



**USAID**  
FROM THE AMERICAN PEOPLE

# *Family Matters*

## Transforming the Lives of Youth and Families

*A Family Counselor Training Manual*



*Community, Family and Youth Resilience (CFYR) Program*

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*Family Matters*  
A Family Counselor Training Manual

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# ***Family Matters***

Transforming the lives of Youth and Families

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*A Family Counselor Training Manual*

# ACKNOWLEDGEMENTS

This manual was made possible through the combined efforts and support of many people. First and foremost, we would like to thank our colleagues at the United States Agency for International Development (USAID) whose initial collaboration with the City of Los Angeles made possible the development of the Prevention and Intervention Family Systems Model (PIFSM), which underpins the *Family Matters* intervention. USAID's subsequent support for piloting and implementing the model in Honduras, El Salvador, Saint Lucia, Guyana, and St. Kitts and Nevis also generated valuable learning that is captured in this manual.

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*Family Matters* creates  
stronger families through  
teaching family members how  
to solve problems together.

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"I was on a bad path ... but now I'm proud of myself and my family is proud of me too."

~ Youth Beneficiary, Saint Lucia.



*Photo: Waqas Mahmood*



## INTRODUCTION

In the Caribbean, many youth face the prospect of being economically and socially marginalized, making them more at risk for involvement in crime and violence. The Community, Family and Youth Resilience (CFYR) program, funded by the U.S. Agency for International Development (USAID), supports vulnerable youth in Saint Lucia, St. Kitts and Nevis, and Guyana through a variety of initiatives. Undertaking a public-health, evidenced-based approach, CFYR provides targeted interventions to youth at three varying degrees of risk including: the general population of youth aged 10-29 in crime-affected areas (primary risk); youth aged 10-17 at higher risk for becoming a perpetrator or victim of crime and violence (secondary risk); and youth in conflict with the law (tertiary risk). Beneficiary youth are matched with interventions based on their level of risk. The program's overarching goal is to empower youth to become productive citizens and make positive contributions to society.

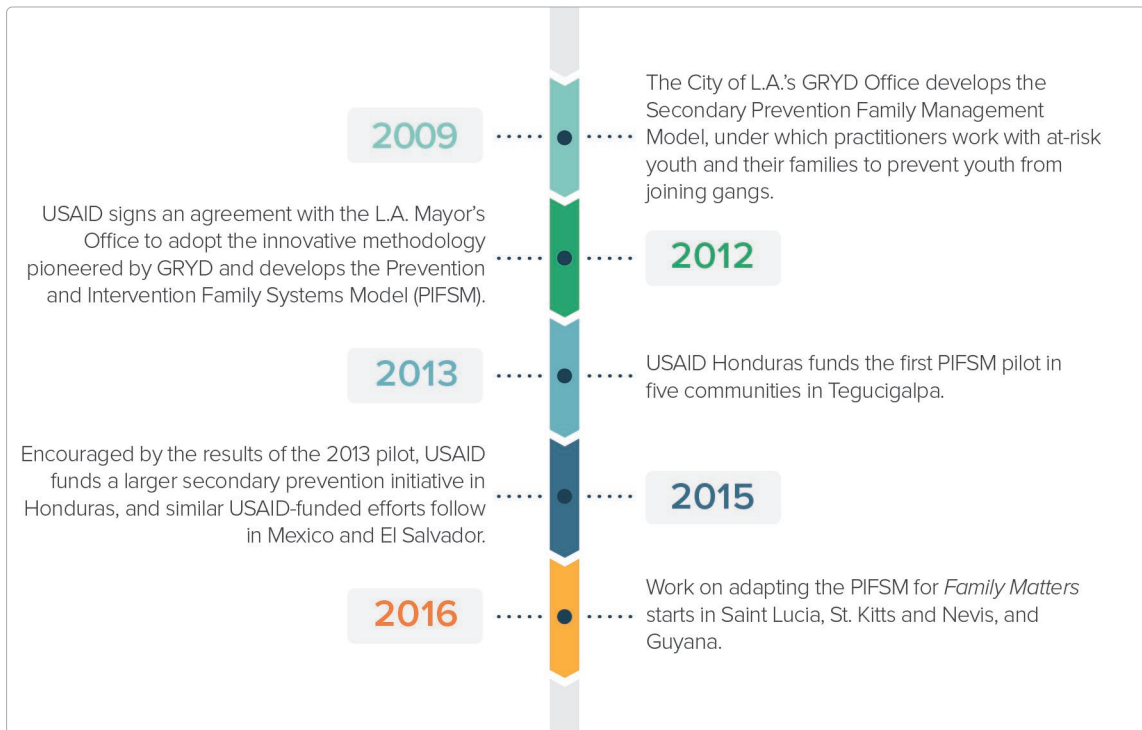
USAID/CFYR's *Family Matters* intervention (*Family Matters*) is a proven secondary violence prevention method that targets youth between 10 and 17 years of age who are at a secondary or tertiary level of risk of engaging in delinquent behaviors leading to crime and violence. Eligible youth are identified through the Youth Services Eligibility Tool (YSET) assessment, used to determine their level of risk. *Family Matters* engages beneficiary youth and their families in an approximately seven-month cycle of structured family counseling, specifically adapted for the Caribbean context. The intervention is grounded in research that shows that positive behavioral changes in youth are more likely to last if embedded in and reinforced by the family and the larger community.

Throughout the implementation cycle, family counselors trained by USAID/CFYR in the *Family Matters* methodology hold regular face-to-face counseling sessions with participating youth and their families. During these meetings, typically held in the family's home, counselors strengthen the family's cohesion (bonds that hold family members together) and connect the family to the wider community. Family counselors also work with youth on an individual basis to help them adopt positive and safe behavior. By the end of the cycle, family members are expected to interact more frequently, communicate more effectively, make joint decisions more regularly, demonstrate a stronger sense of family pride, and exhibit a stronger reliance on community networks for support. These improvements help families better protect and guide youth.

In all three focus countries, *Family Matters* contributes to reducing risk factors among participating youth. Upon completion of the first year of implementation, 73 percent of beneficiary youth experienced a reduction in risk factors, and 56 percent experienced such a significant reduction that they dropped below the minimum risk threshold for problem and delinquent behavior. Beneficiary families also noted a range of positive changes, including healthier family dynamics, better communication, and respect for the family unit, improvements in youth relative to anger control, willingness to help around the house, and efforts to perform well in school. Research has shown that these types of improvements within the family system are linked with improved behavior among at-risk youth. Since beneficiaries reside in high-risk geographic locations that account for most of the crime and violence within USAID/CFYR's focus countries, the positive changes achieved among them are expected to have a significant impact on breaking wider, endemic cycles of violence.

*Family Matters* is based on the widely recognized Prevention and Intervention Family Systems Model (PIFSM) developed by USAID, which builds on a similar model pioneered by the Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD). USAID has adapted the PIFS Model to accommodate the cultural and contextual differences in several countries in the Latin America and Caribbean region. See box for a brief history.

**Figure 1A:** *Brief history of Family Matters*



## Purpose of this Manual

This manual provides guidance for *Family Matters* counselors before or during their interaction with beneficiary youth and their families. It describes the *Family Matters* method and provides guidelines for each phase of the intervention with a framework that counselors can build upon to meet the unique needs of each family. The manual can be used in combination with a *Family Matters* Training Program or as a stand-alone resource. It supports a standardized clinical approach to youth violence prevention across the Caribbean.

## Target Audience

The manual is primarily designed for *Family Matters* counselors or those who aspire to be counselors. Readers are assumed to have a mid- to advanced-level of professional counseling experience and training. Social workers, educators, legal representatives, doctors, psychologists, or other practitioners working with vulnerable youth also might find this to be a useful reference.

## KEY TERMS

### Youth

Youth eligible to participate in *Family Matters* are between the ages of 10 and 17. The term *Index Youth* refers to the individual youth who has been selected for the *Family Matters* intervention.

### Youth at Primary, Secondary, and Tertiary Risk

Primary: The general population of youth aged 10–29 in crime-affected areas.

Secondary: Youth at an elevated risk for being victims of or perpetrators of crime and violence.

Tertiary: Youth who are or have been in conflict with the law (e.g., those serving time in juvenile detention).

### At Risk Youth

In accordance with USAID's definition, CFYR defines 'at risk youth' as young people who face economic, environmental, social, and family conditions that hinder their personal development and their successful integration into society as healthy and productive citizens.

### Family

*Family Matters* interprets the term "family" to include all persons who are identified as such by the youth and his family. This may include family structures led by a grandmother and an uncle, two same-sex caregivers, or brothers and sisters raising their siblings. It may include blood relationships or co-inhabitants of the family home, other relatives, friends, teachers, church members, or anyone else in contact with the youth. The participating youth and family decide where the family boundaries are drawn, not the *Family Matters* counselor. The term *Index Family* refers to a family that is participating in the *Family Matters* intervention.

### Family Counselor

Family counselors are professionally trained individuals who provide *Family Matters* services to youth. Each family works with a Strategy Team of two to three counselors. One of these counselors, called an *Index Counselor*, is the primary counselor responsible for interfacing directly with the family.

### Caregiver

The Caregiver is the primary person responsible for the direct care, protection and supervision of the index (beneficiary) youth. This person may or may not be a parent or legal guardian.

## Methodology

The manual was developed by violence prevention experts experienced in family systems strengthening methodologies. It draws upon the knowledge, experience, and evidence-base accumulated after six years of adapting and implementing the PIFSM in six different countries. It also incorporates CFYR's experience implementing *Family Matters* over twelve months, as well as the adaptations required for the intervention to be successful in the Caribbean context. The voices and lessons learned from those doing the day-to-day work with beneficiary youth have shaped the content and the approach presented.

## Structure

This manual first provides an overview of the *Family Matters* Approach. It then describes each phase of the intervention and details the specific steps family counselors must take during each phase. Those who have participated in CFYR training programs on *Family Matters* will see that the phases and sub phases correspond to a specific module in the CFYR course. All forms, worksheets or questionnaires that family counselors need during the intervention and a list of suggested readings are included at the end.

### KEY TO HYPERLINKS

All underlined words in this manual are hyperlinks that link to a document or section contained within the manual.

**BLUE** hyperlinks go to Forms, Worksheets, or Scales provided at the back.

**GREEN** hyperlinks go to Readings provided at the back.

**BLACK** hyperlinks go to sections within the main text of the manual.

“

*Family Matters*

transforms the way families  
function so they can better  
protect 'at risk' youth.

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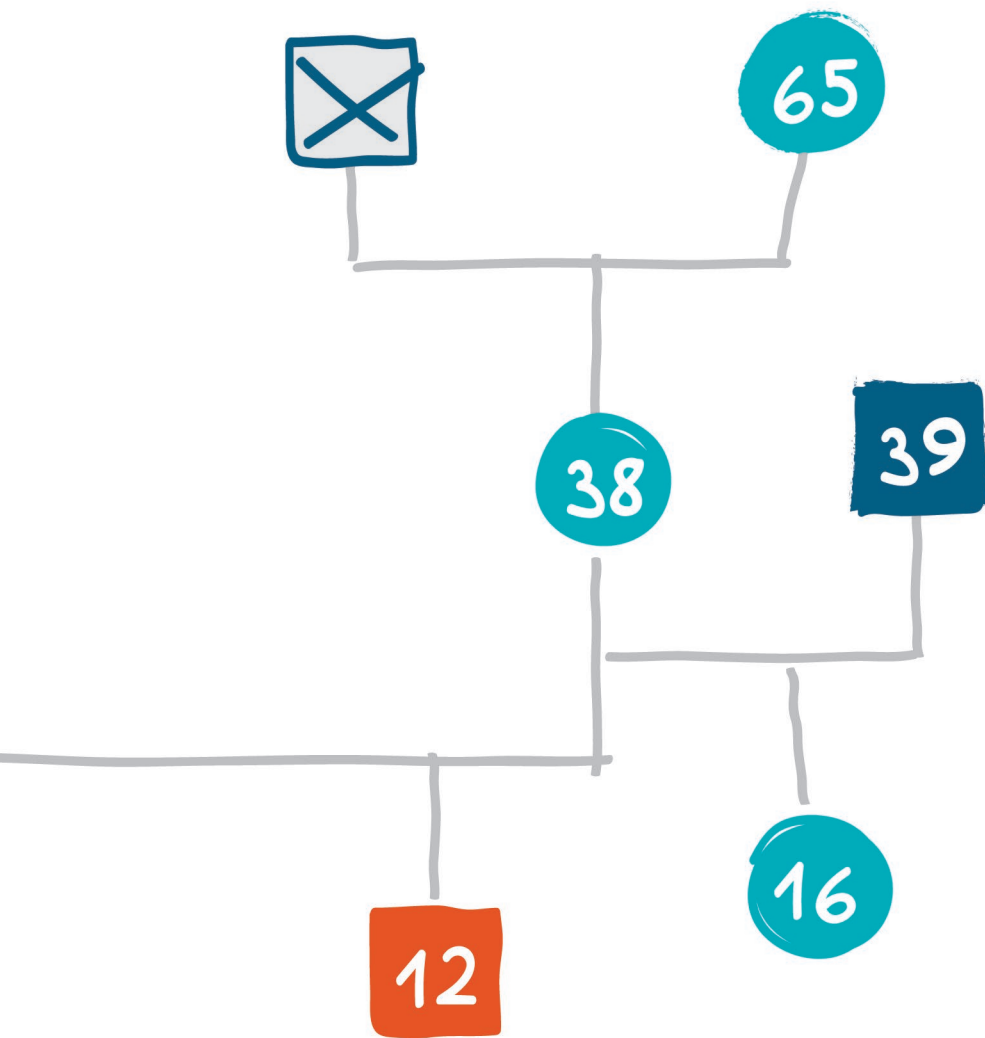
Overview

# The *Family Matters* Approach



Photo: Waqas Mahmood





Family  
Matters!!



# OVERVIEW OF THE FAMILY MATTERS APPROACH

## Key Concepts

*Family Matters* is grounded in research that shows that positive behavioral changes in youth are more likely to last if embedded in and reinforced by the family and the larger community. Traditional therapeutic approaches tend to over emphasize individual behavior. They single out the youth, either as a “scapegoat” whose negative behavior they aim to correct or as a “savior” whose positive behavior they want to encourage as the key to improving the family. These approaches fail to see the complex interplay of relationships and rules that support and sustain the youth’s behavior and oversimplify the complex nature of the youth’s development within family and community context. *Family Matters* holds that individuals operate in a larger context or system made up of sub-systems, such as the individual sub-system, the family sub-system, the school sub-system, and the community sub-system. If change occurs on one level of the system (for example, a youth who has never done homework starts doing his homework) but the operating rules of the larger family system remain the same (nobody in the family cares about his homework), he or she is more likely to fall back into the old habit of not doing homework. If the rules within the family change (one of his caregivers starts checking his homework every night), the youth’s commitment is more likely to last. Theorists call the change at the individual level a *first order change* and the change within the system a *second order change*.<sup>1</sup> A change within the family is likely to have repercussions on other parts of the system that further increase the youth’s commitment (for example, parents of neighboring families may find it hard to check homework every night and come up with a joint homework co-operative that allows caregivers to alternate supervision). *Family Matters* includes the youth’s family in all stages of the intervention to create first and second order changes.

*Family Matters* uses the term “family” to designate all persons who are considered family by the youth and his family. This includes family structures led by a grandmother and an uncle, two same-sex caregivers, or brothers and sisters. It may include the blood relationships, non-blood related co-inhabitants of the family home, the extended family of relatives residing elsewhere, friends, teachers, church members, or other community members who are in contact with the youth and the family. Where exactly the family boundaries are drawn is decided by the participating youth and family and not by the *Family Matters* counselor.

Although the family is the focus of *Family Matters*, the youth still plays a key role. The youth’s behavior provides the entry point for the intervention. Family counselors gain access

### THEORY OF CHANGE

**If** behaviors associated with risk factors are identified **and** used as a lever to engage significant members of the family in changing those behaviors, **then** family relational patterns/dynamics are improved, and risk factors and associated behaviors are reduced.

