Course Introduction

An analysis by the National Board of Certified Counselors (1993) revealed four fundamental work behaviors performed by counselors. They included fundamental counseling practice, career development, group counseling, counseling families and professional practices. Relatedly, over a decade ago Ford (1986) indicated that there is an increasing need for parent and family involvement in the education of children. Ford’s perspective reflects that family counseling is the necessary next step in the professional development of teachers, administrators, and school counselors. Moreover, Shore and Vieland (1989) found that 75% of the children participating in family counseling improved their behavior according to teachers and parents. This course is an introduction to family counseling’s application in today’s schools.

Learning Objectives

Upon completion of this course, you will learn:

- To identify the need for family counseling in the schools
- The major components of systemic family counseling
- About healthy family functioning
- About strategic and structural family counseling
- About integrating school and family counseling
- understand the nature of the adversarial legal system
- understand the benefits of divorce mediation

Course Content

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Family Counseling in Today’s Schools
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Part I

Almost a decade ago the American Counseling Association’s (ACA) report, The Crisis in School Counseling, indicated that school counselors need to understand family systems and their impact on children’s education. This ACA (1993) report also stipulated that school counselors are not recognized as providers connected to the mental health and academic performance of the child. At a time when school counseling programs are receiving less attention, or being abandoned altogether, it is important to acknowledge the role of the school counselor and the potential impact this counselor has on child, school, and family functioning.

School counselors can learn to help families make and adjust to changes, including establishing behavioral norms, setting family goals, assisting with understanding family roles, and developing family conflict resolution strategies. Assisting families facing divorce issues as well as special clinical problems (e.g., substance abuse) also are services that school counselors can provide. The use of family counseling techniques is all within the repertoire of the appropriately trained school counselor (Carlson, 1987; Hinkle, 1994).

As we begin our new millennium, the complexities of life are making it necessary for schools not only to focus on education, but also on school-based counseling services including family counseling. Difficulties include coping with child rearing, relationships in the family, home management, and even neighborhood living (Blatt & Starr, 1988). Therefore, it is inevitable that the family and school come together in an interchangeable systemic ecology because of their mutual interest in the education of the child (Merrill, Clark, Varvil, Van Sickle, & McCall, 1992).

A Systems Perspective in America’s Schools
There has been an exciting extension of systems theory and family counseling into school interventions (Fine & Carlson, 1992). Fine and Carlson (1992) have indicated that this includes “a greater awareness of the ‘power’ of the family in creating or maintaining school-related problems of children and a greater appreciation of the interfacing of the family and school system in treatment” (p. xi). Problem behaviors within the school are thus not considered to have a foundation in the individual child, but contextually in the relationships the child sustains. Indeed, Becvar and Becvar (1982) have insisted that, “the systems perspective is a universal view. It does not interpret events in isolation from other events” (p. 3).

Furthermore, over twenty-five years-ago Bloch (1976) stated, “Children are the same as everybody else, only more so. Their involvement in family consultations may be as primary patients; or their involvement may be secondary to disorders elsewhere in the family system. Whatever the apparent reason for therapeutic involvement, there is always significant expression at the family level. One may pick up the ball of twine at any point and follow the thread back to the same configuration. . .Child therapists (have) observed that changes in the psychosocial functioning could not be achieved or maintained unless associated changes were achieved in the family system” (p. 168).
Similarly, due to the continuous changes in the educational system and the expanded role of counseling services, education and counseling need to come closer together within the context of the school (Peeks, 1993). The establishment of family centered programs will “necessitate family involvement in the context of the school by school counselors who understand the powerful systemic connection between the student and the family” (Peeks, 1993, p. 249).

School counselors are ideally situated within the context of the school system to assume the leadership in promoting such a restructuring process (Hinkle, 1993; Peeks, 1993a, 1993b). School counselors can assist families with a host of problems. For example, as the divorce rate continues at about fifty percent, school counselors can be instrumental in establishing innovative family programs within the schools for those facing family divorce transitions (Hinkle & Wells, 1995; Peeks, 1993).

It is the school counselor who must decide what to do with a referred case. The person that makes the referral initially defines the problem, however, there may be many competing hypotheses to explain the problem and what needs to be done about it. Amatea (1989) has indicated that when deciding which hypothesis to use, “the practitioner must consider how much the terms implied in such a perspective limit her (or his) ability to resolve the problem effectively and make (their) own decision concerning whom to work with” (p. 58). One of the important aspects of deciding with whom to work, is to consider who has the most power, who is in the most distress, and who is to gain from positive change (Hinkle & Wells, 1995).

Parent teacher conferences are fertile ground for new information regarding the student and can help change the system in which the child exists (Fine, 1992). Educational decisions based solely on psychoeducational information, without consideration of family circumstances, may in fact be harmful to the student (Power & Bartholomew, 1987). Although there appears to be interest in family counseling in the schools, unfortunately many school personnel continue to conceptualize children’s problems as idiosyncratic (Fish & Jain, 1992).

Nicoll’s (1992) review has revealed significant correlations between academic achievement and parent-child relationships. Good and Brophy (1986) and others have indicated that a variety of family-related factors affect school achievement more than school-related factors. Although a substantial amount of empirical data has documented the crucial relationship between family functioning and school academic and behavioral success, Nicoll has stated, “schools typically pay insufficient attention to this area when assessing and intervening in cases of student adjustment difficulties” (p. 352). Nicoll elaborates that, by and large, the learning disability model dominates public education’s approaches to assisting children with learning problems while family models are mostly ignored. For example, power struggles between adolescents, parents, and the school are often intensified when parent conferences result in the school demanding more coercive approaches be implemented in order to compel the family to comply with school performance demands. In another example, Nicoll reflected that, “a child’s self-doubts regarding his or her ability may be a reflection of family dynamic factors such as over-protectiveness, discouragingly high expectations, or constant self-comparisons by the child to a more successful sibling” (p. 352).

It is likely that today’s schools will play a larger role in health care as a result of political and economic realities. Already in place are programs on sex education, drug abuse prevention, and AIDS education. However, some schools continue to resist including parents in mental health programs. In fact, Woody and Woody (1994) have indicated that some school systems work fervently to minimize parental access and involvement in the schools.
In contrast, children will receive more mental health services if they are delivered in the schools because the school system is often perceived more favorably than mental health clinics and hospitals. This essentially means that monies would be more readily and efficiently spent if the schools were the recipients. As all mental health disciplines are re-examining their roles, it would be helpful if children’s mental health services focused on the school and family and utilized school resources to this end (Hinkle & Wells, 1995).

Correspondingly, Woody and Woody (1994) have asserted that family systems counseling is the treatment of choice for many problems and “virtually every school counseling program can reasonably be expected to adhere to the tenets of family/social systems interventions” (p. 20). Woody and Woody have reported that Public Law 99-457, the Education of the Handicapped Act Amendments of 1986, has mandated family and community involvement in school programs. Infants and toddlers with handicaps are to receive family counseling, training, and home visits. In order to accomplish this, the law mandates the involvement of parents is necessary for individual educational planning and that there must be an Individualized Family Service Plan (IFSP) developed by a multidisciplinary team. The IFSP will improve the services to children in the schools by including their parents in educational planning and hopefully this process will improve difficult family circumstances.

The two most influential and powerful entities in a child’s life are the family and the school. It should be incredible today for a school system not to be organized as well as administered with meaningful family involvement in educational programming and decision making. The schools should not only be responsible for the child’s academic learning, but also the child’s universal welfare (Woody & Woody, 1994). An ecostructural approach to school problems might involve a meeting that included the student, family, and school personnel. The child’s school behavior problems are part of a larger system that interfaces between home and school (Power & Bartholomew, 1987). About half of the adult population has had some brief contact with mental health services and they tend to feel highly ambivalent about such contacts (Blatt & Starr, 1988). A parent agitated with the school may actually be frustrated with their child (Blatt & Starr, 1988). Moreover, many professionals have asserted that working without the family can further promote dysfunctional family patterns.

Palmo and colleagues (1984) have indicated that today’s problems (e.g., geographic mobility, discipline, and school absenteeism) have an impact on the family as well as the school. As a result, today’s problems also influence the services provided by school counselors. Problems presented by a child in school “may not be just the child’s problem; it may be the manner in which the parents are dealing with the child, stresses on the family, marriage problems of the parents, or pathology in one of the parents. In any of these cases, working solely with the child will be much like ‘spitting in the wind’” (p. 274).

Rather than work exclusively with the surface symptoms presented by the child in the classroom, Palmo et al. (1984) have suggested that the school counselor explore family dynamics, since symptoms may be serving the purpose of maintaining equilibrium in the family (Stark & Brookman, 1992). For example, refusal to attend school usually elicits the involvement of other subsystems in the child’s community (Aliotti, 1992). Awareness in the symptom’s purpose, therefore, results in school counselors becoming more efficient in their delivery of services.

