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# **School-Based Family Counseling: Overview, trends, and recommendations for future research**

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**This paper broadly surveys the School-Based Family Counseling (SBFC) literature from its beginnings in Adler's guidance clinics in the 1920's to the present day. Although the current literature is mainly descriptive and Amerocentric in nature, it reveals a growing support for SBFC across mental health disciplines. Challenges include a need for more evidence-based research, cross-cultural research, and evaluation of different SBFC models and training approaches. Several recommendations for strengthening the SBFC field are made.**

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### **SBFC: a Definition**

SBFC is an approach to helping children succeed at school and overcome personal and interpersonal problems. SBFC integrates school counseling and family counseling models within a broad based systems meta-model that is used to conceptualize the child's problems in the context of all his or her interpersonal networks: family, peer group, classroom, school (teacher, principal, other students), and community. When a child is referred to the SBFC professional, the child's problem may involve one or all of these interpersonal networks. However, irrespective of the level of interpersonal network affected, the SBFC professional will relate positively with the child's family in order to reinforce positive change with the child.

A SBFC approach may be used by any mental health professional (e.g., counselor, family therapist, psychologist, social worker, psychiatrist, nurse, or physician) or educator (e.g., principal or teacher). While not all of these professionals will be trained to the same level of skill in each SBFC modality, each is in a position to help a child by working with the child's two most important systems: home and school. For example, a teacher could help a shy child to integrate more effectively with her class by seating the child near a friendly peer. In addition, the teacher could meet with the parents and encourage them to help the child with homework. These two interventions in the child's school and home environments could just as easily have been made by a school counselor or an agency counselor using a SBFC orientation.

The term "school-based" is not meant to refer to the site at which the counseling occurs. It is meant to refer to the focus given to promoting school success. School-sited SBFC is

conducted on site at the school and the SBFC professional is identified as a member of the school staff. This is in contrast to the traditional school counseling model in which the counselor is not trained in family counseling. Agency-sited SBFC is conducted at an agency site by the SBFC professional, who receives client referrals from parents and schools. The agency-sited SBFC professional may visit schools in order to foster connections with school staff and with parents. This is in contrast to the traditional family therapy and community counseling models in which the counselor is not trained to work in school systems.

### **The Need for SBFC**

The need for SBFC comes from the inadequacy of traditional school counseling and family counseling (agency based) models in dealing with children who are failing at school because of family problems. A survey of the student clients of SBFCs in San Francisco (Gerrard, 1990) showed that over 85% of the children referred by teachers, parents, or self-referred had significant problems at home. The family problems included: marital discord, parents divorcing, custody problems with children, substance abuse, older siblings involved in gangs, sexual and physical abuse, parental neglect, single parents overwhelmed by economic and emotional problems, spouse abuse, and chaotic families with little parental control. Carlson and Sincavage (1987) conducted a survey of 110 members of the National Association of School Psychologists and reported that family variables were seen as highly relevant to children's school problems. Crespi and Hughes (2004) describe some of the crises affecting adolescents in schools: alcohol and drug addiction, teenage pregnancy, divorce, abuse, and family discord. The authors present an argument for school-based mental health services for adolescents as a way to offset restrictions imposed by managed care. Stinchfield (2004) describes research that indicates that traditional office-based therapy is not always effective with at-risk families and advocates family-based therapy that includes involvement of school personnel.

There is considerable research demonstrating that dysfunctional families (characterized by conflict, anxiety, low cohesion, and emotional problems of parents) are associated with a variety of problems affecting children. These problems include: behavior problems (Henderson, Sayger & Horne, 2003; Morris, Silk, Steinberg, Sessa, Avenevoli & Essex, 2002); deliberate self harm (Evans, Hawton & Rodham, 2005); delinquency (Coll, Thobro, & Haas, 2004; Cashwell & Vacc, 1996); depression (Schneiders, Nicolson, Berkhof, Feron, van Os & de Vries, 2006; Sigfusdottir, Farkas & Silver, 2004; Sourander, Multimaki, Nikolakaros, Haavisto, Ristkari, Helenius, Parkkola, Piha, Tamminan, Moilanen, Kumpulainen & Almqvist, 2005); risky peer behavior (Goldstein, Davis-Kean & Eccles, 2005; Jeltova, Fish & Revenson, 2005); social isolation (Elliott, Cunningham, Linder, Colangelo & Gross, 2005); substance abuse (Henry, Robinson & Wilson, 2004); and suicide attempts (Yip, Liu, Lam, Stewart, Chen & Fan, 2004; Wild, Flisher & Lombard, 2004; Hacker, Suglia, Fried, Rappaport & Cabral, 2006).

These negative effects of the family on children extend to the school. According to Crespi, Gustafson and Borges (2006) school psychologists are increasingly being confronted with students affected by family problems: "With one in six children raised in alcoholic families, with divorce impacting approximately 60% of families, and with such issues as...parental neglect, as well as sexual and physical abuse affecting large numbers of children and youths, many practitioners are interested in interventions which can directly affect children in school settings." (p.67). Researchers have documented the negative effects on children's academic performance caused by lack of family support (Lagana, 2004; Chiam, 2003; Ponsford & Lapadat, 2001); marital disruption and divorce (Sun & Li, 2002); mother absence (Heard, 2007); and

parental loss (Abdelnoor & Hollins, 2004). Other researchers have noted the positive correlation between children's aggression at school and variables such as: family aggression (Fitzpatrick, Dulin & Piko, 2007; Miller, Miller, Trampush, McKay, Newcorn & Halperin, 2006) and negative home experiences (Fryxell & Smith, 2000).

There are also a number of studies focusing on how healthy family functioning helps children succeed at school. Zimmer-Gemback and Locke (2007) found support for a Family Primacy Model exemplified by adolescents with more positive family relationships using more effective coping strategies at home and at school. Lambert and Cashwell (2004) found that preadolescents who perceived effective communication with their parents had low school-based aggression. Steward, Jo, Murray, Fitzgerald, Neil, Fear & Hill (1998) found that students who used family members for solving problems had higher GPA's than students who did not rely on their families. Amatea, Smith-Adcock, and Villares (2006) describe a family resilience framework that school counselors can use to help families promote students' learning.