## "I WAS GETTING BAD GRADES IN SCHOOL AND FIGHTING

with my parents a lot. Family Matters worked with everyone [in my family] to help us learn how to solve our problems. I'm happier and doing well in school now, especially in Math – my new favorite subject!" ~ Youth Participant, Guyana



to the family when a referral source makes them aware of a behavior of the youth that is associated with a risk factor. They assess and observe the youth to get clues on the functioning of the family and to measure the success of their intervention. Family counselors work toward changing the youth's behavior during individual meetings, taking into consideration how his or her behavior is connected to the behavior of others in the family. However, they spend more time encouraging the family to make changes that strengthen and broaden the youth's support network within the home and the larger community.

*Family Matters* draws upon key concepts and strategies advanced in the field of Family Systems Theory. Methods of Functional Family Therapy<sup>2</sup>, The Mental Research Institute Problem Solving Approach<sup>3</sup>, and Strategic Family Therapy<sup>4</sup> have heavily influenced the practice. See [Strategic Family Therapy](#) and [Milan Systemic Family Therapy](#) in Readings.

The main conceptual tenets of *Family Matters*:

- Every family has "hidden strengths" to encourage safe behavior and support positive development in youth.
- Family Matters embraces a multi-generational approach to families (horizontal and vertical dimensions)
- The family is a protective force.
- Families better support youth through utilizing familial / social networks and resources.



Every family has “hidden strengths” to encourage safe behavior and support positive development in youth.

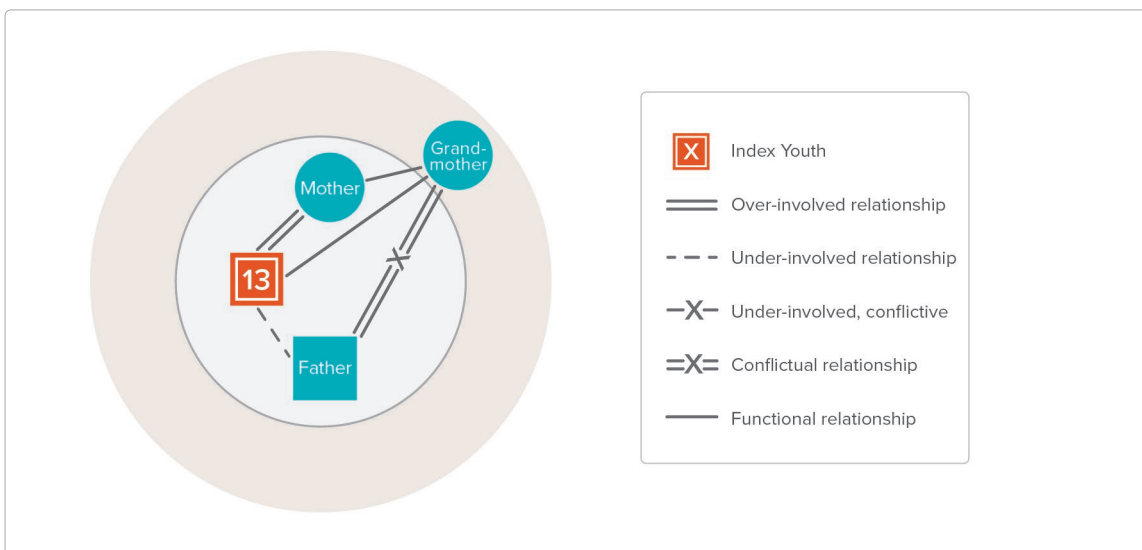
*Family Matters* uncovers the family’s strengths, rather than their deficiencies and weaknesses. Each family member is important and has a unique strength that contributes positively to the family. Family counselors do not try to identify “*what families do wrong,*” but consistently “*catch the family doing something right.*” *Family Matters* understands that behaviors that may seem highly risky, abnormal, or pathological in a low-stakes environment must be interpreted and addressed differently in communities affected by violence. For example, a mother in a high-risk community may tell her 12-year old boy to carry a weapon, not because she wants him to kill others but because she adapts to an environment in which he needs to be able to protect himself. Family counselors read the context and the ways in which families and individuals adapt to it before deciding whether a behavior is beneficial or detrimental to a youth’s development and how it should be addressed. They avoid using labels such as “pathological,” “uninterested,” or “dysfunctional,” since such terms can conceal existing protective factors within the family.

*Family Matters* uses ecomaps and genograms as tools to identify a family’s strengths and assets:

**Ecomap:** An ecomap is a diagram showing the quality of the index youth’s relationships with living family members and close family friends. The youth is placed at the center of the diagram with horizontal family living in the home. Vertical family and close friends living outside the home then are added in a second concentric circle. Lines between family members then can be drawn to indicate the functionality, the intensity of the relationship, and the direction and flow of energy between the family members. Visually, different types of lines represent different types of relationships. See list of typical ecomap and genogram symbols below. The process of listening and learning about the client’s family dynamics, important life events, key relationships, resources, and needs supports the counselor’s efforts to join the family through a strengths-based and client-centered perspective.

An ecomap depicts the important nurturing or conflict-laden connections within the family and highlights the nature of the interfaces and points of conflict to be mediated, bridges to be built, and resources to be explored. Thus, as an assessment tool, an ecomap can be helpful in determining the client’s strengths, resources, needs, and deficits, and can serve as a powerful tool for uncovering hidden support systems in family, friends, and neighbors. See [Genograms and Ecomaps](#) in Readings.

**Figure OA:** *Ecomap example*

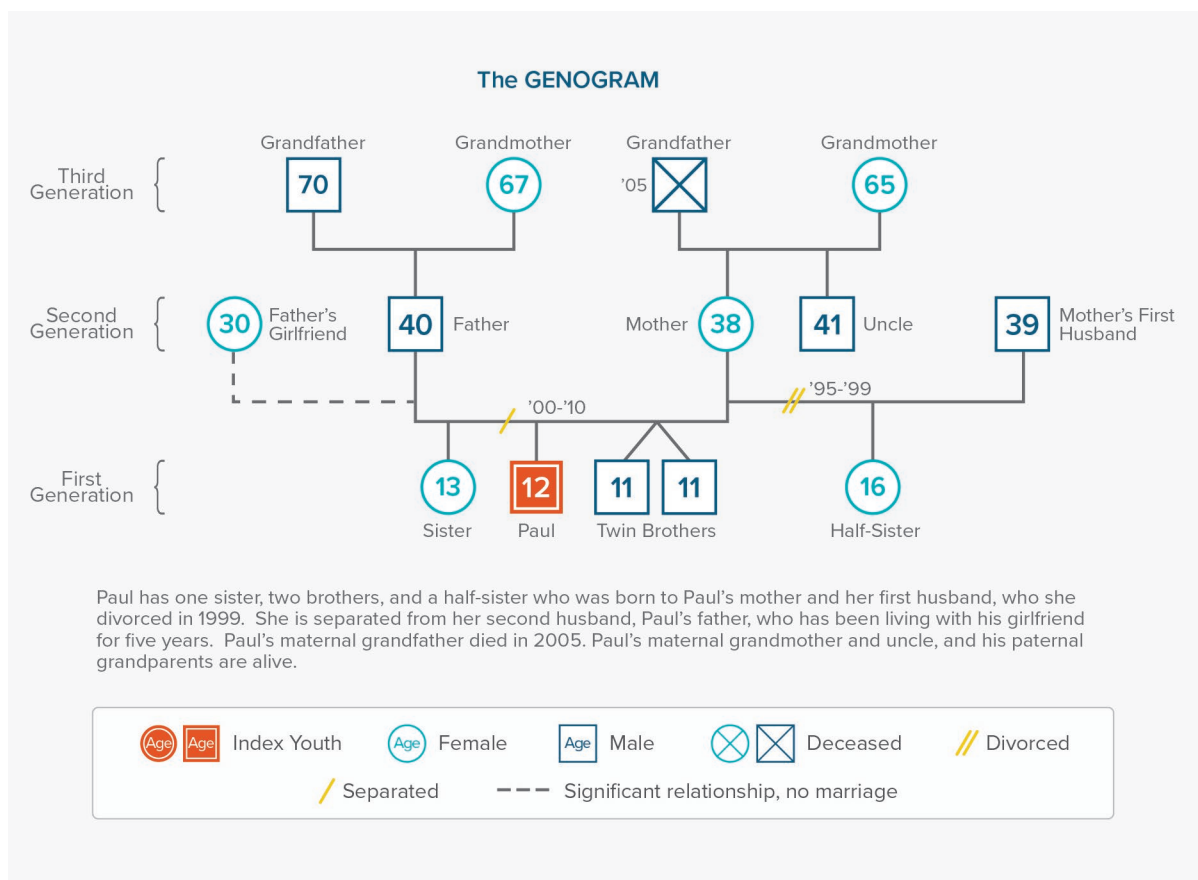


**Genogram:** The genogram is a tool for collecting information about the family's structure and caregiving patterns over time. Constructing a genogram with family members helps identify members of the child's kinship system who are currently involved in caring for the child, those who cared for the child in the past, and those who may be able to care for the child in the future.

The genogram is a format for drawing a family tree and displaying family information, usually over three or more generations. Genograms are best developed with families over several meetings. Like families, the genograms are dynamic, changing over time. Therefore, a genogram that presents an accurate picture of a family today may not be a very accurate depiction of that family a few months later.

The genogram records, organizes, and displays a great deal of information. Much of this information is sensitive and may elicit a range of emotions from family members. The genogram can be a useful engagement tool, helping families share sensitive and historical information. Genuine interest in the family's history, strengths, and child-rearing patterns over generations can be helpful in engaging families to tell their story. While it is necessary to ask families to describe situations that brought them to the attention of the *Family Matters* program and other systems, it also is important to ask them to describe how they have dealt with similar situations in the past, searching for successful coping mechanisms available to the family. See [The Genogram in Readings](#).

**Figure OB:** Sample genogram

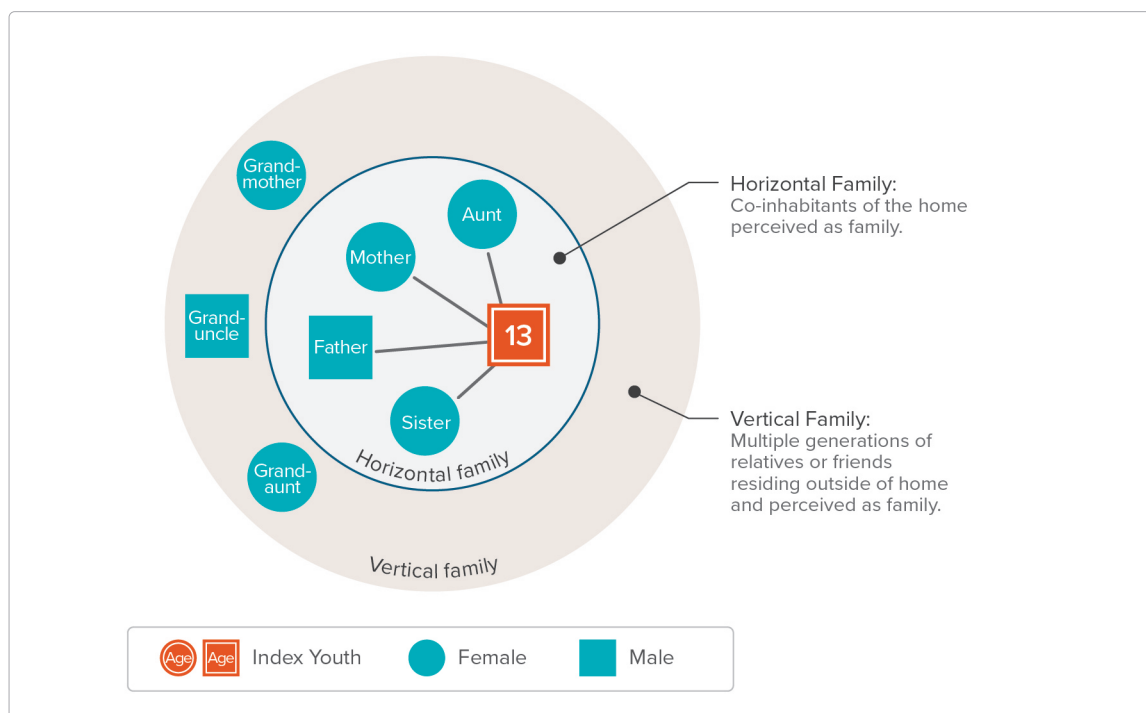


**Ecomap vs. Genogram:** The ecomap includes living family members and close friends, whereas the genogram also includes family members who have passed away, but usually does not include friends. *Family Matters* has adapted genograms to monitor existing functionalities in family relationships, i.e. the effectiveness with which given members communicate, address conflict, supervise, or follow each other.

### *Family Matters* embraces a multi-generational approach to families (horizontal and vertical dimensions)

*Family Matters* has an encompassing view of the family including multiple generations of family and community members living inside and outside the youth's home. Multigenerational and structural Family Systems Theory distinguishes between two dimensions of the family<sup>5</sup>: The *vertical dimension* of the family, which includes three biological generations above the parents who do not live in the same household as the youth and may not even live in the same country, and the *horizontal dimension*, which comprises all family members who live together in the youth's home. Horizontal members include other generations and persons who may not share blood ties, as long as they are clearly included in the residential family structure as defined by the beneficiary family (e.g., a close family friend living in the home and regarded as an Aunt). The youth and the family define the family and the vertical or horizontal members of the family, not the counselor. Counselors work to strengthen the relationships across both family dimensions.

**Figure OC:** *The horizontal and vertical dimensions of the family*



### The family is a protective force

*Family Matters* views the family as a protective force that shields youth in high-risk environments from negative factors that motivate or “pull” the youth to engage in risky behavior. The family transforms negative experiences into positive ones and keeps the youth's focus on positive factors. The role of the family evolves from childhood to adolescence. In early childhood, the family exercises its protective role without interferences from external forces. Figure OD depicts the world of a 3-year-old (represented by an orange circle) who lives with a fictional family comprised of three females represented by circles and one male represented by a square. The larger circle with solid lines represents the outside boundaries of the family which separate the family

from the community. In this stage of the child's development, family members have functional relationships with the child, represented by the solid lines between the family members and the child. As children enter adolescence, families find it more challenging to exercise their protective function.

During adolescence, the boundaries between the family and the outside world slowly erode. The dotted line on the right side of the circle in figure 0E represents the opening of the family's external boundaries. Open boundaries allow the 13-year-old youth to move between life within the family and life in the larger community. This compels the family to strike a balance between "when to protect" and "when to permit." They want to give the youth opportunities to develop coping skills and exercise protective functions on his or her own (for example, letting him or her engage in activities that promote social development such as school dances, sporting events, or music concerts), while continuing to protect him or her from risks they cannot manage on their own. In a low risk environment, families face fewer challenges in striking balance. Parents continue to support and monitor youth, while youth increasingly learn to assure their own protection.

