

Chapter 9

How to do Conjoint Family Counseling

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OVERVIEW: *This chapter is about how to implement conjoint family counseling in clinical settings, including the schools. It encompasses: 1) counselor preparation prior to engaging in conjoint family counseling, 2) the basic processes of conjoint family counseling including family evaluation, family feedback with narrative of cultural and historical factors, most important issues and crisis management, treatment plan formulation, implementation of conjoint family counseling, and termination, 3) school-based conjoint family counseling, 4) multicultural factors and 5) evidence-based support.*

BACKGROUND

The following chapter is based on my experiences training beginning graduate students in the art of family therapy at California State University, Los Angeles, a highly diverse university in an urban, economically challenged neighborhood. This graduate training program, a Masters of Science degree in School-Based Family Counseling (SBFC), is described in more detail elsewhere in this book in Chapter 45. The specific training in Family Therapy and SBFC that is the focus of this chapter takes place over the course of an entire academic year and involves 11 weeks of lecture followed by 22 weeks of clinical practice with direct, live supervision and an additional 11 weeks of lecture. This comprises a total of 164 hours of direct lecture, clinical experience and supervision. This chapter is an attempt to encapsulate this extensive level of training into a brief description. It is hoped that this discussion can give the reader an understanding of the basic concepts of family therapy and indications for further training. Understanding and being able to implement family counseling can often help counselors feel less intimidated by new experiences involving interpersonal conflict and can empower them to help others to resolve conflicts in a variety of settings, including the school. At the end of the chapter is a section on specific applications to SBFC.

FAMILY EVALUATION

When I first began to conduct and teach conjoint family counseling, I used Karpel & Strauss' multidimensional model of family evaluation, based on the work of Ivan Boszormenyi-Nagy, to try to make sense of what I was seeing in family therapy (Karpel & Strauss, 1983). Their book, *Family Evaluation*, although written in 1983, is highly recommended for anyone interested in conjoint family therapy and will be referred to throughout this chapter. Their description of family evaluation and the assessment of the Factual, Individual, Systemic, and Ethical dimensions enabled me to organize my interviews and observations of families more cohesively. This led to obtaining information that created a more comprehensive view of family functioning and the determination of the most important issues for the whole family. These issues then became the focus of developing more effective treatment plans with prioritization of specific goals and delineation of the concrete and specific steps necessary to accomplish these.

Skill in family therapy requires knowledge of individual cognitive and emotional development and understanding of what these look like in natural settings from infant to grandparent. It also requires familiarity with the stages of the family life cycle, and normal and abnormal responses to stage

transitions for a family from the birth of a child to the aging and death of parents. Family therapy involves the willingness to bring out conflict and the skills to resolve it in ways that help each member develop greater awareness and compassion for each other. These skills enable a counselor to feel prepared to handle a lot of what happens in assisting parents to help their children develop, especially in the emotional and behavioral areas.

This chapter is primarily focused on the process of conducting weekly conjoint family counseling over the course of a five-month period. Conjoint family counseling in schools, however, is a much more condensed process because you need to help the family change quickly to reduce anxiety so that children can become available for learning. This is especially important at the elementary and middle school level where the family has the most influence over a child's daily life. The end of every school year provides a clear and concrete evaluation of your work because of the academic, emotional, and behavioral benchmarks for student development. And kids don't learn if they don't find a way to manage their emotions effectively and to follow directions. Schools are responsible for dealing directly with behavior at school and the emotions underlying them, but families must be the main protagonists in teaching appropriate behavioral and emotional self-control. Families have to be the main teachers of these critical skills, but schools can help empower parents to be more effective by providing school-specific parent training and targeted intervention for school-related problems.

The role of the school should be to alert the family about problems in child development, provide brief intervention targeted towards school behavior, and to refer families to agencies that actively promote the connection between family mental health and child success in school. This can be very difficult because many parents and school personnel still have problems understanding the importance of this connection. This makes the skills of conjoint family therapy even more critical to implementing effective school interventions, because the counselor must be able to quickly facilitate change in adults' perceptions as well as children's. Still, it is important to remember that SBFC has more time-sensitive requirements for change and specific outcomes and a more condensed process to accomplish these. A final consideration is that all effective conjoint family counseling must incorporate a deep understanding of cultural background and individual history, both in families and in schools.

COUNSELOR PREPARATION FOR CONJOINT FAMILY COUNSELING

Before attempting to conduct conjoint family counseling, a counselor must be specifically prepared for the challenges of working with families. This preparation is critical to the overall success of implementing conjoint family counseling. The first level of preparation for the counselor is to understand the importance of unconditional positive regard for each family member. While this is a core requirement for any effective counseling, it is often more challenging when conducting family therapy because of the family archetypes that often cause counter-transference. This counter-transference may involve issues related to the counselor's experience with their own mother and father, and may subconsciously inhibit the counselor's ability to be empathic with a father or mother who is exhibiting difficulty, particularly during conflict.

In individual and group counseling, there is typically less need for confrontation, and counter-transference issues can be dealt with after the session without compromising rapport or the therapeutic process. In family counseling, however, a counselor is sometimes required to interrupt and confront a father or mother when they are engaged in behavior that may cause emotional damage to a child or each other. This type of confrontation is very difficult for counselors who are not aware of their own issues regarding their family, mother or father. This often results in the counselor either overreacting or underreacting to the situation, which can have disastrous effects on the welfare of a family member or the effectiveness of the intervention.

This unconditional positive regard for each family member is also important because of the fact that many parents and other family members feel very defensive when in the presence of their family.

This defensiveness may make it very difficult to interact with these family members because their transference may cause hypersensitivity to negative reactions from the counselor. If the counselor reacts defensively to the client, this puts great pressure on rapport and may result in the client discontinuing counseling.

Family counseling is also very different from individual or group counseling because it typically involves dealing with a high degree of interpersonal conflict and requires a more active and directive approach. At its core, effective family counseling often requires counselors to help a family to address the unresolved conflicts that create so much anxiety for family members, especially children. In fact, when helping families to address domestic violence, an important goal is for the family to interrupt or “shut down” their arguments at home and to resume them under the more controlled setting of the counseling office. Salvador Minuchin, one of the pioneers of family therapy, termed this process “enactment”, whereby the counselor attempts to bring family arguments into the counseling session. This allows the counselor to observe typical family interactions, which Minuchin believes reveals the hierarchical structure of the family (Minuchin & Fishman, 1981). In order to benefit from these observations, however, a counselor must remain calm and clearheaded when dealing with these “family disturbance” situations that most police officers dread more than any other call.

How does a counselor remain calm and clearheaded when attempting to manage the most intense interpersonal conflicts of others? The first step is to be very self-aware of the thoughts and feelings that one has about one's own family of origin, especially when growing up. When implementing family counseling, these unconscious thoughts and feelings about our own past often reduce the counselor's ability to remain objective and empathic when interacting with families.

One exercise that can assist a counselor to become more aware of their own family issues involves conducting a family evaluation of one's own family of origin (mother, father, siblings and any extended members of the family who live in the home)(see Box 9.1).

Box 9.1 The Family Evaluation Paper

The family evaluation paper is a comprehensive, objective study of your own family of origin (i.e., the family consisting of you, your siblings, your parents, and grandparents.) Focus on a time in your family's history when a problem clearly existed and that you clearly remember. Imagine that the family sought counseling to address this problem and that you are the family counselor that they have chosen. Your task is to write a comprehensive and objective evaluation of the family from the perspective of the family counselor. You must include the following:

- a. Construct a genogram of your family at the time of the crisis including your grandparents, your parents' generation and your own generation; include the year that this is happening and the Identified Patient (See page 79 & 80 in Karpel & Strauss).
- b. Describe the presenting problem and identify the stage(s) in the developmental life cycle (Karpel & Strauss-Ch. 2) that your family was in when the problem occurred. If more than one stage, which is most important and why.
- c. Analyze and describe the family's current structure and dynamics (i.e. Factual, Individual, Systemic, and Ethical dimensions) with respect to the presenting problem, cultural and historical factors, and any other issues that you may have identified.
- d. Describe the most important issues for the family as you see them, including how the presenting problem fits in (e.g., separation anxiety resulting from Father-Child symbiosis).

they were growing up when their family experienced a crisis and to imagine that their family actually sought out family counseling. They are asked to use a family crisis that occurred when the student was at least 10 years old so that they are able to recall the basic facts of the situation. The students are then required to write a family evaluation through the eyes of the fictional family therapist that their family would work with. This evaluation must be objectively written and the student is discussed in the third person as just another member of the family.

Students report that, while this paper requires no library work, citations or footnotes, it is often the most difficult paper that they have ever written. This is because it requires the student to truly explore each family member's unique position and point of view as well as the interactive dynamics of their family of origin. When conducted in a genuine fashion with a truthful attempt to remain objective, this exercise can enable the student to gain a deeper understanding of the past and current issues regarding their family of origin. This awareness can then serve as a critical reference point when working with families and counter-transference.