Furthermore, family counseling can be provided in the school without having to utilize mandated referrals to outside agencies. With the time constraints put on the school counselor, it seems that effective and economical counseling approaches, such as family counseling, need to be developed and implemented within the school counseling clinical program. Such an approach also eliminates the potentially burdensome cost of private or
agency counseling for the family (Nicoll, 1984a, 1984b). Nicoll (1984a) has reflected that a student’s behavioral and learning challenges must be understood and dealt with within the framework of the family. He has recommended that school counselors combine their existing skills and knowledge of the field of education with the skills of family counseling.

Thirty years ago only about 30 percent of families referred for family counseling made any contact with an outside agency and only 8 percent continued after two sessions (Conti, 1971). This has not changed substantially. Nicoll (1984a) has indicated that parents will be more to follow through with family counseling recommendations when the counseling takes place at school. This approach will be less threatening to the family and decreases the chances that the parents infer pathology for their family.

A Systemic Paradigm: Family Counseling

The mental health profession’s paradigm shift to a systems perspective currently has had a major impact on the way counselors work with their clients (Capra, 1982; Fine, 1992; Hinkle, 1993; Hinkle & Wells, 1995; Peeks, 1993a, 1993b). Exclusively analytical thought processes have proven to be inadequate for understanding family dynamics. Plas (1992) affirms “the mechanistic perspective dominated the world view of European and American laypersons and scientists from the seventeenth century until just yesterday” (p. 46). A systems-ecological approach recognizes that families and other subsystems continually seek stability and may resist change in order to maintain a homeostatic balance (Fine, 1992).

Family problems result in emotional distress for children which in turn is reflected in school performance (Carlson, 1992). From a systemic perspective, providing counseling for a child’s problematic behavior is aimless unless the context of the problem is considered. Systemic interventions determine which system or subsystem is maintaining the problem (Carlson, 1992; Haley, 1987). In contrast to behavior modification approaches to change, Fine (1992) has indicated that there are no hard and fast rules or “standard operating procedures” for a systems perspective (p. 9). Systemic hypotheses about family functioning consider the family’s hierarchy, boundaries, alliances and coalitions, ability to make adaptive changes, and the meaning of the symptom (Carlson, 1992; Haley, 1987; Minuchin, 1974).

When taking a solution-focused perspective, systemic school counselors identify and understand the problem well before they intervene. They focus on what can be changed and believe that rapid change is possible (O’Hanlon & Weiner-Davis, 1989). Systemic counselors also trust that focusing on relationships is more useful than studying related objects. Psychological and emotional problems are conceptualized as relationship problems. Individual behavior is not meaningful unless it is connected to the context in which it exists. Reasoning through analogy, therefore, is more beneficial than inductive and deductive reasoning (Hayley, 1970, 1987; Hinkle & Wells, 1995).

It has been known for some time that the child should be perceived as part of a large ecological system in which all aspects of the child’s life are interrelated (Hobbs, 1966). This means that when school problems are being addressed, the child’s family relationships cannot be ignored.

Implementing family counseling in the schools is not simple, but it is attainable and necessary (Hinkle Wells, 1995; Palmo et al., 1984). Palmo et al. have indicated that family counseling in the school, performed by school counselors, will require efforts toward professional growth; and school counseling, as a profession, can only grow “when each individual counselor attempts to grow professionally” (p. 278).
Lack of family counseling training among school counselors in graduate school is partially responsible for the lack of systemic activities in the schools. However, this is beginning to change. For example, the University of Florida provides a family counseling course option for school counselors interested in working with families. In contrast to some writers in this area (e.g., Beal & Chertkov, 1992), we feel that direct involvement with the family-school system by school counselors is needed to effectively deal with school problems and is long overdue. The school and the counselor must find a way to accommodate the child and the family (Blatt & Starr, 1988).

There are times when the school counselor can find him or herself in the middle of intense difficulties between the child, family, and school personnel. However, a durable and meaningful change for the student means a complementary change for the family and school system.

School counselors can offer family counseling services in much the same way as school nurses and rehabilitation counselors (Wilcoxon & Comas, 1987). Wilcoxon and Comas have stated, “School counselors should increase their understanding of the principles of family systems theory and family counseling intervention strategies, because students in schools are influenced significantly by their family units” (p. 223). Furthermore, they indicate that, “School counselors becoming involved in these exciting and innovative developments may greatly enhance their effectiveness in professional services in their school settings” (p. 224).

It has been said that many of America’s children are on an educational path leading nowhere (Gandara, 1989). Which school children attend makes less difference in academic achievement than the families from which they come (Gandara, 1989). If students are not doing well within their family they cannot be expected to do well at school. Teachers can identify students who are not expected to do well because of their family circumstances. However, a dividing line continues to exist between school and family. Gandara believes “if schools are to meet the real needs of children, they must meet the needs of the whole child” (p. 42).

Over fifteen years ago Nicoll’s (1984a, 1984b) reviews revealed that the interrelationship between academic and behavioral school problems and family relationships was becoming increasingly evident. This course attempts to expand upon the sparse literature regarding family counseling in the schools. Unfortunately, the application of systems theory to school interventions does not have a history of investigation, either in quantity or quality. Family counseling has been utilized in various modalities for over four decades. The seminal work of Gregory Bateson (1972) (Steps to an Ecology of Mind), Murray Bowen (1978) (Family Therapy in Clinical Practice), Paul Watzlawick, John Weakland, and Richard Fisch (1974) (Change: Principles of Problem Behavior), Salvador Minuchin (1974) (Families and Family Therapy), Jay Haley (1976) (Problem Solving Therapy), and Cloe’ Madanes (1981) (Strategic Family Therapy) paved the way for family counseling.

Following these influential works, insightful visionaries applied family counseling to school issues. Walsh & Giblin (1988) (Family Counseling in School Settings), Amatea (1989) (Brief Strategic Intervention for School Behavior Problems), Fine and Carlson (1992) (The Handbook of Family-School Intervention), and Walsh and Williams (1997) (Schools and Family Therapy) integrated family counseling and mental health within the school environment. Although these books have opened the doors of the school setting to family counseling, their focus was mainly on “outsiders” providing family interventions for school children within as well as outside of the school. Fish and Jain (1992) have reported that much of the literature on family-school interventions has focused on the consultant external to the school. This focus is exemplified by Fines’ (1992) contribution to the literature regarding systems theory and school problems. Although significant, Fine does not focus on school counselors providing family counseling services. Similarly, Fish and Jain (1992) have reported
that much of the literature on family-school intervention has focused on the consultant external to the school. In contrast, family counseling has been considered necessary for interventions with children in the schools (Palmo, Lowry, Weldon, & Scioscia, 1984) and it is time more school counselors were providing this much needed service.

While referrals and collaboration outside the confines of the school are often necessary, there is a vacuum within the literature regarding school counselors providing family counseling services. This course emphasizes school counselors working with families themselves - in the schools. Although this has traditionally not been the way of counseling in schools, our rapidly changing society and the revolution within education demand that school counselors enter this new and exciting territory.

Aliotti (1992) has reflected that students not coping successfully within the school system will find it difficult to cope within their family system as well. Children can become relationship-oriented rather than task-oriented when over-involved with parental anxieties (Beal & Chertkov, 1992). For example, parent-child conflict, school performance, and oppositional behavior were cited as the three presenting problems of largest magnitude in the Topeka Public Schools program (Merrill et al., 1992).

**Conclusion**

There exists a controversy about the degree school professionals should be involved in family counseling. Yet, even with limited resources, family counseling is beginning to take place within schools and school systems. Gerler (1993) has suggested that school counselors will need to develop innovative approaches to assist children, parents, and families. He states that “Counselors must assume a more proactive stance by collaborating with parents, teachers, and school administrators to develop and implement family programs aimed at preventing some of the difficulties experienced in today’s families” (Gerler, p. 243). Such a transition within the school setting appears to fit nicely (Fine, 1992; Fine & Holt, 1983; Hinkle, 1993; Hinkle & Wells, 1995; Peek, 1993a, 1993b; Plas, 1986).

This course is about turning a good idea into a reality. When family counseling is based at the school, parents will most likely show up. Likewise, including teachers as part of the counseling process will enhance the lives of school children and their school performance, as well as increase the effectiveness of teachers in the classroom. This course proposes that the reformation in counseling and the revolution in public education be focused on parents, students and school professionals, especially school counselors. Furthermore, when children are free of problems they learn at their maximum level collectively improving the level of achievement in the school.