Figure 0D: *The world of a 3-year-old*

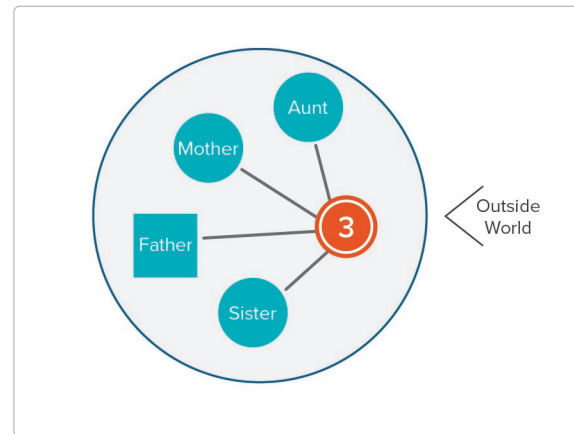
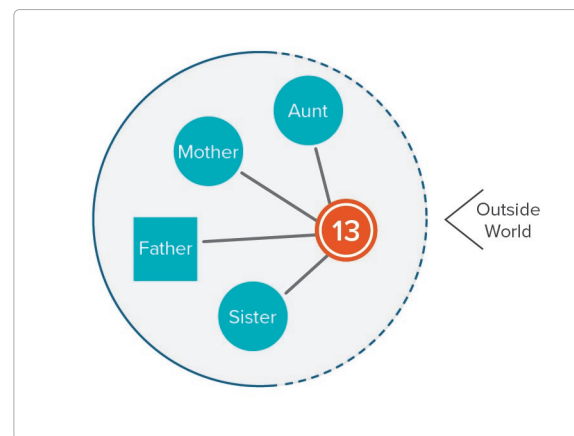


Figure 0E: *The world of a 13-year-old*

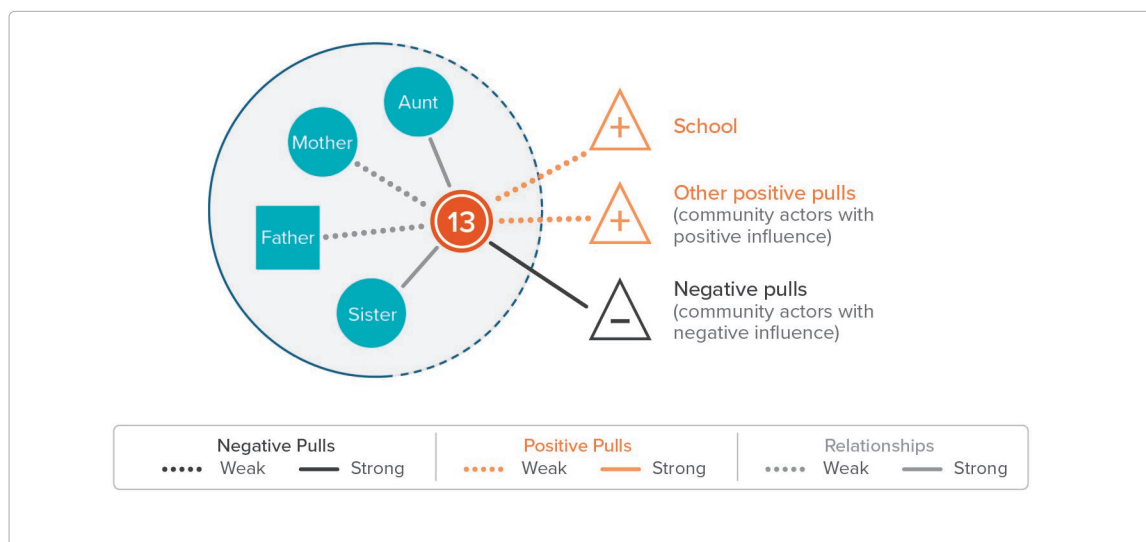


**FAMILY MATTERS**

helps families develop strategies to reduce negative external influences and strengthen positive external influences. Photo by Waqas Mahmood

High-risk environments put a strain on the bonds between youth and their families. Figure OF shows the same family structure during the developmental age of adolescence in a social context with strong negative influences. These negative forces may include violence, sexual exploitation, gang involvement, and exposure to alcohol and drugs. Families facing strong external negative influences find it more difficult to meet the competing needs of protecting and permitting, because the stakes are so high. They either overprotect their children, which leads youth to resent their parents and look elsewhere to gain the necessary survival skills, or they under-protect, which leads youth to consider alternative systems that exercise family supervisory functions (e.g., gangs). The figure reflects that in such environments the relationships between members of the family inside the circle are often fragmented, which is represented by the dashed lines between some family members. In some cases, this is a consequence of the strong external negative pulls. However, it is important to note that a youth may behave differently in different contexts (e.g., at home, at school, with friends, and on the street). So, even though a youth may appear to be well behaved at home or at school, they still may be engaging in risky behavior when they are with friends or out on the street.

**Figure OF:** *The weakening of family bonds in high-risk environments*



*Family Matters* supports families to counterbalance strong negative pull factors in three ways: First, the intervention strengthens the leadership structure and relational patterns of family members residing in the same home. Family counselors identify the family's *executive subsystem*, i.e. those caregivers who manage behavior, relationships, interaction, and outcomes within the home (see box on page 14 for more details), and invite them to participate in the intervention. They make the youth and family members within the home aware of their *relational patterns*. A relational pattern refers to the repeated and consistent ways in which people interact with, and respond to, others. Patterns are made up of a series of *relational sequences*, i.e. a linear series of events that involves people who are in relationships with each other, and show more general structures or schemes in the relationships. For example, every time a daughter approaches her mother, the mother needs to do something else (work, rest, set the table, etc.). This creates a pattern in which the daughter feels that her mother does not listen to her. Family counselors work with the youth and the family to transform relational patterns and condition all members to act in constructive and beneficial ways when they communicate, solve problems, make decisions, share household responsibilities, or deal with any other family issue.

## ANALYZING THE FAMILY'S EXECUTIVE SUB-SYSTEM

Given the diversity of family structures, it is not always clear which family members make up what theorists call the “executive subsystem” of the family. This can be defined as two or more caregivers sharing a vested interest in a child or children, who together manage family behavior, relationships, interactions, and outcomes (i.e. they make and enforce decisions). For example, the structure of the family may include a mother, father, three children, a paternal grandmother, and two uncles all living in the same housing complex. In the formal hierarchy, the mother and father function as the executive subsystem (or co-parenting team). If the mother has a strong alliance with paternal grandmother that functions as a ‘shadow hierarchy,’ the mother and paternal grandmother also may act as an executive subsystem, which similarly has decision making authority. For example, they may discuss and implement discipline protocols when the father is not around. Mapping out a family’s leadership structure can be a complex task, and there may be multiple and potentially competing executive subsystems in place. Family counselors take this into account when analyzing the roles of family members and how decisions are made within the family system.

Second, *Family Matters* strengthens multi-generational relations among family members living inside and outside of the home. Counselors encourage the family to connect with vertical family members (grandparents, uncles, aunts, etc.) and share *multi-generational assets*, which may include family traditions, celebrations, rituals, songs, recipes, photographs, artifacts, folk tales, stories, superstitions, and memories.<sup>6</sup> The assets differ depending on the family’s professional and cultural background. For example, a family of farmers may share agricultural practices, or recipes related to certain crops, or traditions related to farm life. Other families may share poetry, music or art. When youth come in contact with these assets, they feel protected, motivated, and encouraged, and also feel a sense of pride in their heritage. The vertical connections increase the family’s cohesion, i.e. the ability of the family to be emotionally, strategically, or ideologically united.

### *Families better support youth through utilizing familial / social networks and resources*

Often times when families are experiencing transitions or are in crisis, they isolate themselves from the resources and support systems they need to function in a healthy way. Consequently, a key component of the *Family Matters* approach is re-connecting families with existing family and community resources, while also developing new or untapped support systems. This process helps counteract negative pulls by strengthening positive pulls. The networks and systems being established (or re-established) will help the family reinforce positive changes, maintain resilience, and sustain positive growth after the completion of Family Matters. For example, if a single working mother is able to enroll an index youth into an afterschool theater program, then the youth would be less likely to revert to previous problematic behaviors, because he or she is engaged in a constructive activity when he or she would otherwise have been left alone without appropriate oversight. Relevant resources could include extended family, civic groups, religious groups, health services, social services, friends, neighbors, sports leagues, theater / dance groups, and schoolteachers. *Family Matters* supports the family in connecting to these resources. For example, counselors support parents in setting up a discussion with the youth’s teacher and encourage contact with other community leaders, representatives of afterschool programs or hobbies, and peers. Although counselors initially help families identify relevant actors and services, the family ultimately takes over these contacts and maintains them without depending on *Family Matters*.

## CASE STUDY: STRENGTHENING MULTI-GENERATIONAL RELATIONS TO INCREASE FAMILY COHESION

Shemar is a fourteen-year-old boy (and yes, a soccer aficionado!) who lives in a community in Guyana. His mother sent him to live with his grandparents, as she was concerned that her job as a security guard, with shifts from 7:00 a.m. to 7:00 p.m., didn't allow her to provide him with the level of supervision that he needed. His grandparents felt also that his behavior was out of control. Since being involved with *Family Matters*, Shemar's focus at school has improved considerably and he wants to pursue a career as a marine biologist.

*Family Matters* strengthens multi-generational linkages and worked to improve the relationship between Shemar and his grandparents. As his grandfather, a retiree, started to show interest and encourage Shemar to dig deeper into marine biology, Shemar started reading more and excelling in English classes at school. When asked about the relevance of marine biology to his local environment, Shemar was quickly able to make a link between the recent oil finds in Guyana and the importance of preserving marine life in the area. Family meetings with their *Family Matters* counselor have catalyzed communication between Shemar, his mother and his grandparents, also stimulating a love of music which he shares with them; he proudly displayed his newfound skills on the steel pans during a visit by a team from the United States Embassy in August to the CFYR-sponsored summer program that he attended.

While the family all speak highly of the benefits of the program, Shemar's mother feels she has benefited the most from the counseling intervention under *Family Matters*. She is now aware of how her behavior was affecting her relationship with both her sons, as she used to "...shout, beat and curse..." when they challenged her. She says that as a result of the new communications approaches she developed with the *Family Matters* counselor, her relationship with both of her sons has transformed, and the family is much happier as a result.



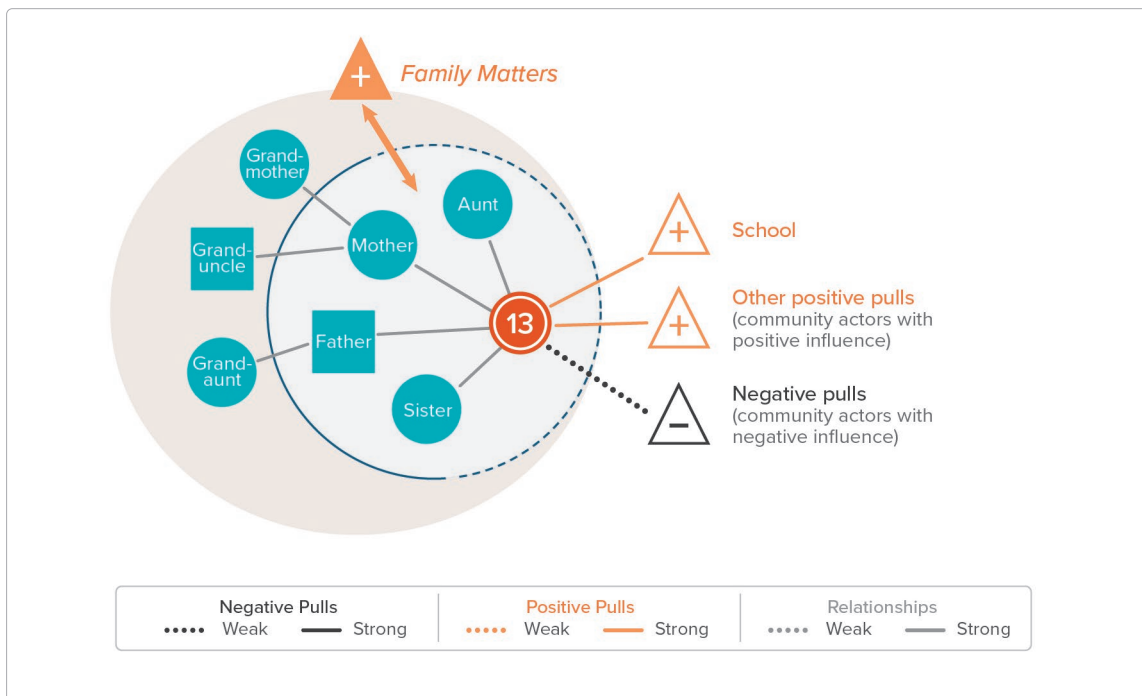
Shemar (2nd left) is happy for the *Family Matters* program and the strengthening of communication with his grandparents and his mother (1st right). Photo Credit: Family Counselor from Guyana.

Integrating into the community can be a delicate matter in high-risk communities, because families may feel that rather than integrating, they need to build stronger external boundaries to protect the family from external negative pulls. Whether a community pull is negative or positive is an assessment made by the leadership of the family, not the counselor. If counselors feel resistance to integration among family members, they need to try to understand the reasons for that resistance and find alternative options. For example, some families might not be willing to integrate into their own community, but they might be open to integrating into a community that is further away.

This process of integration is ongoing, includes the entire family, and is encouraged by counselors in every phase, as opportunities arise. While there is one phase of the intervention specifically designated for promoting this type of work with families, counselors should always seize opportunities to facilitate integration as they are presented. For example, if an index youth shows an interest in playing football, then a counselor may first encourage community activities that build on this interest, such as playing the sport with friends, and then suggest joining a school team or a local club, if appropriate. Alternatively, if a youth expresses interest in becoming a chef, the counselor may initially encourage the youth to prepare meals with his or her grandmother (vertical strategy) and then, if appropriate, look for opportunities to expand this interest within the community context though taking a culinary arts class after school.

In sum, *Family Matters* supports youth to solidify formerly weak relationships with family members within the home (horizontal links), family members from multiple generations (vertical links), and integrate into the wider community. Figure 0G below shows the various links that *Family Matters* creates or strengthens. As a result, the dynamics between the family and outside influences change, and the influence of negative pull factors is reduced.

**Figure 0G:** *The strengthening of horizontal, vertical, and external relationships through Family matters*





## KEY TERMS

### **Negative and Positive Pull Factors**

Negative factors with origins external to the immediate family that exert negative influence on a youth, such as unemployment, gang recruitment, peer delinquency, extortion, violence, selling of arms, and hard drugs. Positive factors with origins external to the immediate family that exert positive influence on a youth, such as good peer role models, strong vertical (multi-generational) family ties, quality schools, and afterschool programs.

### **Executive Subsystem**

Theorists use this term to describe the family's leadership structure. The executive sub-system is defined as two or more caregivers sharing a vested interest in a child or children, who together manage family behavior, relationships, interactions, and outcomes. Families can have formal and informal executive sub-systems. Mapping out a family's leadership structure can be a complex task, and, multiple and potentially competing executive subsystems may be in place.

### **Functional Relationship**

A functional relationship presumes that the youth and adult are responsive to each other, respect and listen to each other, and are able to acknowledge and address conflicts. The adult supports, nurtures, and monitors the child, and the child follows the adult's lead. A relationship can be non-functional either due to under-involvement (youth and adult are only minimally responsive to each other, adult does not detect or respond to risky behavior, youth does not look for guidance, conflicts are not acknowledged or addressed) or due to over-involvement (child and adult are excessively responsive/loyal to each other to the detriment of their relationships with others, and the hierarchy between adult and child might be flattened or reversed). See [The Genogram](#) in Readings.

### **Relational Sequence**

A *relational sequence* is a linear series of events involving several people who are in relationships with each other. For example, a daughter reads in her room. When the daughter's mother comes home and enters the kitchen, the daughter goes into kitchen. The mother then says she needs to rest and goes into her bedroom.

### **Relational Pattern or Dynamics**

Several sequences make up a *relational pattern* or a *relational dynamic*, which is the repeated and consistent way in which people interact with, and respond to, others. Patterns show more general structures or schemes in relationships. For example, every time a daughter approaches her mother, the mother needs to do something else (work, rest, set the table, etc.), which makes the daughter feel that her mother is unavailable to provide guidance to her. *Family Matters* counselors identify relational patterns and transform potential negative patterns into positive ones.

### **Family Cohesion**

Family *cohesion* is the ability of the family to be emotionally, strategically, or ideologically united. A family can have too much or too little cohesion. *Family Matters* works with youth and families to achieve a balanced level of cohesion—one that combines a reasonable and mutually satisfying degree of emotional bonding with individual family members' need for autonomy.

## PHASES OVERVIEW

**01**  
Referral and  
Assessment

Identify participants through the YSET I and conduct multi-level baseline assessment.