Resmini (2004) points out that in some cases for a particular child the school itself may function like a dysfunctional family and expose the child to abuse and neglect from peers and teachers. Resmini states: "Some schools can bear a strong resemblance to the proverbial dysfunctional home, particularly for the student who has learning differences or different interests. Teachers often are taxed by the large number of students in their class, and therefore they are apt to ignore the needs of the student with differences." (p.222). Resmini recommends a family systems approach be used to assist these children at both home and school.

School counselors, who typically have no training (or only one course) in family counseling, are not equipped to intervene effectively with the families of these students. Family counseling is one of the more difficult forms of counseling and learning to do it well requires extensive training and supervision. When school personnel determine that there is a family problem affecting a student, they often refer the family to a community mental health agency for family counseling. Most school principals are familiar with the phenomenon of families that are referred for family counseling, but do not go. Many of these "resistant" families are involved in a power struggle with school personnel and the families resent being sent for therapy because of the implicit message that the family (i.e. the parent) is sick or irresponsible. While seeing a therapist may be a sign of social status or trendiness with some people, with many, especially with minority families, therapy holds a stigma and "seeing a therapist" is viewed within these families' communities as a sign one is "crazy." Family therapists who are themselves very familiar with the concept of triangulation (in which two family members form a coalition against a third family member, who is often the family scapegoat or "identified patient") are often perceived by parents as involved in a triangulation in which the school and the family therapist are in a coalition and "ganging up" on the parents.

SBFC minimizes this triangulation because the school-based family counselor is not seen as a "third party" but rather is viewed as part of the school system. The SBFC counselor is an advocate for the child, the family, and the school. The focus of the counseling is on working with parents and families to help their children succeed in school. Going to a school or agency to consult with the counselor on how to help one's child succeed in school is something that many parents are willing to accept (especially if the counselor emphasizes that she/he needs the parents' help). This normalizes the counseling and reframes it in a way that de-stigmatizes coming for counseling. As the SBFC counselor works with the parents and family to help the child, trust is built which permits the counselor to eventually work on other family issues

affecting the child. SBFC is a multiculturally sensitive approach because it engages parents and families as partners with the school-based family counselor in working to promote the success of the child at school (Soriano, 2004).

### **Alfred Adler: Pioneer in SBFC**

The earliest example of SBFC conducted on a large scale is that of Alfred Adler in the 1920's. Adler describes how he began his work with schools:

In 1898 I wrote my first article developing my idea of the relation between medicine in the larger sense and the school. Later, in connection with an extension class, I conducted a clinic. But it was only a small beginning and a very unsatisfactory one in the face of the great need for child guidance. Thus was born the plan to teach the teachers, for through the school I could reach hundreds of children at once.

(Adler, 1927, p.490)

By 1934 Adler in collaboration with the Vienna school system had developed over 30 child guidance clinics (Ansbacher & Ansbacher, 1956). He frequently referred to them as "advisory" clinics. Most were based in schools; some were based in the community. However, irrespective of the site of the guidance clinic, Adler used an integrated counseling approach that emphasized helping children by working collaboratively with parents, teachers, and psychologists. Adler frequently conducted family counseling interviews in auditoriums before an audience of teachers, mental health workers, and parents. Adler describes his school-based counseling approach as follows:

The purpose of these clinics is to put the knowledge of modern psychology at the service of the educational system. A competent psychologist who understands not only psychology, but the life of the teachers and parents as well, joins with the teachers and holds a consultation clinic on a certain day. On that day the teachers will have a meeting, and each one will bring up his particular cases of problem children. They will be cases of lazy children, children who corrupt the class, children who steal, etc. The teacher describes his particular cases, and then the psychologist will contribute his own experiences. Then the discussion starts. What are the causes? When did the situation develop? What should be done? The family life of the child and his whole psychological development is analyzed. With their combined knowledge, the group comes to a decision as to what should be done with a particular child.

At the next session the child and the mother are both present. The mother will be called in first... Then the mother tells her side of the story, and a discussion starts between the mother and the psychologist.....When, finally, the method of influencing the child is agreed upon, the child enters the room. He sees the teacher and the psychologist, and the psychologist talks to him but not about his mistakes. The psychologist speaks as in a lecture, analyzing objectively - but in a manner that the child can grasp - the problems and the

reasons and the ideas that are responsible for the failure to develop properly....

This summary account will give an indication of the possibilities that can be realized from the fusion of psychology and education. Psychology and education are two phases of the same reality and the same problem.

(Adler, 1930, pp.187-189)

This approach was consistent with Adler's philosophy that a child should not be treated in isolation and that those involved with children would learn in an audience-demonstration format. We see here the elements both of a systems theory and an emphasis on prevention (through education). It could be argued that the first family counseling was conducted by Adler and that it was SBFC. In 1934 all of Adler's child guidance clinics were closed with the coming to power of the Nazis. Following World War II, by 1954, five child guidance clinics were again operating in Vienna (Ansbacher & Ansbacher, 1956). Other Adlerians, especially Dreikers, have emphasized both school and home intervention (Dreikers, 1958, 1965, 1968; Piercy, 1972). Mozak (1971) has described the application of Adlerian principles to an entire school system in the United States. Clearly, SBFC has important roots in Adlerian psychology.

## **Modern Literature Advocating a Family Systems Emphasis for Promoting School Success**

### *The School Counseling and School Psychology Literature*

The value of a family systems approach when working with a child on a school problem has been attested to by a large number of school counselors and school psychologists (Amatea & Finnette, 1981, 1984; Basal, 1989; Braden & Sherrard, 1987; Bundy & Gumaer, 1984; Capuzzi, 1981; Capuzzi & North, 1984; Carson, 1987; Cooper & Upton, 1990; Downing, 1983; Fine & Gardner, 1991; Fine & Holt, 1983; Ford, 1986; Golden, 1983; Ilowit, 1995; Johnston & Zemitzsch, 1988; Klein, 1981; Kraus, 1998; Lockhart & Keys, 1998; Matthews & Menna, 2003; McComb, 1981; McDaniel, 1981; Mullis & Edwards, 2001; Paget, 1987; Palmo, Lowry, Weldon & Scioscia, 1988; Peeks, 1989, 1993; Ryan, Barham & Fine, 1985; Sawatzky & Pare, 1996; Shepard-Tew & Creamer, 1998; Smith, 1977; Tucker & Bernstein, 1979; Wendt & Zake, 1984; Wilcoxon, 1986; Wilcoxon & Comas, 1987; and Young, 1979).