BASIC PROCESSES OF CONJOINT FAMILY COUNSELING

THE FIRST TELEPHONE CONTACT

Conjoint family therapy begins with the first telephone contact with the client. As with most counseling strategies, the establishment of rapport is the first most critical process. This begins by clearly communicating to the client the need for the whole family to be involved in order to assist the family member who may be the primary reason for why the family is seeking help. It is important to remember that many parents do not truly understand what counseling is about and may feel very defensive about a request for their child or themselves to be involved in therapy. They may have learned from their own culture or family that counseling is only for "crazy people" or that personal information should never be shared outside of the family. In these cases, it is critical to explain to the parents that this type of counseling is part of the educational process that helps children learn. For example,

"One of the most important parts of the learning process is the ability to pay close attention to verbal or written instructions. Whenever we are feeling strong emotions such as anxiety or frustration, it is difficult to maintain our attention on academic information. This often results in classroom behavior problems such as inattention to the teacher, not following directions, "daydreaming", or fidgeting. Counseling with the child and the family can help to address these emotions so that they do not interfere with the child's availability for learning and developing social relationships."

In many cases involving referral for school-related problems, parents may feel that only the child needs to be involved in counseling. Helping parents to understand why their involvement is required is an important first step in establishing rapport. Some parents may ask: "if my child is having the problem why do I need to be involved." Great care should be taken in answering this question because parents may become defensive if it is implied that they need to be involved in counseling because they are the source of the problem. This is a natural phenomenon that has been labeled the "source-solution attribution" (Compas, Adelman, Freundl, Nelson, & Taylor, 1982). In a few words, a "source-solution attribution" occurs when parents assume that if the *solution* to a problem is their involvement, then the *source* of the problem must be themselves. It is important to interrupt this attribution by explaining to the parents that:

"While there may be many things that cause children difficulty, parents have a unique relationship with a child that puts them in the best position to be a part of helping to solve the child's problems."

Most parents readily accept these explanations, which may increase their willingness to be directly involved in conjoint family counseling. If not, it is important for the counselor to continue to push for full involvement by the family. As Carl Whitaker would say, this "battle for structure" must be won by the therapist(Whitaker & Keith, 1981). This is a critical aspect of effective conjoint family counseling. Once a commitment has been gained for the entire family to attend counseling, especially those that live in the home, the first session is then scheduled.

THE FIRST SESSION

The first session with the family is the most important because it sets the stage for all the sessions that follow. The most important thing to accomplish in this session is to make a strong connection with the family so that they will return for subsequent sessions. This rapport is more important than anything that is discussed and should always be the utmost priority. Some of the following suggestions will help to establish this connection, but mindfulness about what is happening during the session and sensitivity to how each person feels (especially those that have power in the family) will be most important.

1. Counselor Behaviors to Always be Mindful of:

a) Remember that you are ALWAYS modeling effective communication for the family

--in how you LISTEN

--in how you ADDRESS each person NONVERBALLY

--in HOW you SPEAK to each person

b) Remember that you will also:

--serve as an advocate, especially for children

--be able to provide information and explore personal and community resources

--assist the family in looking at what might come up in the future.

2. Establishing Rapport:

a) Introductions:

i) "Hello, my name is _____."

Ask each person in the family: what their name is, where they work or go to school, and what they like to do for fun. Remember, you're establishing connections with each person--be warm and speak with each member in a manner appropriate to their developmental level. Also find out the names of any immediate family members not present.

ii) Thank them for coming:

"We know it's not easy to get here. Your being here today tells us that you must care a lot about yourself and your family."

b) Discuss your view of what family counseling is about:

"As we begin, we wanted to tell you a little bit about what we hope this experience will be like. First, we know that every family has strengths and challenges. We want to learn more about the strengths in your family and how you can use these to work on the challenges that are facing your family right now and in the future. So, we see this as a learning process that improves communication between family members so that you all know where you stand with each other and how best to help each other. We also want to focus on how your family can help each person to be as successful as possible in school, work, and with friends."

Ask the family what they think of this:

"How does this sound to you?"

3. Expectations and Ground Rules:

a) Commitment to each other--

"We're all going to work together as a group to make this happen and we want to make the most of the time that we have available. We'll be here each week and we hope that you'll be able to be here each week as well. It's important to meet as consistently as possible so that you'll get the most out of this experience. We know that emergencies come up, but be sure to call as soon as possible if you can't be here so that we'll know that you're okay. Before you leave today, we'll give you our card with the phone number and appointment time."

b) Overview of counseling process:

"The first thing we need to do is to learn more about the strengths of the family and about the problems that you are going through right now. In order to do this, we'll talk with the whole family for little while, then we'll talk with the parents and the kids separately. We may also want to contact the school to develop a partnership with them to help your children be more successful. Then, as we learn more about what's going on, we'll work together to come up with some strategies to help make things better. Some ideas will help and some may not, but we'll keep working together to find out what works the best."

c) Communication and Confidentiality

The importance of the family's openness about what's going on in their lives and what they think and feel about this:

"One of the most important things that we'll work on is communication. A lot of problems are caused by misunderstandings between people about what's going on. In order to improve your ability to communicate with each other, we hope that you can all be as open as possible with us about:

What's going on in your lives and how you feel about things, and

What you think of what we say. We will have ideas and suggestions about what's going on and what might make things better, but we need to be sure that these fit with your ideas of what is best for your family. If you ever disagree, please let us know as soon as possible so that we can resolve any misunderstandings or differences."

Freedom for everyone to be open during sessions without fear of punishment:

"Another thing that will help make this experience more valuable is if everyone can speak freely without worrying about getting in trouble for what they say during the sessions here. We'd like to ask the parents' permission that no one will get in trouble for what is said here. There are a lot of thoughts and feelings that we all have and we can't help straighten things out unless everyone feels free to talk about things without worrying about getting in trouble. Is this okay with both parents?"

(REMEMBER to remind everyone of this promise at the end of this session and any future session involving conflict.)

Safety and protection of everyone:

"We're also responsible for dealing with issues of safety. What we talk about in here is confidential and won't be shared with anyone else unless there is a need to protect you or others. If we feel that someone might hurt themselves or someone else, we need to do whatever is necessary to make sure that that doesn't happen. If something like this comes up, we'll talk about it and work out a way to make sure that everyone is safe. Any questions?"

4. Exploration of the Presenting Problem:

a) The Presenting Problem:

"The first thing we'll talk about is what brings you here today. We want to find out what each of you thinks the family is here for?"

Explain that it is normal for each family member to have different views of what the family needs to work on. In general, start by asking the youngest member of the family what they think their family is here for and move up, finishing with the father or mother. This allows the children to have some input before the parents give more detailed descriptions. As the family talks, be sure to explore EACH person's perspective and SUMMARIZE what they say and how they feel. (As soon as you start to feel "overloaded" by the amount of information, it's time to summarize—e.g., *"Let me make sure that I understand what you're saying. You feel that"*). Then, check with that person to make sure that your perceptions are accurate. As you listen, think about how the problem may be related to normal stresses that occur during each of the Family Life Cycles that the family may be in at this time.

b) Reframing

A major component of the counselors' work during this family discussion is the reframing of what family members say about a problem into more positive words. It's often helpful to summarize what the family says in a way that frames the problem in terms of:

GOALS - what they want to have happen and
OBSTACLES - what gets in the way of reaching this goal.

For example, when someone says, "Jimmy's teacher's a jerk, she doesn't care about anyone but herself!", a possible reframe might be: "So you want Jimmy to do better in school, but you feel that the teacher doesn't care about him."

Or, "my husband wants me to be all lovey-dovey, but when it's time for the kids to do homework, he just sits around on his butt." A possible reframe might be: "So you think that your husband wants to be closer to you, but it's hard for you because you get angry when he won't help you with the kids."

c) Interrupting:

You may have to interrupt some family members if they jump in to answer for others. If this is necessary, explain that you don't want to seem rude in interrupting, but that you need to hear EACH member's viewpoint so that you can help the whole family. It's also important for the family to help each family member to learn to express their own views.)

If family members interrupt and disagree with each other, reiterate that it's natural for every person to have their own viewpoint and that each person will get a chance to give their view.

If the parents start to discuss marital issues or other issues that violate healthy subsystem boundaries, then immediately interrupt them with a brief explanation of the types of issues that are best discussed together as a family (e.g., expectations of parents and children, family rules & consequences, etc.) and the types of issues that are best talked about in private (issues that the parents have with each other, or issues that the parents have with a child that might embarrass the child if discussed with siblings, etc.). Then ask the parents to save that discussion for later when you will talk with them separately from the kids.

5. Choosing an Assessment Plan Depending Upon the Type of Presenting Problem:

There are typically three main types of presenting problems and a specific assessment plan is used to address each type.

- a) If the Presenting Problem concerns a problem that a child is experiencing at school, then begin the assessment with the SBFC Interview Procedure (Carter & Evans, 2008). This procedure involves interviewing the parents, children, and teacher with a focus on learning more about strengths, challenges, and what has been tried to address these challenges. Following this process, you will also complete the Family Evaluation Interview Procedure.
- b) If the Presenting Problem concerns a child or the family, but does not occur at school, then begin the assessment with the Family Evaluation Interview Procedure. This procedure involves interviewing the parents and children to learn more about individual strengths, challenges, and what each person thinks about what is going on in the family.
- c) If the Presenting Problem primarily concerns the relationship between the couple, then begin the assessment by interviewing the couple together and separately.