**02**  
Building  
Agreements

Meet with youth and family to agree on first issue to be addressed and assign first tasks.

**03**  
Redefining

Redefine the problem in relational terms; increase focus on family relational patterns that may serve as underlying causes.

**04**  
Strengthening  
Family Traditions

Family ritual (e.g. special family dinner) to acknowledge positive changes, reinforce motivation and strengthen family cohesion.

**05**  
Integrating

Facilitate a family effort to connect with the community.

**06**  
Next Level  
Arrangements

Observe family leadership manage a family meeting to address a newly identified issue; provide constructive feedback.

**07**  
Re-Evaluating

Conduct an end-line assessment including the YSET-R and close the cycle.

Seven Month  
Implementation  
Timeline  
(Approximately 30  
days per phase)

For youth eligible for a second cycle (if this is an option), the family will repeat phase 2 through 7.

## Family Matters Seven Phases

The Family Matters intervention consists of seven phases, completed over an average of seven months. Usually, each phase lasts an average of 30 days. There may be cases where a family progresses through the phases at a slower rate. However, if the intervention extends beyond nine months, a supervisor should carefully evaluate the family's progress and determine whether they would benefit from continued participation in the intervention.

### Phase 1: Referral and assessment

In Phase 1, counselors complete a [Multi-level Assessment](#) for referred youth. This is comprised of two interviews (referral source interview and parental/caregiver consent interview) and two assessments (The Youth Services Eligibility Assessment (YSET I) to assess the risk level of the referred youth and the Family Adaptability and Cohesion Evaluation Scales (FACES)).

If the YSET I results indicate the youth is eligible for participation in *Family Matters*, a six-month collaborative relationship is initiated between the youth, his or her family, and a team of Family Matters counselors. The FACES scores are not a criteria for participating in the intervention and would only be performed on the families of eligible youth after the YSET I score has been received.

An index youth who has been selected for the service and his or her family are assigned a [Strategy Team](#) of two to three experienced counselors. One counselor is responsible for interacting directly with the index youth and family (*index counselor*), while the other team members advise the index counselor.

## The YSET

The YSET is a diagnostic assessment of the youth that measures nine risks factors associated with delinquent behavior in the Caribbean context. The assessment comprises 150 questions that the index counselor administers to the youth. An independent body scores the answers and sends the results back to the counselor. The risk factors are:

1. Antisocial tendencies / Risky behaviors
2. Weak parental supervision
3. Critical life events
4. Impulsive risk taking
5. Neutralization of guilt
6. Negative peer influence
7. Peer delinquency
8. Family anti-social behavior
9. Self-reported delinquency

In line with a public health approach, the YSET diagnostic is considered the “thermometer” indicating whether a youth requires “treatment.” However, it does not provide a diagnosis, i.e. an analysis of the causes behind the risk factors exhibited by the youth. The YSET score determines whether a youth is admitted to treatment regardless of the underlying reasons of his risk level. This approach avoids “labeling” and possibly stigmatizing the youth. Youth categorized at primary risk level are at a low level of risk and are not eligible to participate in Family Matters. However, they may be referred to relevant alternative programs if possible and appropriate. Those youth determined to be at a secondary or tertiary level of risk based on their YSET scores are eligible to participate. Although the YSET primarily provides counselors with information about the youth, the scores on Weak Parental Supervision and Family Anti-Social behavior also give information about the family as perceived by the youth. Counselors will refer back to these scales at every stage of the intervention for evaluation purposes. The YSET I (administered in Phase 1) and the YSET R (administered in Phase 7) are comprised of the same questions.

## FACES

The Family Adaptability and Cohesion Evaluation Scale (FACES) was developed to evaluate the adaptability and cohesion dimensions in family interactions – basically, it is a 62-question tool that assesses how well the family functions. Counselors complete the assessment in each phase based on their own observations and assess for overall progress. Counselors also study the following three out of six scales of FACES to develop and refine intervention strategies:

1. Flexibility Scale
2. Satisfaction Scale
3. Communication Scale

FACES assessments provide essential information that help counselors 1) provide family-centered feedback; and 2) develop interventions that bolster family cohesion. Consequently, it is important for counselors to integrate FACES assessment results into discussions with families and into the process for planning family tasks. This approach helps keep the focus of the intervention on the family, rather than the individual. See the full [FACES](#) assessment.

Index counselors consolidate all the information collected on the eligible youth and his family during the Multi-level Assessment and develop an initial plan of action for the family. They review key information gathered and produce an ecomap to see the problem that the family has identified in relational terms. They tentatively think of possible alternative solutions to this problem and design possible tasks that will allow the family to apply new solutions. At the end of this phase, counselors meet with the Strategy Team to review their action plan, make revisions if necessary, and prepare for the First Family Meeting in Phase 2.

### Phase 2-6: Family therapy sessions

In each of these phases, family counselors work with the family to define specific problems the family would like to address and encourage them to approach these problems with new solutions. They make the family aware of the relational context in which a problem occurs and prescribe tasks that help apply new solutions while strengthening the family's horizontal, vertical, and external links.

- **Phase 2** (*Building Agreements*) – The counselor works with the family to choose a problem within the home that the family would like to resolve or a goal they would like to achieve, e.g., designing a supervision strategy for the youth (horizontal strategy). At the same time, they start the process of mapping the vertical family and collecting multi-generational assets (vertical strategy), such as family traditions, photographs, and stories. The objective of this phase is to engage family members in a collaborative problem-solving process and set the stage for involving vertical family (in addition to horizontal family) in the intervention.
- **Phase 3** (*Redefining*) – The objective of this phase is to redefine the problem identified in Phase 2 through taking into account contributing relational patterns and other contextual influences. Expanding the focus from the individual behavior to the family system helps the family take ownership of the problem and possible solutions. Family members collaborate to produce their own genogram (horizontal and vertical strategy), building on their research in Phase 2.
- **Phase 4** (*Strengthening Family Traditions and Rituals*) – The counselor helps the family reconnect with family traditions and create a family ritual to acknowledge their accomplishments in terms of behavioral changes, improved cohesion and increased functioning (e.g. a special meal built around a traditional family recipe). The objective is to bring family members – both horizontal and vertical – closer together through fostering a shared sense of identity and achievement through celebrating their successes.

- **Phase 5 (Integrating)** – In order to reinforce positive changes, it is important for family members to join community activities (e.g. sports or community theater) and develop connections with the networks and resources available to them (e.g. neighbors, school services, church, faith-based organizations, etc.). While counselors should always encourage the family to integrate into the community as opportunities arise, the objective of this phase is to specifically focus the family's efforts on this task. The new contacts the family makes will help expand their support network, bolster their growth and development within the community, and strengthen their resilience.
- **Phase 6 (Next Level Agreements)** – The counselor helps family leadership come up with a strategy to address a newly identified issue or dive deeper into an issue that is being addressed. The family leadership will then lead a family meeting, while the counselor observes, and take responsibility for implementing a strategy, with the support of the counselor. The objective of this phase is to further improve relational patterns and reinforce the family's ability to independently supervise, guide, and protect the youth.

Family Counselors attend the meetings and encourage the family to progress through the phases above while carefully listening and adapting to the needs and rhythm of each family. They observe and facilitate the meetings with the goal of helping the family develop solutions, rather than imposing them. The process should be empowering and the counselor should collaborate with the families to help them achieve their goals. See more about the Role and Responsibilities of the Counselor below. This builds the family's confidence in their own ability to address issues related to the youth's behavior.

In each of the phases listed above, counselors attend a recurring order of face-to-face meetings:



### Phase 7: Re-evaluating

In Phase 7, Counselors conduct an end-line assessment, which includes re-evaluating the progress of the family via FACES and the youth's level of risk via the YSET R results. Typically, the YSET R is also administered during this phase, because most families will have completed Phase 6 after six months of participation in *Family Matters* (the YSET R is always administered six months after YSET I). However, since the time it takes for families to complete each phase can vary, the YSET R may be administered in an earlier Phase. Nonetheless, the index youth's YSET R score will indicate whether his or her risk levels have changed since the start of the program and will be used in the Phase 7 assessment process. If the YSET R scores indicate that the index youth is still at a secondary/tertiary level of risk, it may be appropriate to repeat the cycle for a maximum of two cycles. However, this option isn't available in every context and the determination is dependent on multiple factors, such as the projected outcome for the youth and program budget.

Counselors also prepare the family to 'graduate' or, if the option is available, repeat a second cycle of *Family Matters*. The ultimate goal of the intervention is achieved when families are able to effectively work together to address their problems. In the word of a father whose family had recently completed the intervention, "I know we will fall again, but now we know how to get up."

**Table 0A:** Forms and templates for each phase

PHASE	PHASE PROTOCOL	FORMS AND TEMPLATES
<b>PHASE 1 – Referral and Assessment</b>		
Identify participants through the YSET I, conduct a baseline Multi-Level Assessment on eligible youth, and develop an action plan.	<b>Conduct the Multi-level Assessment</b>	<a href="#">Parental/Caregiver Consent Form</a> YSET assessment (available via tablet) <a href="#">FACES</a> assessment
	<b>Develop an Action Plan</b>	YSET results (available from independent expert) <a href="#">Phase 1 Information Form</a>
	<b>Strategy Team Meeting</b>	<a href="#">Phase 1 Information Form</a> Your documentation of Action Plan (format based on your preference)
<b>PHASE 2-6 – Family Therapy Sessions</b>		
Family counselors work with the family to define the problems the family would like to address. They make the family aware of the relational context in which a problem occurs and prescribe tasks that help apply new solutions, while also strengthening the family’s horizontal, vertical, and external links.	<b>First Family Meeting</b>	<a href="#">Feedback scripts</a> <a href="#">FACES</a> assessment <a href="#">Phase 1 Information Form</a>
	<b>Individual Meeting</b>	<a href="#">Individual Interview on the Problem Form</a> <a href="#">Horizontal Task Form</a> <a href="#">Individual Task Form</a>
	<b>Second Family Meeting</b>	<a href="#">Positive Patterns Worksheet</a> <a href="#">Relational Patterns Worksheet</a>
	<b>Strategy Meeting</b>	<a href="#">Ecomap</a> <a href="#">Genogram</a> <a href="#">Circular Relational Sequencing Flowchart</a>
<b>PHASE 7 – Re-Evaluating</b>		
This is the last phase in the seven-month intervention cycle. Counselors conduct an end-line Multi-Level Assessment (including the YSET R) and prepare the youth and family for the end of the intervention cycle. The family either ‘graduates’ or, if the option is available and applicable, prepares to enter into a second cycle of <i>Family Matters</i> .	<b>First Family Meeting</b>	<a href="#">FACES</a> assessment
	<b>End-Line Multi-Level Assessment</b>	YSET assessment (available via tablet) <a href="#">FACES</a> assessment <a href="#">Positive Patterns Worksheet</a> <a href="#">Relational Patterns Worksheet</a> <a href="#">Ecomap</a> <a href="#">Genogram</a>
	<b>Strategy Team Meeting</b>	YSET I results YSET R results (available via independent expert) <a href="#">FACES</a> assessment Draft <a href="#">Feedback script</a>
	<b>Individual Meeting</b>	YSET I results
	<b>Closing Family Meeting</b>	Your recommendations for family (format based on your preference)

## Protocol Overview

Each phase and each meeting described above follows a structured protocol. Counselors follow prompts and use forms with pre-defined templates to document the family's progress.

### Phase Protocols

Table 0A provides a summary of the protocols with the forms and templates used in each phase. More specific information and instructions are outlined in the Manual sections dedicated to each phase.

### Meeting Protocols

#### ***Duration***

Meeting lengths can vary, but generally Family Meetings, Individual Meetings with the Youth, and Strategy Team Meetings last approximately one hour.

#### ***Location***

Counselors often conduct the interview in the index youth's home to ensure privacy, but a neutral, undisturbed space outside the home, such as a school or community center, may be selected for the interview. See also [Conduct YSET I baseline interview to assess youth's risk level](#) in Phase 1.

#### ***Methodology***

A specific protocol for each meeting is included in the subsequent sections of the manual dedicated to Phases 1 through 7.

## Assessments

Throughout the seven phases, family counselors undertake assessments to evaluate the risk levels of the individual youth and the family's cohesion. They undertake a comprehensive Multi-Level Assessment in Phase 1 that gathers self-reported information from the youth (YSET I), the family (caregiver interview), external sources (referral source), and the counselors' own observations (FACES and ecomap) to establish a baseline analysis. Throughout Phases 2 through 6, they continue to evaluate different aspects of the family's functionality and cohesion to monitor progress. The focus of their analysis differs depending on the phase. For example, the counselor focuses on FACES Communication and Satisfaction scales (questions) in Phase 2 and FACES Flexibility scale (questions) in Phase 3.

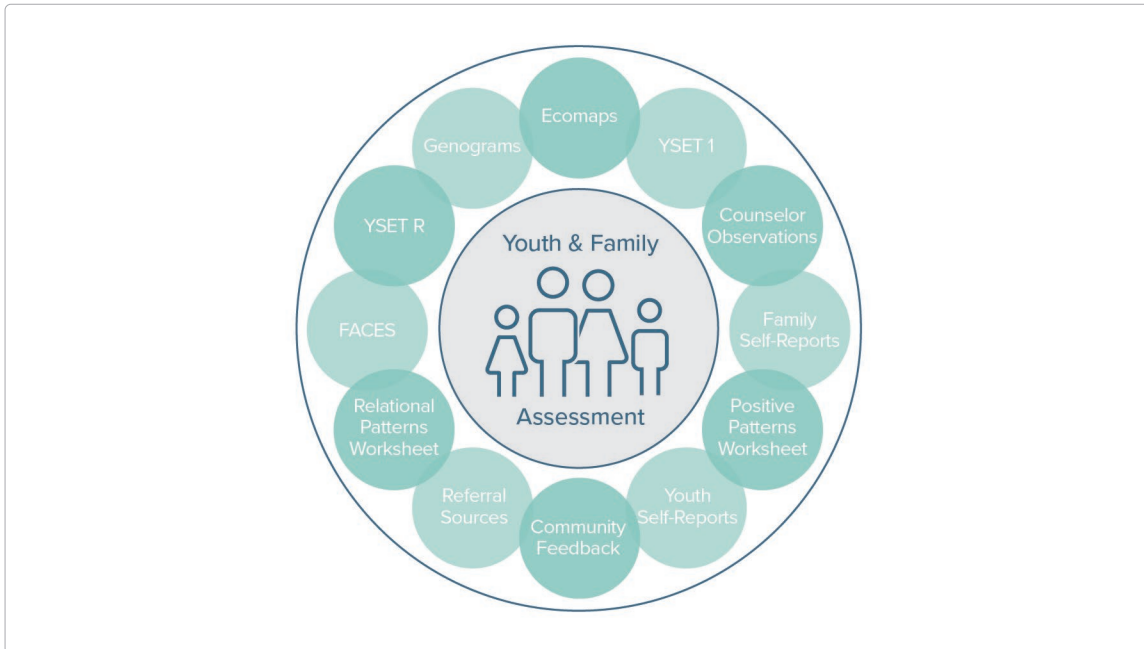
In Phase 7, they conduct another comprehensive multi-level assessment that allows them to re-evaluate the youth risk levels. This assessment includes the YSET R (administered six months after the initial YSET I) and the comprehensive FACES assessment. Family counselors complement the YSET and FACES data with different sources and tools used at different points of the intervention to gauge the youth's and the family's progression. This enables them to triangulate data to ensure the validity of their approach and adapt if necessary and as time permits. For example, they may use the self-reported information from the youth and the family, information provided by external community members, and their own observations.

The table below outlines the different tools and information resources, as well as how and when they may be used during the intervention. While counselors always operate in multiple domains, they will focus on a different dimension of the family in every phase using specific indicators.