**Part II**

**Systems Theory’s Application to School Counseling**

Family counseling is one of the rapidly growing specialties within the field of counseling. This growth has been related to a change of focus from individual psychology to a social context (Capra, 1984). Moreover, family dynamics have been identified by research studies as important factors in the behavioral as well as academic adjustment of school children. In addition, school performance also has been shown to be affected more by family variables than school variables (Blechman, Taylor, & Schrader, 1981; Hinkle, 1993). For example, Worden (1981) has reported that the mother is usually the family systems representative and handles school-related issues. However, if the student’s problem has come to the attention of the school counselor, it is a good
idea to include the father. His participation can be very revealing and assist the counselor with a treatment plan. If the father comes in willingly and participates in the family counseling, this may suggest the system’s willingness for open communication and problem-solving. On the contrary, Worden has indicated that if the father does not come to school, it may indicate that he is operating separately from the family system. However, this may not necessarily be the case. From a systemic perspective, the mother may have her own agenda for the father not to participate in family counseling (e.g., avoiding a couples conflict) and keeps the counselor in the dark regarding family functioning.

As referred to in Part I of this course, family counseling as a therapeutic modality departs radically from individual counseling models. In general, education professionals have seldom had the impetus to work with parents in a family systems context. Specifically, school counselors have typically not been exposed to this approach to handling school-related problems.

School counselors, however, are becoming more aware of family and systemic interventions. Counselors in the public schools are beginning to educate parents, as well as teachers and principals, about the family’s relationship to their child’s school successes, as well as, school failures.

**Systems Theory: An Overview**

Family counseling is essentially based on systems theory (Bertalanffy, 1968). This theory characterizes the human condition in an interrelated manner within a social context. The problems of children and their families are thought of as relationship problems (Haley, 1970). Behavior is not meaningful unless it is connected to the context in which it exists (Stark & Brookman, 1992). A family systems philosophy suggests that family characteristics, interactions and communication, functions, and life cycle are important to positive change (Turnbull & Turnbull, 1990; Wells & Hinkle, 1990). Nicoll (1992) has indicated that one systems theory principle, circular causality, maintains “that problems are not the result of a linear, cause-and-effect process brought about by some primary factor. Rather, problematic behavior results from mistaken or dysfunctional interaction patterns that develop between people in a mutually reinforcing manner and, thereby, serve to maintain the problem rather than change it” (p. 355).

An analysis of the social context in which a school problem exists is imperative. The school counselor considers information regarding the student, the school (including all personnel such as teachers, principals, etc.), the family, and the larger social system. Thus, the solution to a school problem may exist in any one or all of these entities (Amatea, 1989). Although some family practitioners utilize a one-person focus, problems focusing only on the individual always include a social context. For example, if a female student were to indicate that her problem with shyness is that she simply is not very attractive, it may seem, on the surface, that idiocyncratic self-esteem counseling would be the treatment of choice. However, upon further exploration it may be found that the student’s parents have repeatedly indicated that she is not “as pretty as her older sister.” In this case, an individual focus may help by providing attention to the student, but her parents may indirectly sabotage any real progress.

Amatea (1989) has reported that people maintain problem behavior for two reasons. “First, they may not realize that what they are doing is actually contributing to keeping the problem going. Second, even when they are aware of this, they often feel that it is still the only right way they can respond” (p. 28). Problems that school children encounter may be maintained by triangulated relationships. In such relationships, two people experiencing stress in their interactions will engage a third person (Bowen, 1978).
Counselors are cultured within the context of their society and profession and this culturing affects their interactions with clients (Hinkle, 1994). Unfortunately, this acculturation often includes an idiosyncratic approach to people that focuses on cause-effect relationships. Hinkle has offered an analogy by comparing psychiatry to physics. The discipline of physics discontinued much of its adherence to linear thought for explaining physical phenomena when atoms first were being split about 50 years ago (Capra, 1982). This occurred simultaneously with the development of systems theory. Today, many professionals in the psychiatric profession continue to reflect the individualistic thought of Sigmund Freud which does not utilize the extensive literature available over the past 50 years concerning social and contextual theory. Psychological scientists have known for years that predicting human behavior is very difficult. Unfortunately, the historic recourse to this difficulty has been an attempt by professionals to become better predictors of human behavior. Instead, it would be wise to develop models that explain the difficulty with behavior prediction (Hinkle & Wells, 1995).

Systems have many properties. For example, movement in one component of a system has an effect on all other components of the system. Similarly, systems have subsystems or microsystems that are affected by the larger system and vice versa. Subsystems refer to groupings of people within the system with relational boundaries that set them apart. To illustrate, refusal to attend school usually elicits the involvement of other subsystems in the child’s community, such as the police, the courts (Aliotti, 1992), and hospitals. An element of a system may be affected, or changed, by beginning with any component of the system. This means that individual problems have various pathways along which a solution may be sought (Stark & Brookman, 1992). This process is often referred to as equifinality.

The boundaries within systems and subsystems are either enmeshed or disengaged. Boundaries determine who participates and how and where the authority lies. Enmeshment and disengagement are not healthy or dysfunctional in and of themselves, but are merely relationship styles. For example, a couple with no children are perceived as enmeshed, and rightfully so. After the birth of a child, the mother and child’s relationship becomes enmeshed and the father is disengaged. Later, the father and mother may be enmeshed and disengaged from the adolescent (Minuchin, 1974).

Multigenerational family systems are dynamic or process oriented. Such systems are constantly moving through developmental stages of change. Carter and McGoldrick (1980) have described six stages of family life development and transition:

1. the unattached young adult between families
2. the newly married couple joins two families
3. the family with young children
4. the family with adolescents
5. children leave home
6. the family in later life

Similarly, Minuchin (1974) has suggested a family life cycle that includes the following transitions:

1. newborn into the family
2. child to adolescent
3. adolescent leaves home
Theoretically, systems theory deviates markedly from the traditional idiosyncratic cause-effect philosophy typically taught to school counselors and education professionals. Goldenberg and Goldenberg (1991) have indicated that individual counseling focuses on uncovering intrapsychic conflicts, whereas family counseling emphasizes the family system and its lifecycle. Thus, analogical thinking is more clinically productive than inductive and deductive thinking (Bertalanffy, 1968). The counselor is part of the context of the counseling process whereby active participation affects family change. Furthermore, family members are encouraged to talk to one another rather than through the counselor (Hinkle & Wells, 1995).

Bowen (1978) believed that changes in the family system impact the individual, and that changes in the individual similarly impact the family. A major concept integral to Bowen’s depiction of family systems is differentiation of self. The focus herein is on the way people deal with the intermix between emotional and intellectual functioning. At the highest level are those individuals with the most differentiation between emotional and intellectual functioning. They generally live full emotional lives and make life decisions based on intellect and reasoning. Those individuals at the lower levels of differentiation tend to exhibit fused emotional and intellectual function, that is intellectual functioning becomes dictated by emotional functioning. When stressed, less differentiated individuals decompensate to an emotional state. Bowen’s multigeneration transmission process refers to the transmission of the family emotional process from one generation to the next. To illustrate, in each generation the most emotionally involved child moves toward a lower level of differentiation of self and the least emotionally involved child toward a greater level of differentiation.

Hoopes (1987) has indicated that people are influenced by, and also influence, the three-plus generational system in which they are born, live, and die. The multigenerational system’s patterns and influences are stored, transmitted, transformed, and manifested within the family’s multigenerational system. Sometimes this dynamic process is covert and past dysfunctional family patterns and behavior may surface in a nuclear family. These past patterns are presented to a school counselor as new problems the family is not able to solve. These transmissions can govern functional and dysfunctional beliefs, attitudes, behaviors, self-esteem, and interactional patterns within the system (Hoopes, 1987). People participate in their development on at least three levels: 1) as an individual, 2) as part of the nuclear family, and 3) as part of the extended family (Holman, 1983).

Although two people create a new family that is different from their parent’s family, in many ways they remain quite similar. This familiarity has the power to stimulate the replication of patterns, attitudes, and parent-child interactions that may be like those of the families-of-origin. Functional as well as dysfunctional patterns influence multigenerational family systems. Family members also bring their experiences from outside the family (society) back to the family for integration into the family system (Hoopes, 1987).

Multigenerational systems have boundaries that are hierarchical in nature, in that one person in a system or subsystem has more power and responsibility to determine what will happen than another. In healthy nuclear families this hierarchy is most often observed in parent-child relationships with the parents in power (Hoopes, 1987). From a structural perspective, the closeness and boundaries within families depicts their ability to make needed adjustments in day-to-day living.