During the initial stages of counseling, it is often important to separate the parents and children at some point in order to better assess their individual viewpoints. This may be necessary during the first session, if parents start to discuss marital issues or individual issues come up that might cause anxiety to the children, or it may be done in subsequent sessions. When separating family members, remind them that this is a normal part of the evaluation process that will help you to more fully understand the family. Let them know that this information will not be shared with the family without the individual's permission unless someone's safety is at risk. Assure them that if something comes up during these discussions that needs to be addressed with the family, you'll find a way to include it in your work with the family without losing the trust of family members.

When working separately with the parents or couple, use the ADULT INTERVIEW FORM (See Box 9.2), and include the following:

- their viewpoint of the history of the problem and the family
- anything that they think that you need to know in order to help the family
- their viewpoint of how well the parents operate together as a team
- the general level of marital satisfaction

When working separately with the children, use the CHILD INTERVIEW FORM (See Box 9.3)

6. Summarizing the First Session:

It is unlikely that you will be able to complete the Assessment in the first session, but it is very important to save time to SUMMARIZE what has happened in the first session. After each person has given their view, tell the family that the plan is to address each of the problems that they have talked about, but that we'll have to work on one at a time in order to make progress so that everyone will feel better.

As you summarize what the family has done to deal with the problem remember to:

a) Acknowledge and praise the family for their effort in trying to make things better, even if it didn't seem to solve the problem. Remind them that if they continue to try, things will get better.

b) Assure the family that, while it will take time for things to get better, today is a great start because everyone knows more about the situation and we can now start to help the family to work together to improve the situation a little each day.

c) "Shut-down, Write-down"

Explain to the family the importance of trying to save their arguments for when they meet with the family counselor. Watching them argue will enable the counselor to learn about how they communicate their disagreements and resolve their differences. This will then help the counselor to work with the family to develop better ways of communicating and solving problems.

“So, if you start to get into any arguments while discussing anything that happened today and anyone starts to feel bad, then stop the discussion and help each person to write down what the argument was about. At the next family session, these arguments will be explored to see if they can be used to help the family learn how to communicate better and to resolve conflicts with fewer hurt feelings.

Box 9.2 ADULT INTERVIEW FORM

Their names (what they liked to be called):

Name	Age
_____	_____
_____	_____

How is their health? _____

Date of Last Physical Exam: _____ Name of Doctor: _____

Any friends, any best friends?: _____

Current Employment outside the home?: _____

Previous employment: _____

Highest Level of Education: _____

Where did they go to school? _____

Best thing about work whether in or out of the home: _____

Worst thing about work : _____

Things they're good at (anything): _____

Things they're not so good at: _____

Three wishes: 1) _____ / _____

2) _____ / _____

3) _____ / _____

What would they change if they could change one thing in the whole world?:

What would they change if they could change one thing in their family?:

Box 9.2 con't

Explore their own relationships with family (What is the best/worst thing about) :

Father-Best, _____ Worst: _____

GET the CONSENT FOR COUNSELING FORM SIGNED AND, IF NECESSARY, GET CONSENT TO RELEASE INFORMATION FORM SIGNED.

Remind the family of next week's session date and time and then say good-bye.

COMPLETING THE FAMILY EVALUATION

The initial session begins the process of family evaluation. After seeing the family for the first time, the counselor needs to determine the Presenting Problem and which stages of the Family Life Cycle the family is currently involved with.

1) The Presenting Problem and Stages of the Family Life Cycle:

Another aspect of the family evaluation is the determination of the Presenting Problem. The Presenting Problem is the prevailing view of family members as to what is the main reason why the family is seeking therapy. This viewpoint typically encompasses the parents' perception of who is primarily responsible for the family's difficulties, but may also be influenced by children and extended family members. As the counselor listens to the family, it is useful to think about how the problem may be related to normal stresses that occur during each of the Family Life Cycles that the family may be in at this time.

As you summarize what the family has done to deal with the presenting problem, remember to:

- A) Acknowledge and praise the family for their effort in trying to make things better, even if it didn't seem to solve the problem. Remind them that if they continue to try, things will get better.
- B) Assure the family that, while it will take time for things to get better, today is a great start because everyone knows more about the situation and we can now start to help the family to work together to improve the situation a little each day.

In addition to the Presenting Problem, the counselor must determine which phase or phases of the family life cycle (described in Karpel and Strauss) the family is currently involved with. Briefly, these family life cycle stages include: Marriage, Birth of A Child, Individuation of a Child, Individuation of Adolescents, Departure of Children, and Aging and Death of Parents. These family life cycle stages are important because they reflect significant stages of individual development and their impact on family structure and functioning. It is often common for families to experience difficulties during transitions between one stage to another.

2. The Four Dimensional Analysis:

As described in Karpel and Strauss's Family Evaluation, the family evaluation involves four specific dimensions of focus: Factual, Individual, Systemic, and Ethical. Information about these four dimensions of the family is gathered through individual and group interviews with members of the family and through direct observations of the family interacting with each other. Completing the family evaluation regarding these four dimensions is an ongoing process that requires frequent revisions as more information is revealed by the family through the course of therapy. In Box 9.4 is a brief summarization of Karpel and Strauss's four dimensions and some examples of additional questions to obtain information concerning these from the family.

Box 9.4 Karpel and Strauss's Four Dimensions for Family Evaluation

The Factual Dimension:

The Factual Dimension includes all of the facts regarding the family, both current and past. The process of obtaining information for the Factual dimension typically begins with an interview with the parents where a genogram is constructed and information regarding family history and current facts is obtained (please see McGoldrick & Gerson, 1988). The focus of the Factual dimension is to ascertain the specific facts of the family versus individual viewpoints. This distinction is critical in order to obtain an objective viewpoint of the family's current and past situation. Areas of focus include: information about each family member (name, age, date of birth, developmental milestones and current health, educational and employment history, current job or educational placement and level of functioning); information regarding dates of marriages, separation, divorce, illness and death of family members; and other pertinent facts.

The Individual Dimension:

Information about the Individual Dimension is typically gathered through individual interviews with each family member. These interviews are intended to obtain information about the respondent's viewpoints of their own life and other family members. In addition to the "circle of life" described above, it is often helpful to use a structured interview format for these interviews (See Child and Adult interview forms Appendix A & B).

At the beginning of each individual interview, it is important for the counselor to help the respondent understand the nature of the interview and their role in it. When interviewing children, the following may help in this regard:

"I'm going to ask you some questions about you and your family. There are no wrong or right answers to these questions, but what's important is that you try to be honest about what you think and feel. What we talk about will be confidential, except if something comes up that might involve someone getting hurt. If that happens, we will talk about it so that no one will get hurt. I want to remember what you say, so I will be writing down your answers. Do you have any questions?"

As the interview questions are being asked, there are often opportunities to go beyond the respondent's immediate answer to survey deeper aspects of the issues relating to the question. The respondent may be open to this exploration, but the counselor must be mindful about the level of rapport and not push the respondent so early in the evaluation process.

After the respondent answers all of the questions, the counselor then says:

"Now that you are finished, is there anything that you have talked about that you do not want me to share with your parents? If so, I will circle those answers and I will not share them with your parents or others. Okay?"

When interviewing the parents, it is often good to include an individual interview with each of them at some point in the evaluation. Before these individual interviews with the parents occur, it is best to discuss how this information will be used. For example,

"We're now going to have a chance to interview each of you separately. This is important in order to obtain each of your individual viewpoints about things that you may not feel comfortable discussing in front of each other. I will not share this information with the other parent unless I feel that it is important and only after I have obtained your permission to share it. The only exception to this, again, is if something is said that requires action to protect someone's welfare. Do you have any questions?"

One process used to access information about the family in interviews is to explore the various areas of life experienced both as a family and as an individual. This “circle of life” encompasses current and past functioning in health, work/school, finances, living arrangements, friends, immediate and extended family, personal goals, recreation, and romance. This exploration must honor the subsystem boundaries discussed below so that information sensitive to children will not be shared with them (e.g. financial stressors).

Additional Considerations in the Family Evaluation:

In completing a comprehensive family evaluation, there are additional considerations that need to be included, particularly when dealing with families with experiences of substance abuse, domestic violence, and significant trauma. Discussions of these types of issues are often very difficult for family members due to embarrassment and shame. It is usually best to ask parents direct questions about these issues in individual interviews towards the end of the family evaluation when they may feel more comfortable with the counselor. Specific examples of these types of questions may include:

"Have there been any problems in the family regarding alcohol or drug abuse now or in the past?"

If the parent answers in the affirmative, then specific questions regarding the type of substance, frequency of use, and desired benefit of the use should be asked.

"Have there been any instances during family conflict where family members have gotten physical or yelled at each other."

If the parent answers in the affirmative, then specific questions regarding the dates, the degree of intensity, and the short-term and long-term consequences of these situations should be asked.

"Has anyone in the family experienced significant physical or emotional trauma in the past?"

If the parent answers in the affirmative, then specific information regarding the dates, the nature, degree of intensity, and the short-term and long-term consequences of these traumatic situations should be obtained.

