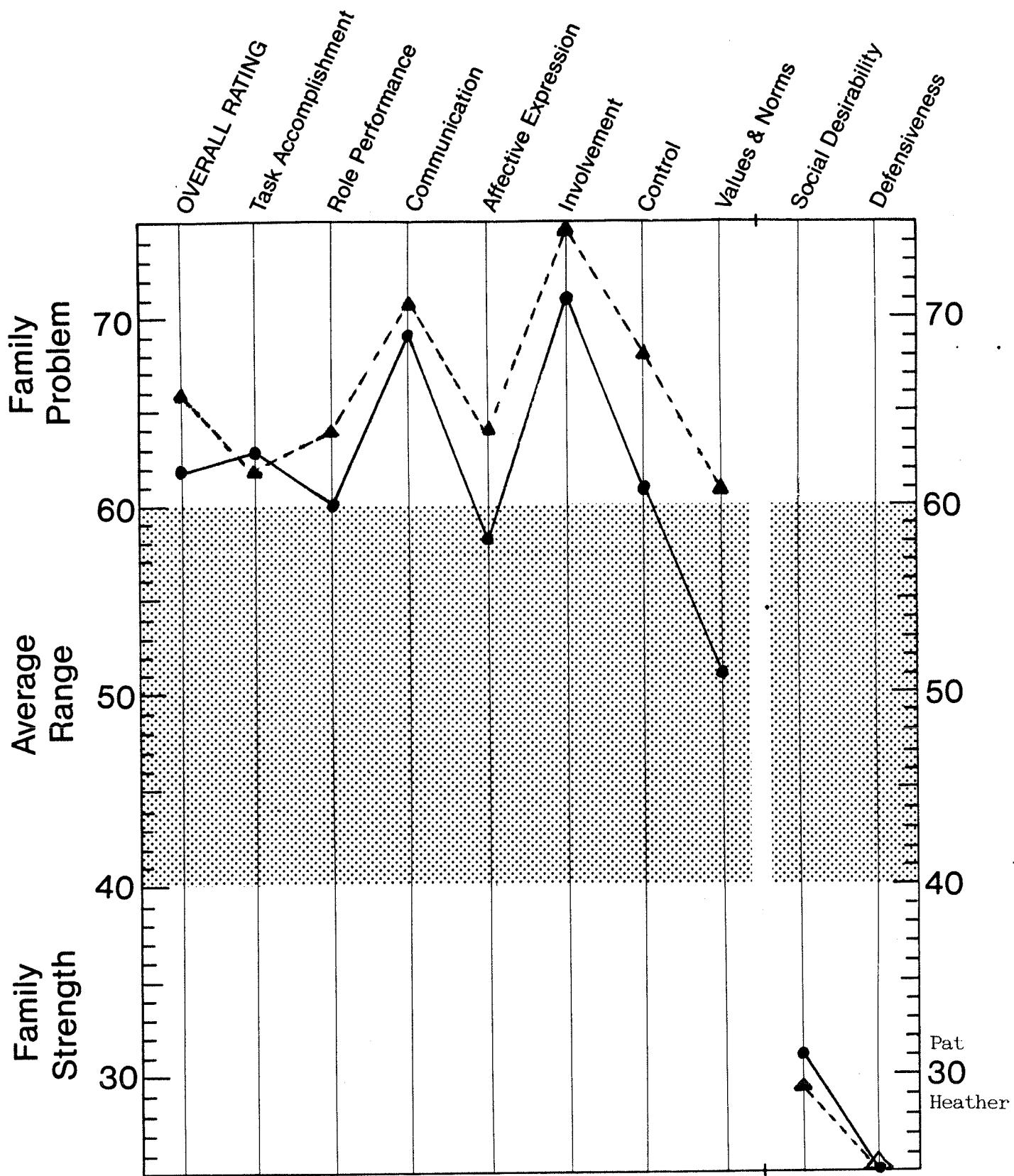
Family Therapy with Adolescents

130

setting and enforcing limits (Keshet & Mirkin, 1985). In single parent families, parents often have to develop a balance so that while depending on the adolescent they also continue to enforce limits and establish non negotiable standards.

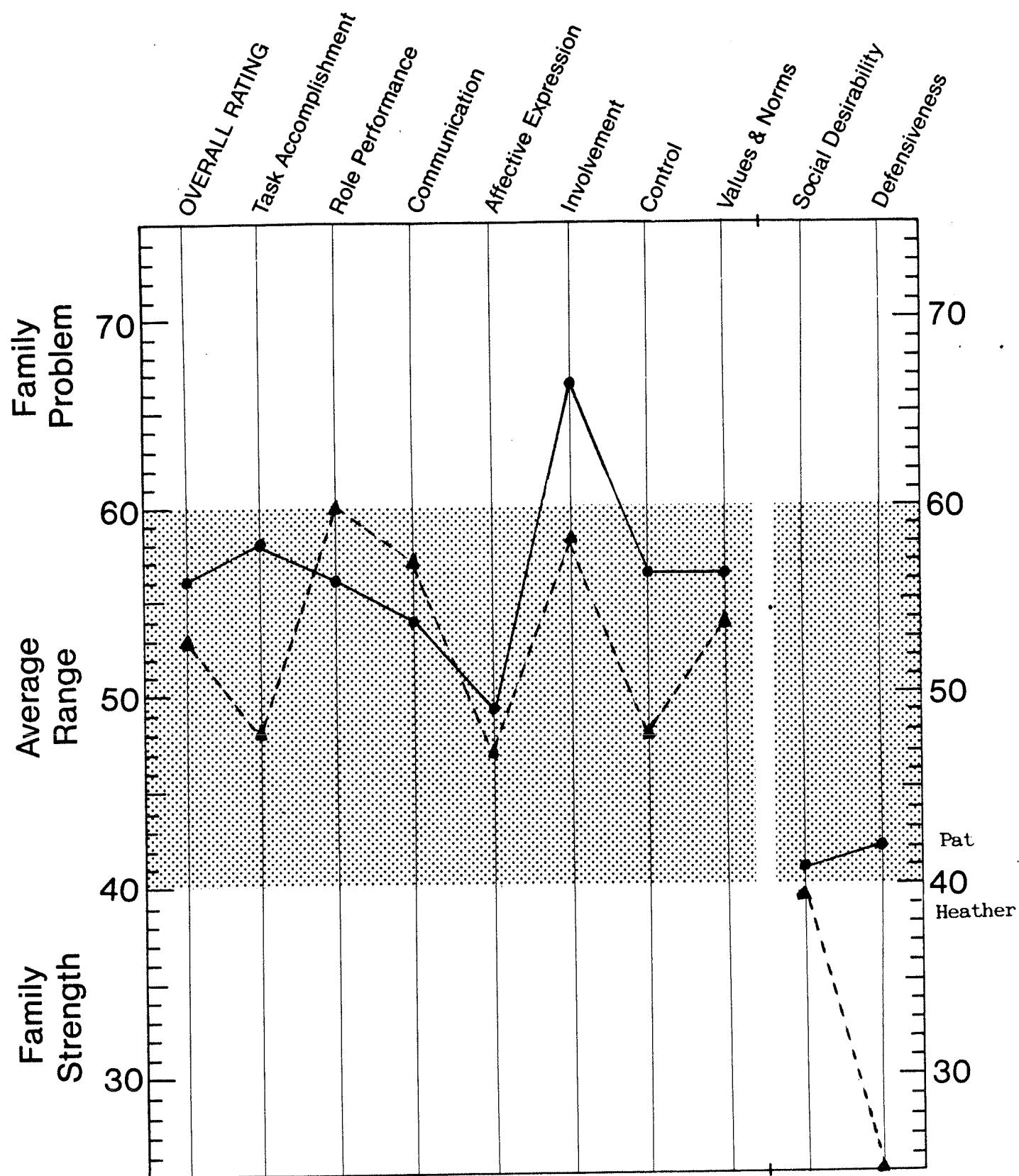
FAM GENERAL SCALE

NELSON FAMILY
PRE TEST



FAM GENERAL SCALE

NELSON FAMILY
POST TEST



Case Study No. 4 - The Long Family

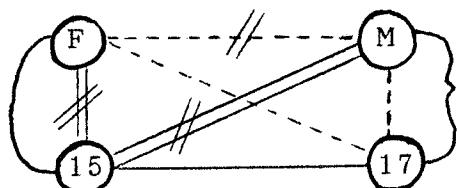
The Long family is a two parent family composed of George age 43, Barbara age 43, Colleen age 17 and an adopted son John 15 years. George and Barbara adopted their native son, John as a baby.

The Presenting Problem

This family came to therapy with both parents expressing frustration in trying to deal with their acting out adolescent. George and Barbara reported that problems with John began about two years ago. Since that time John has run away from home twice, was continually late for curfews, has taken money and liquor from the home. John has also had difficulty in the private school he attends because of what his parents describe as defiance against the school's code of conduct.

Structural Assessment

Key



- functional relationship
-
- /— conflictual relationship
-
- /- distant relationship
- /- distant/conflictual
- { coalition
- (alliance

The presenting problem described as conflict between the parents and their adolescent son was a metaphor for the couple's conflict, a hidden issue. It appeared that the couple's unresolved conflict was hidden in their detouring through the children. This occurred in the following ways: 1) John's misbehavior provided a focus for the marital pair away from their conflicts; and 2) Colleen would referee the marital conflicts to force the dispute to end, protecting her Mother from Father's anger.

The structural assessment suggested the couple subsystem was disengaged in relation to the coalition between Mother and daughter and alliance between Father and son. This was most apparent during marital conflicts. The above structural polarities define what George described as "major divisions in the family".

The Goals of Therapy

- 1) To strengthen the marital relationship and parental boundaries. These structural changes would result in the couple resolving their problems without involving the children and also enable the parents

to work together as a team in meeting their adolescents' needs.

- 2) To strengthen the sibling subsystem and create distance between the generational boundaries in the family.

The Results

After completing an assessment period, the therapist began to reframe the problem from an individual to a systemic view involving all family members. The family began to view the problems as normal developmental issues which removes the blame from individual family members. The developmental reframe provided the family with a new explanation for major divisions in the family which they had attributed to their son's adoption and integration into the family. The problem was reframed as follows:

Each of you are going through a difficult time in the family. These difficulties are related to the adolescent phase of family life which involves the teenager's learning to become independent of the family. The adolescents in this family, are learning to be independent but in the process, have become too distant from the family with you as parents, due to the growing independence of your children. George uses his work as an outlet but has not facilitated Barbara's

Family Therapy with Adolescents

134

branching out. Barbara, affected by George's absence, is becoming upset and developmentally "stuck" in trying to deal with two adolescents. Barbara turned to religion as an outlet. Her new religious knowledge creates communication difficulties in talking to George and the kids.