An important, early article on SBFC by Friesen (1976) is visionary in its call for school counselors to embrace family counseling. Friesen (1977) recommends that SBFCs use four basic approaches to working with families: family life education, family enrichment, family consultation, and marital and family counseling. Goodman and Kjonaas (1984) conducted a SBFC pilot project and concluded that school counselors can, with proper training, do family counseling. Ford (1986) argues that because of growing problems experienced by families and declining parent involvement in schools, learning about family counseling is a necessary next step in the professional development of school counselors, teachers, and principals. Johnston and Zemitzsch (1988) describe the dangers of school intervention programs that focus exclusively on the individual student and ignore the student's other subsystems (family, peer, and community). They advocate a family systems approach that addresses all these subsystems (including the

school subsystem) and suggest that school psychologists should begin using family counseling instead of referring students to outside agencies.

Fine and Gardner (1991) contend that having a developmental and family systems orientation is more important for the elementary school counselor than a specific set of techniques. Hinkle, author of the book *Family Counseling in the Schools*, makes a case that school counselors are in a unique position to appreciate, and to utilize, a family systems approach (Hinkle, 1992, 1993). According to Hinkle, many school counselors find family counseling more effective than lengthy individual counseling in the school setting. Even when a referral to a community agency is warranted, the school counselor is more likely to make a successful referral if she/he first conducts a family interview. Nicoll (1992) describes a brief family counseling/family consultation model for school counselors that can be used within the parent-teacher conference setting.

Woody and Woody (1994) in an important article titled “The Fourth Revolution: Family Counseling in the Schools” advocate family counseling as a core counseling approach for use in schools. Williams (1994) emphasized the need for coordination between the family system, the school system, and community-based mental health systems. Edwards and Foster (1995) recommend uniting the family and school system as a way to empower school counselors. Widerman (1995) emphasized the importance of positive family influence in successful school education and recommended family systems-oriented school counseling as the way to promote this. Lewis (1996) recommends that family counseling be the focus of interventions performed by school counselors. Weiss (1996) describes the work of the Centre for Family-School Collaboration at the Ackerman Institute for Family Therapy. The goal of the Centre, founded in 1981, is to “change the structure of family-school relationships from those characterized by alienated and adversarial interactions to ones which were collaborative and mutually supportive. Our conception was that the school could function as a genuine partner to the family of each school child.” (p. 211). Evans and Carter (1997) gave a detailed definition of the role of school-based family counselor along with a case study illustrating comprehensive SBFC intervention strategies with children, teachers, and parents. Colbert (1996), Keys and Bemack (1997), Aviles (1999), Ho (2001), Bryan & Holcomb-McCoy (2004) recommend that school counselors play a leadership role in a school-family-community linked services model for developing comprehensive prevention and intervention programs. Bemak and Cornely (2002) describe the School and Family Intervention (SAFI) Model as an effective approach for school counselors to work with marginalized students and their families.

### *The Family Counseling Literature*

The ratio of articles in the family therapy literature advocating a school emphasis compared to the number of articles in the school counseling/school psychology literature advocating a family emphasis, is about 1:4. This suggests that school counselors and school psychologists are more involved with families than family therapists are involved with schools. Nevertheless, there is a growing awareness among family therapists that family systems theory, which is the dominant paradigm in family therapy, implies not only working with the other members of a child's family, but also working with all the subsystems of which a child is part, including the school subsystem ( Cowie, Quinn, Gunning & Gunning, 1998; Palmatier, 1998; Rotter & Boveja, 1999).

Gerald Patterson, at the Oregon Social Learning Center, did pioneering work in the application of behavior therapy to aggressive children with integrated interventions made by

parents, siblings, peers, and teachers. The book *Living with children: New methods for parents and teachers* is a classic in the SBFC literature (Patterson & Gullion, 1968). Phillips (1975) was one of the earliest family therapists to recommend that marriage and family counseling be provided through public schools as a way of reaching out to the community. McDaniel (1981) emphasizes the importance of collaboration between family therapists and school counselors. Guerin and Katz (1984) describe five types of problems common to the family with a child experiencing school problems (the child-centered family): emotional vulnerability in the family, conflict with a parent, conflict with a teacher or principal, an enmeshed relationship with a teacher that promotes peer resentment, and parent-teacher conflict. In addition, there are five types of triangles that can be involved in a child's school-related problems: parent-parent-child, parent-sibling-child, sibling-sibling-child, parent-child-teacher, and grandparent-parent-child.

Vazquez-Nuttal, Avila-Vivas and Morales-Barreto (1984) describe the advantages of using a family therapy approach with Latino school children because of the strong emphasis on the family in Latino families. Wetchler (1986) describes a macrosystemic model of family therapy treatment of school problems in which the school and family are viewed as the locus of the problem and treatment consists of the therapist working with the child in each subsystem separately first, and then rejoining the two subsystems in a more functional relationship. Taylor (1986) describes how children can get triangled into a "go-between" role between parents and teachers when ambivalence exists between the home and school systems. Lusterman (1988) describes a case study in which the circumplex model is used to map the dynamics occurring in a child's family and school. McGuire, Manghi and Tolan (1989) recommend that the family therapist conceptualize school behavior problems as part of a home-school system problem. Ron, Rosenberg, Melnick and Pesses (1990) point out that often family therapy alone is insufficient because the child is caught between the dysfunctional interaction between home and school. Inter-systems intervention is required in such cases. Long and Burnett (2005) discuss the importance of couples counseling as an approach for dealing with school-related violence.