From a family systems viewpoint, the nuclear family represents a two generation system consisting of the marital couple (i.e., the parental subsystem) and their children (i.e., the sibling subsystem). The extended family is an extended system that includes other generations extended in at least two directions, upward or downward in the “family tree.” Nuclear families are influenced by their extended families. Adults bring into a marriage the
heritage from their family-of-origin, just as each of their parents did. This process cannot be avoided; no matter if the parents are living or dead, or if adoption or foster care is involved (Hoopes, 1987). The extended family includes relatives such as aunts, uncles, cousins, great-aunts, and second cousins. A blended, or reconstituted family, is one in which two different family systems join to form a new family system. For example, a divorced parent re-marries a spouse with children (Hoopes, 1987).

It is important to note that not all school children in today’s society live in a traditional family with two parents and siblings, grow up, then marry, have children, and remain married. Today it is quite common to find married-couple only systems, single-person systems, parent-child systems, step-sibling systems, half-siblings systems, step-parent-child systems, and foster children, adoption systems (Hoopes, 1987), and same gender couples.

### The Healthy Family Defined

The family roles played by each member in a well functioning family are known to all in the family and may change over the course of time. There is a degree of elasticity and adaptability in all healthy family roles. One member picks up the duties or expected behaviors of a member who is absent, ill, or otherwise unable to play his or her part. When the changes that are a part of usual family development occur, such as the increased separation from the family by a teenager, or the marriage of an older child, the healthy family adjusts and adapts. This adaptation especially applies to a family facing a crisis. As already noted, a crisis, whether from within or outside a family, puts stress on the entire system. A well-functioning family absorbs this stress, the members adapt their roles to accommodate the situation and following a transition period, continue to operate. There will certainly be times when the family feels this stress more than others and times when the family does not function optimally. But, a well functioning family will either return to normal patterns or will make the necessary transitions and settle into their new, adaptive behavior patterns (Hinkle & Wells, 1995).

Virginia Satir (1967) perceived healthy families as those that were mature. The mature individual has a sense of being in charge and makes decisions based on his or her perceptions of others in a social context (Green & Kolevzon’s, 1984). In healthy families, the parents are mature and communication is clear, specific, direct, and honest. Satir also was partial to the concept of family rules that govern family behavior (Satir, 1967, 1972). Healthy families have flexible rules that are subject to change; less healthy families have rules that are nonnegotiable and rigid. Satir’s family counseling focused on the process of rule making and the consequences for breaking them (Green & Kolevzon, 1984).

Haley, Madanes, and Minuchin’s models of the healthy family are similar. Family health is accomplished by relationship characteristics within the family and its subsystems. High-level functioning is dependent on context, timing, and the changing family life cycle (Haley, 1980; Madanes, 1981; Minuchin, 1974). Within the structural-strategic model of family counseling, boundaries are essential to family health. Boundaries “are intrafamily rules that define both the participants in subsystems and how they are expected to participate” (Green & Kolvezon, 1984, p. 15). These rules help to protect both the individual and the various subsystems. Rules govern the power and status among family members, emphasizing the power of the marital or parental position in the family hierarchy. The hierarchy in healthy families is well defined. Rules regulate the healthy family’s operations and are understood by all subsystems within that family (Green & Kolevzon, 1984). Confusion within the hierarchy results in unhealthy families and is often first noticed in the symptoms of children.

The strategic-structural models contend that healthy families are capable of adaptation and change during
crucial phases of the family life cycle. For example, when a new child comes into the family, when a child leaves home, or when a family member becomes ill, the family reorganizes its boundaries and rules, and practices accommodating behaviors (Green & Kolevzon, 1984). The lack of such flexibility in unhealthy families is reflected by their repeated attempts to apply the same, ineffective strategies to solving family problems.

Multigenerational issues may remain hidden to family members and transmitted at unconscious levels until the appropriate context is presented for these issues to manifest themselves. For example, some issues may not surface until children leave home, become adults, and create a similar context (Hoopes, 1987).

Language and its meaning is necessary for the shift from thinking about individuals to thinking systemically. For example, Madanes (1981) has defined metaphors associated with family intervention as the problem behavior that needs to be abandoned in order to end its abuse in the system. Therefore, the school counselor using a systemic approach needs to listen carefully to similarities in language associated with the child and parents’ fears, failures, and behavior (Madanes, 1981). Aliotti (1992) has indicated that in the beginning stages of working with a family, more thinking about the case is needed by the school counselor than action. In essence, the counselor must think about the family in terms of its language and metaphors as well as generate hypotheses about the related behaviors. For example, in a case involving brothers who soiled their pants, an hypothesis reflected that problematic components of the family system, namely the parental subsystem, were contributing to the encopresis (Wells & Hinkle, 1990). Following a family assessment and the establishment of hypotheses regarding the problem, a series of interventions were planned and strategically sequenced. Moreover, Hinkle and Wells (1995) have suggested that strategic and structural family counseling are well-suited intervention modalities for use by school counselors.

Strategic Family Counseling

Strategic family counseling is a major school of intervention within the discipline of systemic family counseling. Although components of other types of family counseling are alluded to in this volume, strategic family counseling and structural family counseling are the foundation of the school interventions depicted in this course. (Other family counseling approaches that are particularly useful in school settings are presented by Hinkle and Wells (1995).

Strategic counselors, employing the major propositions of systems theory, introduce new behaviors into the existing set of transactions manifested by a family (Burgess & Hinkle, 1993; Haley, 1976). The strategic model suggests that family structure can be “observed in the repeated transactional patterns of communication that occur between family members and between the family and other systems” (Stark & Brookman, 1992, p. 260).

As aforementioned, family systems theory focuses on the structure, hierarchical relationships and rules within the family. As with other family counseling approaches, strategic family counselors contend that problem behaviors result from problematic family interactions rather than individual psychopathology. These phenomena represent complex sets of interlocking behavioral patterns, cognitions and affects that define family functioning as well as individual behavior.

Dysfunctional family behaviors develop when unexpected crises unbalance the system beyond its natural ability to recover (Haley, 1972, 1976; Kerr, 1981; Pittman, 1987). Rather than explore individual personality dynamics, the objective of strategic counseling is to restore functional family equilibrium. Strategic family counseling typically utilizes a brief counseling approach and therapeutic techniques such as re-establishing
family hierarchies and readjusting family interactions.

Family counseling in general and strategic approaches in particular are not appropriate for all school problems. Amatea (1989) has suggested that strategic approaches to solving school problems are useful when simplistic, direct, and commonsense methods have been proven ineffective. In the strategic family counseling approach, the school professional initiates the change process (Amatea, 1989; Hinkle, 1994).

School personnel expect particular behaviors from various school employees. For example, principles are to administer educational goals; teachers teach school children about their respective disciplines; and, school counselors counsel children and serve as consultants within a specified human services format. Many strategic counseling interventions, however, might appear to be unconventional to mainstream school counseling procedures. Amatea (1989) has indicated that many strategic family counseling tactics are “based on working against common sense and in unexpected ways” and “such tactics may appear incomprehensible to other school staff members and to parents” (p.76). She elaborates by indicating that a support base is often necessary in order to have the freedom to practice in a manner that is effective as well as efficient, even though it may be uncommon at times.

Amatea (1989) has illustrated a planning process for attempting strategic interventions including information gathering concerning what solutions have been tried in the past, establishing who has the problem, analyzing commitment to change and client beliefs, identifying small outcome behaviors, developing specific solution strategies, and monitoring and sustaining change. However, a modification and expansion of this model specifically for school counselors is needed. Case conceptualization and hypothesis development are strongly encouraged, especially for school counselors in the early stages of applying systemic interventions in the schools.

In conjunction with an emphasis on past events to effect change, concern with historical or intellectual insight based on past events is limited. Interpretations, if used at all, are not aimed so much at producing deeper awareness, but at reframing a situation for useful strategic intervention. Moreover, Haley (1972) argues that insight and self-understanding have not been proven to produce behavioral change.

Additionally, the strategic approach is pragmatic, emphasizing what works in the here and now. Strategic counseling’s strength lies in its use of innovative directives and other strategies designed for particular family needs.

Strategic family therapists are distinguished by the commonly held assumption that if the individual is to change, the context in which he or she lives must change. The unit of treatment is no longer the individual even if a single person is interviewed; it is the set of relationships in which the person is embedded (Haley & Hoffman, 1967). According to Thomas’ (1992) review, Haley believes that problems do not emanate from the individual, but from the social situation in which the individual interacts. Haley (1972) has suggested that the ills of the client are not really separable from the ills of the social context the client creates and inhabits. The school counselor cannot pull the student from the “cultural milieu” and use such labels as “sick” or “well.” Madanes (1984) reiterates that even though there is increased agreement that the social situation rather than the person is the problem focus for counseling, there is no collective agreement concerning how to approach the problem.
Haley (1972) has defined strategic family counseling as a type of family intervention in which the counselor takes an active role initiating what occurs in counseling. In our case, the counselor must identify problems, set goals, select interventions tailored to the particular needs of the student, analyze responses to the interventions, assist in developing future strategies, and measure outcomes in terms of goal accomplishment and problem resolution (Thomas, 1992). In addition, Haley believes that not only should a counselor initiate strategic interventions, but also should take responsibility for what happens during counseling (Stanton, 1981). Haley also espouses other theoretical concepts important in strategic family counseling.