To resolve the distance problem, family members need to learn to talk with each other: parents need to understand the kid's language; and kids need to understand the parent's language. For each family member this means:

George you will teach your children the language of responsibility and consciousness; Barbara, you will teach your family the value of spirituality and inner strength. Both Colleen and John will teach their parents the language of adolescence.

Each family member taking time to learn the language of the other will result in a reduced sense of "division" in the household. A new balance will have been established that offers the adolescents opportunities for independence as well as closeness as part of the family.

The therapist developed this reframe of the family problems using the information the family had provided. The reframe instead of identifying one family member as the problem incorporated the whole family system as part of the solution. The difficulty the family was experiencing was explained as a transition in a developmental context. The family accepted this new explanation of their difficulties with great relief. The parents had always secretly worried

that they would lose their son through an adoption breakdown. The broader definition of the problem enabled the therapist to begin addressing the aforementioned therapeutic goals.

The Evaluation

The pretreatment FAM (III) profile indicates both adolescents perceived family problems in all seven subscales. Colleen and John identified the areas of Involvement, Control, Values and Norms as most problematic of the seven. However, George and Barbara had scores in the average range except for George having a slightly elevated score on the Involvement subscale and Barbara identifying Role Performance as problematic. In general, the scores of the adolescents all clustered in the family problem range while the scores of the parents for the most part were in the average range. The separation of scores between adolescents and parents demonstrates the conflict between the generations.

This family continued in treatment so the post test became instead a mid-treatment profile. This profile shows

a noticeable shift in John's scores moving down to an average range. Colleen's scores remain elevated with only slight variations. The parent's scores are all within the average range. The therapist's hypotheses for the change in scores between the two profiles relates to the following changes: 1) The reframed perceptions of the problem to a family perspective; 2) George taking a more active parenting role; 3) The parents beginning to realize how their disputes interfered with their children's needs being met; 4) The adolescents joining together to direct their concerns to their parents.

The Discussion

This appeared to be a disengaged family with conflict serving to connect family members in a dysfunctional manner. The parents unresolved conflicts with each other have triangulated the adolescents which has resulted in increased tension, dissatisfaction and misunderstandings for all. The triangulated adolescent acting as a stabilizer reflects both a lack of tension outlets and resolution of conflict in the marital subsystem. For the therapist to begin to impact the marital conflict, the family's

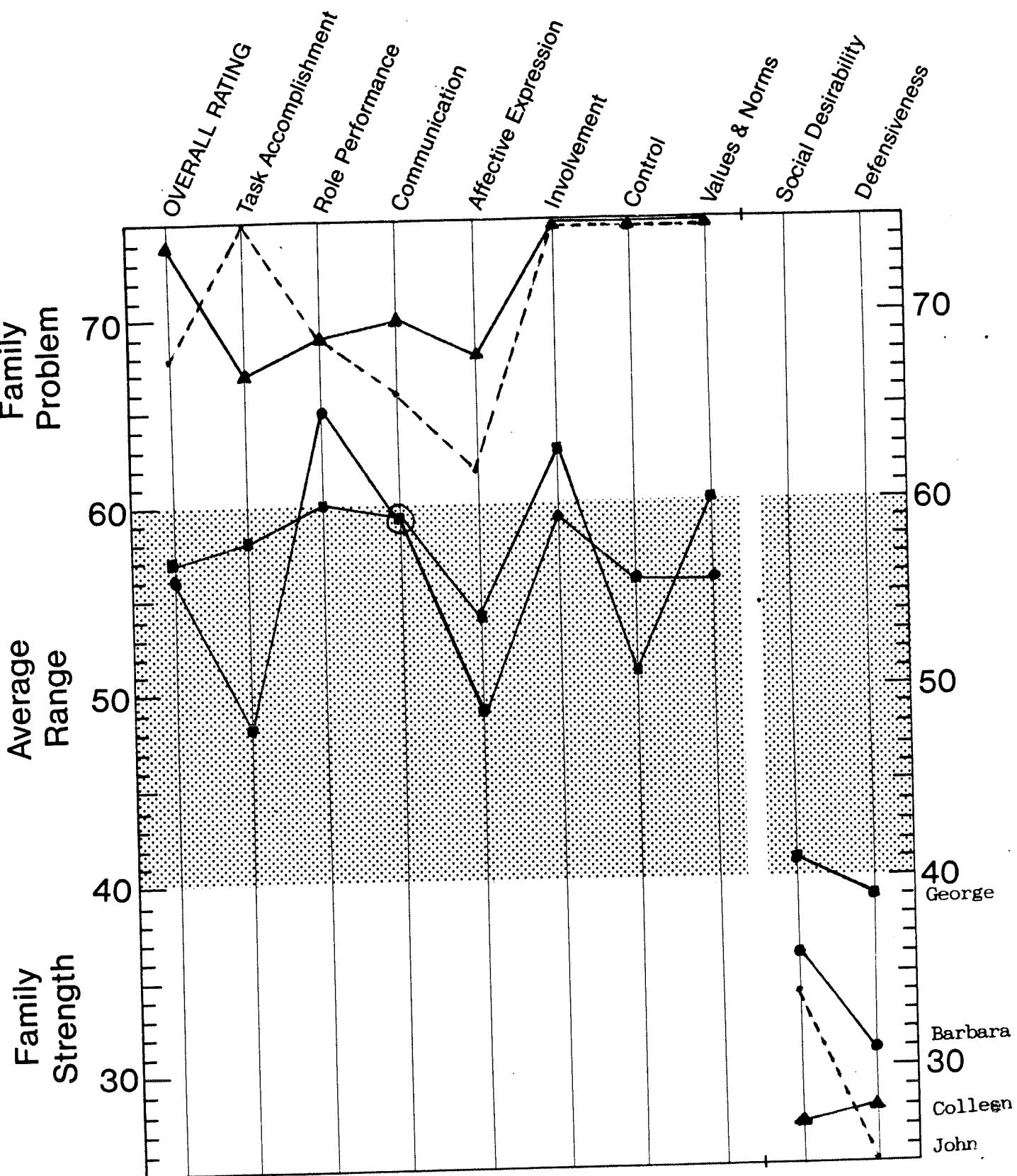
Family Therapy with Adolescents

137

perceived reality had to be reframed to allow different behavior to become possible. The ultimate therapeutic goal for this family was to establish methods of conflict resolution within the marital subsystem while maintaining a united parental front. Thus, the need for a system stabilizer would be eradicated leaving the adolescent free to grow and develop.

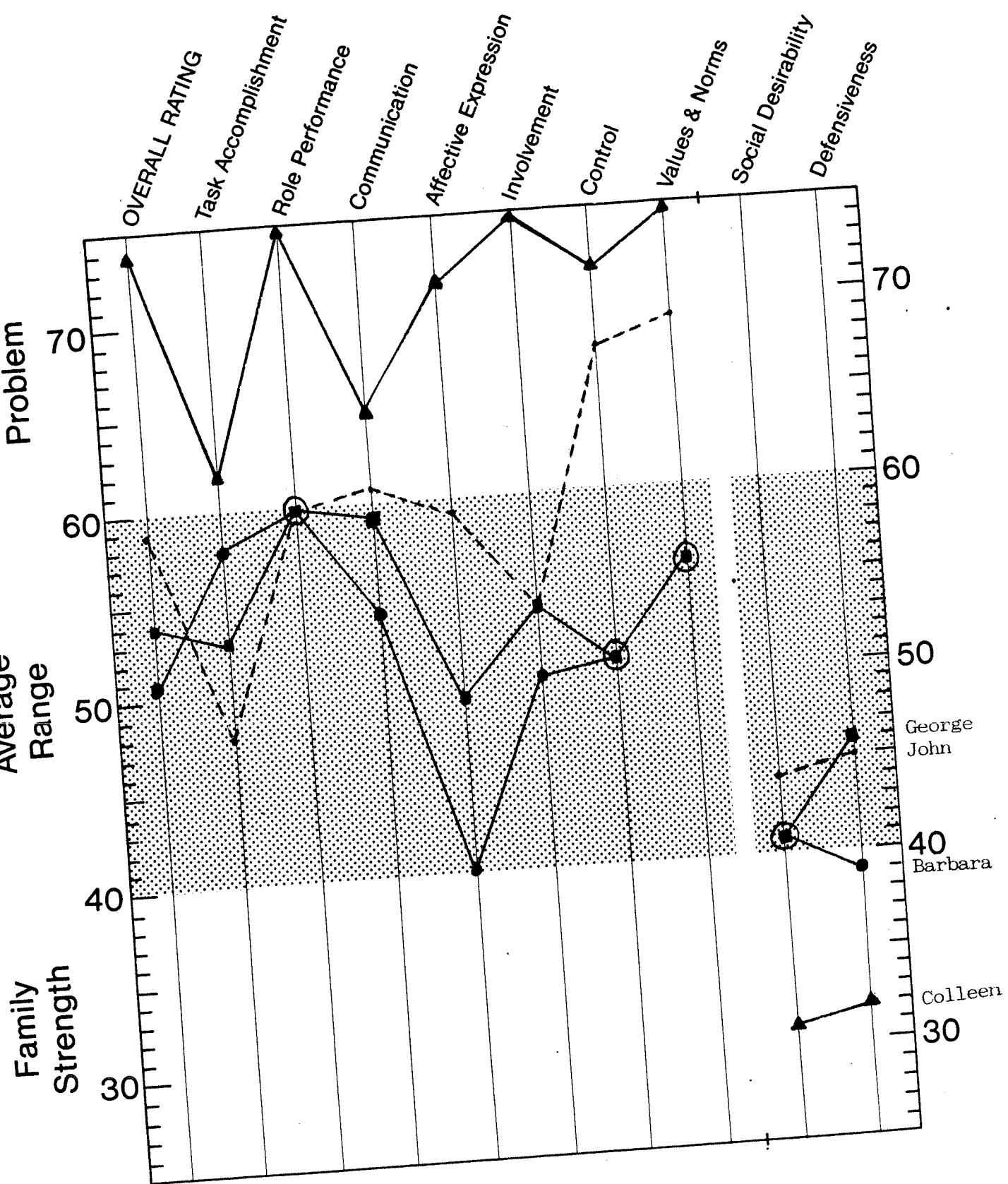
FAM GENERAL SCALE

LONG FAMILY
PRE TEST



FAM GENERAL SCALE

LONG FAMILY
POST TEST



Case Study No. 5 - The Campbell Family

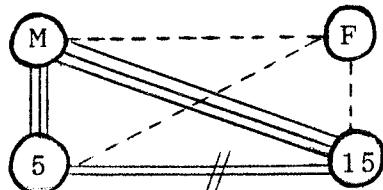
The Campbell family consisted of Jerry age 36, Mary age 35, and their two children, Dale age 15 and Elizabeth age 5.