Several family therapists have described the use of family therapy to help improve children's academic/school problems (Andrey, Burille, Martinez & Rey, 1978; Freund & Cardwell, 1977; Igarashi, 1992; McGuire & Lyons, 1985; Reimondi, Lockwood & Brannigan, 1981; Wetchler, 1986). Friesen & Der (1978) used a randomized control group design to compare the effectiveness of parent consultation combined with teacher consultation and child counseling with a) teacher consultation and child counseling, b) child counseling, and c) a no treatment group. A variety of outcome measures were used with 70 grade 4-6 students: the Walker Problem Behavior Identification Checklist, the Werry-Quay classroom observation measure, and measures of reading ability and child self-concept. The three counseling interventions were carried out over four months by graduate counseling students. Counseling compared to no counseling showed significant gains only in reading ability. The teacher consultation and child counseling approach showed more significant gains for reading than did the parent consultation (combined with teacher consultation and child counseling) approach. The researchers concluded that the counselors administering the parent consultation were dealing in many instances with severe family problems that in the future would justify a reduced client load to permit adequate counseling focus on the three modalities used (with parent, teacher, and child). The lack of impact of all three interventions on classroom behavior and self-concept measures suggests possible limitations due to using inexperienced counselor and time-limited counseling.

Santa-Barbara (1979) conducted an outcome study on the effects of brief family therapy on 279 families. Eighty therapists participated in the study and there was a six month follow-up. There were no significant improvements in children's academic performance, compared to control subjects, but there was a significant improvement in classroom behavior. Blechman, Taylor and Schrader (1981) utilized a randomized control group design to investigate the effectiveness of family problem-solving (contingency contracting between parents and children, guided by a problem-solving game) and found it superior to a home note comparison group and the control group in helping academically weak children improve mathematics skills. McGuire and Lyons (1985) describe a community agency-based program to which 17 families were referred by schools because of an underachieving child. After treatment 83% of the children in these families had improved in grades and in classroom behavior. A causal comparative study by Almonte (2005) assessing the effectiveness of a multicultural counseling program found significant improvements in counselor ratings for classroom behavior, grades, at-home behavior, and DSM GAF scores for students receiving 2 or more family/parent counseling sessions as compared with control group students who received only individual counseling. While this study suggests that increased family contact by the school counselor was beneficial, it must be noted that there was no random assignment of subjects to treatment conditions. The family therapy literature also contains several descriptions of SBFC programs that are university-school partnerships in which graduate family counseling students carry out internships in schools (Albaum, 1990; Carter, 1997; Friesen, 1974; Gerrard, 1993; Hillis, Gerrard, Soriano, Girault, Carter & Hong, 1991; Smith, 1989).

### *The Social Work and Special Education Literature*

In the social work literature, Long (1988) describes the importance of understanding the families of latch key children in order for school personnel to help those families. Wattenberg and Kagle (1986) describe their study of 83 families referred out by school social workers for family therapy. Dicocco, Chalfin and Olson (1987) describe a family therapy program that is a partnership between a community family counseling agency and a public school system. Although in none of these studies is family systems theory emphasized as an integral part of the school social worker's role, there is an awareness of the importance of family variables affecting schoolchildren.

The authors of four articles advocate family counseling as being an important part of the School Social Worker's role (Fine & Jennings, 1985; McCard, 1987; Millard, 1990 (a); Millard, 1990 (b)). Blatt and Staff (1977) describe a collaborative relationship between a child guidance center and an elementary school which resulted in the development of an outreach family therapy mini-clinic in the school. McDonald-Joy (1977) advocates a Montessori schooling approach for the children of alcoholics as a way of raising the children's self-esteem and thereby enhancing treatment of the parent(s) and overall family functioning. This study is interesting because it makes a case for an educational intervention with the child as having an important systems effect on the rest of the family.

In the Special Education literature there are a limited number of references to family counseling as being a valuable part of the Special Education specialist's role. Farago (1988) advocates the use of siblings in therapy as a way to help school children. Dawson and McHugh (1986) describe the use of a family systems approach in a school to reduce attendance problems among children with emotional and behavioral problems. Dawson and McHugh (1987) describe case studies of students whose problems are exacerbated by teacher-parent communication

difficulties and give examples of how teachers can make home visits as part of a family systems approach to changing students' behavior. Sixteen students participating in the *Youth in Psychoeducational Services* (YIPS) program received family counseling, in addition to academic and behavioral treatment: 58% showed improvement on a behavior rating checklist, 93% improved in reading achievement, 86% improved in spelling, and 71% improved in reading (District of Columbia Public Schools, 1981).

While the school counseling, school psychology, family therapy, social work, and special education literature contains parallel themes emphasizing the value of intervening in both family and school in order to help children with difficulties at school, this literature is mostly descriptive in nature.

#### *Literature on Comprehensive SBFC Programs*

The first comprehensive SBFC program was that developed by Adler and is described in detail above. More recent SBFC programs are described below.

Friesen (1974) developed one of the first outreach SBFC programs in a school district through a university-school partnership (between the University of British Columbia and Richmond School District). A community counseling center based in a school was staffed by masters and doctoral students in counseling who used a family systems orientation with school clients. Kramer (1977) describes a family counseling program for alienated secondary school students. The program, at Berkeley High School in California, was supervised by the principal and counselor and was staffed by licensed family therapists.

Barksdale (1979) describes a collaborative program between a school district and a community mental health agency. Over two years an outreach SBFC program was developed at one elementary school, then extended in the second year to four additional schools.

Merrill, Clark, Varvil, Sickle, and McCall (1991) describe what may be a model approach for implementing a program in SBFC that is based on retraining of existing school mental health professionals. Over a nine-year period school psychologists and school social workers in the Topeka Public Schools have participated in the SBFC program. Co-therapy teams use a problem solving family systems approach with an average of two families a year. Team members are closely supervised by an experienced family therapy supervisor. The SBFC team members also participate in a bi-monthly seminar that focuses on learning family therapy skills. Data for a five-year period showed that 137 families had been served.

Opuni (1995) describes the Houston Independent School District's *Beating the Odds* (BTO) program, initiated in 1988. BTO provides in-school counseling, community outreach, family case management, and specialized teacher training to assist at-risk secondary students. Opuni credits the BTO program with helping to curb the district's high dropout rate and for improving mathematics achievement with the students involved in the program. Gerrard (1996) outlines the formation of the University of San Francisco's *Mission Possible* program, a university-schools partnership in SBFC that was begun in San Francisco school in 1984 and has now operated for 25 years. Mission Possible places master's level trainees in Marital and Family Therapy in public and private schools where the trainees function as school-counselors, but using a family systems orientation. Since 1984 more than 10,000 at-risk elementary and middle school children and their families, and over 100 San Francisco-Bay area schools have been served. Robbins and Carter (1998) describe a school counseling program called *Family Builders* which was initiated by the Archdiocese of Louisville, Kentucky. The purpose of this program is to help teachers and parents correct undesirable behavior in students through a home/school/community

partnership emphasizing recognition of parents as children's primary educators. Repka (1999) reviews the services offered by the Seton Center in New Jersey, which augments support provided by the teacher and principal with parenting classes, parent support groups, and an emphasis on early intervention and prevention.