For example, Haley is concerned with how two people on different levels of a hierarchy establish a coalition against a third person. He also considers hierarchical power in the family and the importance of family life cycle transitions. As family members struggle for power to make rules in the family, the strategic family counselor assesses the interactional sequences around the problem linking the family members to the coalitions, triangles, and hierarchies in the family. These struggles for power become more apparent as the family goes through different life cycles or as members enter or leave the family system. If a family tries to maintain the same structure at these transition points, symptoms will result and a family can become stuck in their efforts to adapt to change (Hinkle & Wells, 1995; Thomas, 1992).

Regardless of the strategic intervention implemented, Haley proceeds systematically through stages as he negotiates to discover the kinds of programs that exist and to formulate plans of intervention and action. Haley (1987) proceeds through four stages in working with families: a) a social stage which involves observation of family interaction with everyone participating, b) a problem stage which establishes why the family has come to counseling and how committed the members are to change, c) an interaction stage during which the family discusses the problem as the counselor observes communication sequences, coalitions, and power hierarchies, and d) a goal setting stage in which the counselor and family determine the presenting problem they wish to solve resulting in a contract which clearly defines goals and directives for change. In this process, the strategic counselor assumes the role of “family change maker” and intervenes by becoming temporary leader of the family. Haley (1972) posits that the therapist must continually make decisions in response to what is occurring both in and around treatment while maintaining control at all times. However, Haley cautions that rather than demanding clients to behave in a certain way, the school counselor should always permit the client to behave in a manner that results in the achievement of positive goals.

During the therapeutic process, strategic family counselors do not probe heavily into the past of the family. Madanes (1981) promotes the assumption that “current situations” are causal to the presenting problem and, therefore, the past is irrelevant. Therapeutic strategies and concepts include shifting hierarchies, setting appropriate boundaries, identifying triangles, alliances and coalitions, understanding symptoms, reframing behavior, and implementing directives (e.g., encouraging adaptive changes, prescribing the symptom [paradox]) (Aliotti, 1992; Carlson, 1992; Haley, 1984, 1987; Hinkle & Wells, 1995; Minuchin, 1974; Weeks, 1991).

Family Hierarchy and Boundaries

In strategic family counseling, hierarchies represent the manner in which a family is organized. Hierarchies within social contexts are inevitable, however, they do not have to be in any particular order (Haley, 1976). Haley has reported, “...every family must deal with the issue of organizing within a hierarchy and rules must be worked out about who is primary in status and power and who is secondary” (p. 103). Madanes (1984) has indicated that all organizations have a sense that one person has more power and responsibility, for a particular situation or context, than another person. Families often have confusing hierarchies that result in
family problems (Haley, 1987). For example, in one case a father was assisted in regaining family power he had relinquished to his mother, and he and his wife were subsequently empowered as the joint voice of authority in their family. In the same case, a younger brother was instructed to tell his older brother when he had soiled his pants. The older brother would then help his younger brother clean himself, wash the soiled clothing, and help his brother dress. This process established one brother in the “hierarchical role of older brother” (Wells & Hinkle, 1990, pp. 522-523). Furthermore, the family and the school exist to socialize children and to provide nurturance, education, and assistance in learning appropriate behaviors. Families and schools are similar in that they are organized hierarchically with different members having various roles (Carlson, 1992).

Power is associated with hierarchies. Although this term may seem “hard to swallow” for some school counselors, power is an important component in family relations, just as it is in the classroom. When families organize themselves, issues of power are a major concern (Madanes, 1981). It is important that this concept be properly defined within the context of family counseling. Madanes has indicated that if power is perceived as a negative concept associated with hostility, aggression, and exploitation, then the concept is not helpful to the practice of family counseling. However, if it is associated with the kind, helpful, and benevolent potential of people within families, then it is a positive concept.

The concepts of power and hierarchy are critical to the strategic therapeutic process. Haley (1972) sees the immediate issue between the counselor and client as who is to control behavior. The resolution of this issue is the source of therapeutic change. However, he adds that the struggle for control should not center on controlling the client in a negative sense but rather controlling the definition of the relationship from a systemic stance. This process is one in which the client insists that the counselor be one-up while desperately trying to place the counselor one-down, and the counselor insists that the client remain one-down in order to help him or her become one-up, with the goal being the separation of counselor and client (Haley, 1972). Madanes (1981) reiterates Haley’s position when she notes that strategic family counseling is concerned with power in the relationship between counselor and client as well as members of the family system. Strategies of counseling are designed to utilize this power to effect behavioral change. Counselors need to be sure that parents do not shift their power to the counselor. For example, parents that are overwhelmed with their child may have a tendency to “put the ball in the counselor’s court.”

As reflected by the strategic school of thought, family boundaries are generational in nature. From a structural family counseling perspective, the closeness, or boundaries, within families depicts the families’ rules, roles, and their ability to make needed adjustments in day-to-day living. Such adjustments are a function of the rules and regulations within the family system (Minuchin, 1974). Regardless of the strategic or structural family counseling perspective (as well as the difficulty in separating them), boundaries are important concepts in family counseling. To illustrate, parents may disengage from one another resulting in marital dysfunction, grandparents may become enmeshed with their children’s families, and children may develop confused roles within the family (Andolfi, 1978; Haley, 1976; Hinkle & Wells, 1995; Madanes, 1984; Minuchin, 1974; Wells & Hinkle, 1990).

Implicit and explicit rules, or boundaries, dictate how family members will interact. The boundaries between parents and grandparents, older and younger siblings, and other smaller family groups form subsystems. The boundaries between these family subsystems determine who sets the rules and the amount of privacy and independence accorded each family member. When a member violates a family rule, or external stressors affect the system, negative communicative feedback loops are activated in order to re-balance the family. These loops
attempt to re-establish accepted, yet sometimes dysfunctional, family roles, behaviors, and patterns, including triangles (Aponte & VanDeusen, 1981; Haley, 1976; Minuchin, 1974).

**Triangles**
Triangles describe the predictable emotional forces between any three people (Bowen, 1978). This has been referred to by Bowen as the molecule of emotional systems. An emotional system is in a constant state of movement as the most uncomfortable person attempts to establish a more comfortable state of closeness or distance. When the uncomfortable person achieves equilibrium, it typically disturbs the balance between the other two people involved in the triangle and the activity of achieving equilibrium switches to the more uncomfortable of the pair. This process repeats itself in a precise and predictable manner allowing a school counselor who understands triangles to predict the next move before it occurs (Bowen, 1978). Triangulation occurs when two people who are uneasy with their dyadic interaction attempt to defuse the tension in the relationship by focusing on a third party. The undifferentiated person is compelled to carry this pattern of interaction into other people oriented organizations such as marriage relationships, sibling relationships, or school or work relationships. One of the more apparent concepts in systemic relationships are coalitions.

**Coalitions**
Haley (1976) has indicated that information and coalition are synonymous. Haley points out, “the act of giving and holding information across a boundary is an act of forming and dissolving coalitions. To conceal from parents what their child has said is to form a coalition with the child on that issue” (pp. 217-218). Similarly, counselors must be constantly aware of the formulation of covert coalitions and the family symptoms they represent.

**Understanding Symptoms**
Symptoms in families serve the purpose of maintaining homeostasis (Stark & Brookman, 1992). For example, brothers may begin soiling their pants in an attempt to relieve the tension of their parents’ stressful, disengaged marital relationship (Wells & Hinkle, 1990). Another illustration includes an adolescent avoiding school attendance in order to stay home and keep her family intact (Burgess & Hinkle, 1993).

Aliotti (1992) has reflected that students not coping successfully within the school system will find it difficult to cope with their family system as well. Systems theorists assume that an individual system component, for example a family member, may express a family symptom in an attempt to change the family. Moreover, school children belong to a larger unit that includes the family; from a systemic perspective, they react to changes and distress within this unit. Children become relationship-oriented rather than task-oriented when overinvolved with parental anxieties (Beal & Chertov, 1992). For instance, it is common for children to become symptomatic at school when a crisis occurs at home. Symptoms may then serve a systems function by obtaining help for the troubled family.