The Presenting Problem

The identified patient was Dale. Both parent's complained of Dale's defiance of household rules such as curfews and uncontrolled temper outbursts. Mary was most upset by problems in the home and clearly recalled they began six months ago. The most recent outburst was a violent "blow-up" three weeks ago which resulted in Dale leaving home to live with friends. These difficulties brought the family in contact for the first time with the police, Children's Aid, and the School Guidance department and finally to Children's Home of Winnipeg.

Structural Assessment

Key



- key peripheral functional relations
- overinvolved
- // conflictual

The therapist's structural assessment of this family included a weakened parental hierarchy with a peripheral Father and Mother overinvolved with both children. Within the sibling subsystem, there was a conflictual relationship between Dale and Elizabeth. The conflict described in the sibling subsystem appeared normal with Dale taking on adolescent/adult interests and Elizabeth pestering him to join her in a world of child's play.

Goals of Therapy

- 1) To join the executive system as a team in setting limits and structure for their adolescent son.
This goal will be accomplished by having Jerry (the peripheral parent) become reinvolved within the family as a husband and Father.
- 2) To reframe the parent's criticism of their son as concern and worry for his welfare and their son's rebellion as movement to establish a sense of self.

The Results

The family was seen for three sessions. In the first

Family Therapy with Adolescents

140

session the therapist joined with all family members and began to define the function of the symptom within the family. During the first session an enactment made it apparent that Dale heard only his Father's criticism and rigidity. Conversely, Jerry, saw only his son's rebellion. The therapist reframed Jerry's criticism to worry for his son's future. While, Dale's rebellion in trying new hair and clothing styles became a healthy beginning to the task of establishing a sense of self apart from his parents. The therapist did not let Mary interfere as Father and son struggled to understand each other's position in a new way. This intervention rejoined Father and son emphasizing how much Dale needed his Father and how much Father had missed his son. This intervention also served to distance Mother who was overinvolved with her son.

In the second interview, the parents reported that Dale had returned home a week ago. Jerry and Mary thought that further therapy would not be necessary as their home situation had improved. The therapist inquired about the changes which they described as: 1) having more

Family Therapy with Adolescents

141

flexibility in appreciating their son as an individual; 2) Jerry felt closer to the family and especially his son - they had spent a lot of time together the past week; 3) Dale after an absence from home had come to appreciate his family - even a "pesty sister". With the family reporting satisfactory functioning the therapist decided an educational manoeuver would be helpful in outlining the observed interactional pattern would be helpful. The interactional pattern was outlined as follows:

I think that for some time Jerry has become more absent from the family because of pressures on the job. Jerry's increasing absence from the family is through no fault of his own, but was due to being pulled by his management position and its responsibilities. This has been difficult for Mary and she is upset not having her husband's support in dealing with the family. Jerry's absence from the family was also felt by Dale, who has found it difficult without the closeness to his Father. Because Mother and son are so close, Dale's concerns heighten as he notices his Mother's upset. Dale then begins to express his escalating concern through acting out behaviors. Because Jerry was such a concerned parent his attention was returned to the family. With Jerry's presence in the family once again Dale and Mary become less upset which allows Jerry to become even closer in the more relaxed environment. Thus, if Dale begins to act up, it is a warning to you Mary that Jerry is absent from the family.

The pattern identified in the family is similar to that which Minuchin calls "Accordian Families" where a spouse is absent for a time forcing one parent to take responsibility

for nurturing, executive and guiding functions with the children. In the absence of one parent the family, over time, develops a rigid structure leaving the absent parent out. Taking this theoretical understanding of the family the therapist developed a reframe. This reframe promoted a family perspective in giving Dale's acting out behaviors a purpose within the family context. This message was to empower the family to resolve their problems by creating flexibility in the system with new insight for the use of family resources.

The Evaluation

The pre-treatment profile displayed perceived problems by Father and son with Task Accomplishment in the struggle to meet the developmental demands of adolescence. The Mother and son agreed that there were problems with Involvement. The problems identified with involvement may relate to the Mother's over-involvement with her son creating increased tension in the system as he struggles for independence.

The post treatment scores for all family members had

Family Therapy with Adolescents

143

returned to an average range. These results confirmed the family's sense that "things were okay".

The Discussion

The Campbell family reinforced the importance of the therapist inquiring early in therapy about the family's relationship with other helpers. The therapist in the process of inquiry remains neutral to accurately assess their potential impact of helpers on the present therapeutic system. Mrs Campbell had reported their involvements with other social service agencies over the past three months had left her feeling more unsupported and misunderstood which was mirroring the present relationship with her husband. Agency workers had recommended that Mrs. Campbell begin to trust her son and allow him freedoms without restrictions. These workers advised that with fewer restrictions Dale would soon begin to make appropriate decisions for himself. These interventions recommended by professionals in other agencies had aligned with Jerry's perspective which caused Mary to try even harder to control her son increasing their struggle. The social service workers had inadvertently formed an alliance

Family Therapy with Adolescents

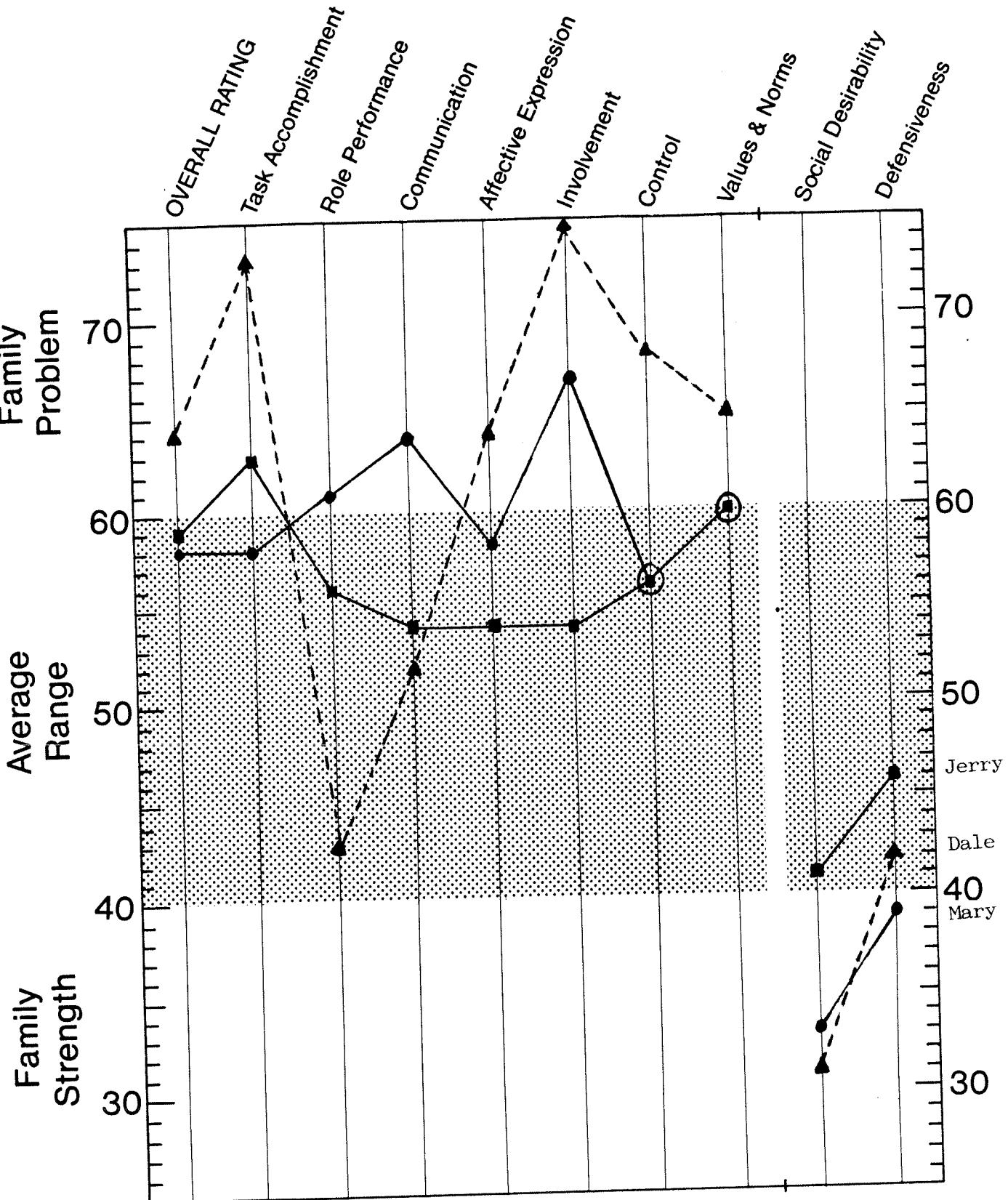
144

with Jerry and caused Mary to feel more and more inadequate as a parent.

The past workers' advice of reducing restrictions had not worked as they had so closely mirrored the family's struggles. This therapist in working with the Campbell family took a new strategy from past social service agencies in not joining an alliance with the Father by minimizing the problem or siding with the Mother by maximizing the issues. The therapist maintaining neutrality in the family altered their previous complementary relationship by placing them at the same level. The therapist also altered what the family expected from a professional by not offering quick solutions but spending time understanding their dilemma. The therapist used the family's understanding of their situation to reframe the problem offering them new insight into old dilemmas rather than entrenching the symptom within the system.