Carter (2003) describes the Mission Possible program at California State University, Los Angeles. This program places trainees in CSULA's master's degree SBFC program in public schools in the greater Los Angeles schools. This program has provided service to over 30 Los Angeles schools since 1988. Carns and Carns (2003) describe the evolution of a SBFC center in central Texas. Klein (2004) reports on *Community Agency School Services* (CASS), a program administered by the school district in Frederick County, Maryland. The CASS program consists of 10 licensed master's level social workers each of whom is assigned to a high school feeder area. The program provides case management and referrals for family counseling, housing, and health care for families with problems that may negatively impact their children's learning. Klein indicates that in 2003 more than 700 families were assisted. Amatea, Daniels, Bringman and Vandiver (2004) describe the *Family-School Collaborative Consultation Project*, a three year project of school-wide change initiated by a team of administrators, school counselors, and counselor educators. The primary goal of the project is to create strong working relationships between school counselors, teachers, and students' families. Chafouleas and Whitcomb (2004) present evaluation data from the *Placement Prevention Program* which integrates school, family, and community resources with an emphasis on working closely with families. The authors report that through the use of crisis intervention, counseling, intensive supervision, preventive programming, and mentoring the program has achieved its goal of reducing the number of out-of-home placements and the goal of increasing student success at home and at school has been partially met. Lochman and Wells (2004) report that a randomized control group evaluation of the *Coping Power Program* demonstrated lower rates of covert delinquent behavior and improved classroom behavior in at-risk adolescent boys who received the full program with parent and child intervention components.

SBFC services have also been implemented through school-based health centers called comprehensive school health programs (CSHPs). CSHPs typically provide services and programs covering a wide variety of areas affecting children: health and mental health screening, health services, health education, family planning, family education, schoolwide health promotion, food service, nutrition counseling, school environment, counseling, drug prevention counseling, parent education, physical education, and family, school, and community partnerships ( Dryfoos, 1994; Kronick, 2005; Kuersten, 1998; Tyson, 1999; Weist, Rubin, Moore, Adelsheim & Wrobel, 2007). The locating of a comprehensive health center in a school reduces fragmentation of services (Dolan, 1996). Examples of specific programs are: the *School Based Youth Services* program of New Jersey (Dolan, 1996); the *Homan Square Project* in Chicago (Hollinger-Smith, 1998); the *Full Service Schools Program* in Knoxville, Tennessee (Kronick, 2005); and a CSHP program in Providence, Rhode Island school district and Animas, New Mexico (Marx & Northrop (2000). Ho (2001) and Bryan (2005) have emphasized that school counselors have an important role to play in the provision of CSHPs and school-family-community partnerships through roles such as team facilitator, collaborator, and child advocate. It is important to note that while all CSHPs employ some form of counseling, the degree to which a family systems approach is used varies considerably. Some programs emphasize a traditional mental health approach emphasizing DSM diagnosis and child counseling; others

utilize some form of parent education; and some use a strong family systems approach and emphasize family counseling.

Carter and Perluss (2003) have described one of the first master's graduate degree programs in SBFC at California State University, Los Angeles. Graduates of this program which emphasizes integration of school counseling and family counseling approaches within a family systems framework, are eligible for the Pupil Personnel Services credential (which permits them to work in public schools as school counselors), as well as the Marital and Family Therapy license. Carter and Evans (2003) have outlined a detailed step-by-step approach for implementing a comprehensive SBFC program. Terry (2002) describes a one-semester unit course entitled "Family Counseling in the Schools." Some of the books most widely used in university and in-service SBFC training are: *Preparation, Collaboration and Emphasis on the Family in School Counseling for the New Millennium* (Duhon & Manson, 2000); *The Handbook of Family-School Intervention: A Systems Perspective* (Fine & Carlson, 1991); *Family Counseling in School Settings* (Giblin & Walsh, 1998); *Family Counseling in the Schools* (Hinckle & Wells, 1995); and *Integrating School and Family Counseling: Practical Solutions* (Miller, 2002).

### *Family Counseling Approaches used in SBFC*

Some of the family counseling theoretical approaches used in SBFC are: Adlerian family therapy (Arciniega & Newton, 1981; Baideme, Kern & Taffel-Cohen, 1979; Kern & Carlson, 1981; Nicoll, 1984); Eclectic Systems Therapy (Sawatzky, Eckert & Ryan, 1993); Behavioral Family Therapy (Blechman, Taylor, & Schrader, 1981; Horne & Walker, 1984; Snyder, Cramer, Afrank & Patterson, 2005); Family of Origin Therapy, Humanistic Family Therapy, and Behavioral Family Therapy (Ford, 1986); Multiple Group Family Therapy (Dombalis & Erchal, 1987); Parent Training (Beutler, 1979; Carr & Carr, 1974; Stapp & Whittlesey, 1972); Psychodynamic and Gestalt Family Therapy (Smith, 1978); Psychodynamic Cognitive-Behavioral Systems therapy (Dineros, 2003); Strategic Family Therapy (Amatea, 1989; Conoley, 1987; Lewis, 1986; McDaniel, 1981; Nelson, 2006; O'Connor & LaSala, 1988; Stone & Peeks, 1986; Webb-Watson, 1988); Structural Family Therapy (Carlson & Sincavage, 1987; Fish & Jain, 1988; Goodman & Kjonaas, 1984); Structural/Strategic Family Therapy (Dicocco, Chalfin & Olson, 1987; Wetchler, 1986); and Solution-Focused Brief Therapy (Williams, 2000). This represents a broad range of traditional family therapy approaches being applied in the school setting.