3. Family Feedback regarding the Counselor's Evaluation

After completing the family evaluation, the counselor then meets with the parents first without the children to give feedback regarding the family situation. Before doing so, however, the counselor should organize the information in terms of the strengths and challenges for each individual and the family as a whole. This analysis leads to information about the "Most Important Issues", which will eventually lead to a comprehensive treatment plan for the family. It's usually good to begin this process by asking the parents if they noticed any reaction or changes in their children after they were interviewed. It is also important to begin feedback to the parents by acknowledging the fact that the evaluation has been completed over a relatively short period of time, which may or may not have resulted in misperceptions on the part of the counselor. Following may be a helpful example of how to address this:

"It is important to remember that I have had a relatively short time to experience your family through interviews and direct observation. As I give you feedback, it's important for you to "try on" the information that I present in terms of what seems to fit with your perceptions of the truth and what doesn't. If you have any disagreements with what I say, it's very important for you to stop and tell me about these so that we can understand the truth."

The process of providing feedback to the family continues with a description of individual and family strengths and challenges. One family strength that can always be included is the family's willingness to seek outside assistance in order to be the best family that they can be. In addition, some family strengths may be framed as being related to the positive aspects of parenting. For example,

"Your children appeared to be very open and honest in my interviews with them. To me, this reflects a parental strength in that you have nurtured your children in such a way that they can trust someone whom you trust."

The discussion of individual strengths and challenges often requires skillful reframing on the part of the family counselor. For example, in a case involving an adolescent who is arguing with her parents, the counselor might say:

"One of strengths that I see in your daughter is her ability to clearly communicate the truth as she sees it, even if that makes others uncomfortable. It's important for you to directly acknowledge this strength to her so that you can also help her to learn how to manage it so that it doesn't hurt her relationships with others. How does this fit with what you think?"

After discussing family and individual strengths, the counselor then begins to talk of the challenges for the family. It's usually best to start with family challenges that are related to the stages of the family life cycle, which are also discussed in Karpel and Strauss's book. For example,

“One of the challenges that your family is facing at this time is related to the fact that your oldest child is in the beginning stages of adolescence. As you may know, there are many physical, psychological, and emotional changes that happen to your child and the whole family during this time of explosive development. This often results in more conflict within the family as everyone learns to manage all of the significant changes that are occurring. This stage is critically important to the development of the child's long-term independence and often involves increased anxiety in both the child and parent as the role of the parent moves from “manager” of the adolescent to “consultant” to the adolescent. This anxiety is often related to how everyone feels about the competence of the adolescent in operating more independently of the family in many aspects of life. The most important of these include self-care, self-control and discipline, academics and work, and social relationships with peers and family as well as others. During this stage, most families need to make changes in the way they operate in order to gradually promote more independence and this can be very difficult. That's why this is a great time for your family to be involved in counseling because we can help you to make these changes in the most effective way. How does this sound to you?”

You'll notice that these examples always end with a solicitation from the client regarding what they think about what the counselor has said. This “checking in” with the parents is a critical aspect of feedback. It enables the counselor to check the client's understanding of the feedback and it also expresses to the client the importance of their active reflection of what they think about what the counselor has said. This also establishes the collaborative nature of effective conjoint family counseling that is so crucial to long-term change and success.

4. Narrative About the family's cultural and historical factors and the Presenting Problem

In addition to family strengths and challenges, the counselor provides a narrative regarding the family's cultural and historical factors. This often includes an exploration of the family's specific cultural beliefs and family history and how these may affect individual family members' development and the presenting problem. Continuing with the previous example of the adolescent daughter, the counselor might say:

“It seems that you are having difficulty understanding how your daughter came to be so aggressive in her interactions with you. Mrs. Salazar, you have spoken of your childhood in Mexico where you felt your choices were limited because of the fact that you were a woman and that you came to this country to find a husband who respected women as equals. Since then, you and your husband have encouraged your three daughters to “speak their mind no matter what.” Mr. Salazar has also said that he has raised his daughters to “be strong and don't let anyone mess with you.” You both also indicate that you were never allowed to disagree openly with your own parents. Due to these factors, it would make sense that, while you want your daughter to express herself, you may also have an expectation that she will do so in a respectful fashion and not argue with you. However, many children in early adolescence, like your daughter, have not yet learned how to modulate the intensity of their voices when speaking about their feelings.”

5. The Most important Issues and Current Crises:

Following this narrative discussion, the parents are then presented with the counselor's view of the family's most important issues and current crises, the latter being the initial focus of treatment. The counselor considers all of the information obtained from the family and then prioritizes “The Most

Important Issues”, including any crises that the family is currently involved with. The Most Important Issues usually are related to the Presenting Problem, although the counselor’s view of the Presenting Problem is typically different from the family’s because the counselor is objectively considering many more aspects of the family from the dimensional analysis.

Throughout the evaluation process, the counselor is looking for any crises that need immediate attention before continuing with further treatment. These are typically any situation where someone may get hurt, either physically or emotionally, or basic needs (from the Factual Dimension) such health, food, rent, or other time-sensitive issues and these require the counselor to engage in Crisis Counseling, which typically involves:

- 1) Identifying the possible harm that may occur and helping the family to understand that immediate action must be taken to prevent harm to anyone.
- 2) Developing a specific behavioral plan to assist the family in helping each other to cope constructively with the crisis.
- 3) Assisting the family to recognize what the crisis reveals about their family dynamics and what they can do to prevent further occurrence of the crisis.

After speaking with the parents, the counselor then gives feedback to the whole family with an emphasis on strengths and family life cycle stressors that normally challenge all families, while safeguarding any information that would increase anxiety.

TREATMENT PLAN

After providing feedback to the family regarding the most important issues and current crises, the counselor then develops and implements a treatment plan specific to these issues. As discussed previously, the counselor first identifies and prioritizes crisis issues according to immediate needs and short and long-term factors (e.g., harm to self or others, domestic violence, child abuse, substance abuse, health, work or school issues, etc.). Crisis counseling typically involves directive problem solving that maximizes the input and participation from all family members. Part of this process is to identify crisis factors that reflect long-standing issues within the family, which must be addressed in order to prevent further occurrence of these crises.

1. The Importance of Clear and Permeable Subsystem Boundaries

While crisis situations are dealt with and reduce in intensity, the counselor also pays attention to improving family structure, communication, and functioning. One of the first steps in restructuring the family typically involves creating more clear and permeable boundaries around each of the family’s subsystems in order to improve their functioning. If these boundaries are rigid or diffuse, too little or too much information may be shared in the family. Rigid boundaries often lead to disengagement and alienation whereas diffuse boundaries often lead to family chaos and incompetence.

Rigid boundaries often prevent children from getting to know their parents and may cause children to feel as if their parents are not interested in them. For example, in more traditional families, mothers may be primarily responsible for interacting with and raising children, while fathers may be primarily responsible for providing for the physical resources that the family needs. This sometimes leads to a family dynamic where the father and children primarily communicate through the mother and they may have difficulty in directly interacting with each other. This often creates significant problems as children grow into adolescence and identity formation issues become prevalent. During this time, adolescents usually need access to information from their same-sex parent as well as the other. For example, adolescent daughters usually need to talk to their mothers about the physical and emotional aspects of becoming a woman during this identity formation stage of development. At the same time, daughters usually learn how to deal with men through the modeling and relationship they have with their father, especially during adolescence. When adolescents do not have access to these relationships, sometimes because of rigid boundaries, they often turn to other less credible sources of information and modeling such as other adolescents or media figures.

When a family has loose or diffuse boundaries around its subsystems, children often get access to information about issues that make them anxious but that they have no control over. These types of issues include finances, parental health, child-rearing decisions, and conflict between parents. If boundaries around the spousal subsystem are not firm, children may be triangulated into marital conflict, which often makes the child highly anxious and interferes with their academic and social functioning and development. If children are allowed into the parental subsystem, they may take on parental functions, which may give them too much power in the family and negatively affect the functioning of the sibling subsystem because of this inequity. While it is important for parents to be aware of what is happening with their children, when parents intrude into the sibling subsystem, the opportunity to develop close connections between siblings is often lost. Therefore, boundary-making is often a critical first step of the treatment plan.

It is important to note that many cultures and families may not value these boundaries and may even feel that they are counterproductive to family functioning and survival of the culture. Many of these viewpoints are related to their family or culture's past experiences across the generations, especially when more than two generations lived in one home. When three generations live together, it is likely that the oldest generation will cross subsystem boundaries because of anxiety about the welfare of the younger generation. Grandparents are used to telling their children what to do, so they may interfere with their children's parenting by telling them what to do with the grandchildren, or by "jumping" generations and directly telling the grandchildren what to do. When grandparents tell their own children what to do with the grandchildren, it often interferes with the parent's development of their own competence in parenting. When grandparents directly tell the grandchildren what to do, especially when this is inconsistent with what the parents are saying, the grandchildren may follow the grandparents' directions, but with reduced belief in their own parent's credibility. In past generations when grandparents typically lived with their children until death, this violation of boundaries may have still been sufficient in raising children as long as the grandparent was in the home. When the grandparent dies, or, in modern times when fewer grandparents live with their children, the resulting "vacuum of authority" may result in family chaos due to the lack of competence of the parents. Box 9.5 outlines a procedure for helping parents/guardians to develop a positive approach to discipline with children.