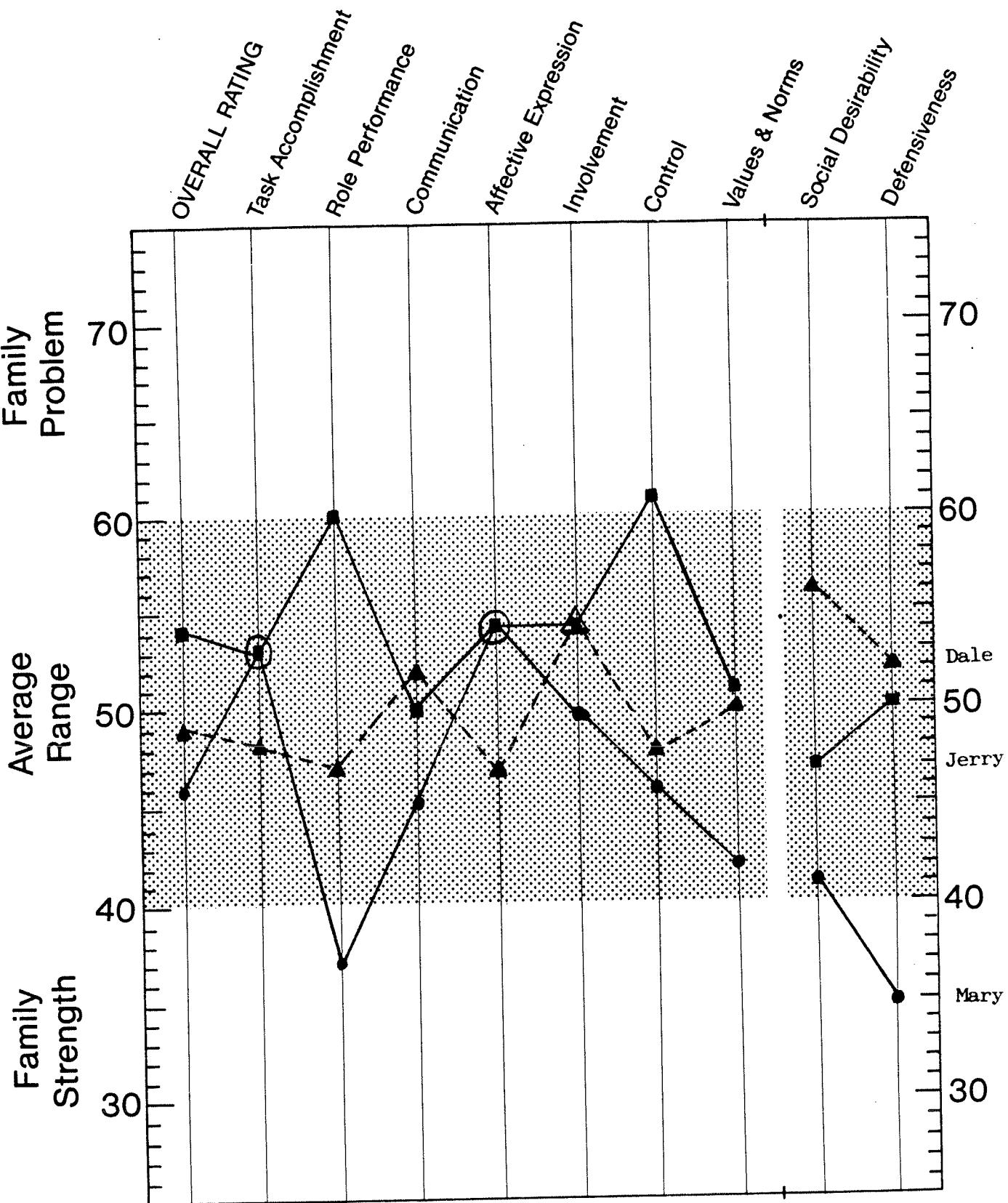
FAM GENERAL SCALE

CAMPBELL FAMILY
PRE TEST



FAM GENERAL SCALE

CAMPBELL FAMILY
POST TEST



Case Study No. 6 - The Burke Family

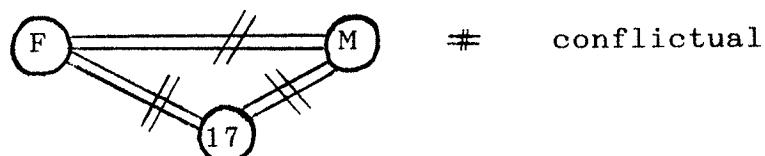
The Burke family was a two parent family consisting of Sam 55 years, Anne 52 years and Kelly 17 years (three older sisters had left home). This family was seen by the author for four sessions. The family's decision not to continue therapy was reported below as a valuable learning experience for this practicum report because it challenges the therapist to sharpen her skills.

Presenting Problem

The parents identified their daughter Kelly as having difficulties which they thought could be resolved in therapy. These difficulties included hanging around with the wrong crowd, coming home late for curfews and doing poorly in school.

Structural Assessment

Key



The therapist's structural assessment suggested that the parents used "avoidance" of each other and detouring to

manage the anger and hostility between them. To detour their conflict both parents would attack their daughter or refocus their attention to her acting out behavior to reduce danger to the spouse subsystem. Kelly had now been triangulated in her parent's relationship to the detriment of her further growth and development. This was a serial pattern in the family as each one of her elder sisters had also been triangulated in the marital problems.

The Goals of Therapy

- 1) To encourage the parents to begin to work as a team to set limits for their daughter.

- 2) To improve the spouse subsystem boundaries by having the couple deal directly with their anger and frustration.

The Results

The parents wanted only Kelly to be treated and were resistant toward having the whole family involved. When the therapist uncovered the pain and upset between the couple they immediately withdrew. During the first session

Family Therapy with Adolescents

147

the therapist pushed the father to the point where he almost "broke down". This intensity happened too soon in the therapy as Sam never returned. Anne provided support for her husband's absence from future meetings to protect him. It was later discovered that this was an alcoholic family with Anne facilitating her husband's drinking problem with her denial of any difficulties other than Kelly's acting out.

In the fourth and final meeting the therapist invited two of the elder sisters living in the Winnipeg area to assist in developing a diagnostic impression of the family unit as well as an understanding of the functioning level of each individual family member. Assessment of the family's dysfunctional pattern was identified with the two youngest daughter's describing Dad over the years coming home from the bar and picking a fight with one of them and when it got out of hand Mother would intervene to dissolve the argument. In a similar fashion, Anne also expressed her anger and frustration toward the children instead of directing it toward her husband. Thus, it was a serial pattern with each adolescent girl acting to stabilize her

Family Therapy with Adolescents

148

parents' marriage by short circuiting or detouring the parents' anger. Anne, towards the end of the session, felt this discussion was not helpful and this would be the last meeting with the family.

The therapist and the supervisor recognized that this would be the last meeting and gave the family the following message:

I (student) see there is only half an executive in the house and really for the business to work their needs to be two bosses. Because there is only half an executive, I can understand Anne why you are so tired.

My supervisor sees something different. He sees that for a long time the girls have been fighting your battles Anne with your husband. As long as the girls continue to fight with Sam they protect you from dealing with problems such as his spending, his drinking and his wanting more affection from you. The reason the girls feel they need to protect you Anne is that you are so tiny and Sam is so big. So Anne, they really don't think that you can take on big old Sam. The girls worry about you Anne and feel they need to protect you but they should go back to taking turns because what Kelly is doing now in protecting you is hurting her. The supervisor would like the third eldest daughter to go into the house and fight with her Dad this weekend. This would allow Kelly a free weekend to do some of the things she needs to be doing in growing up.

This message was designed to reframe the family's thinking about the problem from an individuals problem to a

family perspective. The message also clearly identified the adolescent's behavior as a protective effort to divert attention away from the parent's marital and personal distress. The message challenged Anne by saying she was not strong enough to deal with her husband directly and needed each girl's assistance to detour marital issues.

The Evaluation

The pre and post scores for the Burke family remain for the most part unchanged. The therapist was unable to successfully reframe the problem in a systemic framework with the family. The parents left therapy threatened by looking at their own pain. They had come only for their daughter's benefit. Thus, the family perceived therapy as not changing the problem they had come with and decided not to return. The family's decision not to return meant each member would continue to get their needs met external to the family system. Sam would continue to drink, Anne would have the support of her neighbours and Kelly would find comfort with her peers. The FAM (III) profiles confirmed the family has not changed from pre to post testing.

The Discussion

This family revealed the way in which both parents have an attachment to the adolescent but the adolescent also has a function in the marital relationship. Thus, the adolescent's involvement in the marital relationship must be disengaged if the adolescent is to deal with her developmental tasks in differentiating from the family.

Sam and Anne Burke presented the problem bringing them to therapy as having nothing to do with their relationship. Both parents agreed, "Everything is fine except for Kelly's behavior". The adolescent was presented as the only reason for disagreement in their marriage as well as their only frustration in life. The parents were united in their decision to present Kelly as the only source for the family's problems. During the first meeting with the family the therapist attempted to shift the problem on the marital relationship by challenging the pseudo-alliance of the parents. The shift or reframe of the problem was not successful possibly for the following reasons:

- 1) The therapist was not adequately joined with the family before Father showed his vulnerability and this may have been too embarrassing.

Family Therapy with Adolescents

151

- 2) Although the parents both stated they were in therapy to help their daughter, the therapist continued to prematurely focus on the dysfunctional marital relationship. Had we dealt more with the presenting problem, we might have eventually moved from the child issue to the marriage.
- 3) The family seemed to resent our last effort in giving them a message. Perhaps a more linear interpretation of the pattern would have been better accepted.
- 4) The most significant rationale for the lack of success with the Burke family may be attributed to a failure to integrate structural theories with a basic understanding of alcoholic family systems. In hindsight, the following will integrate aspects of the alcoholic family system and structural theory to create what may have been a more appropriate intervention strategy with the Burke family.

Family Therapy with Adolescents

152

Kaufman & Patterson (1982) describe several types of alcoholic family systems which include the functional family system, the enmeshed family system, the disintegrated family system and the absent family system. The enmeshed (type 2) family in hindsight appears similar to the therapist's assessment of the Burke family. In this alcoholic family type, drinking behavior has interrupted normal family tasks, causes conflict, shifts roles and demands adjustive and adaptive responses from family members who do not know how to appropriately respond (Kaufman & Patterson, 1982:1023).

In a type 2 family, drinking usually triggers anger (as the two youngest daughters in the Burke family experienced their Father's anger when he returned from the bar) as the drinker attempts to unsuccessfully use alcohol to absorb his anger.

Kaufman & Patterson (1982) also describe that excessive drinking in a type 2 family occurs when family anxiety is high, and the drinking stirs up higher anxiety in those dependent on the one who

drinks. This may explain Kelly's anxiety in describing her Father's drinking and sense of urgency in continuing family meetings.

The communication pattern of the Burke family is also characteristic of the type 2 family.