Specific techniques used in SBFC include: couples counseling (Everts, 2003); collaborative drawing (Van Velsor & Cox, 2000); conjoint family counseling (Albaum, 1990; Arciniega & Newton, 1981; Casey & Buchan, 1991; Carlson & Sincavage, 1987; Conoley, 1987; Dawson & McHugh, 1986; Dombalis & Erchal, 1987; Dowling & Taylor, 1989; Ewashen, 1988; Fine & Gardner, 1991; Ford, 1986; Golden, 1986, 1988; Goodman & Kjonaas, 1984; Peeks, 1989; Stone & Peeks, 1986; Smith, 1989; Stark, Brookman & Frazier, 1990; William & Hugman, 1982); crisis intervention (Trailer, 2004); divorce group counseling with children (Bundy & Gumaer, 1984; Graver, 1987; Prokop, 1990); family autobiography (Holcomb-McCoy, 2004); family change group counseling (Costa & Stiltner, 1994); family drawing (Colba & Brazelton, 1994); the family-school problem-solving meeting (Weiss, 1992); letter writing (Yeung, 2005);

evidence-based parent training (Valdez, Carlson & Zanger, 2005; mentor families (Fryxell, 2003); parent communication training (Williamson, 1997); parent conferences (Bowman &

Goldberg, 1983; Conrad, 1989; Dawson & McHugh, 1987); rituals (Parker, 1999); therapeutic storytelling (Fortune, 2005); and working with grandfamilies (Edwards, 1998).

### **Benefits of SBFC**

The literature contains articles describing the value of a family approach in dealing with a wide variety of specific student situations: abuse (Moletsane, 2005); academic difficulties (Stone & Peeks, 1986; Taylor, 1982); alienated students (Kramer, 1977); bereavement (Ayyash-Abdo, 2001; Iverson, 2003); depression (Stark, Brookman & Frazier, 1990; Woods, 2005); developmentally immature students (Campion, 1984); disruptive students (Ewashen, 1988; Williams, 1988); drinking violation (Ford, 1986); dysfunctional families (Bilynsky & Vernaglia, 1999); elective mutism (Lazarus, Gavilo & Moore, 1983); fighting (Canfield, Ballard, Osmon & McCune, 2004); gifted students (Colangelo, 1988; Lester & Anderson, 1981; Zuccone & Amerikaner, 1986); HIV/AIDS (Eloff, 2003); homework (Margolis, McCabe & Alber, 2004); improvement of mathematics skills (Blechman, Taylor & Schrader, 1981); learning disabled students (Perose & Perosa, 1981); married students (O'Brian, 1976); parental abuse and neglect (Griggs & Gale, 1977); prejudice towards students with cancer (Tan, 2004); racism (Fusick & Bordeau, 2004); school phobia (Cerio, 1997); school violence (Marchetti-Mercer, 2003); single parent families (Weiers, 1986); social anxiety (Fisher, Masia-Warner & Klein, 2004); special education students (Ferreira, 2003); stepfamilies (Kosinks, 1983; Medler, 1985; Poppen & White, 1984); substance abuse (Lambie & Rokutani, 2002); suicide (Maples, Packman, Abney, Daugherty, Casey & Pirtle, 2005); and trauma (Kruczak, 2005).

The literature describes six main benefits of SBFC for schools: improved academic functioning of the students receiving SBFC, lessening of students' emotional and behavioral problems, decreased classroom disruption of other students, improved functioning of the students at home, improved relationships between schools and families with children having school problems, and cost effectiveness (Albaum, 1990; Stone & Peeks, 1986).

Dowling and Taylor (1989) point out that parents experience SBFC as more accessible and less threatening than going to a traditional clinic. Bobele and Conran (1988) and Colapinto (1988) describe some of the difficulties that arise when school personnel refer students' families to outside agencies for family counseling. There is a danger of the therapist becoming triangulated into a conflict between the school and the family and focusing on the family prematurely rather than viewing the problem as one within the larger school-family system. Carter (1992) has suggested that parents experience less threat with SBFC because the focus of the counseling is academic - "helping the child succeed at school" - rather than dealing exclusively with "family problems." This definition of the family counseling as school-focused reframes family counseling for the parents and family in a way that makes it more socially acceptable. Quirk, Fine and Roberts (1991) point out that the potential resistance of teachers to parents being more involved in academic decisions is lessened by the family counselor being a part of the school team. Soriano (2003) has described the value of SBFC as transforming and reframing psychological services as educational services and thereby making counseling more accessible to minority families. The SBFC model is a multi-culturally sensitive one that overcomes many of the stigmatizing limitations of traditional DSM-based mental health models that fail to meet the needs of immigrant communities (Soriano, 2005). Examples of this are the multi-culturally relevant programs developed by Everts (2003) and Igoa (2006). Everts (2003) has described a SBFC intervention program with Asian migrant families and their children in

which traditional Western counseling programs and techniques were adapted to make them more culturally relevant to the migrant parents and children. Igoa (2006) has developed a teacher approach to SBFC with immigrant children that employs basic counseling strategies and artwork to empower children and their parents.

### **Challenges in Implementing SBFC**

The literature also identifies several problems in the implementation of SBFC. Some of the difficulties in implementing a family systems therapy approach in schools are: a lack of parental cooperation and disparities between home and school behavior (Feldman, Peer, & Altman, 1984). Wendt and Zake (1984) discuss the advantages of training school psychologists in family dynamics and family therapy, but point out that the family systems approach is complex and requires extensive coursework. This has important implications for in-service training and university curricula. Golden (1983) suggests that family therapy is too complex for school counselors, although school counselors can make brief interventions with functional families.

Although the literature reviewed above contradicts Golden's position (there are many studies of school counselors using family therapy techniques effectively), Golden's article indicates the importance of adequate training in family therapy for school counselors. Alessi (1989) states that practicing family therapy in schools involves more complex ethical issues than those usually encountered in private, outpatient practice. Hansen, Green and Kutner (1989), and Mynuson and Noreen (1998) indicate that when school counselors and school psychologists increase their involvement with families, ethical issues related to training and competence and to welfare of consumers are raised. Fine and Holt (1981) identify five obstacles to the school psychologist using family counseling: the school psychologist's competence to do family counseling, resistance to

using family counseling, the absence of research in SBFC, difficulties in identifying the client system, and the complexity of system dynamics. Quirk, Fine, and Roberts (1991) describe a number of difficulties associated with family-school systems interventions: school personnel resisting a wider systems focus that includes the family and community; the need for school counselors to do evening work (to accommodate parents); and ethical dilemmas arising from viewing the teacher as a client as opposed to a partner in consultation. Samis (1993) surveyed 249 elementary school counselors and found that they had a preference to do individual counseling with children and teacher consultation rather than to do parent consultation. This suggests that many elementary school counselors might be reluctant to do family counseling because of insufficient training in parent consultation.