In order to address these issues, it is critically important that the counselor respectfully explore the parents' specific viewpoints regarding subsystem boundaries, particularly what they fear might happen if these are put in place. When the family feels that the counselor understands and respects their cultural and familial values, it is easier for the counselor to gently co-create effective subsystem boundaries that still respect cultural mores. The counselor may ask the parents to bring the grandparent

Box 9.5 <u>POSITIVE BEHAVIOR MANAGEMENT and the OBJECTIVE DISCIPLINE PROCEDURE</u>
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Hi Everyone,

Just a reminder that it is critical to be optimistic and positive in your interactions with your kids.

First and foremost, try your best to "catch" your child "being good": whenever he's showing self-control and praise it specifically, no matter how small it may seem. Let her know how mature self-control is and how good it makes you feel about her now and for her future. This will be the most important and consistent ingredient for success.

Whenever she starts to act up, try to first help her to identify what he's feeling, especially what he might be worried about. Acknowledging that she's worried about something and trying to identify what it is will help her feel heard and hopefully calm her enough so that she can communicate to you what she thinks should happen so that she can feel less anxious.

Then, you can try to come up with 2 structured choices that might help, even if one of them is to write down what he wants so that he can talk to both parents or others at a later time about it or wait until I come over for our next appointment.

Also, be very judicious about the behaviors that you focus upon with your child. As we talked about, ignore most of the annoying behaviors (like singing and whistling) and focus on the physical behaviors like going into other's rooms and following directions.

Only use the Break when she won't follow directions that are necessary for the rest of the family and be sure to give her a prompt ("If you _____, then _____ will happen") to help her know the consequences of her choices and actions. Remind all of your children that we have to all focus on the most important things first.

Remember, we have to focus on the most important behaviors first and "prime the pump" with success in order to create the positive momentum necessary to improve the other behaviors.

Lastly, keep focused on the big picture of your child's improvement, no matter how small.

If a crisis occurs and things seem to be spiraling downward, then suspend the consequences until you can talk to me and we'll figure it out and resume again.

Keep remembering that you have a good, talented and complex family that is improving (although certainly not as fast as we might like it to). Take care,

Michael Carter

OBJECTIVE DISCIPLINE PROCEDURE FOR NONCOMPLIANCE (with grounding)

WHEN: When your child has not obeyed a reasonable request that you have made and it is necessary that she comply.

* Remember, only give a demand when you are prepared to follow it through to the end, whatever the consequences might be!

HOW:

DEMAND---Clearly and simply tell the child what you want him to do.

Example: " _____ (child's name), you need to pick up your clothes and put them in the basket right now."

Silently, count to three (1-2-3)

----If the child obeys the demand, then PRAISE immediately!

*Remember when PRAISING, tell the child what a great job she did, or what a "big kid" she is because of her ability to follow directions. Be sure to SHOW her that you're pleased; words mean nothing without your expressions.

----If the child does not obey the demand, then: PROMPT!

PROMPT: Repeat the initial DEMAND and state the consequences if the child does not obey.

Example: "IF you don't pick up your clothes and put them in the basket right now, then you're going to have a "BREAK."

(NOTE:- Be sure to start the Prompt with the word "IF" and put emphasis on both the specific DEMAND and the consequence for not following directions.)

Silently count to three (1-2-3)

----If the child obeys the prompt, then PRAISE immediately!

----If the child does not obey the prompt, then:

FOLLOW THROUGH WITH NEGATIVE CONSEQUENCES!

FOLLOWING THROUGH WITH NEGATIVE CONSEQUENCES: In as unemotional a manner as possible, follow through with the consequences (e.g., send the child to a BREAK) while making clear to the child why she is getting consequences. Begin by telling the child why she is getting the BREAK and use the word "BECAUSE" first.

Example: "BECAUSE you did not follow directions, you have to go take a BREAK."

Once the child is sitting in the BREAK area, set the timer for five minutes and completely ignore the child for the entire BREAK period, as long as the child does not get up or move the chair or talk loudly or become a danger to self.

IF THE CHILD DOES NOT GO TAKE A BREAK, say: "IF you do not go take a BREAK right now, then you'll have two BREAKS."

If the child does not go to the BREAK, say:

"BECAUSE you have not taken a BREAK, you have two BREAKS. IF you do not go to BREAK right now, then you will be grounded off of everything until you serve the 2 BREAKS plus 30 minutes. You will be grounded starting right now, but your 30 minutes to get off of grounding will not start until after you have served the two BREAKS."

If the child does not go take a BREAK, then begin their grounding immediately, with a reminder of the above. (Note: Remember, the child does not have to sit in the chair during grounding, but has no privileges - electronics, favorite foods, etc.)

When the child goes to take the BREAK, set the timer for one BREAK. When that is finished, say to the child: "That's your first BREAK. But because you did not go take a BREAK, here is your second BREAK."

IF THE CHILD VIOLATES THE BOUNDARIES OF the BREAK (i.e., butt on the chair, the chair doesn't move and no loud talking), then tell the child that the BREAK will start over and RESET the timer.

If the child refuses to return to the BREAK, then say: "IF you do not go and take the BREAK right now, then you will be grounded off of everything until you serve the 2 BREAKs plus 30 minutes. You will be grounded starting right now, but your 30 minutes will not start until after you have served the two BREAKs."

NOTE: Remember that you must not interact with the child while she is in BREAK. You only speak to the child to give directions.

WHEN THE BREAK PERIOD IS OVER, ask the child ONCE: "Why did you have to take a BREAK?"

If they do not answer correctly, then tell the child ONCE why she got a BREAK. (Do not require the child to give the right answer-this will only lead to a power struggle).

Then direct the child:

A)If the situation permits, return the child to the original situation and require him to obey the original DEMAND.

-If the child obeys the demand, then PRAISE immediately!

-If the child does not obey the demand, then PROMPT and FOLLOW THROUGH WITH THE CONSEQUENCES , if necessary, WITHOUT DELAY!

NOTE: Of course, you don't require the child to repeat a negative behavior such as hitting again.

B)If the situation does not permit you to return to the original situation, then repeat to the child the consequences for not following directions.

"Remember, if you don't follow directions (or whatever the demand was), then you are going to have to go to BREAK. If you do not go to BREAK, then you will have two BREAKS."

Then, if the child has earned grounding, set the timer for 30 minutes to finish the grounding. If the child earns another BREAK during this time, then the timer is stopped until they have finished the BREAK and then it is restarted.

*After this whole procedure is finished, write down what happened and the results, and then try to create situations in which the child can earn positive attention for appropriate behavior, especially those that include a lot of interaction with you - IF you're emotionally ready for giving positives.

*Also be sure to create time when you can talk to the child about her choosing to refuse to follow directions (or whatever behavior resulted in the BREAK) and discuss what other choices were available that would not have resulted in negative consequences (e.g., complying with your demand and then talking about it, etc.).

*REMEMBER, CONSISTENCY is the most important factor of this procedure. CONSISTENCY in ALL 3 steps of the OBJECTIVE DISCIPLINE PROCEDURE, and just as importantly, CONSISTENCY in GIVING POSITIVE CONSEQUENCES FOR APPROPRIATE BEHAVIOR!

LEVELS OF LEVERAGE (to be used whenever the child refuses to go to or remain in a BREAK).

*Remember to use the Prompt-Consequence statements with IF and BECAUSE at the beginning of each one.

Level 1. CONSEQUENCE: Another BREAK

Level 2. CONSEQUENCE: Immediate grounding off of all privileges (i.e., electronics, games, favorite foods, activities outside the home unless required, etc.) until the child serves the 2 BREAKS PLUS 30 minutes, with the 30 minutes beginning after the two BREAKS are completed.

Level 3. CONSEQUENCE: _____

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or grandparents into the next counseling session so that the counselor can interact directly with these important players in the nuclear family system. If the grandparent attends, the counselor should arrange to have an individual interview with the grandparent as soon as possible. In this interview, the counselor has an opportunity to show respect for the grandparent's experience with child rearing while also reinforcing boundaries around subsystems. For example, the counselor may want to acknowledge the hierarchical position and experience of the grandparent in dealing with children and then place the grandparent in the role of "family consultant" who offers advice while still respecting the parenting role of their own children. In other words, the counselor gently refocuses the grandparent on their role in

teaching their own children to be more competent in parenting the grandchildren rather than doing it themselves. Facilitating this "teaching" often allows the counselor to revisit past unresolved issues between the grandparent and parent that may have led to the parent's current level of incompetence and increased tension in the home. This also reinforces the importance of hierarchical structure and maintaining boundaries around subsystems while also co-opting the grandparents into an almost "co-therapist" role.

a) Boundary-Making with Families

There are many ways the counselor can help a family create more effective boundaries. From the first session, the counselor often needs to create physical boundaries around subsystems in order to discuss information that should not be shared outside of the subsystem. These physical boundaries (often in a separate room) ensure that these discussions will not be heard or shared with other family members and can also lead to the formation of psychological boundaries that can be enforced when physical boundaries are not possible. For example, when a counselor meets with the parents alone in a separate room, the counselor is modeling the need for boundaries around the spousal and parental subsystems. Then, the counselor can help the parents to understand what information can be shared with the children and what information will need to be discussed only when the parents are alone with each other. While parents usually agree to these boundaries, they often do not understand why boundaries around the sibling subsystem are necessary, so it's important for the counselor to carefully explain the information previously discussed regarding the negative consequences of violating any subsystem boundaries. Parents need to understand that their children will eventually need to learn to deal with and resolve their issues with each other and other peers without parental assistance. This is why the boundaries around the sibling subsystem should only be crossed when the physical and emotional welfare of the children is at stake.

b) Improving the Functioning of Subsystems

While establishing clear and permeable boundaries around the primary subsystems in the family, the counselor also focuses upon strengthening the functioning of each subsystem. This is accomplished by meeting with the members of a subsystem to specifically address each of the areas previously discussed in the family evaluation portion of this chapter. In general, these meetings focus on the following aspects of each subsystem: 1) the relationship history between the members of the subsystem including unresolved issues from the past, 2) current factors that affect the functioning of the subsystem such as communication, time spent with each other, positives and negative feelings, and 3) determining desired areas for improvement for the functioning of that subsystem. Following is a discussion of issues within each subsystem that are typically considered by the family counselor.