Communication is often not direct but involves a third party. Likewise, conflicts are triangulated (projected) onto another family member. These communication patterns were apparent in the Burke family as each daughter during their adolescence had functioned to detour or become the target of the anger their parents were unable to direct toward each other. The alcoholic in a type 2 family was described as abdicating parental roles. The message given to the Burke family during their final session implied that Sam had abdicated his role. However, the message did not attach the function of alcohol as the beginning of Sam's progression from the family executive subsystem. A related factor not emphasized was: as Anne took over management of the family, Sam was relegated to

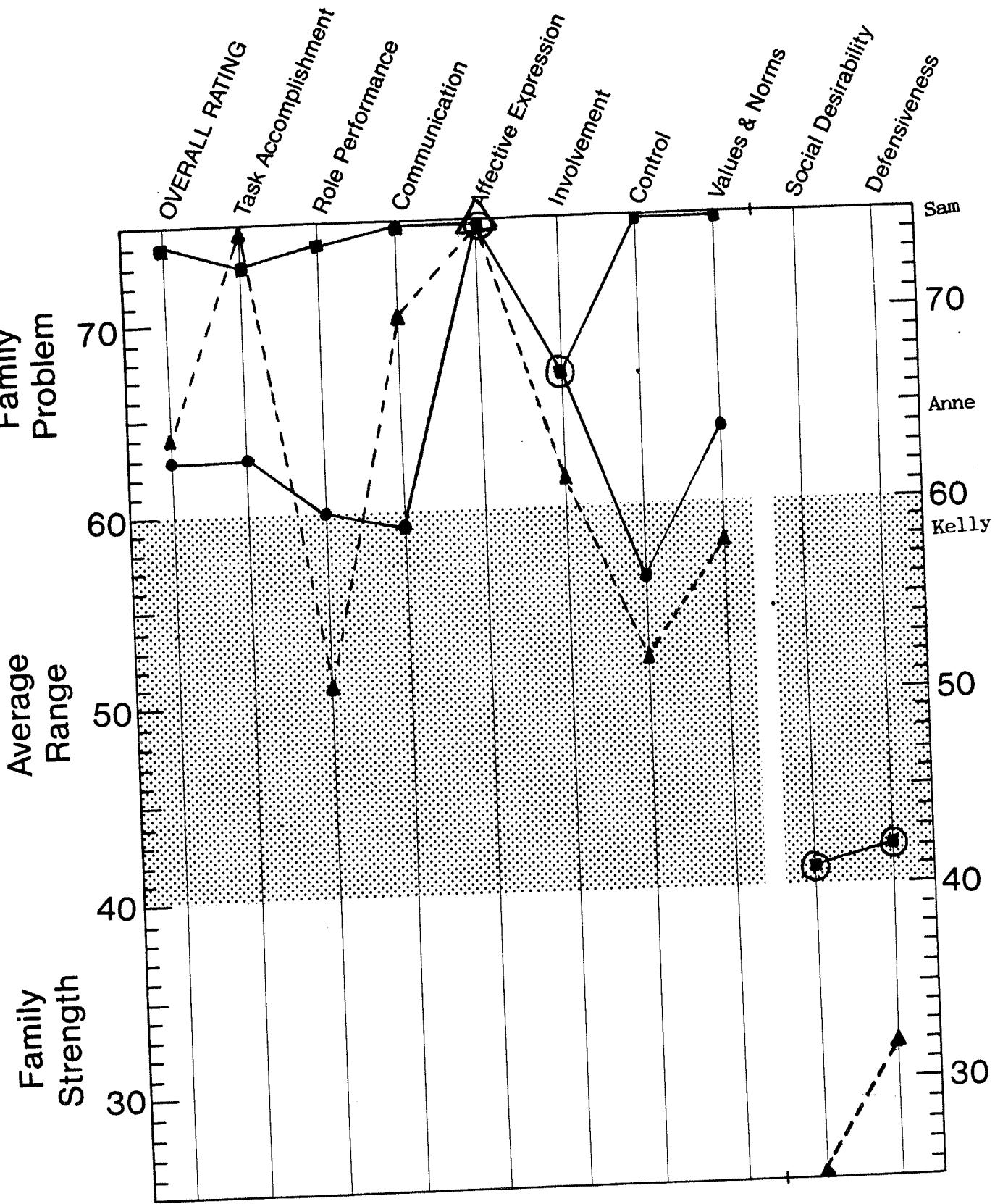
the status of a child which further served to perpetuate his drinking.

The therapist incorporating these theories of alcoholism would have begun an exploration of the larger family system, which may have revealed coalitions between Anne and the extended family. These extended family relations would have further distanced Sam from the family which validates Kelly's observation of her Father's increased isolation.

Kaufman & Patterson frequently describe that in type 2 families the alcoholic will become sufficiently motivated for treatment when the spouse reaches the point of total detachment and threatens separation. Thus, the timing may not have been appropriate for the effective treatment of the Burke family. The therapist's assessment would identify the Burke family as not yet approaching the final marker of separation which would create the leverage needed for effective treatment.

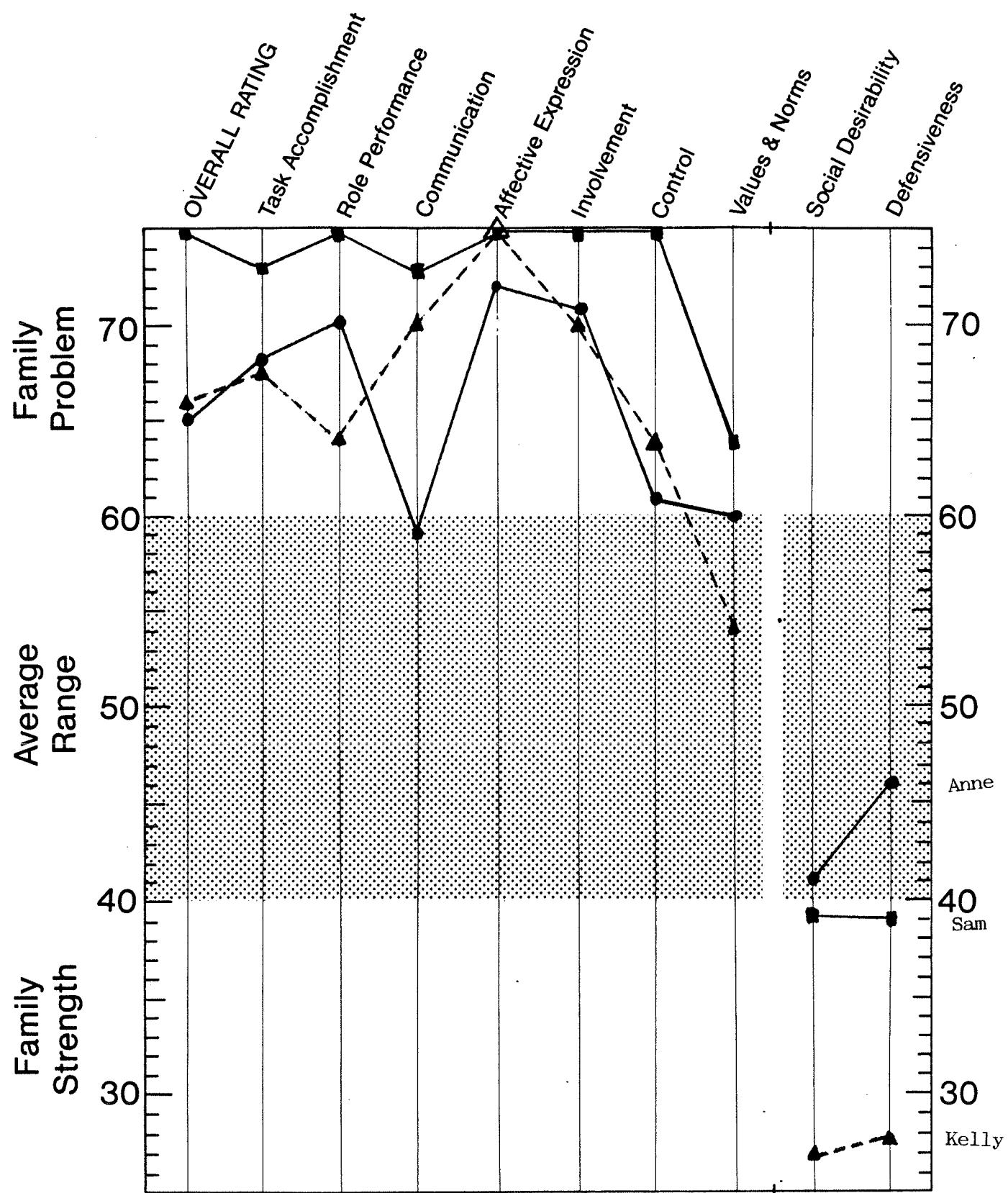
FAM GENERAL SCALE

BURKE FAMILY
PRE TEST



FAM GENERAL SCALE

BURKE FAMILY
POST TEST



Kaufman & Patterson (1982) identify that type 2 families respond to treatment that involves the following: 1) restructuring of the entire family system; 2) possible hospitalization of the drinking member, or involvement in Alcoholics Anonymous and Al Anon, and; 3) Alateen for the rest of the family as supportive adjuncts (p.1022). The use of larger social systems in the treatment of families similar to the Burke family seems necessary, as often multiple generations are interlocked in the nuclear family dynamics. Thus, to effectively work with families similar to the Burke family would require an integration of other intervention models.

Conclusion

This section has undertaken to illustrate the therapeutic challenge that families with adolescents offer. The discussion has integrated the developmental and structural theories with family practice. I have implied throughout this chapter the importance of a developmental

Family Therapy with Adolescents

156

framework, the accurate assessment of family processes and the appropriate application of structural techniques to family therapy. The next chapter will highlight the integration of theoretical and practical knowledge in the therapist's self development.

Family Therapy with Adolescents

157

P A R T T H R E E

EVALUATION OF THE PRACTICUM EXPERIENCE

Chapter Four

Self Development as a Therapist

I Introduction

This chapter differs from the others in that the content is both objective and subjective. Thus, the chapter focuses on the process of becoming a family therapist as this is described in the literature, and as experienced by myself as a learner.

From the literature, the process of becoming a family therapist will be outlined in terms of inductive and deductive training methods. The inductive training describes the "learning by doing" combined with the deductive training which uses the theoretical concepts to develop a framework for practice. From a personal perspective, I will focus on my emerging self awareness of

the internal pushes and pulls I feel when working with family systems. The last segment of the chapter will provide two examples of my new self knowledge combining both theory and practice.

Inductive and Deductive Methods

Several authors have claimed that the successful integration of theoretical concepts with practical experience requires the concurrent use of inductive and deductive teaching methods, Aponte & Van Deusen explain:

There is a place in training for literature and lectures to communicate concepts and informational data. Nevertheless, this mode of teaching is not the most practical for the practitioner who must develop not just ways of thinking, but skills for doing. Reading and lecturing do not precede practical training. They are given concurrently with and as part of the experiential exercises (1981:338)

Minuchin and Fishman (1981) also describe in their twenty years of teaching that there has to be a middle ground between deductive and inductive training. Friesen (1985) states that while it is true that an understanding of theory can emerge from actually doing family therapy, it is also true that the teaching of new skills can so disorganize the beginning therapist that she misses the

Family Therapy with Adolescents

160

overarching theoretical concepts and goals (p. 20). Thus, the need for both inductive and deductive training is clear.

The deductive training method became relevant for me as a beginning therapist because of my confusion in trying to understand the complex transactions that organize family life. This method of training included lectures and reading assignments mainly exploring systems theories, developmental theories, and the structural model of family therapy. These provided a framework to bring order and meaning to family transactions.