Woody (1989) describes the need for curriculum revision in universities to help school psychologists learn SBFC and anticipates that professional defensiveness might be the result. This would seem to be a normal process in the re-visioning of any professional role. Stone and Peeks (1986) describe how some counselors not trained in family systems thinking may have difficulty shifting away from an "individual" psychological way of conceptualizing. Many mental health professionals trained in the diagnostic model of the American Psychiatric Association, called the Diagnostic and Statistical Manual (or DSM), conceptualize mental health problems as mental disorders in individuals. Family therapists generally view the client who presents for therapy as "the identified patient" who is often the symptom bearer for a dysfunctional family system. The DSM emphasis on individual pathology may make it difficult for some mental health professionals to adopt a systems viewpoint which is central to the practice of SBFC.

## **Summary and Recommendations for Future Research**

There are several observations that can be made about the abovementioned literature.

First, the literature reveals a growing interest in SBFC that cuts across disciplines: school counseling, school psychology, family therapy, school social work, and special education. School practitioners in each of these fields have written about the importance of a family systems theoretical viewpoint in working with children with school difficulties. This represents an important paradigm shift in the conceptualization of counseling school children. In particular, the school counseling literature has given increasing emphasis to the role of the family as it affects children's school behavior and academic performance. Following Adler's impressive 10 year implementation in the 1920's of a SBFC program through 30 guidance clinics linked with Vienna schools, there followed a relative 30 year hiatus after World War II. The literature suggests a strong resurgence of interest in SBFC beginning in the 1970's and continuing into the present. The Adlerian emphasis on a broad school district involvement involving multiple schools has been continued by programs such as the Center for Family-School Collaboration at the Ackerman Institute for Family Therapy and the Mission Possible programs at the University of San Francisco and California State University, Los Angeles.

Second, the literature suggests that there are at least six main types of SBFC service delivery program currently being used: 1) School-sited: In-service Training, 2) School-sited: Family Therapy Staff, 3) School-sited: University-School Collaborative, 4) School-sited: Agency-School Collaborative, 5) Community-sited: Agency, and 6) Community-sited: Private Practice. Table 1 lists the six SBFC service delivery program types and compares each one on site of counseling, accountability of SBFC personnel, personnel providing the SBFC, administrative and clinical control of the program, advantages and disadvantages, and examples of representative programs. The literature suggests that SBFC occurs in a variety of ways, but what all have in common is the emphasis on linking family intervention with school intervention. The relative effectiveness of these different SBFC delivery approaches is unknown. Since the literature reviewed above is primarily US-based, the reader should not assume that there are only 6 types of SBFC delivery approaches.

Third, the literature suggests that the skills needed of persons practicing SBFC are those typically practiced by school counselors and by family counselors. Table 2 lists some of the typical skills common to school counseling and family counseling as traditionally practiced in North America. As can be seen from this table, the skill set required of the SBFC counselor potentially covers specific school counseling skills (such as career counseling and guidance groups) as well as specific family counseling skills (such as couples counseling and family counseling). Of the 23 skill/competency areas listed 10 are held in common by both school counselors and family counselors. It should be noted that this list is not meant to be exhaustive or to exclude counseling functions performed by other mental health professionals or by important non-mental health professionals, such as educators or peer helpers, e.g. the mentor families described by Fryxell (2003).

Fourth, the SBFC literature reviewed above is primarily descriptive. There is a relative absence of outcome studies, particularly studies comparing SBFC in its various forms with traditional approaches to school counseling. While the logic of combining school and family counseling interventions is compelling, the evidence-based support is sparse.

Fifth, the SBFC literature as it currently exists is primarily US-based and reflects what is primarily an Amerocentric perspective on counseling. There are other important cultural perspectives on ways to help children through home-school intervention and these perspectives need to be investigated and given “voice.” For example, there are some schools in South Africa where the students are mostly orphans and live in a home connected to the school (Adams, 2003). In this context, the school functions as a sort of family and the counseling is provided by the teachers who are also parent figures. This echos Adler’s belief that teachers are ideally suited to help children overcome psychological problems.

Sixth, the literature also reveals important ethical issues around the level of training needed to do SBFC. Family counseling is a type of group counseling and can be a challenge for counselors who are introverts or who have been trained in only individual counseling. There is a need for SBFC academic programs that are integrated, that is, programs that are not just a splicing together of Family Therapy and School Counseling/School Psychology/School Social Work/Special Education programs, but have a genuinely eco-systemic view of the family-school system (as well as the child’s peer and community subsystems).

I would like to offer the following suggestions for a preliminary SBFC research agenda to address some of the challenges described above. First, there is a need for greater documentation of the effectiveness of SBFC using rigorous research designs. Outcome research is needed using traditional between-groups and within-groups experimental designs (as well as mixed designs) evaluating the effectiveness of SBFC in its various forms in comparison with traditional forms of school counseling. To paraphrase the specificity hypothesis:

What forms of SBFC work best with what type of students, parents, and families for what problems, as delivered by which helpers under what conditions...

Attention should be given to:

- a) The focus of the counseling: i) parent consultation, ii) conjoint parent and child counseling, iii) conjoint parent, child and family (e.g. sibling, grandparent, etc.) counseling, iv) teacher consultation, v) peer counseling, vi) child counseling with a relationship/family focus. It should be noted that not all family systems interventions are conjoint: some approaches can be used with individuals, as in Bowen therapy and some of the strategic therapies. The intervention is made with an individual, but the counselor is guided by a family systems theory and utilizes relationship change techniques with the client (e.g. behavior rehearsal to help a child communicate more effectively with a parent). This is in contrast to intra-psychic approaches that do not give a primary focus to relationship change.
- b) Who the helper is: i) mental health professional, ii) teacher, iii) principal, iv) peer, iv) other adult (e.g. mentor family).
- c) The theoretical orientation used: e.g. Behavioral, Narrative, Structural, Brief, Strategic.
- d) The SBFC service delivery model used (see Table 1).
- e) The grade level of the students: i) elementary school, ii) middle school, iii) secondary school. In the North American context most mental health professionals seem to believe that the family has less influence on older adolescents and that it is therefore more efficacious to intervene at the elementary level for preventative reasons and because the family can exert a

more corrective influence. This assumption cannot be made of other cultural contexts.