**Table 0B:** *Family Matters information resources and tools*

SOURCES AND TOOLS	KEY USES	ROLE OF FAMILY COUNSELOR	TIME
YSET I and YSET R	<ul style="list-style-type: none"> <li>Determine risk level of individual youth</li> <li>Determine eligibility for <i>Family Matters</i></li> <li>Provide a baseline and endline used to assess changes in risk levels</li> </ul>	Counselor administers YSET, independent body scores the results, and sends back to counselor	Phase 1 YSET I (baseline) and Phase 7 (or after six months) YSET R Note: the YSET R is always administered six months after the YSET I
Four Key YSET Scales: 1. YSET Antisocial Tendencies Scale 2. YSET Weak Parental Supervision Scale 3. YSET Vertical Family Scale 4. YSET Horizontal Family Scales	<ul style="list-style-type: none"> <li>Source for youth self-reported information in four key areas</li> <li>Phase 1 Information Form</li> <li>Designing tasks / strategies</li> <li>Evaluating changes</li> </ul>	Counselor uses the information to help plan strategies and tasks and evaluate progress	Phase 1, 4, and 7
FACES	<ul style="list-style-type: none"> <li>Measures family cohesion as perceived by counselors</li> <li>Phase 1 Information Form</li> <li>Designing tasks/ strategies</li> </ul>	Counselor observes interactions, scores FACES, and uses the information to plan strategies and tasks and assess progress.	Every phase
Referral source interview	Family cohesion as perceived by community actors	Counselor listens and records statements by referral source and other community actors	Referral source at least in phases 1 and 7, though ideally every phase, if appropriate.
Self-reports by youth and family during meetings with the counselor	Family cohesion as perceived by the youth and family	Counselor listens to and records the self-reports	Every phase
Relational Patterns Worksheet and Positive Patterns Worksheet	Identify relational patterns and positive patterns within the family.	Counselor observes interactions and fills out Relational Patterns Worksheet	Phases 2, 3, 4, 5, 6, 7



**Figure OH:** Youth and family assessment sources and tools

## Data Capture and Management via the Model Fidelity Database (MFD)

In each phase, Counselors enter data into the *Model Fidelity Database* (MFD), such as family biographical data, information collected on forms, YSET and FACES data, and meeting notes. By the end of any given phase, all data relevant to that phase should be inputted. All Counselors working on a specific case can access the data at all stages of the intervention. This allows the Strategy Team to jointly monitor and analyze the transformation of individual youth and their families over time and ensure that the tasks they assign correspond to the areas of need identified in the assessments. The MFD is housed on a secure server and accessed through an online platform.

## Role and Responsibilities of the *Family Matters* Counselor

*Family Matters* Counselors provide counseling and coaching services to families aimed at supporting social and emotional development and improving coping skills and stress management skills. They also help them navigate critical life events, with an overall emphasis on strengthening the family as whole rather than focusing exclusively on the Index Youth selected for the intervention. *Family Matters* Counselors are responsible for guiding families through the structured seven-phase process outlined in this manual, through which families identify and work on their life challenges together and learn how to manage conflict and change in healthy ways. *Family Matters* counselors enter the family system temporarily as a catalyst for positive change. This is best accomplished through demonstrating respect, empathy, and a commitment to healing, while fostering a problem-solving mindset. Once a Counselor has joined his index family, he or she earns the right to challenge the family's ways. The process in which the counselor shows interest in the family and the family accepts him or her in their circle is referred to as Joining. See [JOINING](#) in Readings.

## Key Functions

Key functions of a **Family Matters counselor** are to:

- Guide families through the seven-phase *Family Matters* intervention.
- Observe how family members interact within the family system using FACES.
- Highlight positive relational or behavioral patterns (*catch the family doing something right*).
- Help the family identify problem relational or behavioral patterns and develop strategies for addressing them.
- Help family members better understand and fulfil their roles within the family system.
- Guide families through significant life changes.
- Embrace a holistic approach to emotional wellbeing.

The intervention is action oriented. Family Counselors proactively develop strategies and assign tasks to the family that are aimed at addressing targeted behaviors. Understanding that it is the nature of the family to resist change, counselors rely on effecting both first order (individual/initial) and second order (family system/sustainable) changes. Family counselors must gain sufficient influence so that the family is willing to experiment with new types of solutions. Counselors maintain influence through avoiding the perception that they are judgmental. This is accomplished by focusing on facts and details surrounding the origins and manifestations of behaviors, rather than on the intent behind the behaviors.

**Family Matters supervisors** facilitate coordination and communication among counselors and ensure that the *Family Matters* intervention is applied in a standardized manner, which is essential to effective case management and service delivery.

## CASE STUDY: HELPING A FAMILY CREATE POSITIVE CHANGE

In Guyana, Royston, a *Family Matters* Counselor, was assigned to thirteen-year old Ethan and his family. Royston meets regularly with them to discuss progress and recommend steps to reach their desired goal – a goal set by the family after a series of discussions.

When Royston first joined the family, Ethan's whereabouts had been difficult to monitor. He was leaving home without permission, spending time with friends who used drugs and was hanging around places where drugs were sold. He was not doing well in school and ignored the rules his mother tried to establish. Ethan's family acknowledged the need for change and pledged to collaborate around improving his adherence to household rules. As a first step, Royston assigned a horizontal task to Ethan, instructing him to notify an adult anytime he wanted to leave the house and inform them where he was going and who he would be with. If no adult was present, he was to leave a note. With each new task assigned, Royston helped the family create the structure required for Ethan to thrive. He also helped Ethan set personal goals.

Along the path, Royston encouraged and supported the family in celebrating their achievements, which helped to bring the family together as a strong unit. According to Ethan's mother, it took about four months of continuous dialogue and sessions with Royston before they started to see a consistent improvement in Ethan's behavior. "Now," declares his mother, "Ethan's like my right hand. He helps me in the kitchen and helps me to look after his brother – fixing his breakfast and feeding him, and helping in any way he can." Ethan is also doing much better in school and has developed a more positive connection with the community through joining a cricket club.

## Activities and Time Commitment of Counselors and Supervisors

In each phase, the counselors are responsible for working directly with families, although they have other administrative responsibilities to effectively manage their cases. A management structure is in place for supervision and oversight of the counselors and to support the standardized delivery of *Family Matters* while maximizing the quality of the intervention. Supervisors also may engage in clinical and managerial supervision and case management. The three tiers of the management structure, with key responsibilities listed underneath, are:

Case Management: Performed by index counselor

- Ensure a caseload of up to ten families is managed in accordance with established *Family Matters* processes and protocols.
- Fill out the required forms required to gather data and inform/prepare tasks.
- Prepare for Strategy Team meetings.
- Conduct regular caseload reviews.
- Update the MFD case management system regularly.

Managerial Supervision: Performed by the family counselor supervisors

- Oversee day-to-day functions of *Family Matters*' field work with families.
- Ensure adherence to the FM Manual.
- Assign and review caseload assignments to ensure the workload is balanced and appropriately assigned, as well as to identify additional support that may be needed.
- Ensure counselors are regularly and adequately updating the MFD.
- Conduct quality assurance phone calls and random visits to beneficiary families to confirm the quality of services delivered by family counselors.

Clinical Supervision: The role is filled by a Secondary Prevention Specialist overseeing the overall implementation of *Family Matters*.

- Ensure counselors operate within established clinical, ethical, legal and professional boundaries.
- Oversee the overall implementation of *Family Matters* and the work of family counselor supervisors, and monitors family counselors.
- Ensure processes are standardized and streamlined, work performed adheres to established protocols, and the capacity of family counselors to implement the intervention.
- Monitor and support the family counselor's wellbeing and coping capacity in relation to their practice.

**Table 0C:** *Family Matters* counseling activities and time commitment estimate (can vary)

ACTIVITY	AVERAGE TIME COMMITMENT
<b>Case Management (Performed by Index Counselors)</b>	
Family Meetings	Two (2) hours per phase per case
Individual Meeting	One (1) hours per phase per case
Strategy Meeting Meetings	One (1) hours per phase per case
MFD input / verification	Seven (7) hours per family
Case Management	Seven (7) hours per week
<b>Supervision and Oversight Responsibilities (Performed by Management and Supervision Staff)</b>	
Clinical Supervision	One (1) hour and ten (10) minutes per phase for each family counselor being supervised
Managerial Supervision	One (1) hour every six (6) weeks for each Family Counselor being supervised

## CASE STUDY: SUPERVISING FAMILY COUNSELORS

Michèle, Director of a Counseling Unit in St. Kitts, has championed *Family Matters* since its inception, recognizing the impact of the program on how families work together and the impact that it can have on entire communities in St. Kitts and Nevis. Michèle provides clinical supervision for a team of eight counselors who are deployed across the communities being served in St. Kitts and Nevis.

She speaks glowingly of her team of family counselors and expresses confidence in their competence and the results gained over the past year: “They have grown! They have become confident in knowing the model and representing what the model wants. Their skills - for questioning, for communicating, for reframing and helping the families to look at things differently – have improved greatly.” She added that all the family counselors have been able to articulate how the training and experience have helped them in other areas of their lives. “I am proud,” she added, “to see how far they’ve come!”



*Kerinda (L), St. Kitts Family Counselor and Michèle (R), Director of a Counseling Unit in St. Kitts.*

*Photo Credit: Family Counselor, St. Kitts and Nevis.*

## Working in Strategy Teams

Each Family Counselor functions as part of a Strategy Team, made up of three to four Family Counselors, including the index counselor. The Strategy Team serves as a consulting body to the index counselor and meets at the end of every phase. It is recommended that one hour per phase per family be dedicated for Strategy Team sessions. So, if each index counselor in a Strategy Team of three is carrying a caseload of ten families, the team will be holding 30 hours of Strategy Team meetings per phase. It is important to note that Strategy Team meetings should be held on a rolling basis as families are ready to transition to the next phase, so as to avoid letting too much time elapse between counselor visits and keep momentum up. A different counselor should take the lead in each meeting.

The functions of the Strategy Team include:

- Reviewing the strategies used by the index counselor;
- Assuring that the implementation of each phase is in accordance with the established protocols;
- Reinforcing the use of the [Twelve Practice Premises](#) through the phases;
- If needed, helping manage challenging dynamics among family members or among family members and the index counselor.
- Facilitating “joint meetings,” in which more than one counselor is directly interfacing with the family.

### USING STRATEGY TEAMS TO ENGAGE RELUCTANT FAMILY MEMBERS

A female Index Counselor tried to develop a supervision strategy for 16-year-old Treyvone who often came home late at night with physical signs that he had been in fights. Treyvone lived with his father and paternal grandmother. The grandmother was willing to attend meetings with the Counselor but the father refused. The Counselor primarily had worked through the grandmother to engage the father. When the grandmother said she thought it was unlikely that her son would participate in the meetings, the Counselor started to accept that the strategy would have to be designed without the father. Her Strategy Team members encouraged her to reconsider and call the father directly and say the following:

“We work as part of a team, and my female colleagues reminded me that the percentage of fathers that get involved in counselling is very small, so I should not dedicate too much time reaching out to you. I decided to call you because I think that you might be someone who is an exception to that rule, and I would like to invite you to come in to advise me, from a male perspective, on how I can help your son stay out of trouble in the community.”

The father agreed to participate, and the family developed an effective supervision strategy that involved father and grandmother alternating tasks to track Treyvone’s progress.

**Explanation:** The Counselor used her female Strategy Team members to set up the stereotype of the unresponsive father and then took the adverse position to challenge the father to disprove the stereotype.

The technique of teamwork, which is common practice in the field of Strategic Family Therapy, has several advantages.<sup>8</sup> Counselors can observe and provide feedback to each other to make sure they implement *Family Matters* in accordance with the established protocols and adhere to the Twelve Practice Premises. Strategy Team members also can learn from each other's experience and exchange best practices. This can be useful when engaging a reluctant family member (see case study below), when tensions exist among family members, or when there is an imbalance in the relations with the family members. In cases where tensions or imbalances exist, a Strategy Team member can maintain an alliance with a competing faction of a family and serve as a bridge to jumpstart communication. Sometimes, an index counselor also can become too involved in his or her case or arrive at a point where the relationship with the family stalls. In such cases, teammates can step in and re-set expectations with the family. In general, working on different cases while following their own broadens counselors' perspectives, sparks ideas for new avenues of interventions, and helps manage relationships.

## The Importance of Co-Counseling

Each index counselor should also maintain at least one co-counseling case, where he or she serves as co-counselor on one case managed by another index counselor. The co-counselor is a member of the Strategy Team and works closely with the index counselor on the selected case, offering alternative perspectives, experiences, and tools. The co-counselor also accompanies the index counselor on visits to the family, as possible and appropriate. Each counselor should have a co-counseling case, but every case will not have a co-counselor.

## Catalogue of Strategic Counseling Techniques

During each meeting with the index youth and family, the index Counselors use five Strategic Techniques that enable them to gather information about the youth and their families, revisit the youth and families' positions and perspectives, and assign tasks to the youth and different family members.

**Circular questioning** is an interview technique to understand how actions of different family members are connected. This technique helps to dissect the relational pattern into a series of *relational sequences*, i.e. the different steps in which the pattern occurs, often with a circular effect. For example, a son leaves the house each time a father and grandfather get into a fight. The son's departure upsets the mother who starts crying. Circular questioning helps detect these dynamics. It basically means understanding who does what when and detecting actions that occur repeatedly.

This technique has three purposes. First, it allows Counselors to validate hypotheses they formulate regarding the relational dynamics by feeding these hypotheses back to the family members. Second, it lets family members understand how their own actions influence those of others. Third, it enables Counselors to recommend actions to disrupt negative relational dynamics. Once the Counselors and family members understand that the fight between the father and grandfather in the above example provides the stimulus for the son's departure, they can make suggestions that encourage peaceful interactions in front of the son.

Counselors use circular questioning in all Individual and Family Meetings. They also use the technique during the Structural Individual Interview (Phase 1), the Referral Source Interview (Phase 1), and the Caregiver Interview (Phase 1). See [Circular Questioning: An Introductory Guide](#) in Readings.

## EXAMPLE OF CIRCULAR QUESTIONING IN A FAMILY MEETING WITH INDEX YOUTH, MOTHER, STEPFATHER, AND STEPDAUGHTER

- Counselor to mother: “So, when you asked index youth if the money you found on the couch belonged to him, what did he do?”
- Counselor to stepfather: “What did you do when you heard index youth slam the door on his way out, saying he was tired of being accused of being dishonest.”
- Counselor to stepsister: “So, when your dad called your stepmother into the bedroom, what did you do?”
- Counselor to mother and stepfather: “So, after stepdaughter brought index youth home, what did you both do?”
- Counselor to stepfather: “So, after you told your wife that index youth should behave more like his stepsister, what did your wife do?”
- Counselor speaking to stepsister: “So, after she hugged index youth what did you do ... etc.”

These questions helped the Counselor identify a relational dynamic in which the stepfather and stepsister constantly sided against the mother and the index youth. He or she then could make recommendations on how to disrupt this dynamic.

**Normalizing** is when a counselor intentionally normalizes a specific behavior or relational pattern, if appropriate. This technique adjusts a family member’s perspective on a relational pattern, so they see it not as a pathological, abnormal, or embarrassing dynamic that they must endure, but rather as something that others have been challenged with and have overcome. This can be done by sharing similar scenarios that have occurred in other families, without using real names. Also, it is important to highlight how the behavior/pattern is normal for the age and gender of the youth, as a part of the family or individual life cycle within the cultural/ community context.

## EXAMPLE OF NORMALIZING

Adolescents are notoriously challenging in any context. A counselor does not normalize a youth’s problematic behavior to the extent that there is no desire to change it, but he or she does normalize the impact of the behavior and the feelings it evokes. Helping a caregiver understand that most adolescents drive adults crazy and that it is normal for him or her to feel frustrated and overwhelmed will set the stage for a more positive solution-oriented approach toward managing problem behaviors. It also helps move away from the mindset that the youth in his or her care is inherently bad or beyond hope.