The developmental theories provided me with a means for shifting from thinking about individuals to perceiving about the family as an emotional unit. Carter & McGoldrick (1983) explain that the more the family therapist can see the family as a unit, and think of the family as a unit, the more helpful the therapy. The developmental theories challenged me to consider families seen in therapy from the perspective of the larger time frame of the family life cycle. Also, this theory base helped me to see family

Family Therapy with Adolescents

161

problems as being a part of the ebb and flow of change in the multigenerational family system (Carter & McGoldrick, 1983:17)

The structural model was a blueprint for me to begin shifting from analyzing content to understanding the process of family interactions. A therapist working at a process level can then develop consistent strategies of treatment that at the same time allows for the therapist's unique contribution.

Minuchin (1974) claims that the structural model provides the beginning therapist with practice directives leading to the practitioners development of interventive skills. He states:

When the therapist joins the family, he assumes the leadership of the therapeutic system. This leadership involves responsibility for what happens. The therapist must assess the family and develop therapeutic goals based on that assessment. And he must intervene in ways that facilitate the transformation of the family system in the direction of those goals. ... The responsibility for reaching this state, or for failing to do so, belongs to the therapist (Minuchin, 1974:111).

Haley (1976) concurs that the responsibility for change

belongs to the therapist. Haley clearly states that the therapist,

... is expected to plan a strategy of change to bring about what the patient is paying money to achieve. If change does not occur, he is a failure. Blaming the client for not changing is not allowed (Haley, 1976:171)

Haley (1976) views the role of the therapist as solving the problems clients bring. During the process of doing this, organizational changes may be made that improve the whole family's level of functioning. The therapist begins to engineer change as the family describes the symptomatic behavior of its adolescent as a problem. Later in treatment the family may allow a shift from this point of entry toward marital problems or to problems of other children in the family. This example illustrates the ways in which theoretical concepts organize a beginning therapist's development.

The deductive training received also included an understanding of systems theories to connect the understanding of individuals/family/environment. These theories solidified my understanding of problems developing

from the family rather than from the individual. They pointed to the importance of directing interventions at changing the structure and interactions of the entire family or the environment to resolve the problem. For me these concepts lead to increased choice in selecting treatment interventions.

The inductive training I received, over an eleven month period proceeded in two phases. I observed live interviews with families via a one-way mirror as the first phase of training. In the viewing room other clinicians provided commentary on family dynamics, and the interventions implemented. The observational learning became an indispensable part of teaching less concrete skills such as the use of intuition, drama and timing (Wendow, 1984).

In the second phase, I received supervision in my own therapy sessions by the use of a "bug in the ear" (electronic ear piece) or by reviewing video-taped materials. The supervision in my own therapy sessions using the "ear bug" was initially uncomfortable but made possible learning while working with families. Initially,

I struggled in the sessions, being resistant to accept interventions and directives from the supervisor. Over time my resistance decreased as my understanding of the purpose of interventions and results of directives became apparent in therapy. Consequently, with the supervisor's direction I was able to both witness the process of change and take an active part in the redirection of therapy. This method of supervision was most helpful at times when I had lost my objectivity and was engulfed by the family system. Through the process of live supervision I eventually began to anticipate my supervisor's interventions and directions which lead me to become more comfortable taking the risks toward increasing independence. The live supervision was also beneficial for the family because they are assured by the fact that the supervisor, an experienced family therapist, was observing and participating. Consequently, therapy was focused, interventions were well timed, and opportunities for change were maximized (Gershenson & Cohen, 1978:229). The supervision in the second phase of training also included the view of video taped materials which assisted my movement to a meta position (a more objective position) in

relation to my work with families and also provided another opportunity for guidance from my supervisor. These supervision methods clearly mobilized me to begin therapy with the security to experiment and to grow.

Practicum Experiences

The following two examples demonstrate the therapist's integration of theoretical and practice knowledge in the development of a new self awareness in working with adolescents and their families.

The first example demonstrating my increasing self awareness explores the experiential deficit I encountered in working with adolescents and their families. My personal development did not match that of families with adolescents. This means that I had not shared with all family members the experiences of their developmental passages. From the literature, this is described as "A therapist not yet at the family's stage of the life cycle" (Carter & McGoldrick, 1983). In this situation, Minuchin & Fishman (1981) advocate that:

Too many young therapists go into healing without the life experience necessary to understand the problems with which they are intervening. Ideally, they should exclude from their case load families who are in a developmental stage that they have not experienced themselves. If that is impossible, they should acknowledge their ignorance and ask the family to educate them in these matters (p.10).

From an inductive perspective the literature became relevant as it was easy for me to identify with the adolescent as this life experience had not long ago passed. The experience of parenting an adolescent was more difficult to understand and I depended on the parents of the families in treatment and references from my family of origin to supplement my lack of experience. The therapist's consciousness of the ease in identifying with adolescents was the first step to controlling the "generational pull". This self knowledge created a more balanced approach to working with both adolescents and their parents. As a therapist working with families, I feel my position in the life cycle had to be considered with the family in treatment.

Similarly, the literature in the second example emphasizes the "use of self" as an important component in

family therapy. The "use of self" is particularly evident in application of Structural Family Therapy. Minuchin (1981) describes the "use of self" as a dual role that requires the therapist to be both a participant and observer. The therapist incorporates these two roles in accordance with the needs of the family.

The therapist's self knowledge was critical. Leveton (1984) explains:

What I can see in myself, I can see in the family I'm working with. What I don't know about myself, I can't see in the family (p.124).

The therapist without self knowledge can inadvertently become part of the family system. In working with a single parent family, for example, I became trapped within the system and began to functioning as a mirror to the parent. This meant my role as a therapist changed from having a leadership position to functioning as the parent who only took charge of her personal life when the situation had become desperate. In this situation I took charge of the therapy session at times but it was out of desperation not from a position of control. The mirroring signaled my therapist's incorporation in the system leading to

reactions that were directed by the system and not by myself. An awareness of how the system engulfed me lead to my taking steps to free myself in order to function both inside and outside the family system. Thus my experience corroborates with the literature in its focus on the importance of self knowledge being critical to the therapists free movement inside and outside the family system.

The family can unconsciously pull on any number of aspects of ones personal history. Awareness of self implies awareness of personal history, including those aspects of personal history which can be problematic. Thus, the therapist's personal self knowledge allows her to encompass the range of feelings she encounters so that she can use her own emotional responses to help inform herself of the family's process

The serious family counsellor has taken it upon herself to explore whatever she can fathom emotionally and intellectually in the realm of family life. Learning about families she sees will teach her about herself. Her knowledge of herself will teach clients about themselves (Leveton, 1984:141).

Family Therapy with Adolescents

169

In addition the therapist's insight into the family processes and her own allows the integration of both the nurturing and controlling aspect of her personality.

Flexible use of these personal dimensions are necessary during therapy and this comes with the firm understanding of oneself, along with the integration of practice knowledge and a theoretical framework.

Conclusion

As a beginning therapist, the practicum has provided the opportunity for me to integrate theoretical and practice knowledge. This beginning integration enables me to make modifications and changes in my working with adolescents and their families. Thus, the integration of knowledge led to both a challenge for myself and for families in grappling with issues that in the past were beyond reach or not apparent.

Chapter Five

Conclusions and Recommendations

I Introduction

This final section will summarize the application of developmental and structural theories in the context of the practicum experience. This summary will emphasize the relevance of both theories as useful knowledge bases in the treatment of families where adolescents are the identified patients. The chapter will conclude with recommendations for future work that have been drawn from the practicum experience.

Developmental Theories

The developmental theories explored in this practicum included the individual developmental tasks of the adolescent and their parents. The tasks of the adolescents and other family members are entwined in the intergenerational spiral of the family life cycle. This spiral conceptualizes the cyclical movement of all family members through the developmental stages. Movement in this spiral may be disrupted leaving the family "stuck", and unable to continue movement in a timely way through the next stages. The family is most likely to become "stuck" at transition points in the stages leading to the greater anxiety and dysfunction.

In the practicum, nine families were seen struggling with the transitions required in the major life cycle stage called "Family With Adolescents" (Carter & McGoldrick, 1980). Carter & McGoldrick conceptualize the overall anxiety in the family as flowing both horizontally (as the family moves through the life cycle) and vertically (as patterns move down through the generations). The families seen in the practicum were unable to bridge the transitions

Family Therapy with Adolescents

172

involved in adolescence because of the anxiety generated by stress from both axis where they intercept. This section will briefly summarize the developmental dysfunctions presented by families, organizing them according to the prominence of horizontal and vertical stressors.

In two of the traditionally intact families horizontal stressors were evident. In these families the husband/father had to work long hours and spent most evenings at his place of employment. He had little time to relate to other family members or to assist his wife in managing the children. In these families only half the executive subsystem was attempting to provide the guidance and limits adolescents demand. In the husband's absence the wife became upset because of her stress in trying to meet the executive demands alone in the family. The adolescents missed their father and perceived the mother's upset. The adolescents were unable to verbally express their concern and resorted to behavioral acting out to convey their concern.

The single parent families each presented a different

horizontal stressor. In one single parent family, the adolescents noncompliant behavior was related to a difficulty the family had in adjusting to the changing parent/child relationship which permits the adolescent more independence. In this single parent family the adolescent was ambivalent in beginning to separate from the family because of a strong sense of loyalty and need to protect the mother. This internal struggle was expressed in acting out behaviors in the adolescent. Thus, the family's problem originated from the adolescent's need to initiate separation from the family. In the second single parent family the adolescent's development was hindered when the parent abdicated her role. The adolescent in this family began to flounder without the limits and structure that create a sense of security necessary for tackling their developmental tasks. The single parent in this situation became overwhelmed with the multiple duties of parent, homemaker, wage earner, and finally abdicated the parental role.

In five of the seven families with two parents vertical stressors were identified with the adolescent incorporated

as part of a rigid triangle. The adolescent's problematic behaviors served to provide the parents with an alternative focus and detour in the marital conflict. Another family triangle functioned with the adolescent moving into the parents conflict. The adolescent in this situation was drawn in between the marital couple and expressed each parents unresolved anger in a covert manner. Thus, the adolescent in these situations is triangulated unable to continue the developmental tasks of this stage. The parents in this situation also became "stuck", failing to continue their developmental tasks in which, as a couple, they are to re-establish a sense of intimacy. This failure to proceed with family development seems to increase confusion in the family developmental process with the boundaries between generations becoming increasingly blurred.