Researchers should consider using the Friesen & Der (1978) study as a possible model for SBFC investigation. The main strengths of their research were: a) use of a randomized control group pretest posttest design, b) comparison of multiple counseling treatments, c) use of objective assessments of academic performance and classroom behavior, and d) stratified random sampling of schools to control for socio-economic variables. Their report is useful in that it includes detailed training materials as well as sample letters and strategies used to develop a collaborative relationship with parents.

Second, qualitative and quantitative research should be conducted on the various forms of SBFC practiced internationally. As proposed by Everts (2006a) a survey should be conducted of members of the *Oxford Symposium in SBFC* to determine current best practices of SBFC around the world. At the 2006 Oxford Symposium in SBFC members were polled on their research interests as a first step in the formation of international research teams. The formation of these international research teams should continue as recommended by Everts (2006b). This international research could lead to a valuable broadening of the definition of SBFC and the sharing of new SBFC interventions. The *International Journal of SBFC* could play a valuable role in stimulating international research on SBFC.

Third, research is needed on the most effective ways to train practitioners in SBFC. Some noteworthy examples in the literature include the in-service model described by Merrill et al (1991), the California State University, Los Angeles SBFC masters program (Carter, 2003), and the Personalismo training program (Almonte, 2005).

Fourth, research should be conducted on different SBFC assessment models. There may be an advantage to using assessment models that can be applied in both home and school settings, e.g. the circumplex model (Lusterman, 1988). The advantage may have to do with keeping the counselor focused on the child's relationships with significant others at school and at home and assist in identifying similar relationship patterns occurring in both settings. Resmini (2004) has noted that for some children the situation at school replicates the dysfunctional family environment. Research is needed to determine whether this type of cross-setting assessment facilitates treatment gains.

Fifth, research should be conducted on the various administrative and organizational obstacles to implementing SBFC programs. Examples of these obstacles include: opposition by colleagues who may have a different theoretical orientation; opposition by educational administrators; and dealing with institutional blockages that may interfere with counseling interventions linking children, schools, universities, and families. Most counselors only have to deal with problems within one organization, i.e. their school or agency. SBFC program developers invariably work with multiple groups and organizations that require flexible problem-solving across organizational boundaries. Frequently these different organizational units can behave like dysfunctional families and impede successful SBFC program implementation (Yeung, 2007). Descriptive research, both qualitative and quantitative, would be valuable in delineating the variety of administrative and organizational challenges experienced by SBFC practitioners and possibly suggest strategies for dealing effectively with these challenges.

These research suggestions are not meant to be exhaustive and are intended to stimulate discussion. This review of the literature suggests that the paradigm of SBFC so strongly launched by Adler in the 1920's, has re-emerged in the 1970's to cross disciplines and establish itself as a meaningful approach to school counseling now utilized by counselors, social workers,

psychologists, family counselors, and teachers. As with all new paradigms the challenge is to now put it to the evidence-based test.

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**Table 1 | Six Types of SBFC Service Delivery Programs**

Program Type	Site of Counseling	Main Accountability of SBFC Personnel	Personnel Providing SBFC	Administrative Control of Program
<b>1. School-sited: In-service Training</b>	School	School	School Counselor School Worker Psychologist School Social Worker Teacher	School
<b>2. School-sited: Family Therapy Staff</b>	School	School	Family Therapists	School
<b>3. School-sited: University-School Collaborative</b>	School	School	Family Therapy Graduate Students	School/ University
<b>4. School-sited: Agency-School Collaborative</b>	School	School	Family Therapists	School/Agency
<b>5. Community-sited: Agency</b>	Community: Agency	Agency	Family Therapists	Agency
<b>6. Community-sited: Private Practice</b>	Community: Private Office	Family Therapist in Private Practice	Family Therapist	Family Therapist

<b>Program Type</b>	<b>Clinical Control of Program</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Examples</b>
<b>1. School-sited: In-service Training</b>	School	Low cost, Utilizes existing personnel	Extensive in-service training required	Nicoll (1992) Merril, Clark, Varvil, Sickle & McCall (1991) Bemak & Cornely (2002)
<b>2. School-sited: Family Therapy Staff</b>	School	Utilizes experienced family therapists	Requires hiring of new personnel	Kramer (1977), Kronick (2005)
<b>3. School-sited: University-School Collaborative</b>	University	Cost effective for schools and parents	Inexperience of graduate students	Albaum (1990), Hillis, Gerrard, Soriano, Girault, Carter & Hong (1991), Carter (2003)
<b>4. School-sited: Agency-School Collaborative</b>	Agency	Cost effective for Schools	Parents pay fee	Barksdale (1979), Blatt & Starr (1977), Klein (2004)
<b>5. Community-sited: Agency</b>	Agency	Utilizes community resources	Parents pay fee, Reluctance of families to participate	McGuire & Lyons (1985), Long & Burnett (2005)
<b>6. Community-sited: Private Practice</b>	Family therapist practice	Utilizes community resources	Parents pay fee, Reluctance of families to participate	Freund & Cardwell (1977), Wetchlet (1986)

Note: The term “School-Based” in “SBFC” refers to the critical importance of the role of the school rather than the school site, specifically.

**Table 2. Examples of Different Skills/Competencies Performed by the School-Based Family Counselor Shown as Traditional Skills Taught to Family Counselors and to School Counselors in North America**

<u>Counseling Approach</u>	<u>Traditional Skill/Competency Taught</u>
School Counseling and Family Counseling (skills common to both)	Child counseling Group counseling Child advocacy Child assessment Parent consultation Awareness of ethical issues Referral to community resources Program evaluation Multicultural counseling Community intervention*
School Counseling	Teacher consultation Teacher education (e.g. classroom discipline) Career counseling Guidance groups Classroom meetings School law Academic planning
Family Counseling	Family counseling Couples counseling Family assessment Family law Parent education Parent support groups

\*emerging skill area