In a Spousal subsystem with two participants, the family counselor typically addresses functional issues such as the "4 tasks of marriage", and individual preferences regarding more emotional issues such as expectations for romance, affection and sexual relationship (Burr, 1970). If the client is a single parent, then it is important to address how the spousal needs of the parent can be met without involving the children. For example,

"I know that you are a single parent whose divorce has just been finalized. I know that you have been primarily focused upon your children's needs, but it's also important to find a way to meet your own needs as an adult. These might include companionship, physical needs and emotional support to name a few. This is an important task to accomplish so that your children can be free to develop normally without worrying about taking care of you. You've talked of the friends that you had before you were married and how you haven't spent much time with them since then. Perhaps now is a good time to contact them so that you can reconnect and renew your relationships with them."

The Parental subsystem is often a major focus of treatment in conjoint family therapy. This is because the majority of family functions related to children are executed by members of this subsystem. This subsystem has traditionally consisted of the two biological parents of the child or children. Today, however, when the majority of American children will at some time live in a single-parent household, the members of the parental subsystem have become quite diverse. These participants may include parents' significant others, extended family members such as grandparents or aunts and uncles, or close friends and neighbors. What is most important for children is that whoever is part of the parental subsystem will be primarily focused on meeting the developmental needs of the children.

As was discussed in the section on family evaluation, an extensive history should be obtained from the parents regarding the developmental progress of each child and which parenting techniques were used with each child along the way. When children are younger, between the ages of two and six years, the main focus is on how well the child has learned the "3 rules of kindergarten" (i.e. Keep your hands and feet to yourself; Follow directions; and Be respectful of others and their property). During these discussions, it's important to ask parents to reflect on their own childhood memories and how these might affect the parenting of their own children. Of particular interest is what techniques their parents used to teach the "3 rules of kindergarten" and how this affected their feelings about their parents as they grew older. This is often the beginning of helping parents to see the connection between early childhood experiences of parental discipline and the quality of the parent-child relationship during adolescence. This is a good time to reiterate that this relationship constitutes the primary protective factor against the three high-risk behaviors of adolescence. This discussion typically leads to explanation and training of positive discipline techniques including the use of "time-outs".

For older children, the focus is typically centered on the "3 outcomes of young adulthood." These three outcomes are achieved when the adult child (usually in their early 20's) is able to 1) be self-maintaining, 2) have one good friend, and 3) stay out of jail. These three outcomes may seem minimal, but if a child is able to accomplish these, they'll have a good chance of being happy and successful. Realizing each of these outcomes requires the child to develop a variety of skills related to these areas during adolescence. Being self-maintaining requires a person to be able to take care of all of their physical, financial, and psychological needs. These include taking care of one's health; cooking and cleaning; developing work skills to earn enough money to survive; living within one's means with a minimum of debt; and numerous other skills required to live independently. Having one good friend requires the ability to identify and control one's own emotions; express thoughts and feelings adequately and to listen carefully to others; to be flexible enough to accommodate the needs of others while also advocating for one's own needs; as well as a number of other relationship skills. Staying out of jail requires the ability to understand and follow rules; respect authority; and to understand the social consequences of human behavior. These "3 outcomes of young adulthood" often become the basis for the development of family rules within the household as children grow older. It's also necessary to acknowledge the increase ability of the adolescent to participate and give input into family discussions regarding decisions that affect them and to also take more responsibility for their part in implementing these.

Addressing the needs of the Sibling subsystem is always an area of focus in conjoint family therapy, even when there is only one child. As was discussed previously, the sibling subsystem is where children learn the skills necessary to interact effectively with their peers. In families where there is an only child, parents need to arrange consistent interactions with children of the same age. This can be accomplished through ongoing relationships with extended family members such as cousins, step-siblings or neighborhood children, or through organizations such as the Girl Scouts, AYSO, and the Boys and Girls Club, to name a few.

Strengthening the sibling subsystem often requires parents to act more like consultants than managers. In other words, rather than directly interacting with siblings or friends, the parent tries to unobtrusively observe these interactions and then provide feedback and coaching regarding pro-social behaviors. These include cooperation, sharing, showing empathy, saying "please" and "thank you", and other social manners that children primarily learn from parents. In situations involving a high degree of conflict between siblings, however, it's often necessary for parents to directly intervene, especially when physical or emotional harm may be occurring. Whenever this occurs, it's important for parents to actively discuss with the children why they're intervening and to teach conflict resolution skills that preserve the development of positive relationships between the siblings now and in the future. It's also critically important for parents to be conscious of any perceptions of parental favoritism and to address this directly. Few things destroy sibling relationships as much as parental favoritism.

2. Improving Family Communication Through Family Meetings and Dyad Work

Throughout the process of strengthening the functioning of the subsystems, the counselor tries to maximize any opportunities to improve family communication. This involves facilitating effective communication with the whole group in family meetings, and through the use of dyad work in meetings with two members.

When working with the whole family, it's important for the counselor to focus on helping each person to express themselves and feel heard. A major obstacle to effective family communication is the tendency for members to interrupt each other. When this occurs, the counselor can say:

"In most families, it's natural to have interruptions while talking with each other because we often think we know what the person will say and we want to respond as quickly as possible so that we can be heard. It's important to remember, though, that everyone wants to be heard and that each member of the family is growing and changing so these assumptions about what they're going to say may be incorrect. In order to help reduce interruptions, I'm going to ask your permission to allow me to be the only one who can interrupt. I don't mean any disrespect when I interrupt, but it's necessary so that I can help everyone to be heard. Is that okay?"

The above statement will often result in cooperation from family members, and soon only a few reminders from the counselor are necessary to reduce interruptions. If interruptions continue to hinder family communication, however, then it's often beneficial to use a pen or pencil as a symbolic microphone where only the person holding the "microphone" can speak and everyone else listens. One problem with this technique might occur if a family member won't give up the "microphone" and uses it to dominate the conversation, but the counselor can gently remind them that everyone wants to be heard.

In addition to improving communication through family meetings, it's often necessary for the counselor to help two members of the family to communicate more effectively through the use of "dyad work." Briefly, "dyad work" involves having two members of the family communicate directly with each other with facilitation from the counselor. This facilitation typically involves the process described in the following example with two parents :

“John and Mary, I know that the two of you have a disagreement about the curfew for your 15-year-old daughter. I would like you both to discuss this in a way so that each of you will feel heard by the other. So John, I would like you to face Mary and explain to her the most important reason for your view of the curfew time. Mary, I would like you to carefully listen to John and, after he is finished, I will ask you to reflect back to him the main points of what he said and then how he feels about this. Then, I will ask Mary to give her response to John, with John then reflecting back to Mary the main points of what she said and how she feels about it. Then, when we are sure that you both understand each other, we can work on acknowledging common viewpoints and resolving any differences.”

Effective facilitation of communication is a critical part of improving the functioning of each subsystem and of the family in general. Family members may at first feel awkward in interacting in this dyadic manner because they may feel that it is artificial or takes too much time. It is important to explain, however, that many family conflicts are caused by ineffective communication and the resulting bad feelings when people do not feel that their comments or feelings are being considered. This dyadic work is one of the most fundamental and critical aspects of conjoint family counseling because it improves the understanding and resolution of issues that are so critical to healthy relationships between family members.

3. Building Family Resilience

In addition to dealing with crises, strengthening subsystem functioning and improving communication, any effective treatment plan should also include the building of family resilience. Family resilience is often related to the existence of positive experiences within the family that motivate family members to spend time with each other and stay together. Another aspect of resilience is the ability of the family to anticipate future stressors and to prevent family crises by preparing for these. The family counselor can assist the family in building resilience through the following processes.

Family Fun: One quality of healthy families is the willingness to spend time together. Most people like to spend time with those they can have fun with. Therefore, families need to create opportunities to have fun, especially in ways that maximize interactions with each other. In modern times, media and technology provide many different ways to have fun alone, which may have led to a decline in the ability to interact socially and have fun with others. In order to address this situation, it's important to help families to learn to have fun interacting with each other without the use of technology or media.