In three families vertical stressors were identified in intergenerational patterns. These intergenerational patterns had a role in creating family dysfunction. Parents from these families indicated that they were greatly influenced in how they related to their own

families by the way in which their parents related to each other and to their children. Parents that brought many unresolved issues from their family of origin had a detrimental effect in the families they initiated. For example, fathers that did not receive adequate nurturing from their emotionally distant fathers described themselves as limited in their ability to relate to family members in a supportive way. Thus, the father in his own family seemed to repeat the pattern of behavior learned in his own family of origin. In another family the maternal grandmother was described as overcontrolling in her family relationships. When her daughter became a parent she chose the opposite role and became an underfunctioning mother. This mother was unable to provide her adolescent with the structure and limits for fear of repeating the pattern she found so aversive with her own mother. In another family, at the time therapy began, an adolescent became pregnant out of wedlock. The mother in this family indicated that at the same age she too had been an unwed mother. In this family both mother and daughter repeated the same pattern of behavior in trying to separate from their families of origin.

The intergenerational patterns identified in these practicum families reveal the difficulty parents encounter in trying to adequately resolve past issues simultaneously with the demands which their present adolescent families make on them. In general, intergenerational factors can play an important role in the present day functioning of a family and its future development.

This discussion has demonstrated the adaptable framework that developmental theories have provided in their application to various family forms. In each family form the developmental framework was a diagnostic tool helpful in identifying the major vertical and horizontal stressors. Thus, in all families the adolescent's presenting problems were linked to unresolved developmental issues. The joining of presenting problems to developmental transitions allowed the therapist to shift to a broader context that was either internal or external to the family.

Structural Theories

As noted earlier, structural theories were also

integral to the practice experience. The model of structural family provided the clinician with a means to map out complex interactions that form the basis for understanding the family's organizational patterns. The organizational patterns focused on distance and closeness, hierarchy (the pecking order), family boundaries (who is in and who is out), the family subsystems (who is included in the separate alliances that exist inside the family) (Preto & Travis, 1985). Structural theory uses these concepts to define family dysfunction as being an issue of distance or closeness.

In the practicum the therapist would be working on one of the two extremes toward: 1) increasing the distance between an adolescent and one or both parents or; 2) to mend relationships to encourage closeness between the adolescent's and their families. To establish more balance in terms of closeness and distance the therapist would strengthen generational boundaries to change a coalition or alliance between parents and children. In the case of a triangulation of the adolescent the therapist would strengthen the marital subsystem creating a reorganization

in the system. The loosening of rigid boundaries may also be an intervention allowing an adolescent the flexibility within the family to begin differentiation. As the family moves toward more functional structures the above mentioned dysfunctional systems disappear.

Throughout the practicum the therapist incorporated the techniques of structural family therapy to promote change in dysfunctional family systems. The structural technique of reframing was used extensively with troubled adolescents and their families. This technique was critical in therapy as all the families entered therapy with an understanding of their problem from a fixed linear view point - ascribing blame entirely to the adolescent. This linear view of their problem precluded the creation of new solutions, and often supported their engaging in more of the same wrong solutions that serve to exacerbate and solidify their troubled state (Watzlawick, et al, 1974). The family's view of the problem was usually either an internal definition, or one they had come to accept from the labeling processes of outside agencies (Coopersmith, 1980). In family's presenting problems with adolescents

the practitioner was confronted with developing a broader understanding of the problem. Reframing was particularly appropriate for family therapy with troubled adolescents and their families: it accepts all the families information about the problem and demonstrate to the family that their problem is one of normal family development requiring action by all members for a solution.

In general the structural model was clear in the illustration of basic theoretical concepts. This model provided the therapist with a framework that allowed flexibility in assessment and intervention of family problems. The model also reinforced the strength and resources with the family which were not available during their crisis. Thus, intervention was directed at changing family structure to allow a return to optimum functioning.

The integration of developmental and structural theories, founded in systems concepts were used in this practicum to create a holistic understanding of the difficulties of troubled adolescents and their families. These theories have formed a framework that broadens the

Family Therapy with Adolescents

180

clinicians perception of the relationship between family systems and larger ecological systems. The clinician working from this framework can design intervention strategies that impact the individual/family/environmental contexts.

IV Recommendations

The following five recommendations for working with adolescents and their families will conclude this practicum report.

1. In the literature review of this practicum, the developmental and structural theories were presented separately. Although structural theory includes developmental theory it does not expand on this approach adequately for a beginning therapist. Thus, my learning required moving beyond the developmental theory presented within the structural model. The need to separately explore developmental and structural theories can be explained in an analogy to my practice

experience. There were instances in my work with families in which an individual family member required attention. As an individual was treated within the family context the developmental theories are dealt with separately but remain a part of the systemic model.

The separate presentation of developmental and structural theories in the practicum report revealed that in some ways they have separate views of multifaceted reality. However, in practice situations to perceive these theories as mutually exclusive would lead to the therapist missing the theoretical "power" attained through integrating both theories. The therapist, when able to incorporate developmental and structural theories has many diagnostic perspectives from which to formulate assessment and intervention plans with families.

In the practicum, I found interventions involving the merging of two theories created additional impact that the single theory base lacked. The combination of structural reframing techniques and developmental

theories were used extensively in this practicum as a way of connecting symptomology with the context. Thus, this technique allowed the therapist to take the family's presentation of the problem and create a systemic explanation of difficulties the family experienced. This shift in the definition of the problem allowed the therapist to gain entry into the couple subsystem or the problems of other children.

2. The Jones and Burke families were much more seriously problematic when compared to other families seen during the practicum. These cases point to the need to understand forces external to the family system. In these cases it may have been more effective to concentrate on a broader range of interventions combined with structural family therapy to create a multifaceted intervention model. Structural family therapy as defined by Minuchin does not seem to emphasize the importance of the larger social context. I would think to effectively intervene with seriously problematic families, attention would have to be given to the political, social and economic contexts within which the family exists.

3. The FAM (III) measure was used both as a diagnostic and evaluation tool. The FAM (III) was useful during the assessment phase of treatment to highlight each family member's perception of difficulties. The FAM (III) was also beneficial as it indicated the changing perception of family members when treatment terminated.
4. During the practicum the student advised clients that her position was an internship with no definite termination date. An interesting comparison would have involved creating two groups of clients, with one group given a definite date of termination, and the other group to remain open ended regarding termination. The therapist could then compare any differences between the two groups in terms of their general progress in treatment.
5. The field of social work has stimulated a revolution in the understanding of family dynamics. Hartman & Laird (1983) identify that social workers began an exploration of general systems theory, cybernetics and ecological theories to develop a framework for understanding

Family Therapy with Adolescents

184

individuals in their social context. Later, family therapists incorporated these concepts to promote change in dysfunctional family systems. The historical development of social work and the family therapy movement parallels my self development. I have moved from a traditional social work position to a family therapy orientation. This practicum has allowed the incorporation of traditional social work ideals with family therapy and techniques.

I feel it is important to note the integration of learning from both traditional social work and family therapy perspectives. The social work perspective emphasizes the understanding and value in working with the family. The social work ideals also point to the important relationships between people and their social environment. The social worker joins the family to address ways in which they can adjust or cope with problematic situations. Alternately, the family therapy framework gave understanding to the process of change within the family. This begins with determining the function of the symptom within the system and the ways

Family Therapy with Adolescents

185

it is maintained. The family therapist joins with the family in a leadership position to facilitate change in the family system. Thus, through the practicum experience I have attempted to maintain a balance by combining my traditional social work skills with those of family therapy to increase flexibility in working with troubled adolescents and their families.

A P P E N D I X E S



Alcoholism and Drug

Addiction Research Foundation

Central Office

Fondation de la recherche sur la toxicomanie

33 Russell Street
Toronto, Ontario
Canada M5S 2S1
(416) 595-6000

Allison Bennett
441 Arthur Street Apt. 33
Thunder Bay, Ontario
P7E 5R3

July 28, 1987

Dear Allison:

I am writing to give you permission to include the Family Assessment Measure in your practicum completed August 1986, entitled "A Reframe: From the Troubled Adolescent to the Troubled Family" for the Faculty of Graduate Studies at the University of Manitoba as part of the degree requirements in the MSW programme.

Please send us a summary of the results of your practicum.

Sincerely,

Harvey A. Skinner, Ph.D.
Senior Scientist

HAS/jm

AUG 19 1987

Family Assessment Measure

GENERAL SCALE

Directions

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

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

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

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

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

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

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

26. My family tries to run my life.
27. If we do something wrong, we don't get a chance to explain.
28. We argue about how much freedom we should have to make our own decisions.
29. My family and I understand each other completely.
30. We sometimes hurt each others feelings.
31. When things aren't going well it takes too long to work them out.
32. We can't rely on family members to do their part.
33. We take the time to listen to each other.
34. When someone is upset, we don't find out until much later.
35. Sometimes we avoid each other.
36. We feel close to each other.
37. Punishments are fair in our family.
38. The rules in our family don't make sense.
39. Some things about my family don't entirely please me.
40. We never get upset with each other.
41. We deal with our problems even when they're serious.
42. One family member always tries to be the centre of attention.
43. My family lets me have my say, even if they disagree.
44. When our family gets upset, we take too long to get over it.
45. We always admit our mistakes without trying to hide anything.
46. We don't really trust each other.
47. We hardly ever do what is expected of us without being told.
48. We are free to say what we think in our family.
49. My family is not a perfect success.
50. We have never let down another family member in any way.

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 evolution of the family life cycle
- idiosyncratic roles

3. COMMUNICATION

LOW SCORES (40 and below) STRENGTH

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

HIGH SCORES (60 and above) WEAKNESS

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

4. AFFECTIVE EXPRESSION

LOW SCORES (40 and below) STRENGTH

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

HIGH SCORES (60 and above) WEAKNESS

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

5. AFFECTIVE INVOLVEMENT

LOW SCORES (40 and below) STRENGTH

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

HIGH SCORES (60 and above) WEAKNESS

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

6. CONTROL

HIGH SCORES (60 and above) WEAKNESS

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

7. VALUES AND NORMS

HIGH SCORES (60 and above) WEAKNESS

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

- 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

APPENDIX C - THE JONES FAMILY LETTER

This letter was sent to the Jones family, which was explained in the case study found in Chapter Three.

July 10, 1986

Mr. and Mrs. Jones
1196 Brentlawn Boulevard
Winnipeg, Manitoba
P7E 5R3

Dear Bill and Janet:

I wanted to write this letter because we haven't been able to meet and there are a few things that I wanted to discuss. I also thought this letter would be an opportunity to clarify some things that you might find helpful.

Throughout our meetings, it was clear that there has been a great deal of pain and upset within the family over a long period of time. This pain and hurt had led to misunderstanding and disagreements between all family members. Each family member has shown their hurt and upset over these disagreements in different ways: Bill becomes angry and resentful - no longer saying what's on his mind, becoming less available to other family members; Janet becomes angry and frustrated, sometimes feeling the only resort is to leave the family; Nancy becomes angry with both Mom and Dad and does poorly in school. Each family member becomes isolated, alone and more hurt.