**Reframing** is a when a Counselor intentionally creates a different way to look at a situation, person, or relationship. They basically provide the youth and the family a different lens through which to view a problem they are facing. The new lens might change the perspective on the problem. For example, a mother and older son disagree about the way in which the mother disciplines his younger half-brother. The mother perceives that the older son disagrees out of disrespect. The Counselor can reframe the son's intent by stating: "The way that you and your son are able to discuss alternative ways of disciplining shows that you have done a great job at empowering him. It is a great way of preparing him for other situations where he will have to problem solve." This enables the mother to see her son's behavior as a sign of maturity rather than a sign of disrespect.

Reframing is used to provide youth and families with different options of how to look at a specific human interaction. This gives them a fresh viewpoint and alters their perspective.<sup>9</sup> Counselors usually use reframing to ascribe a positive intent to an interaction defined as negative by the family. This can potentially transform a repetitive source of conflict for the family.

### EXAMPLE OF REFRAMING

A father and a stepmother voice significant differences of opinion about disciplining the children. The Counselor says: "It is remarkable that you demonstrate such level of intimacy that you are able to negotiate honestly for your respective views in child rearing." Rather than framing the intensity of the relationship as conflict, the Counselor frames it as intimacy. He or she places value on the fact that people who are very close can work that hard to resolve differences.

**Positioning** is when a counselor intentionally takes a stance on an issue discussed by the youth or the family. The position could be philosophical, theoretical, personal, or even religious. The position can be exaggerated or extreme, but it must be conscious, intentional, and directed at a particular outcome. The goal of positioning is to change a particular relational sequence that is negatively influencing the youth or the family.

### EXAMPLES OF POSITIONING

1. A single mother has established a certain level of confidence on the opinion of the Counselor. She shares with the Counselor that she is not enthusiastic about allowing other members of the vertical family to contribute to the much-needed supervision of the children. The Counselor wants to take a stance that encourages the mother to allow other members of the family to assist her, but knows that simply telling her to do so won't achieve the desired outcome. By saying "It is not possible to be a mother and a father at the same time ... it's admirable but impossible to do both," the Counselor opens the door to the possibility that the mother would agree to recruit members of the extended family to help with supervision.

2. A father is adamant that his daughter must come home immediately after school at 4 p.m. The Counselor believes the youth should be permitted to come home at 6 p.m., giving her a chance to hang out with her friends and participate in afterschool programs which would be appropriate for her age. Instead of trying to force the father to adjust the curfew, which would most likely fail and erode trust levels, the Counselor deliberately takes a position that reinforces the parent's authority and maintains trust levels so a later curfew can eventually be negotiated, as appropriate.



**Prescribing** is the process of recommending activities to the youth and the family with the aim of strengthening their leadership structure, relational patterns, and cohesion. As is the case in medicine, the Counselor's prescription should be as specific as possible in relation to frequency, dosage, and potential side effects.

### EXAMPLE OF PRESCRIBING

A Counselor prescribes that the parents spend 30 minutes a day for two weeks discussing how they will collaborate in the discipline of the index youth. The Counselor should anticipate potential side effects that can come from this medicine. For example, this type of task has the potential positive side effect of "spicing up" the relationship between the parents by encouraging them to spend 30 minutes of uninterrupted time interacting with each other every day.

The Counselor should explain the side effect, and could say *"I would like to caution that one of the side effects as you do this is the temptation to use the 30 minutes to focus on your relationship with your partner or to resolve other conflicts with your partner. However, it is important to commit to using that time to focus on your child and the family unit as a whole."*

Counselors may prescribe tasks that are considered *compliance based* and tasks that are considered *defiance based*.<sup>10</sup> Compliance-based tasks are those that the Counselor expects the family will do, and defiance-based tasks are those the Counselor expects the family will oppose and replace with alternatives. Defiance-based tasks likely are more effective with families that in the past have shown that they ask the Counselor for opinions yet do the opposite. Defiance-based tasks can be helpful in getting an adolescent to rebel "by doing well."

### EXAMPLES OF DEFIANCE-BASED TASKS

*To provide an out of context example that may be helpful as an analogy nonetheless* – A farmer is attempting to push his cow into the barn. The cow naturally resists by pushing back against the farmer. The farmer then is instructed to pull the cow backward by the tail away from the barn. The cow again resists by pulling against the farmer, but this time the cow's resistance lands her in the barn.

*For a more practical example* – In an individual meeting the Counselor says to the adolescent: "I have noticed that it would be probably difficult for your stepfather to adjust to sudden changes in your routine of coming home on time. He is probably so used to you coming home late that it would be a bit disorienting. I would like to ask you to come home early a couple of times next week but keep notes on how disorienting that is for him." Through positioning the task not as compliance-based but as something that would defy the expected norms of his stepfather, the Counselor is using a defiance-based task strategy.

### Guidelines for Prescribing Tasks:

- Directly engage as many people in the family in tasks as possible.
- Whenever possible, make the task fun.
- The completion of tasks should not be reward-based (e.g., avoid quid pro quo/bribery).
- Focus the task only on the issue at hand (do not try to address other non-related issues).
- Remember that the parents have the ultimate decision-making authority (do not try to out-parent the parents).
- Save prescriptions for the end of the meeting, as they should incorporate information gathered during the session. It also could be distracting to provide the prescription earlier, as related discussions could take away from the time allotted for the meeting. In general, it is important to provide structure to meetings, which instills a sense of routine.
- Although you might not be able to prepare an entire task before the Family Meeting, come with an outline of what sections of the family you would like to impact. These can be fleshed out during the session and finalized before you depart (the important thing is to assign a task that improves leadership structure, relational patterns and cohesion).
- Anticipate possible outcomes at the completion of the task or possible challenges in the process. A task is not complete if one or more family members who were expected to participate did not do so or if one of the family members did not do their part.
- It is important that families complete a given task, but they also may have additional tasks added as they develop their capacity. If a family feels stuck on one task, the Counselor can deconstruct that task and assign a modified version of it, if that modified version can be completed without the full completion of the first task. For example, the family is given a task of having a family movie night. However, they are not able to actually view the movie together because of a scheduling conflict. You may assign a new task of going to church on Sunday as a family, but also ask them to have a movie night before the end of the week.
- Sometimes, half-completed tasks can be combined. For example, a family is assigned the task of doing a genogram but is not able to complete it. They also may have generated a list of people to invite to the family ritual celebration. In this case, the Counselor may encourage the family to place those people on the genogram thus helping them complete the genogram task.

### Providing Feedback to Families

At the beginning of phases 2 - 6, the counselor will provide feedback to each family on their progress and explain the upcoming phase. Feedback must be tailored to meet the specific needs of the family and the requirements of the phase. Counselors will prepare written feedback scripts ahead of time in preparation of the family feedback session to ensure they present their thoughts in an organized and effective manner. Scripts should be written in a language that the family can understand. When presenting feedback to the family, the counselor's tone should be deliberate, thoughtful and measured, but natural and relatable. Technical jargon should be avoided whenever possible. Counselors should be able to provide examples that back up their positions and reflect the overarching assessment of the Strategy Team. The idea is to provide constructive feedback in a way that is empowering and not to belittle.

The scripts are often developed or shared during Strategy Team meetings. Feedback scripts may be progressively longer after each phase as the counselor has more opportunities to observe and assess the family. However, the counselor should really be emphasizing developments over the previous phase and omit any information that is no longer relevant. As a general rule of thumb, counselors should limit feedback to 3-5 minutes. The goal is really to highlight the positive, reinforce the hierarchy, set expectations and provide a framework that helps the family understand what needs to be done over the next phase. Over the course of the *Family Matters* intervention cycle, counselors should keep track of the family's overall progress, as well as key achievements, challenges, and family contributions, for inclusion in the final family feedback session.

Some general guidelines for developing feedback scripts are as follows:

- Start with the positive!
- Keep the tone constructive.
- Avoid jargon where possible.
- Summarize the current status of family in relational terms.
- Reinforce the development of the family hierarchy.
- Integrate FACES assessment findings.
- Summarize what you observed over past phases, including progress and key achievements thus far.
- Identify challenges that you observed and describe solutions that you saw the family use to overcome those challenges.
- Explain your observations on how the family performed relevant or key tasks, for example, if discussing rituals, you could say:

*“You all decided to do a healing ritual to cope with the sudden loss of Aunt Jane. From my observations, the act of coming to together as a family and reading letters you had each written to Aunt Jane saying the things you didn’t have a chance to say before she passed really seemed to help everyone start processing their sense of loss in a healthy way through opening channels for expressing feelings of grief. I was impressed at how you all supported one another, showing how you are stronger as a family than you are individually.”*

- Always provide examples to back up your position and the position of the Strategy team.
- Give each individual family credit for their contribution to the process, highlighting specific examples whenever possible.
- Summarize key challenges that still need to be overcome, explain underlying issues (if appropriate), and provide advice for moving forward (*in phases 2-6 this can just be a sentence or two, but in Phase 7 this aspect becomes more important, as you are shaping how the family will move forward without you*).
- Describe the positive impact the intervention has had on the family based on your observations; leverage these results to push the family towards continuing to address some of the problems they are facing, while also highlighting the importance of strengthening familial bonds.
- Explain what the family can expect over the next phase; include an overview of key goals.



## COUNSELORS PROVIDE

feedback to families on a regular basis to help them understand where they are in the process of achieving the positive changes they seek.

Photo by Waqas Mahmood

### Redefining the Problem

Family Counselors help youth and their families understand specific problems in the broader context of family relations. Once youth and families have gained that broader vision, they are well set up to think of effective solutions to address the problems. Counselors support the new solution that the family has identified by assigning specific tasks that will help the family implement the new solution. Overall, this process entails six steps that are summarized and exemplified in the table below.

**Table 0D:** *Six Steps for Redefining the Problem*

SIX STEPS FOR REDEFINING THE PROBLEM		
Step	Activity	Example
1	<b>Identify the problem</b>	Adults are unfair, rigid, don't listen, and don't consider youth's perspective when making decisions.
2	<b>Redefine the problem</b>	The parents and the youth do not have a vehicle for expressing their own perspectives and listening to the other's point of view.
3	<b>Identify current solution applied by the youth</b>	People get into explosive arguments or they give each other the silent treatment when they feel hurt or invalidated.
4	<b>Think of solutions</b>	<p>Examples</p> <ul style="list-style-type: none"> <li>• Whenever there is a conflict and people feel unheard, invalidated, ignored or not listened to, they will send an email or a text to the other person.</li> <li>• Each party will speak to the youth's uncle, the father's brother; the uncle will speak to both parties; and, they will sit down with the uncle to have a conversation together.</li> <li>• Each party will do research to better understand the other's position.</li> <li>• Youth and parents discuss the rules for engaging in a dialogue.</li> </ul>
5	<b>Assign task</b>	<p>Examples</p> <ul style="list-style-type: none"> <li>• Youth and parents both have to agree on a dialogue process.</li> <li>• Youth and parents both have to agree on who could act as third party.</li> </ul>
6	<b>Document task and observations</b>	Complete the <a href="#">Individual Task Form</a> . Inform the youth that whether and how the prescribed task is completed will be discussed in the next Family Meeting.

Table 0E: Strategic techniques

STRATEGIC TECHNIQUES		
Technique	Description	Goal
<b>Circular Questioning</b>	Understand relational sequences and patterns, i.e. the order in which family members act and how the actions of different family members are connected.	<ul style="list-style-type: none"> <li>• Validate Counselor's hypotheses regarding the relational dynamics.</li> <li>• Let family members understand how their own actions influence those of others.</li> <li>• Think of actions to disrupt the negative relational pattern.</li> </ul>
<b>Normalizing</b>	Use a solution-focused approach to help a family member view a problematic behavior or relational pattern, as a "normal" challenge faced by others in similar circumstances, which can be overcome, as opposed to a pathological immovable factor that must be endured.	<ul style="list-style-type: none"> <li>• Help families understand that a specific behavioral or relational pattern is normal within the community or context in which they live.</li> <li>• Adjust a family member's perspective and create a mindset that positive change is possible.</li> <li>• Validate the impact of the behavior or relational pattern and the feelings it evokes (<i>we are all human</i>).</li> </ul>
<b>Reframing</b>	Create a different way to look at a situation, person, or relationship, and transform a perceived negative intent into a positive one.	<ul style="list-style-type: none"> <li>• Provide youth and families with a fresh view on an old problem</li> <li>• Help them see benefits of a perceived negative behavior or interaction.</li> </ul>
<b>Positioning</b>	Take a stand on an issue discussed by the youth or the family.	<ul style="list-style-type: none"> <li>• Influence opinion of the youth or the family to transform a negative relational sequence or pattern.</li> </ul>
<b>Prescribing</b>	Recommend actions to the youth and the family.	<ul style="list-style-type: none"> <li>• Strengthen relational patterns and cohesion within the family.</li> </ul>
<b>Providing Feedback</b>	Provide feedback to families throughout the intervention.	<ul style="list-style-type: none"> <li>• Promote or diminish specific behaviors within the family and set expectations.</li> </ul>
<b>Redefining the Problem</b>	Support the youth and the family to understand a problem in relational terms.	<ul style="list-style-type: none"> <li>• Help families and youth find more effective solutions to the identified problem.</li> </ul>

## Family Matters Twelve Practice Premises

The following Twelve Practice Premises were developed based the lessons learned by *Family Matters* practitioners over time and incorporate lessons learned implementing the model in other contexts.

1. The family is what is there, not what is missing. The type of family structure in the field may not be the idealized configuration made up of an executive subsystem of mother, father, and two children.
2. The job of a Family Counselor is to consistently catch the family doing something right. This is a central part of the process of affirming assets rather than identifying pathology.

3. During adolescence, all families face significant challenges in maintaining a balance between permitting and protecting. This balance is analogous to teaching a child to ride a bicycle. To do so, a caregiver typically runs behind the child and holds on to the bicycle seat while the child attempts to master his or her balance. If the caretaker lets go of the seat too early, the child may fall. On the other hand, if the caretaker does not let go of the seat, the child will not learn how to ride the bike. The job of the caregiver is to maintain a balance between permitting exploration and simultaneously protecting the adolescent from the inherent dangers in the community.
4. In this context, the caregiver can appear to over-protect or over- permit at any given moment. For example, they may let go of the bicycle seat too soon, or hang onto it too long. It is the Counselor's job to help families find an appropriate balance, while avoiding faulty hypotheses about the perceived intent or capacity of the caregivers. Caregiver labels such as pathological, uninterested, or dysfunctional can and often will blind the Counselor to the resiliency and protective factors of the family. The tendency to over-protect or over-permit should be viewed as an adaptation to the context rather than as ingrained bad intentions by the caregivers.
5. In a sense, it is the adolescent's "job" to drive caregivers crazy. Adolescents notoriously are challenging, regardless of the context. The job of the caregiver is to guide the adolescent without going crazy. The tools and strategies implemented by *Family Matters* Counselors should help more effectively equip caregivers to manage the youth under their care.
6. Family Counselor Supervisors and Counselors must work together to develop effective strategies to support families. It is the Supervisor's job to ensure that appropriate coordination is occurring and that Strategy Teams are well constructed and functioning as intended.
7. Supervising a youth is a team sport! Many may help with supervision efforts, however, the family leadership team (the executive subsystem) is responsible for making decisions and, to be effective, must work together and support each other.
8. Family systems have two seemingly opposing tendencies: the capacity to incorporate changes and the need to continue doing what is most familiar. As much as possible, the Counselor's language and attitude should be guided by the reminder that families want to change, but they do not want to be changed.
9. Due to the nature of a family system to resist changing how they do things, there is a tendency to repeatedly apply the same type of solution to a problem, despite an abundance of evidence that the solution does not elicit the desired result. For example, caregivers often will escalate punitive measures, such as depriving a youth of their phone, television, or recreational time with friends, despite evidence that punishment (even in different dosages) is not producing the desired result. Family Counselors help families understand how and why the solution that is being applied may be problematic.
10. It is the job of the Counselor to gain enough influence so that the family is willing to experiment with new types of solutions.
11. A family Counselor is likely to be more effective when he or she is able to respectfully question the behavior of any family member while refraining from judging the intent of that behavior.
12. When a family Counselor is "stuck" or meets heavy resistance, it is generally more effective for the counselor to change his or her position than to insist on changing the position of the family.