In strategic family counseling, a symptom is considered a communicative act with message qualities that define a relationship between two or more people. Communicative acts function within the interpersonal network of a social organization. According to Madanes (1984), a symptom is a message which can have a second referent (i.e., a second meaning or metamessage) which may refer to someone other than the person expressing the message. This could affect a sequence of interaction between two people and could represent a metaphor for, or take the place of, a different sequence of interaction between two other people.
In another communicative context, Haley’s (1972) seminal work defines a symptom in terms of the client’s behavior. This behavior must be extreme in its influence and the client must indicate in some way that he or she cannot help or stop the undesirable behavior. Madanes (1984) has indicated that a counselor should generally think of all symptoms (except for organic illnesses) as voluntary and under the control of the client. She believes that at times the first step in resolving a presenting problem is to redefine the student or family member’s behavior as voluntary rather than involuntary. This redefining may be the only intervention necessary in some cases because the client may solve the problem once it is accepted that the problem is under personal control. In addition, Haley argues that symptoms are perpetuated by the influence of other people. He reflects that “psychotherapeutic tactics” should be designed to persuade the client to change behavior and/or persuade “intimates” to change their behavior in relation to the client. Understanding family symptoms is facilitated by the concept of reframing.

Reframing
Reframing behavior from negative to positive is a helpful and necessary strategic family counseling technique. Such reframing or relabeling provides the opportunity for a family to redefine a child’s, or other family member’s, difficulty as having a different purpose. For example, an elementary school student may initiate fights that result in a parent/teacher/principal conference. However, this negative behavior can alternately be perceived as protective and helpful if it deflects the family’s focus from a parental or marital relationship problem and results in the family’s engagement in counseling. A school counselor involved in such a case could reframe negative behavior in a manner that puts the parents in the position of looking differently at their own relationship (Hinkle & Wells, 1995).

Essentially, reframing changes the meaning of an event and places it in an entirely different frame of reference (Watzlavick, Weakland, & Fisch, 1974). Reframing challenges family members to alter accepted perceptions of events and subsequently behave differently (Burgess & Hinkle, 1993). To illustrate, Wells & Hinkle (1990) reframed encopresis (soiling) as a metaphoric message representing a family problem with a family solution. Another example reflects parents not making their teenage daughter attend school. The reframe included the “new” perception that refusal was an indication that the parents would be relieved of their burden if their daughter were removed from their home and placed in an alternate living situation (Burgess & Hinkle, 1993). Such a change in perspective resulted in increased school attendance. Moreover, metaphors and relabeling are often used in reframing problem behavior and formulating directives.

Directives in Strategic Family Counseling
In order to persuade a family system to change, strategic family counselors rely heavily on directives. Stanton (1981) has noted that just as psychodynamic therapy relies heavily on interpretation, the essential tools of strategic counseling are directives. Goldenberg and Goldenberg (1991) have indicated that directives, or the assignment of tasks, are often performed outside of the therapeutic session and are given for several reasons: a) to motivate individuals to behave differently so as to have more positive subjective experiences b) to intensify the therapeutic relationship by involving the counselor in the family’s actions during the time between sessions, and c) to gather information through reactions of family members in order to design future strategies. What makes a counselor choose a particular directive is based on how the problem, as well as the characteristics of the problem, are conceptualized by the counselor. However, it is important for the school counselor not to attempt to use directives until the case is conceptualized and hypotheses about the case have been established. Premature directives given without thorough forethought often result in failure because the school counselor’s notions about the problem are either inadequate or simply wrong. Once the conceptualization process is
completed, be it in one session or three, the school counselor can competently address directives for change. For example, the unhappy parents of a student could be asked to go on a date in order to take a break from parenting responsibilities. This activity also indirectly relieves tension in the marital subsystem and fosters change (Wells & Hinkle, 1990).

**Encouraging Adaptive Change**

Paradoxical intention. Prescribing the symptom, or utilizing paradox, delivers to the family a subtle message concerning the family interactions which are maintaining or supporting the problematic symptom (Burgess & Hinkle, 1993; Fisher, Anderson, & Jones, 1981; West & Zarski, 1983). Symptoms are conceptualized as being under the individual’s control. The therapeutic double bind places the family member in the position of freeing him or herself from the symptom by consciously producing the symptom. Therefore, if the individual does not lose the symptom, but enacts it, “it becomes within the realm of conscious control” (Burgess & Hinkle, 1993, p. 135). Burgess and Hinkle (1993) have provided the example of prescribing the symptom to an anxious adolescent female. She was instructed to become as anxious as possible each morning before school so that she and her family may better “understand the source of her problems” (p. 136). This ultimately resulted in a reduction in anxiety for the student.

Watzlavick, Weakland, and Fisch (1974) have reported that people attempt to resolve dilemmas by applying first or second order change. First order change is characterized by applying more of the opposite, or desired behavior. This application may lead to exacerbation of the symptom, which is often responded to by applying even more of the opposite behavior. An example of first order change is phobic avoidance. Here, an anxiety-arousing situation is encountered. The student expects that when the situation occurs again it will provoke a paralyzing fear or awkward reaction. Subsequently, a dysfunctional cycle develops where the fear of being fearful amplifies the symptom, and the phobic situation is avoided (Dowd & Milne, 1986; Frankl, 1975; Gerz, 1966).

Second order change introduces a new set of rules and behaviors into the existing behavioral repertoire and results in a metachange, or change of change. This metachange occurs in paradoxical interventions, or a therapeutic double bind (Watzlavick, Beavin, & Jackson, 1967; Watzlavick, Weakland, & Fisch, 1974). For example, the avoidant student is told to be free of a symptom by consciously producing it (symptoms by nature are beyond the clients control). If the student resists the symptom prescription and loses the symptom, it is no longer a problem. Conversely, if the symptom is not lost, but enacted, it becomes within the realm of conscious control. In addition to symptom prescription, paradoxical techniques include reframing and predicting a relapse (Haley, 1976). Predicting a relapse is frequently used following significant symptom improvement. For example, the school counselor may construe the positive change as a fluke and predicts that it will not continue. This prediction challenges the student to prove the counselor wrong. If there is a relapse, its occurrence shows that it was expected and under the counselor’s control (Weeks & L’Abate, 1979, 1982), at which time the counselor will alleviate the symptom via a directive agreed upon by the family. In summary, relabeling and prescribing the symptom are useful skills in family counseling and are utilized by strategic as well as structural family counselors.

**Structural Family Counseling**

The structural, as well as strategic approaches to family counseling, emphasize the behaviors of family members (Green & Kolevzon, 1984; Haley, 1976; Minuchin, 1974). One of Minuchin’s (1974) major concepts
is that family structure is sociocultural. It integrates the demands of society and the internal family system in configuring the individual. Structural modifications are accomplished through boundary negotiation.

Minuchin’s model of family development includes the couple engaged in a complex process of negotiation in three areas. One area is patterned transactions. For example, who will shop, cook, clean, and care for children. A second area includes separating from families of origin by developing new boundaries. Finally, reorganizing and regulating the world of work must be negotiated.

When a couple has children, they must redefine their functions to meet the demands of children. This includes renegotiating boundaries with extended families who now have different roles (e.g., grandparents). Siblings also must learn boundaries by negotiating with the family and with their peers. Minuchin believes that there are two major constraints on family development. First, there are universal rules governing family organization. For example, any family with children will have a power hierarchy. Families also have idiosyncratic rules. These include the unique individual expectations and intentions of each family member. These are explicit and sometimes continue for quite awhile after their need is no longer present.

### Boundaries

For Minuchin (1974), subsystem boundaries are the rules that define who participates how. Minuchin’s concepts of enmeshment and disengagement refer to relationship style. The extremes of disengagement and enmeshment reflect the possibility for symptom formation. Enmeshed families respond to situations quickly, whereas disengaged families respond slowly.

Transition points such as a newborn into the family, a child becoming an adolescent, and the adolescent leaving home result in stress on the family. If the family is unable to adapt to stress by renegotiating its boundaries and engaging its structure, regardless of whether its relationships are too enmeshed or too disengaged, the family becomes problematic. In applying Minuchin’s (1974) structural counseling to family counseling in the school, the school counselor must be aware of three major therapeutic tasks. This includes joining the family as a leader, assessing the underlying family structure, and creating circumstances that will allow for the change of the family structure. This approach to family counseling assumes that the counselor is responsible for changes in the family. Similar to Haley (1976), the counselor is responsible for change within the system by hypothesizing about the family and its social context that includes the school subsystem.

The school counselor forms the therapeutic system by decreasing the distance between him/herself and the family. This is often referred to as accommodating the dysfunctional system because restructuring requires initial support of the structures that eventually must be changed. This process supports the school counselor’s formulation of a working diagnosis. At this juncture, the school counselor considers the family structure in terms of its subsystems, the system’s capacity for change and its sensitivity to individual members, sources of stress, the family’s developmental stage, and the ways in which the student’s symptoms maintain the family’s behavioral patterns.