Children's self-esteem often improves when they learn that their parents can have fun with them and game-playing also can help kids feel more confident in their relationships with peers, even without batteries. Family fun can happen in many unique ways and places, and it's important for parents to learn which activities are fun for each child as well as themselves and to understand that these change as the child develops.

Families are busier than ever and many do not create enough time to have fun together. When families attend counseling, they are forced to set aside at least a couple of hours per week to spend together, although most members do not consider this to be fun. Counselors can help families have fun together by keeping this as an area of focus throughout the process of conjoint family therapy. You may have noticed from the "Opening Session" section of this chapter that the counselor includes questions about fun during the very first introductions to family members. This not only provides the counselor with important information, but also sets the precedent that family counseling is about fun as well as problem-solving. During the family evaluation process, particularly when interviewing children and adolescents, the counselor can help to establish rapport through the use of humor and fun activities such as drawing and playing cards. It's often useful for the family counselor to observe the family playing a game together because most games involve communication, competition, and decision-making, which are all important aspects of family functioning. One of the most important aspects of family game-playing is determining which games maximize the participation of all members, particularly the younger ones who may be limited by their early stage of development. It seems helpful to begin with simple child card games such as "go fish" and "UNO" before moving on to more advanced activities.

TERMINATION OF CONJOINT FAMILY COUNSELING

As the family learns to deal with crises, improve family structure and functioning, and to address and resolve specific family problems, the process of termination begins. This is a gradual process that requires a great deal of observation and monitoring on the part of the family counselor to ensure that the family has progressed enough to be able to terminate conjoint family counseling. This process begins by introducing the concept of "family meetings", where the family takes more responsibility for facilitating what happens in the family counseling sessions. Conjoint family counseling often incorporates these meetings into the termination process so that the counselor can measure how well the family can work together without assistance.

1. Family Meetings

In a few words, family meetings are an opportunity for families to get together to discuss both the positive and negative things that are happening. Family members rotate taking the role of the facilitator who runs the meeting and monitors the communication rules. The family counselor helps the facilitator direct the initial family meetings to ensure maximum participation and success. The meeting usually begins with each family member having the opportunity to comment on something positive that's happening in their life and one thing that they would like to see improvement in. Then, the discussion turns to how the whole family can help make this happen.

2. Crisis Prevention through Family Life Cycle Preparation and Problem-Solving

Resilience can be enhanced when a family is able to anticipate problems that may come up in the future and learn to deal with them through a proactive family problem-solving process. As previously discussed, transitions into new stages of the family life cycle often create a great deal of stress and conflict in families. Specific explanations of family life cycle stages, especially those that are in the near future, can help a family to understand what adaptations they will need to make to be successful as their family develops. Discussion of the challenges of these transitions can provide an opportunity to explore the family's problem-solving process, of which they may not be aware. It's often useful to use the most recent family life cycle stage to explore how the family dealt with previous problems.

Exploring the Family Problem-Solving Process: For each problem that is discussed, restate the problem and then ask:

"What was done to try to solve the problem?"

"Was there any part of the solution that seemed to work?"

How did they know that it worked? Did the rest of the family think that it worked?

"Was there any part of the solution that did not seem to work?"

"What made you feel like it didn't work? Why did you think it didn't work?"

"What other solutions were generated by the family regarding the problem?"

"What additional information did the family need in order to solve the problem?"

"Can any of the information above be used to address future problems?"

Family resilience can be enhanced by integrating the above concepts into the conjoint family counseling processes of family evaluation, treatment and termination. These can help the family to recognize and use their own resources to maintain healthy structure and communication and to solve family problems now and in the future.

Another important process is helping the family to identify if and when they might need to return for continued family counseling. The counselor can help the family to understand and identify individual and family symptoms that may indicate the existence of problems. Individual symptoms may include reduced functioning in any of the areas of the "Circle of Life" as well as maladaptive responses to specific situations. Family symptoms may include a reduction in the frequency of family fun and time spent together or an increase in family conflict or negative mood. When these occur, the family should reactivate the processes of family meetings and problem-solving. If the family does not improve significantly following these occurrences, then the family should contact the counselor sooner than later in order to prevent crises. Another important part of this process is to help the family gather the necessary referral information just in case these are necessary at a later date.

RELATIONSHIP TO THE SBFC MODEL

The skills of conjoint family therapy are a critical component of School-Based Family Counseling (SBFC). SBFC can be implemented by counseling professionals in the school who are trained in its core processes and who are able to work with students and their families with problems that are more complex and require more direct and close intervention (Carter & Evans, 2008). SBFC is a more specific conceptualization of how conjoint family counseling processes can be applied directly to dealing with a student's problems in the school environment that are related to the ability to follow directions, exercise self-control and show respect of others. School personnel may be in the best position to implement SBFC and improve student functioning because of the emphasis on school behavior and achievement versus mental health. Most parents are more willing to attend counseling sessions or "classes" at a school versus a community mental health clinic because they are often more interested in their child's education than obtaining therapy.

Conjoint family therapy applied in SBFC can also be useful for schools because of its collaborative and open processes. For example, SBFC can assist schools in child abuse reporting issues in a way that leads the family to get closer to the school in this process versus the frequent alienation caused by reporting parents for child abuse. This can be done in a way that ensures safety, compliance with reporting obligations, and respect of culture while also improving the student's academic functioning & social behavior. In addition, SBFC is also able to affect more family members than just the

target child, like older brothers and sisters who may be dropping out and increasing the chaos in the child's academic development as well as potential crime in the community. Following is an actual case of the application of conjoint family counseling processes applied in SBFC in both a school and Clinic setting.

THE CASE OF MARLON

Marlon is a 5th grader in a public elementary school in Huntington Park, California, a very impoverished area of Central Los Angeles with a high immigrant population. Marlon displayed a profile of Attention Deficit Hyperactive Disorder (ADHD) in the classroom (e.g., difficulty following directions, concentrating, finishing tasks, and staying in his seat), and was also beginning to bully other students without apparent reason. Marlon has 2 younger brothers, one in 3rd grade and one in kindergarten. The brother in Kindergarten had missed over 30 days of school in the first semester. The father is of Mexican descent and the mother's cultural background is Western European: Irish and French.

Marlon's teacher followed the school's discipline system and one day, after Marlon caused another disruption in the classroom, she told him that she would have to call his parents. Upon hearing this, Marlon started crying and said that he was afraid of being "whipped by his father" when he got home. The teacher felt conflicted because of her duty as a teacher and mandated reporter, but also feared the possible consequences to Marlon if she acted on these obligations.

Situations such as these often result in reports not being made by anyone, and the child continues to languish in a high-risk situation that results in decreased student performance at best, and child injury and increased school liability at the worst. An additional problem is to what degree does the teacher's anxiety affect her ability to teach other students in class. If the report is made, how often does the parent blame the school, then disconnect, and move to another school, while making sure that the child will not say anything to a teacher again. How does this affect student attendance, achievement and dropout rates?

So, what are the options to address this type of situation through SBFC? In this case, there was a 2nd year SBFC fieldwork student interning in the school 10 hours/week under the supervision of a Licensed Marriage and Family Therapist familiar with SBFC. The teacher met with the Intern and disclosed what happened. The Intern then interviewed Marlon and then called the mother. She did not answer, so she called the father, explaining that there was an important incident that occurred at school involving his son and that he needed to come in immediately. When the father came in, the Intern explained that the session was confidential and also explained the limits of confidentiality and the duty to report. She then talked to the father about Marlon's behavioral difficulties in the classroom and how this was affecting him academically. She explained about what kids go through developmentally in the 5th grade and explored how he behaved at home and how he did his homework. She also explored the father's hopes for Marlon and the current state of their relationship.

The father was pretty open about Marlon's behavior at home and his fights with his brothers. The father also explained that he and Marlon's mother had separated again 3 months ago and that he was living out of his car except on the weekends when he saw his boys at the mother's apartment. The Intern acknowledged how difficult that must have been for the father and praised him for his continued involvement in his son's lives despite the difficulties. She then explored how father and mother dealt with Marlon's behavior at home. The father said that they yelled a lot and took things away, but that he couldn't spank his kids anymore because of a parenting class that he had to take last year. He said that the mother was too easy on the kids and let them do whatever they wanted to do. The intern acknowledged the father's frustration and talked of the three high-risk behaviors of adolescents and the main protective factor of a strong and open relationship with a parent and how this protective factor was affected by the yelling and negative nature of the discipline strategies that were being used at home.

The Intern then helped the father to understand what Marlon needed at this stage of development and then explained positive parenting and the use of a modified “break” or time-out system and how this could be used to improve Marlon’s relationship with the father and mother. The father was pretty skeptical about this. The intern explained that this would be critical to Marlon’s academic and employment future and that this would also help to calm down the other sons and perhaps help the mother to discipline more effectively.

The intern then informed the father what Marlon had said and that she had no choice but to call Child Protective Services to find out if a report needed to be made. She also explained that she would like to tell them that the father had come into the school willingly and that he understood the need for positive parenting and was committed to attending the Parent Training classes provided at the school site and further counseling sessions if necessary.