## Summary

### Key Concepts

- Both first order changes (at the level of the individual youth) and second order changes (at the level of the family system) are necessary for sustainable change. Counselors continuously work to achieve both.
- Each family member is important and has unique strengths that contribute positively to the family's functioning and cohesion. Ecomaps and genograms track families' assets.
- The family is comprised of everyone who the youth and the family may perceive as family, including:
  - Members who have blood ties, and members who do not have blood ties;
  - Members who live within the home (horizontal) and outside of the home (vertical); and,
  - Members from multiple generations.
- Families with strong horizontal, vertical, and external links can protect youth from negative influences. Such families are characterized by:
  - A functioning leadership structure and positive relational patterns among members residing with the youth (horizontal links);
  - Relationship with members who can share multi-generational assets with the youth (vertical links); and,
  - Relationships with community actors such as teachers, who exert a positive influence on the youth (external links).

### The Seven Phases

- The administration of the YSET in **Phase 1** determines a referred youth's risk level and his or her eligibility to participate in the intervention.
- Five phases of family therapy sessions (**Phases 2 – 6**) gradually build horizontal, vertical, and external links. During each phase, Counselors hold two face-to face meetings with the family — one with the youth and one with their Strategy Team.
- Counselors complete an initial (baseline) multi-level assessment for eligible youth in **Phase 1**, which is followed by a final multi-level assessment in **Phase 7** to evaluate progress.
  - The multi-level assessments combine YSET and FACES scores with information from referral sources, self-reports by youth and family during therapy sessions, and Counselor observation to evaluate individual youth's risk level and family's functioning and cohesion.
- During all phases, Counselors continuously assess the progress of the youth and the family.
- Each of the seven phases follows a structured protocol, which is detailed in the following sections of this manual. Counselors follow prompts and use forms with pre-defined templates to document the family's progress. At the end of each phase, Counselors enter data into the *Model Fidelity Database* (MFD).

### Catalogue of Strategic Techniques

Counselors use different techniques to transform individual behavior and relational patterns within the family. These techniques include Circular Questioning, Normalizing, Reframing, Positioning, and Prescribing Tasks. Refer back to the [Catalogue of Strategic Counseling Techniques](#).

### Twelve Practice Promises

The Twelve Practice Promises are best practices, which serve as guidelines that should be used to shape the Counselors' thinking and assumptions about the family, guide how they interact with the family, and inform how they collaborate with their Strategy Team members.

## ENDNOTES

- <sup>1</sup> Fisch, R., Weakland, J.H and Segal L. (1982) *The Tactics of Change*. San Francisco, California. Wiley, John and Sons.
- <sup>2</sup> Alexander, J.F Pugh, C., Parson B.V and Sexton T.L. (2000) *Functional Family Therapy*. In Delbert S. Elliot (ed.). *Blueprints in Violence Prevention* (2nd ed.).
- <sup>3</sup> Fisch, R., Weakland, J.H and Segal L. (1982) *The Tactics of Change*. San Francisco, California. Wiley, John and Sons.
- <sup>4</sup> Haley, J. (1991) *Problem Solving Therapy* (2nd ed.) San Francisco, CA Jossey Bass Publishers; and Madanes C, (2007) *Strategic Family Therapy*. Buenos Aires; Amorrortu.
- <sup>5</sup> For multi-generational (vertical) Family Systems Theory, see Kerr, M and Bowen, M (1988) *Family Evaluation: An Approach Based on Bowen Theory*. New York: Norton; Bowen, M. (1993). *Family Therapy in Clinical Practice*. Lanham, MD Jason Aronson. For horizontal and structural Family System Theory, which emphasizes the importance of a clear, functional family hierarchy see Minuchin & Fishman (1981) *Family Therapy Techniques*. Boston, MA: Harvard University Press.
- <sup>6</sup> In the context of medicine, the notion of multigenerational transmission has been used primarily as a tool to trace chronic illness (Rolland, John S. (1994) *Families Illness, and Disability: An integrative Treatment Model*. New York: Basic Books). In psychiatry for example, the principle of transmission has been used primarily to trace schizophrenia, bipolar disorders, and other forms of pathology. In the context of Family Matters, multi-generational transmission emphasizes the transfer of positive functional and resilient relational characteristics of the family.
- <sup>7</sup> Phase 5 is dedicated to integration and will be introduced in a following section.
- <sup>8</sup> Haley, J. (1991) *Problem Solving Therapy* (2nd ed.) San Francisco, CA Jossey Bass Publishers. Madanes C, (2007) *Strategic Family Therapy*. Buenos Aires; Amorrortu.
- <sup>9</sup> Weakland, J., Fisch, R., Watzlawick, P., Bodin, A. (1974). Brief therapy: focused problem resolution. *Family Process*, Vol. 13 (2). June, 141 - 167.
- <sup>10</sup> Haley, J (1991) *Problem Solving Therapy* (2nd edition) San Francisco, California. Jossey Bass Publishers.



## Phase 1

# Referral and Assessment



## PHASE 1 OVERVIEW

### 01 Referral and Assessment

Identify participants through the YSET I and conduct multi-level baseline assessment.

### 02 | Building Agreements

### 03 | Refining

### 04 | Strengthening Family Traditions

### 05 | Integrating

### 06 | Next Level Agreements

### 07 | Re-Evaluating



#### Identify and Assess Eligible Youth

1. Interview the referral source.
2. Interview the caregiver and obtain signed Parental/Caregiver Consent Form.
3. Conduct the YSET-I baseline interview to assess youth's risk level.
4. Complete the FACES questionnaire to assess family's functionality and cohesion.



#### Develop Action Plan

1. Review four key YSET Scales.
2. Complete Phase 1 Information Form.
3. Redefine the problem in relational terms using the ecomap.
4. Think of solutions using Phase 1 Information Form.
5. Design initial tasks.
6. Plan to enter the family system.
7. Complete entries in the MFD.



#### Strategy Team Meeting: *Prepare for Phase 2*

1. Review Action Plan with Strategy Team; and revise as required.
2. Prepare for First Family Meeting in Phase 2.



## REFERRAL AND ASSESSMENT

### Phase Overview

During the Referral and Assessment Phase, index counselors make first contact with the youth and their family, assess whether they are eligible to participate in *Family Matters*, and develop initial action plans for working with eligible youth and their families. They **identify and assess participants**, through a Multi-Level Assessment which includes:

- 1) A brief interview with the person who has referred the youth to *Family Matters*.
- 2) A brief interview with at least one of the youth's caregivers and obtaining a signed Parental/Caregiver Consent Form that gives permission to conduct a baseline YSET interview with the referred youth.
- 3) One longer YSET interview with the youth to assess his or her individual risk level and determine if he or she is eligible to participate in *Family Matters*.<sup>1</sup>
- 4) A FACES assessment, which is completed by the Counselor based on his or her own observations to evaluate how the youth's family system functions.

Once the Multi-Level Assessment is complete, Counselors consolidate and analyze the data they have gathered using the [Phase 1 Information Form](#) and **develop an action plan**. Next, they review and finalize the action plan with the Strategy Team during a Strategy Team meeting and **prepare for Phase 2**.

### 1. Identify and Assess Eligible Youth

#### Purpose

The Multi-Level Assessment process enables Family Counselors to gather information from multiple sources and:

- Assess the risk level of referred youth using the YSET to determine whether they are eligible to participate in *Family Matters*.
- Access multiple perspectives on the youth and the family through interviews with the referral source, caregiver, and youth, which supports a more dynamic understanding of the index youth's problem behavior and his or her family relational patterns.
- Use the information to develop an effective action plan for the family.
- Establish a baseline to measure the family's progress throughout the phases.

#### Activities

1. Interview the referral source.
2. Interview the caregiver and obtain a signed [Parental/Caregiver Consent Form](#) to conduct baseline YSET I interview with referred youth.
3. Conduct the YSET I baseline interview to assess youth risk levels.
4. Complete the FACES assessment to assess family cohesion.

**Activity 1: Interview the referral source****Purpose**

The purpose of the Referral Source Interview is to:

- Identify problematic behaviors within the youth witnessed by the referral source.
- Identify positive behaviors within the youth witnessed by the referral source.
- Identify whether the referral source has a positive or negative relationship with the family.
- Indicate the relationship between the index youth and referral source (how they interact).

**Interview duration and location**

Ideally, this 15–20 minute discussion takes place in person. However, there may be situations when it must be conducted by phone.

**Identify a referral source**

*Family Matters* relies on referral sources to identify youth from high-risk communities who demonstrate behaviors that indicate they may be at risk for becoming involved in crime and violence. These *referral sources* include government agencies, social services, police, courts, teachers, pastors, community leaders, previous *Family Matters* participants, and others. A referral source will initiate contact with *Family Matters* when they detect a behavioral problem that *Family Matters* might be able to address.<sup>2</sup>

A referral network is typically set up in each country with *Family Matters* operations. These networks include key referral sources that are expected to make relatively frequent contact with at risk youth, such as child protective services, police units and schools operating in violence-prone communities, juvenile courts, mental health services, homeless shelters, and battered women’s shelters. It also includes any relevant departments within the ministries responsible for education, public health, youth, justice, and other social services. All members of a referral network are briefed on the intervention and sign a memorandum confirming their understanding of the expectations for their participation and the established process they must follow to send potential cases to *Family Matters* for further assessment.

**Gather information**

During the interview, gather as much information as possible about:

- Specific behaviors of the youth witnessed by the referral source and perceived as problematic by the referral source or the family.
- Positive behaviors of the youth witnessed by the referral source.
- The relationship between the referral source and the caregiver or family.
- Relational sequences between the index youth and the referral source.

**Identify the problem**

- Assist the referral source in identifying the problem in *behavioral terms* (i.e., maintain their focus on the actions of the youth rather than the perceived motivations of the actions).
- Gather information using the circular questioning technique. See [Circular Questioning](#) in Readings and the [Catalogue of Strategic Counseling Techniques](#) section above. Try to ask “what and how” questions about perceived problematic behaviors within the youth. Avoid “why” questions (“*Why do you think John hits other students?*”) or questions that enquire of or impute intent (“*Do you think John was trying to intimidate Peter?*”). Such leading questions can be counterproductive because the referral source is not able to provide a definitive answer about the motive. The interpretation provided will be inaccurate or incomplete and may reinforce any existing biases.

## SAMPLE QUESTIONS FOR THE REFERRAL SOURCE INTERVIEW

To identify problematic behavior:

- *What does John do in your class that is problematic?*
- *How often does he do it?*
- *How long ago did he start doing it?*
- *What have you tried to get John to behave differently?*
- *How often have you tried?*

To identify positive behavior:

- *What does John do that reminds you of his positive characteristics?*
- *You are obviously invested in John or you would not be looking for help for him. What is it about him that makes you root for him?*
- *When John behaves in a manner that you appreciate, what does he do?*

To identify relationship between referral source and family:

- *When you told John's family that you were referring him to our program, how did they respond?*
- *It seems that you have been collaborating well with the family in regard to improving John's behavior?*
- *Is there anything that I should be aware of as I engage with the family? Would you be open to being in communication with the family throughout the intervention process?*



Referral sources may have clear ideas about the type of intervention they think a particular youth may need. This may or may not include support provided by *Family Matters*. Spend time with the referral source to comprehensively clarify the approach and set expectations, so that they understand the services offered by *Family Matters*.

### Activity 2: Interview the caregiver and obtain a signed Parental/Caregiver Consent Form

#### **Purpose**

The purpose of this interview is to:

- Gather more information about the youth's behavior problem from the caregiver's perspective. Learn details, such as when the behavior started, how often it occurs, and what solutions already have been tried to address the behavior.
- Gather initial information about roles and alliances within the family as perceived by the caregiver.
- Provide initial information about *Family Matters* to caregivers.
- Explain the need to assess the youth via the YSET I to determine eligibility for the intervention and explain that YSET R will be administered six months after YSET I.
- Obtain the caregiver's documented consent to administer the YSET I to assess the youth's level of risk by having him or her complete the [Parental/Caregiver Consent Form](#).

#### **Interview duration and location**

This 15–20 minute discussion should take place in person. If, for whatever reason, the interview can only be conducted by phone, caregivers still must physically sign the Parental/Caregiver Consent Form to give

permission to conduct the YSET I and establish whether their child is eligible for participation in the intervention. Caregivers' reluctance to meet in person for the consent interview may be an indicator that treatment meetings over the coming months will be difficult to arrange.

***Make first contact with the caregiver via the referral source***

If the referral source has a positive relationship with the family and has told the family that they are being referred to *Family Matters*, the referral source can facilitate the first contact with the Family Counselor. For example, they can tell the family the Counselor will call them to set a time for an initial interview. In this case, it is likely that the Counselor can count on the referral source's support throughout the program.

If the referral source has a negative relationship with the family, the Counselor needs to establish first contact without the assistance of the referral source. Counselors may mention the referral source in their first interaction with the family, but the reference depends on the particular case. For example, the Counselor may refer to the fact that the individual referral source really cares about the welfare of the index youth (*"Teacher X referred me. I'm not clear on the quality of the relationship between your daughter and Teacher X, but she seems to care a lot about your daughter's wellbeing."*). In another case, the Counselor may refer to the referral source as a collective rather than an individual (*"The school called us about your daughter."*). Throughout the program, Counselors need to find ways to either improve the relationship with or distance themselves from that referral source.

In some situations, the referral source may not want to be identified for fear of retaliation. In such cases, family Counselors will make a "cold call" to introduce the program to the family and mention the referral source as a collective (*"The school, church, etc. told me to call you."*).

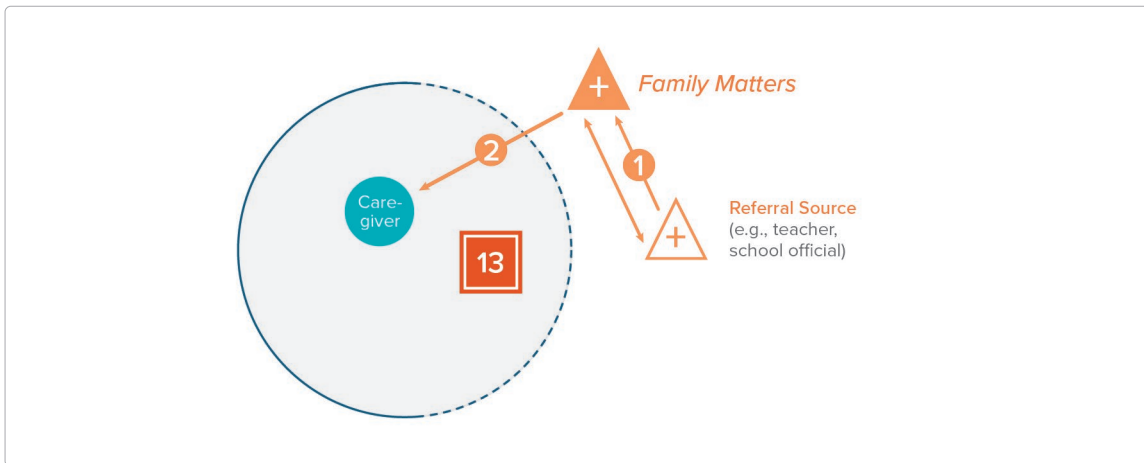
Figure 1A illustrates how first contact is made in most cases: the referral source contacts *Family Matters*, and *Family Matters* then contacts the caregiver. *Family Matters* and the referral source will generally continue to communicate regularly throughout the intervention cycle, as illustrated by the two-way arrow. Family Counselors will not share personal and confidential information related to the family with the referral source. They may use the referral source as a resource to support the intervention's overall objectives, e.g., a teacher acting as a referral source may be available for a parent-teacher conference. The referral source also observes the youth and the family throughout the intervention cycle and shares this information with *Family Matters*, helping Counselors gauge progress.

## THE ROLE OF THE REFERRAL SOURCE

A referral source, such as a teacher or social services representative, initiates the contact with *Family Matters* once they have detected a behavioral problem that *Family Matters* can address.