The school counselor challenges the family’s interactional patterns by encouraging the family to behave in the session as they would at home. Boundaries are defined by assigning agreed upon tasks. Systemic theory would dictate that stress results in the family making changes in its behavior. Stress, therefore, is escalated by the counselor from time to time in order to facilitate change. Prescribing the symptom, or utilizing paradox, can exaggerate the symptom and redefines it so it can change.
If the counselor has more advanced family counseling experience, it is sometimes helpful to manipulate the mood or atmosphere of a family session. For example, one family member can be put in a position to assist or recognize another member. The counselor also can attempt to relabel the way family members feel. Finally, structural family counselors are prepared to utilize psychoeducation, particularly in parent training.

Structural theory emphasizes organization and boundaries whereas strategic focuses on hierarchical organization and the patterns of behavior (Minuchin, 1974; Haley, 1987). Structural family counseling is based on the concept that context influences change and that change in the context will produce a change in the child (Woody & Woody, 1994).

The literature seems to indicate that although structural and strategic family counseling have their differences, there appears to be considerable overlap (Fine, 1992). While structural and strategic approaches to family counseling both focus on identifying and modifying patterns of communication that maintain behavior, they do so from different standpoints. Haley’s notions of power and flexibility within the system augment the structural model (Stark & Brookman, 1992). Moreover, structural and strategic principles are often used in combination (Stanton, 1981). By now, members of the helping professions, including school counselors should be aware that a child or adolescent’s problematic behavior is supported and maintained by the family (Goldenberg & Goldenberg, 1988).

**Integrating School and Family Counseling**

School counseling and educational professionals are ideally situated to make family interventions in the schools. Counselors can begin this process by conceptualizing a child’s problem within a systems format that will help solve the difficulty (Hinkle, 1993). To be successful at family counseling in the school setting, concise guidelines for appropriate referrals are necessary. Presenting problems need to be addressed in a manner that will logically and clearly help produce a solution for the problem. The conceptualization of a student’s presenting problem requires that the school counselor, who uses this method of problem-solving, have a step-by-step thought process that can be employed with most problem situations involving students at school (Goodman & Kjonaas, 1988).

When a student’s problem persists, it is typically connected systemically to the family. Therefore, it is best to solve the problem by including the school and family in formulating a solution. School counselors who engage in family counseling stop many school problems before they become difficult to manage (Hinkle, 1993) making costly special placements unnecessary.

Furthermore, a student’s problem is viewed within a context of how the parents and other family members respond when the behavior occurs. It is important for the counselor to ask: How is the problem maintained in the system? Individual approaches to school problems have at times required inordinate amounts of time resulting in only minimal improvement (Hinkle, 1993). In summary, the child should be perceived as part of a large ecological system in which all aspects of the child’s life are interrelated (Hobbs, 1966).
Case Vignettes From the Field

Case 1:
Counselor: Michael Wells
Supervisor: J. Scott Hinkle

Wells & Hinkle (1990) reported a case in which brothers Donny, age 8, and James, age 7 soiled their pants on a regular basis. A combined structural and strategic family systems approach was implemented based on the hypothesis that problematic elements of the family system were contributing to childhood encopresis. The family consisted of Father, age 33, a small business owner and Mother, age 32, who was not working due to long-standing somatic problems. The parents had been married for twelve years, the first marriage for both. Mother had been hospitalized at least once per year since the delivery of her first child and was often sick. Their sons, Donny, age 8, and James, age 7 were both exhibiting encopresis. There was a great deal of involvement from the paternal grandmother, age 66, who convinced her son to call for a family counseling appointment. During the initial family counseling session, it was discovered that the parents had been sleeping in separate bedrooms for the last three years and that Father often slept in the boys’ room. During the initial sessions there had been a minimal amount of time spent in actual discussion of the soiling.

From the initial session the major theme of the treatment was the belief that the encopresis was a family problem with a family solution. In addition to obtaining a complete description of the presenting problem, the initial sessions included an assessment of the degree of motivation held by each family member to work for change. The parents’ extreme frustration with their lack of an affect on the soiling and the persistent demands made of them for improvement by the grandmother indicated a strong desire for change.

The initial interview revealed that the boys’ soiling occurred only at home and only during waking hours. The parents reported trying rigorous behavioral treatments including punishment (spanking and taking away privileges) for soiling, rewards for not soiling, and making the one who soiled clean his own pants and his bedroom on the day of the occurrence, all to no avail. Following the social stage and problem formulation, an attempt was made to increase the day-to-day awareness of the soiling. We set up the expectation that no-soiling was just as likely as soiling, and the family was given the assignment of predicting whether or not each of the boys would soil during the next week. The predictions were made each night, and the results were to be written down and posted on the refrigerator.

During the second session, family members were asked to describe the family, talk about family roles, and share their perceptions of the roles of other family members. It was hypothesized that a number of dysfunctional elements were operating including parental disengagement; the perception by family members that mother was sick or inadequate; Grandmother was overly involved and domineering; and the younger son had a learning disability which required placement in special education classes.

By the third session, the rate of correct prediction of encopresis by the family was approximately 50 percent, with no family member predicting correctly more than 60 percent of the time. The actual incidents of soiling, however, dropped to zero for James and two for Donny. In the third session, the parents sat at opposite ends of the office with Father and the boys on the sofa. It was suggested that Father and Mother sit together in order to facilitate conversation with the counselor and to facilitate the family restructuring process. As expected, considerable resistance was encountered from Mother, but cooperation was obtained. The counselor said they
made a very nice “family picture” with the two parents in the center and the boys on either side.

Most of the questions in this session were purposefully presented to Father with the preface, “Since you are the dad ....” This direction was an attempt to establish some traditional family roles for the family and to assist Father in regaining power he had relinquished to his mother. Similar strategies were used to empower Mother and to establish the parents as a joint voice of authority in the family.

Mother and Father agreed to go on a date before the fourth session. It was necessary for the counselor to guide and prompt them through all the planning steps of the date, including anticipating and planning for obstacles, all the while reminding them that this activity would help the whole family and give them the needed break from the hard work of alleviating their sons’ soiling. In order to include the boys in the homework assignment, they were given the task of observing their parents’ attire prior to the date and reporting back to the counselor regarding how the parents were dressed and if they seemed to enjoy their date.

The boys also were seen separately during this session and participated in a “secret” with the counselor. James was instructed to tell Donny anytime that he soiled his pants. Donny, being the older brother, would then help James clean himself, wash the soiled clothing, and dress James in clean clothing. This plan was to be kept secret from the parents. Donny’s seeking James’ aid should he soil was not addressed. This procedure established Donny in the hierarchical role as older brother. The parents were told not to pay attention to their sons’ soiling behavior, since the counselor was attending to it as an expert.

During the fourth session, the parents were again prompted to sit together. Their date was discussed and the boys positively commented on their parents’ time away. Since the assignment was successful, it was repeated, and the family was praised for their progress and cooperation. The boys reported having one soiling incident each during the previous week.

Mother and Father sat together without prompting for this session and all subsequent sessions. The boys even indicated that their parents were sitting together at home. In the meantime, Father’s mother had called a family meeting including aunts and uncles to discuss the soiling of Donny and James. The parents indicated they were unhappy with Grandmother’s intrusive behavior. Mother said that Father should tell his mother the meeting would not take place. Father stated that he would. In order to clarify boundaries, he was challenged by the counselor to call his mother while in the office. He did, and he and his wife were pleased. No soiling was reported for either boy during the past week.

By the seventh session, Father reported sleeping in the bedroom with Mother. The counselor and the parents mutually decided to meet again in three weeks. Three weeks later, Mother reported being free of headaches. She had decided to go back to work. Three weeks passed between sessions eight and nine. School had started and each boy continued to do well both in school and at home with no reports of soiling.

Two weeks elapsed between sessions nine and ten. The closure session concluded that family counseling had been successful. Three months later, a follow-up session found the family functioning at the same, improved level with no incidents of encopresis.

Analysis: All nuclear family members were included in a family counseling process that utilized strategic homework assignments, predictions about family behavior, and restructuring family roles and boundaries.
Initially, a more direct approach consisting of record keeping by parents, predictions of soiling behavior made by all family members, and cooperative correction of any soiling incidents by the boys was used. This approach brought the encopresis under control and allowed the family to relax and focus on resolving the underlying problems through the family sessions.

A strategic approach also was utilized in order to address the entire family, rather than singling out the children and the encopresis. A number of family systems issues were evident, including the disengagement of the parents, the role of the grandmother as “de facto” head of a house in which she did not reside, and the confused role of the children. Therefore, a structural family approach also was used to restructure the roles of family members.