These are some of the concerns we had talked about sorting out while you were here and for the time being, you have decided to sort these issues out on your own. It may be that when Nancy returns to school in the fall, there will be more pressure and more difficulties. This is not an uncommon experience for families and at that time, you may

wish some help in sorting things out. What has always been apparent though, is that you are a loving and caring family. Throughout our work together, your concern and hard work have always been evident. As a result, during the sessions, I saw some changes with your persistance to understand family problems. This is all to your credit because I realize that these issues are hard to deal with.

I also wanted to tell you that my time at the agency is coming to a close. I will be available until the end of this month. If at some time in the future you wish someone to help sort out family difficulties, you can call Gail Smith, who was my supervisor.

As you are aware, I asked all my families to complete evaluation forms as part of my work. So, I am enclosing these forms and would appreciate you filling them out and returning them to the agency as soon as possible. If you have any further questions or would like to discuss the results of the evaluation forms, do not hesitate to contact me.

Sincerely,



Allison Bennett, B.S.W.
Family Therapist

B I B L I O G R A P H Y

BIBLIOGRAPHY

- Ackermann, N. (1980). The Family with Adolescents. In E. Carter & M. McGoldrick (Eds.), The Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press.
- Andreozzi, L. (1984). The Effects of Short Term Structural-Analytic Orientated Family Therapy on Families with A Presenting Child Problem. Ann Arbor: University Microfilms International.
- Aponte, H. (1974). Organized Treatment Around the Family Problems and Their Structural Basis. Psychiatric Quarterly, 48, 8 - 12
- Aponte, H. & Van Deusen, J. (1981). Structural Family Therapy. In A.Gurman, and D.Kniskern. (Eds.), Handbook of Family Therapy. New York: Brunner/Mazel.
- Attneave, C.(1982). American Indians & Alaskan Native Families: Emigrants in their own Homeland. In M., McGoldrick, J. Pearce, J. Giordano (Eds.),Ethnicity & Family Therapy (pp.55 - 83). New York: Guildford.
- Barnhill, L., & Longo, D.(1978). Fixation & Regression in the Family Life Cycle. Family Process. 17, 469-478.
- Beal, E.(1980). Separation, Divorce, & Single Parent Families. In E. Carter & M. McGoldrick (Eds.), The Family Life Cycle. A Framework for Family Therapy (pp.241 - 294). New York: Gardner Press.
- Bengton, V., & Kupers, J.(1971). Generational Differences & The Developmental Stake. Aging & Human Development 2, 249-260.
- Blos, P. (1962). On Adolescence: A psychoanalytic Interpretation. New York: MacMillan.
- Blos, P.(1979). The Adolescent Passage: Developmental Issues. New York: International Universities Press.
- Carter, E., & McGoldrick, M. (1980). The Family Life Cycle Family Therapy: An Overview. In E. Carter & M. McGoldrick (Eds.), The Family Life Cycle: A Framework for Family Therapy (pp.3 - 20). New York: Gardner Press.

- Casson, M.(1981). Unemployment: A Disequilibrium Approach. New York: Halsted Press.
- Colapinto, J.(1982). Structural Family Therapy. In A and M.Ohlsen, (Eds.). Family Counselling and Therapy. Itasca: F.E. Peacock.
- Colon, E.(1980). The Family Life Cycle of the Multiproblem Poor Family. In E. Carter & M. McGoldrick (Eds.), The Family Life Cycle: A Framework for Family Therapy (pp. 343 - 382). New York: Gardner Press.
- Coopersmith, I.(1976). The Place of Family Therapy in the Homeostatis of Larger Systems. In M. Aronson & R. Wolberg, (Eds.), Group & Family Therapy: An Overview. New York: Brunner/Mazel.
- Dreyfus, E.(1976). Adolescence: Theory & Experience. Columbus: Charles Merrill Publishing Company.
- Elder, G.(1975). Adolescence in the life cycle. In S. Dragasten & G. Elder. (Eds.), Adolescence in the Life Cycle. Washington: Hemisphere.
- Erickson, E.(1968). Identity: Youth & Crisis. New York: Norton.
- Friesen, J.(1985). Structural- Strategic Marriage & Family Therapy. New York: Gardner Press.
- Gershenson, J., & Cohen, M.(1978). Through the Looking Glass: The Experiences of Two Family Therapy Trainees with Live Supervision. Family Processes. 17, 225 - 230.
- Goldstein, H.(1984). Reconstituted Families: The Second Marriage & Its Children. The Psychiatric Quarterly. 48, 433-440.
- Haley, J.(1973). Uncommon Therapy: The Psychiatric Techniques of Milton, H., Erickson, M.D. New York: Norton Publishers.
- Haley, J. (1976). Problem-Solving Therapy. New York: Harper & Row, Publishers.
- Haley, J.(1980). Leaving Home. New York: McGraw Hill.
- Haley, J.(1980) Leaving Home: The Therapy of Disturbed Young People. New York: McGraw Hill.

- Hartman, A., & Laird, J. (1983). Family Centered Social Work Practice. New York: The Free Press.
- Heard, D. (1978) Keith: A Case Study of Structural Family Therapy. Family Processes. 17, 339 - 356
- Ishwaranik, K. (1983). The Canadian Family. Canada: Canadian Cataloguing in Publication Data.
- Kaplan, L. (1984). Adolescence: The Farewell to Childhood. New York: Simon & Schostter.
- Karpel, M., & Strauss, E. (1983). Family Evaluation. New York: Gardner Press.
- Kelly, M., McKay, S., & Nelson, C. (1985). Indian Agency Development: An Ecological Practice Approach. Social Casework 74, 594 - 602.
- Kaufman, E., & Pattison, M. (1982). Family & Network Therapy in Alcoholism. In E. Kaufman & M. Patterson. (Eds.), Encyclopedic Handbook of Alcoholism. (pp. 1023 - 1031). New York: Gardiner Press.
- Keshet, A., & Mirkin, M. (1985). Troubled Adolescents in Divorced & Remarried Families. In M. Mirkin & S. Koman (Eds.), Handbook of Adolescents & Family Therapy (pp. 273 - 293). New York: Gardner Press.
- Kimmel, D., & Werner, I. (1985). Adolescence: A Developmental Transition. Hillsdale: Lawrence Erlbaum Associates Publishers.
- Kramer, J. (1985). Family Interfaces: Transgenerational Patterns. New York: Brunner/Mazel, Publishers.
- Leveton, E. (1984). Adolescent Crisis: Family Counselling Approaches. New York: Springer Publishing.
- Lifton, R. (1982). Beyond Psychic numbing: A call to Awareness. American Journal of Orthopsychiatry, 52, 619-629.
- Mack, J. (1981). Psychosocial Effects of the Nuclear Arms Race. Bulletin of Atomic Science, 35. 18-23.
- McGill, D., & Pearce, J. (1982). British Families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), Ethnicity & Family Therapy. New York: Guildford.

McGoldrick, M.(1982). Ethnicity & Family Therapy: An Overview. In M. McGoldrick, J. Pearce, & Giordomo (Eds.), Ethnicity & Family Therapy (pp. 3 - 30).New York: Guildford.

Meeks, J.(1971). The Fragile Alliance: An orientation to the Outpatient Psychotherapy of the Adolescent. New York: Robert E. Krieger Publishing.

Mitchell, J.(1971). Adolescence: Some Critical Issues. Toronto: Holt, Rinehart & Winston of Canada Limited.

Minuchin, S.(1972). Structural Family Therapy. In G. Caplan (Eds.), American Handbook of Psychiatry, New York: Basic Books.

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

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

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

Moitoza, E.(1982). Portuguese Families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), Ethnicity & Family Therapy (pp. 412 - 437). New York: Guilford.

Muuss, R.(1962). Theories of Adolescence. New York: Random House.

Nichols, M.(1984). Family Therapy: Concepts & Methods. New York: Gardner Press.

Nichols, P.(1984). Family Therapy: Concepts & Methods. New York: Gardner Press, Inc.

Okun, B. & Rappaport, L. (1980). Working with Families: An Introduction to Family Therapy. Massachusetts: Duxbury Press.

Preto, N., & Travis, N.(1985). The Adolescent Phase of the Family Life Cycle. In M. Mirkin & S. Roman (Eds.), Handbook of Adolescents & Family Therapy (pp. 21 - 37). New York: Gardner Press.

Rhodes, S.(1977). Developmental Approach to the Cycle of the Family. Social Casework, 58, 301 -311.

- Sager, C., Brown, H., Cronn, H. Engel, T., Bodstern E., & Walker, L. (1983). Treating the Remarried Family. New York: Brunner/Mazel.
- Sherman, R., & Freeman, N. (1986). Handbook of Structured Techniques in Marriage & Family Therapy. New York: Brunner/Mazel, Publishers.
- Skinner, H., Steinhauer, P., and Santa-Barbara, J. (1983): The Family Assessment Measure. Canadian Journal of Community Mental Health, 2, 91 - 105.
- Stein, M., & Davis, J. (1985). Therapies for Adolescents: Current Treatments for Problem Behaviors. San Francisco: Jossey-Bass Publishers.
- Stierlin, H. (1979). Separating Parents & Adolescents: A Perspective on Running Away, Schizophrenia & Waywardness. New York: Quadrangle.
- Teyber, F. (1983) Structural Family Relations: Primary Dyadic Alliances & Adolescent Adjustment. Journal of Marital & Family Theray, .83, 89 - 99.
- Visher, E., & Visher J. (1979). Stepfamilics: A guide to Working with Step-parents & Stepchildren. New York: Brunner/Mazel.
- Wallerstein, J., Kelly, J. (1974). The Effects of Parental Divorce: The Adolescent Experience. In A. Kovpernek (Eds.), The Child in his Family. New York: Wiley.
- Wallerstein, J., Kelly, J. (1980). Surviving the Breakup: How Children & Parents Cope with Divorce. New York: Basic Books.
- Walsh, F. (1982). Normal Family Processes. New York: Guilford Press.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). Change: Principles of Problem Formation & Problem Resolution. New York: W.W. Norton & Co.
- Watzlawick, P., & Weakland, J. (Eds.). (1977). The Interactional View. New York: W.W. Norton.
- Wendorf, P. (1984). A Model for Training Practicing Professionals in Family Therapy. Journal of Marital & Family Therapy, 10, 31 - 41.

White, K., Speisman, J., & Costos, D.(1983). Young Adults
& Their Parents Individuation. In H. Grotevant, &
C. Cooper (Eds.s). Adolescent Development in the
Family, San Francisco: Jossey-Boss Inc.

Youniss, J., & Smollor, J.(1985). Adolescent Relations with
Mothers, Fathers and Friends. Chicago: The
University of Chicago Press.