The father was quite upset, but the intern walked him through the probable process with CPS including the need to be open and honest with them if a report needed to be made and they came out to the house. She reiterated that she felt that the father wanted the best for all of his children and that this change in dealing with Marlon was necessary anyway. If he agreed to commit to the process, she could explain that to CPS. The report was made to CPS, which was the third report in the last year, and CPS went out and interviewed Marlon and his family and recommended that his father and mother follow-through with the parenting classes and work with the SBFC Intern.

Marlon’s father and mother attended a session the following week with the Intern and were quite upset. They were able to talk about their feelings about the CPS visit, but also about their separation and its affects on their sons. The intern steered them back to the need for positive discipline to teach all of the children the “3 Rules of Kindergarten” and also began to address the absences of the Kindergartener. Marlon’s mother began to understand the need for her youngest son to be in school rather than keeping her company at home. Mother was referred for daytime English classes at the local adult school and the father for anger-management classes. They were also referred to a Clinic that the Intern had a relationship with and who understood the need to emphasize the effect of parental conflict on their children’s education. The Clinic had a 3-month waiting list, so the Intern saw the parents for two sessions to help them focus on working on their Co-Parenting relationship and positive discipline while waiting for a spot in the Clinic.

By the second week of the parents’ involvement in SBFC, the teacher reported that Marlon’s behavior had improved significantly and the referral to the school psychologist to assess Marlon regarding ADHD was put on hold. The parents attended the parenting classes, and the Kindergartener’s attendance problems stopped for almost 2 months. Then, Marlon had a downturn in behavior and the SBFC brought the parents in again. They reported that they had come together in their work as parents in SBFC and that this had resulted in the father moving back in to the apartment, but that the parents' fights began again. The Intern again explained how this was affecting the children and how it would probably affect them in the future. She helped the parents to work together to devise a living plan that would minimize their contact with each other for the next month while waiting for services from the Clinic. The children’s attendance and behavior improved over the next two weeks, but deteriorated thereafter.

Two weeks later, the whole family was seen at the Clinic, which has an SBFC focus and utilizes conjoint family counseling processes. During the first three weeks of their attendance, the family underwent the family evaluation process. The parents were interviewed together and separately, and the children were interviewed individually. During these interviews, it became apparent that the parents were still continuing the same dynamics from before the intervention of the SBFC intern. The father was living in the mother's apartment five out of seven days during the week, and was still considered the disciplinarian, while the mother maintained her nurturing role. During the conjoint interviews with both parents present, the parents presented a picture of harmony and togetherness.

In individual interviews, however, the mother expressed her frustration over the current living situation and her ambivalence about continuing the marriage. She said that the father had continued to make romantic overtures and reacted with anger when she did not respond positively. She said that, while they did not argue in front of the children, she felt that the children sensed the tension between them and that they were often interrupted by the children's fighting. As part of the evaluation process, the counselors obtained informed consent from the parents and contacted the school and conducted a brief interview with each of the children's teachers. These interviews revealed that Marlon's behavior in the school and the playground had deteriorated and that his youngest brother's absences had increased.

After completing the family evaluation, the counselors at the clinic focused on the immediate crises caused by the parents living together again. The parents were told during the feedback process that they needed to put their romantic and spousal relationship on hold while we focused on improving their co-parenting relationships. The counselors informed the parents that,

"Right now, it's very difficult to predict what will happen in your romantic relationship. We do know, however, that even if you never spoke to each other again, your relationship as parents would still exist within the hearts of your children forever. Every child wants to love their mother and father, and hopes that their parents will at least be friends, if not married. Because of this, we need to begin by working on building a strong and effective co-parenting relationship that is based on mutual respect, direct communication, and trust in each other as parents. These three factors are also critical to the development of any healthy spousal relationship, but an enduring marriage ultimately depends upon the feelings of each spouse. We need to first focus on the development of this co-parenting relationship before considering your romantic relationship. In addition, most children continue to hope for a reunion of their parents and are typically devastated if attempts at reconciliation are not successful. Therefore, we recommend that you physically separate and limit any romantic interactions until we have stabilized your co-parenting relationship."

This strategy essentially created a boundary around the spousal subsystem and allowed the parents to focus solely on improving the functioning of the parental subsystem. This focus on establishing respect, communication, and trust, is a strategy that is often used in working with parents who are separating or threatening to divorce. This allows the counselor to continue to improve the functioning of the family in critical areas while temporarily forestalling the potentially destructive process of ending the marriage. Improving the effectiveness of the parental subsystem while parents are separated requires that both parents learn to take on the roles of nurturing and discipline like a single parent. This is important to any family because the sharing of these roles helps to reinforce that nurturing is not gender specific, and that discipline is not personal or arbitrary. This also leads to an improvement in the relationships each parent has with their children, which can soften feelings of rejection if other relationships deteriorate. In many cases, this strategy also allows the couple to explore their feelings about the marriage as they create a more constructive relationship with each other that can become a protective factor against the chaos of ending a romantic relationship if that occurs. This is ultimately what occurred in Marlon's family.

The counselors met with the parents for several sessions to implement positive discipline with the use of the "break" procedure. Very briefly, positive discipline involves assisting parents to understand and acknowledge the feelings and motivations underlying their children's inappropriate behavior. The parents are then taught to acknowledge the child's feelings while providing two age-appropriate behavioral choices. The "break" procedure involves an age-appropriate modification of

timeout where the child must sit for a few minutes without parental attention. This procedure is typically used when children do not follow directions. This "break" also allows the parent to stop and reflect on the situation and how best to handle it and hopefully leads to a calm discussion with the child about the reasons why it is necessary to follow parents' directions. Following the break, the child is placed back in the original situation if possible, and then required to follow the original directions. As soon as the counselors feel that the parents are proficient in positive discipline and the "break" procedures, these procedures are explained in a family session and role-played so that the children know what to expect.

In Marlon's family, this aspect of conjoint family counseling was implemented over a period of several weeks and led to positive feedback from the parents, the children, and the school. The counselors then met with Marlon's mother and father individually and conjointly over several weeks to explore their feelings about the romantic relationship while reinforcing the positive benefits of their individual co-parenting. Eventually, both parents came to an understanding that there was not mutual interest in continuing the marriage and the parents decided to get a divorce. They continued counseling together with a focus on positive parenting with respect, communication and trust to maintain their children's attendance and homework completion while also getting assistance in mediation. During the termination process, the parents established separate residences and continued to co-parent with limited interactions between them. This allowed each parent to heal from the loss of the marital relationship and also reinforced their ability to be individually competent in parenting their children. Six months after termination of counseling in the clinic, all three children continued to maintain their attendance without behavioral referrals and improvement in homework completion.

This example of SBFC involved about 6 hours of the intern's time with the parents and about 9 hours of the Parent Empowerment Classes, but these were attended by almost 40 parents. The family attended 15 conjoint family counseling sessions at the Clinic. At follow-up six months later, the parents reported that despite the divorce, they felt that their children were doing better than ever and that this was the longest period of stability that their family had ever experienced. This successful outcome also included direct savings for the school including a marked increase in their Average Daily Attendance, a reduction in the school psychologist's caseload by at least one student (and probably the Kindergartener as well), and most importantly, a reduction in classroom and playground disruptions for the students in Marlon and his younger brothers' classes.

The above example reflects our finding that after a few SBFC sessions with the family, particularly conjoint family counseling with the parents, many of these high-maintenance students often start to improve in school, first behaviorally, and then academically. Sometimes, the student hasn't even been to the clinic or seen by the SBFC professional before improvement occurs, as long as their parents are meeting consistently with the counselor. This reflects the Prevention and Intervention aspects of SBFC and how they are combined with outside referrals for conjoint family counseling to address behavioral and attendance issues. This also reflects the power of the family, especially when parents are empowered.

MULTICULTURAL COUNSELING CONSIDERATIONS

One of the most important aspects of effective conjoint family counseling is the specific consideration of the cultural and historical backgrounds of the family. These factors must be included in the evaluation of the family in order to improve understanding and reduce resistance. An example of this is seen in section D of this chapter regarding the narrative process in providing feedback to the family. Notice how the counselor integrated into the narrative specific aspects of the cultural background of the mother and father and their unique history with their own family of origin.

It is critical to focus on family history as well as cultural background in order to avoid making faulty generalizations that can adversely affect the success of conjoint family therapy. Counselors often make assumptions regarding cultural background, particularly regarding variations within the same ethnic group. For example, some counselors assume that Latino clients are Mexican or Spanish or that Latino cultures are essentially the same. This often leads to misunderstandings that insult the client and cause irreparable damage to rapport and the effectiveness of conjoint family counseling. Of course, there are significant differences between all Latino cultures just as there are between every state in America. There are also significant differences within each family's experience of the same culture, just as there are variations between any two families living on the same street. Exploring these differences in the Factual dimension is a critical aspect of effective family evaluation, for it influences all subsequent processes of conjoint family counseling.

EVIDENCE-BASED SUPPORT

Over the past 10 years, there has been an increase in evidence-based support for the effectiveness of conjoint family counseling in helping children. Examples of this are shown in Box 9.6.

Box 9.6 Support for the Use of Conjoint Family Therapy

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