The encopresis was hypothesized to be associated with the role confusion among the brothers. Donny, the older brother, had regressed to the behavior of a younger child by soiling while James began to soil after Donny had taken his role as younger child. The soiling also may have been an attempt to relieve the tension of the stressful marital relationship of their parents. Mother’s sleeping separately from her husband, physical complaints, and inability to obtain a job indicated significant relationship issues. These issues were hypothesized to be systemically associated with Father’s enmeshment with his mother. After restructuring the family roles and boundaries, Mother’s physical complaints significantly decreased, she found a job, and Father moved back into the bedroom with his wife.

Grandmother’s external source of power often left the family with no real leadership. Therefore, restructuring was necessary to empower Father as leader of the family, a role previously assumed by his mother. The parents were encouraged to function once again as a mutually supportive partnership in leading the family.

Case 2:
Counselor: Holly Craven

I met Sally, a ten year-old school student, while working as a School Family Counselor. In this position I worked as a liason between the home and the school, assuring that students had successful school experiences. Some parents assume that as a counselor I am going to tell them how to raise their child. In order to let the parents know that I am not trying to “bully” them, I tell them that they are the experts on their child, and that I need their help in assisting their child.

Sally was referred to me by her fourth grade teacher. The teacher, disturbed by Sally’s behavior, reported that Sally had stolen many items in her classroom, lied to her as well as to her mother, was disrespectful, started disagreements with other children, and was controlling and manipulative. The counseling referral form indicated that these problems were of a chronic nature.

At the beginning of Sally’s fifth grade year, I met with Sally and her mother to begin counseling. I began the counseling by joining with the family. This effort helped me to obtain a perspective regarding the underlying issues in the family system. During the first few “visits,” Sally’s mother, Sally, and I discussed who lived in their home, what it was like to live in their home, their family interests, and background information about Sally’s school performance. They were currently living with Mother’s parents but were in the process of buying a house. I decided to meet with only Sally and her mother in order to establish a separate family boundary.
Mother also preferred not to meet at her parents’ home, so we met at school.

Sally had reported that she felt her grandparents were actually her parents. She also openly shared negative feelings about her mother. It was my impression that Sally made such statements to play on her mother’s guilt about living at the home of her parents. Mother would often be pulled into a disagreement when Sally would make comments of this nature. I decided to address this issue by confronting Mother about her feelings concerning Sally’s remarks. I addressed the issue by pointing out to Mother the effect the statements had on her behavior and facial expressions during the family counseling sessions. I would try to help Sally see her mother in a different light or ask Mother to have a discussion with Sally about the way that she expected Sally to talk to her. However, these discussions often turned into bickering as if they were sisters rather than mother and daughter.

Once the counseling goals were set, Sally and her mother agreed they would like to relate to each other differently. They also agreed to work together on helping Sally complete her schoolwork. In order to help them relate differently, my objective was to establish a proper hierarchy in the family system. I believed that since they had been living with Mother’s parents for so long they had established a pattern of interaction that was on an equal level of power instead of a more functional parent-child hierarchy.

My first step in empowering Mother was to establish some independent adult time during the counseling sessions. Mother decided on the amount of time spent with Sally during each session, dependent on the level of Sally’s disrespect to her in the early part of the session. This approach provided an opportunity to discuss Mother’s parenting style as well as help establish Mother in a position of power. Mother admitted she was inconsistent with Sally, often letting her have her own way, and that she had essentially lost her credibility as a parent. We discussed what a healthy parent-child relationship should look like and what it would take to get her and her daughter to an improved relational level.

I taught Mother that children test limits and may rebel against them, but limits are necessary and actually provide a degree of safety. In order for Mother to set adequate limits for her daughter, she would need to become more consistent. For example, when Sally was given a consequence for her inappropriate behavior, Mother agreed to enforce the consequence rather than allow Sally to talk her into “backing off.” Mother also agreed to practice not arguing with Sally. She had found this arguing to be very difficult because Sally knew what to say to upset her. Mother established, in the counseling sessions, what it meant to have control and power in her family. This understanding helped her to perceive how the power hierarchy had essentially been reversed. Mother also became adept at recognizing Sally’s manipulations and learned how to deal effectively with them. Once she realized that she was being manipulated, Mother was able to stop the “bickering.”

I took this approach with Mother because she was intelligent and quite logical in her thinking. We also discussed how her parents often undermined her parenting and how this undermining often led to family arguments. Even after Mother and Sally moved out of the grandparent’s home, Sally often called her grandparents and initiated their involvement concerning matters between she and her mother. Although improvements were occurring at school and at home, Mother believed that boundary issues were still in need of attention, since arguments increased in the presence of the grandparents. I asked Mother if it would be all right for her parents to accompany her to school for her next visit. I explained to Mother that it appeared her parents continued to play a large role in the family even though they were not living together any longer. My rationale for inviting the grandparents was to reorganize or restructure their family roles as supporting their daughter and
for Mother to receive permission from her parents to become a parent herself. Mother reported many times that her parents were either “jumping in when she was disciplining” or telling her that she was not “doing it right.” I asked Mother for permission regarding directives in order to provide her with a sense of power.

The grandparents attended the next counseling session. I used this session to have them express their theory of the existing problem and to “facilitate” a decision by all three of them as to how Sally should be handled. I took a risk and asked the grandparents if they thought their daughter was ready to be a parent. Fortunately, they both answered “yes.” Then I asked them each to look at their daughter and one at a time, tell her that they believed her to be a capable parent and that they were willing to let her be Sally’s parent. Following this, we established how they would help their daughter to parent. They agreed that when the three of them were together with Sally, Mother would be the one to handle problems and that the grandparents would be supportive of their daughter.

One final thing occurred in the session. Grandfather reported that there was a degree of arguing between his wife and daughter. I allowed Mother and Grandmother to discuss this problem because Mother quickly shared that she was feeling concerned about the contention between she and her mother. Grandmother admitted that she wished she had handled matters concerning Sally differently.

Subsequently, Mother reported that they were all sticking to the agreed plan and that the family had made significant improvements. It may seem surprising, but during the remainder of the sessions, Mother and I worked on her confidence as a parent and not directly with Sally. I asked her to share what things she had accomplished and how Sally had responded. Mother’s negative attitude about her inadequacies as a parent quickly moved in a positive direction. Additionally, I asked Mother to watch two videos on self-esteem and empowerment. Mother and I discussed ways that she could apply the films to her life situation. Sally’s teacher also reported dramatic improvements in the classroom. I closed the counseling sessions by asking Sally and her mother if their goals had been accomplished. They responded affirmatively, but understood that they would need to continue working on their parent-child relationship.

Analysis: Establishing rapport with the mother was important to the success of this case. The counselor indicated Mother was the “expert on her daughter” and that she needed the mother’s assistance to help with Sally. The counselor hypothesized that permeable family boundaries were contributing to the problem. As a result, the counselor put the grandparents in a position to disengage from parenting their daughter. This also could be described as a cross-generational boundary problem. The counselor also utilized psychoeducation in coaching the mother about parenting skills including consistency and credibility. Finally, as an example of equifinality, the counselor continued to help the family improve by only working with the mother.

Conclusion

School counselors exploring a family systems approach in their work with children and adolescents will lead the reformation in education. Nicoll (1984a, 1984b) has reported that failing to address family dynamic factors may result in schools running the risk of making intervention recommendations that are either ineffective, or worse yet, counterproductive, serving only to make existing problems potentially more difficult. It is important for the school counselor working with families in the school environment to focus on the school problem. If the school difficulty is not emphasized, the family and particularly the parents may lose interest in counseling or sabotage its effectiveness. Counselor education programs are beginning to broaden the scope of their training of school counselors to include family counseling, while practicing school counselors need training opportunities and an avenue in which to develop confidence in themselves as family counselors. It is important for school
counselors to be given permission to learn about and apply family counseling concepts without feeling that they have crossed a professional boundary (Hinkle, 1993). A “new frontier” of the family-school system is ready to be pioneered in earnest by school counselors.

The school counselor can engage a variety of relationships to effectively solve children and adolescents’ problems (Amatea & Sherrard, 1991). This includes the child-teacher-family relationship. School counselors must involve parents and even other family members to be successful in helping since the family has such a commanding influence on school behavior. Often two or three sessions will be enough to cause positive changes in parent-child and teacher-child interactions and relationships (Nicoll, 1992).

Even when the school counselor cannot work with the family as a whole, the system that the child functions in must be remembered (Goldenberg & Goldenberg, 1988; Haley, 1976). Whenever possible, the school counselor should counsel the family as a group. Parents’ relationships and the quality of the marriage can have a bearing on the child’s functioning. The stability of the marital relationship plays a central role in structural as well as strategic counseling (Stark & Brookman, 1992). A core problem may be the underlying marital difficulties and the parents may need parent training. Although it has been suggested that counselors develop a broad view of the family counseling field so as to fit in with differing communities, we are encouraging a more circumscribed approach, namely strategic and structural family counseling.

References