Referral sources are key allies for *Family Matters* Counselors. They provide first information about the youth, the family, and the problematic behavior, setting the tone for *Family Matters'* relationship with the family. A positive relationship between the referral source will facilitate *Family Matter's* rapport with the family.

Counselors collect information from the referral source, with the understanding that the referral source's perspective is only one of many. Throughout Phase 1, Counselors augment the referral source's perspectives with the viewpoints of others to get a more complete picture of the problematic behavior.

**Figure 1A:** Making first contact with the caregiver via the referral source**Interview the caregiver**

The protocol for this interview is similar to the one with the referral source:

- Introduce yourself and explain the purpose of your call. For example, use the following language:
 

*“Good day, my name is..... and I am seeking your permission to interview the child under your care on behalf of Family Matters to find out more about them and issues that affect their safety. We work with youth between the ages of 10 and 17, along with their families, to improve the youth’s safety and wellbeing. The information we collect will tell us whether your child is eligible for the support we provide. If your child is eligible, Family Matters can provide support. This interview is completely voluntary, and we’d like to speak with your child, privately, without you or other family members or friends present. The information we discuss with your child privately will remain confidential and he or she can stop the interview at any time. Do you have any questions for me? Do we have your permission to interview your child on an agreed date in the future?”*
- Counselors use [Circular Questioning](#) to identify problematic behavior. They focus on understanding who does what when and refrain from inquiring about the “why” or making any judgmental statements.
- The Counselors identify the solutions the family has applied to address the behavior. This helps the Counselor and Strategy Team decide which solutions *not* to recommend.
- Counselors help the caregiver identify positive behavior and attitudes in the index youth. This is critically important because it changes families’ perceptions of and confidence in the youth. Often families might think of youth only as “problematic” and that perception can, in some circumstances, actually reinforce problematic behavior in the youth. Instead, a positive perception will reinforce positive behavior.
- Ask the caregiver to sign the Parental/Caregiver Consent Form.



At least one caregiver of the youth must participate in this interview. Keep in mind that the information provided by this caregiver only represents one of many perspectives within the family.

## SAMPLE QUESTIONS FOR THE CONSENT INTERVIEW

To identify problematic behavior:

- *What does John do that is a problem for the family?*
- *When does the problem of hitting other people occur?*
- *How often does John hit other people?*
- *Who else is present when he hits other people?*
- *What does his older brother do?*
- *When you get home what happens?*

To identify solutions that the family has already tried:

- *So, you have tried punishing him whenever he hits his brother?*
- *Has that been effective?*
- *He stopped for how long?*
- *Then what do you try?*
- *So, his stepfather had a talk with him?*
- *And does that work?*

To identify positive behavior:

- *What does John do that makes you proud of how you have raised him?*
- *What are those moments when he is not driving you crazy and you find yourself smiling?*
- *How would you describe his best qualities?*

### Activity 3: Conduct the YSET I baseline interview to assess youth's risk level

#### **Purpose**

The purpose of the YSET I baseline interview is to:

- Enable Family Counselors to assess the risk level of a referred youth on a scale of primary, secondary, and tertiary risk and evaluate whether he or she qualifies for participation in *Family Matters*. Refer to the [description of the YSET](#) above. Only youth at a secondary or tertiary level of risk are eligible to participate in the intervention.
- Provide the family with key baseline information about the youth's self-reported behaviors and attitudes and indicate how the youth perceives family relational dynamics and patterns. This information complements the Counselor's multi-level assessment.

#### YOUTH RISK LEVELS

*Family Matters* distinguishes these risk levels for youth:

**Primary Risk:** The general population of youth aged 10–29 in crime-affected areas.

**Secondary Risk:** Youth aged 10–17 at higher risk for becoming a perpetrator of or victim of crime and violence.

**Tertiary Risk:** Youth who are or have been in conflict with the law (e.g., those serving time in juvenile detention).



***Understanding the YSET***

The YSET assessment is administered to the referred youth in Phase 1 (YSET I) as a baseline. The same assessment is then administered again after six months (typically in Phase 7) to evaluate progress (YSET R). The YSET is a rigorous 150-question survey developed as a diagnostic tool by academics and experts in Family Psychology and Family Systems Theory. Using 17 scales, it measures nine risk factors that have been determined to be predictive of behaviors associated with crime and violence in the Caribbean context. The risk factors predict how likely a youth is to adopt such behaviors. The minimum threshold (score) for eligibility, or “cut point,” is established to select youth at the highest level of risk for engaging in a range of delinquent behaviors (those at a secondary or tertiary level of risk).

The YSET assessment conducted by family counselors contains questions from all 17 scales to measure overall risk levels. However, when evaluating the YSET results and designing Action Plans, counselors are only required to use the four key YSET scales most relevant to implementation:

- Scale A: Anti-Social Tendencies
- Scale B: Weak Parental Supervision
- Horizontal Family Scale
- Vertical Family Scale

For more information, refer back to the description of the YSET in the Overview section.

***Time and location***

The YSET Interview lasts 60 to 75 minutes. This does not include time for preparation, travel, and set up. The interview requires a face-to-face meeting between the assigned family counselor and the referred youth in an appropriate space (see Step 1 below).

***Protocol***

The Structured YSET I Interview is a formal and rigorous procedure using a questionnaire administered via a computer tablet that requires the following main tasks:

- Counselors precisely follow the script of questions, while adhering to the structured answer format.
- Counselors observe and record digitally the interviewee’s emotional and behavioral responses in the relevant sections of the instrument.
- Counselors upload the data to a cloud-based server for scoring by an external third-party YSET scoring expert.
- Counselors receive the results of the evaluation of the youth’s risk level based on which Counselors make the eligibility decision. Counselors should adhere as closely as possible to the protocol steps below.

***Step 1: Prepare for the interview***

- Review textbox “Best Practice in Conducting the YSET Interview.”
- Become familiar with the YSET questionnaire, guidelines for its administration, and the uses of the data.
- Learn to use the computer tablet properly, including recording responses, moving from question to question, storing the tablet securely, and transmitting data.
- Practice your introduction.
- Allocate an appropriate space for the interview for **duration of up to seventy-five minutes**. Counselors often conduct the interview in the index youth’s home to ensure privacy, but you may also choose a neutral space outside the home, such as a school or community center. The space should be private, quiet, and as free from interruptions as possible. When multiple interviews are taking place in one large space, it is important to ensure privacy so dialogue cannot be heard and facial expressions of the interviewer or the interviewee cannot easily be detected.

- Plan any other logistical arrangements (e.g., transportation mode and time).
- Make sure your computer tablet is charged.
- Set aside 60 to 75 minutes for each interview, not including travel/set up time. Be on time for the interview.

## BEST PRACTICE IN CONDUCTING THE YSET INTERVIEW

Good interviewers are:

- **Non-Judgmental** – They remain neutral and avoid interviewer’s bias.
- **Professional** – They are polite and adhere to the protocols.
- **In Control** – They do not allow the respondent to hurry the interview or go on tangents.

### *Interviewer bias*

Interviewers may influence how respondents answer their questions in three ways:

- **Style Bias**, e.g. non-professional style of clothing or makeup.
- **Nonverbal Bias**, e.g. a raised eyebrow, an expression of shock, or a knowing smile.
- **Verbal Bias**, e.g. straying from the script, making side comments, or praising answers.

### *Confidentiality*

Protecting the rights, privacy, and confidence of all individuals from whom information is collected is a core value of *Family Matters*. Treat the information gathered during the YSET interview as confidential. Do not share respondent names, family information, or anything else that was discussed. Do not delegate the administration of the interview without the approval of a supervisor. Do not discuss your *Family Matters* work with anyone except for authorized *Family Matters* staff.

### **Step 2: Immediately before the interview**

- Communicate to the caregivers that the interview is confidential and takes place between the counselor and the index youth only.
- Verify that the family agreed to be referred to the program and that the referred youth will participate in the interview.
- Verify that a parent, caregiver, or other person representing the referred youth has given written consent for the youth to be interviewed. Ensure that the name of the youth matches the name on the consent form.
- Verify the availability of the allocated space for the duration of up to 75 minutes.

### **Step 3: Have a brief introductory conversation with the referred youth**

Establishing rapport with the youth will facilitate the interview. Each youth and each Counselor have different ways of establishing rapport, so there is no quantifiable rule for how to do this. However, these guidelines from past experience may be helpful.

1. Be professional and pleasant.

Introduce yourself. Use simple and age appropriate language and refer to the YSET as an interview rather than an assessment to avoid suggesting that the youth will be graded or judged. For example:

*“Good to meet you Mary, my name is Jane, and I work with Family Matters. I would like to interview you to find out more about you, your friends, your family, and how you feel about your community and your safety.”*

2. Tell the youth beforehand what will happen during the interview so they are reassured and know what to expect. For example:

*“The interview lasts about one hour. I will ask you questions, and you can choose from multiple answers. It is not an exam. There are no right or wrong answers, and I want you to be as honest as you can. What is discussed between us is confidential. This means I am not allowed to tell your parents, teachers, or anyone the information we discuss. However, if you tell me anything that I think is harmful to you or places you or anyone in danger of being harmed, then I will have to protect you or them. Do you understand? You can stop the interview at any time you choose. Do you understand? Do you have any questions for me? Do you agree to this interview? OK, let’s get started.”*

**Step 4: Follow the YSET interview protocol**

During the interview, Counselors must strictly follow the following protocol to ensure proper data gathering and accuracy of the final score.

1. Verify that you have the correct unique identifier (alphanumeric code) assigned to the interviewee, and enter it into the appropriate field. To ensure privacy, the name of the youth should not be entered into the form.
2. Confirm for the interviewee the time that it will take to complete the interview (approximately 1 hour).
3. Read the instructions on the instrument as they are written without adding synonyms or changing words.
4. Adhere strictly to the order of the questions. Do not skip questions or scales.
5. In the interest of ensuring that the interviewee understands a question, you may use only the synonyms provided by the instrument.
6. Document all “non-scripted” statements made during the interview, including those that were made in the interest of clarifying questions. There is space on the instrument for documenting those comments.
7. Observe and document the interviewee’s emotional and behavioral responses in the space allotted in the instrument.
8. Accept only answers defined within the instrument itself. If a youth says “Maybe,” or “I do not know,” show the option within the instrument and say, “of these answers, which would you choose?”
9. Do not assume or interpret the answer if the interviewee says “I do not know,” and avoid stating “so does that mean no.”
10. Only answers selected by the interviewee are accepted. The interviewer should not select answers for the youth, ever!
11. Always ensure the youth knows what options or types of answers are available for that set of questions. This can be done by showing the potential answers on the tablet and having the index youth choose. It is important to ensure the youth clearly understands the answers available. There are multiple groups of answers on the survey instrument, many of which are very similar but contain important variances, such as:
  - Always, Often, Half the time, Rarely, and Never
  - **Almost always**, Often, Half the Time, Rarely, Never
  - Always, Often, Half the time, Rarely, and **No worries**
12. If there are questions that the youth stated he or she did not feel comfortable answering, don’t press for answers but do note observations in the space allotted in the instrument.

Common issues Family Counselors may encounter during the interview:

- **Youth has difficulty understanding a concept or providing an answer.**

To avoid influencing a respondent's answer, do not define the concept for a respondent. Instead, help respondents arrive at an answer for themselves. If the interviewee says that they do not understand what is being asked in a question or do not seem to be able to answer, use the following options to clarify:

1. Pause and allow the youth to take time to think about the answer, while maintaining neutral eye contact.
2. Repeat the question.
3. Clarify the question by using the synonyms that accompany the instrument.
4. Make neutral requests for more information, such as *"please tell me more," "what else," "what do you think is meant by . . .," "how do you mean that,"* and *"what is your best estimate?"* Avoid giving your own subjective examples.
5. As a last step, document the prompts that helped the youth understand the question in the space provided in the instrument. This will contribute to the program's learning feedback loop and help the team better understand the thought processes of youth to develop interview language that resonates with them.

### YSET INTERVIEW EXAMPLE: UNDERSTANDING THE WORD "DANGEROUS"

Counselor asks question DE18: "Sometimes I like to do something dangerous just for the fun of it" and asks the youth to choose one of the possible answers listed in the instrument.

Youth remains silent.

Counselor pauses and retains neutral eye contact.

**Youth:** "What do you mean by dangerous?"

Counselor clarifies the question using the synonyms provided in the instrument: "Dangerous means risky, not safe."

**Youth:** "I still don't understand what you mean by dangerous."

**Counselor:** "What do you think is meant by dangerous?"

**Youth:** "I'm not sure."

**Counselor:** "What activities would you consider to be safe?" "Does that help you better understand what dangerous means?"

Note that the interviewer does not provide a definition for "dangerous" beyond what is listed in the survey instrument. Instead, the interviewer asks neutral clarifying questions to help guide the youth to an answer.

- **Youth responds with "I don't know."**

A youth may answer with "I don't know" to fill silence while they think, in which case, the Counselor should remain silent and give the youth time to answer. The youth also may fear giving the wrong answer or may be uncomfortable with the question. In this case, remind the youth that there is no right or wrong answer and, if appropriate, remind the youth of the confidentiality policy. Document additional prompts and/or emotional response of the youth in the space allotted in the instrument.

- **Youth refuses to answer a question.**

Remind the youth that their answer will be confidential. If they still are adamant that they do not want to provide an answer, ask them if they would like to move on to the next question and mark "refused" on the

tablet. Document any additional prompts and/or emotional response of the youth in the space allotted in the instrument.

- **A question prompts a traumatic disclosure.**

The YSET has questions that may prompt disclosure of traumatic experiences, such as a death of a loved one, sexual abuse, feelings about self-harm, and bullying. If this occurs, take a moment to acknowledge the disclosure with a statement such as “thank you for sharing that with me” and give the youth a moment before proceeding. Avoid statements such as “that must have been so hard” or “I know how you feel.”

- **Answers to questions EG77A and EG77B are inconsistent.**

Check answers to question EG77A *How old is the youngest friend in your group?* and EG77b *How old is the oldest friend in your group?* The age given by the youth for answer EG77A (youngest friend) cannot be higher than the age given in EG77B (oldest friend). If there is a discrepancy, use neutral prompts (such as “please tell me more,” “what else,” “what do you think is meant by . . . .” “how do you mean that,” and “what is your best estimate?”) to obtain the correct information and document it in the space allotted in the instrument.

#### **Step 5: Complete the post-interview checklist**

Once the YSET assessment is complete:

- Politely end the interview.
- Add any additional observations.
- Upload the information!

#### **Step 6: The YSET scoring process**

Once the Counselor has uploaded the answers, a trained YSET scorer generates the scores and sends a feedback report to the Family Counselor. The score will identify whether a youth is at a primary, secondary, or tertiary level of risk. Counselors can refer youth at a primary level of risk to existing programs with a primary prevention focus, if possible and appropriate. Youth at a secondary or tertiary level of risk are eligible to participate in the *Family Matters* intervention.

The YSET I assessment establishes a baseline of the individual youth’s risk level. After six months of treatment, a second YSET (YSET R) is administered. The YSET R contains exactly the same questions as the YSET I. It provides a measure of progress and complements the other assessments and evaluations that Counselors undertake, such as the FACES assessment, observations of relational patterns, and information provided by referral sources. The totality of these sources forms the basis of the Counselor’s analysis of the family’s functionality and cohesion that the Counselor will support, strengthen, and continue to assess over the course of the following phases.

### **Activity 4: Complete the FACES assessment to evaluate the family’s functionality and cohesion**

#### **Purpose**

The Assessment via FACES measures the family’s functionality and cohesion as perceived by the Counselor. FACES is not used to determine eligibility for *Family Matters*. It enhances the Counselor’s ability to track and reinforce positive relational patterns within the family that motivate youth to adopt safe behavior. As such, the use of the FACES reinforces the Counselor’s ability to think systemically. Regular FACES assessments also help counselors expand their scope of focus beyond behavioral issues expressed by an individual youth and think about cases in terms of the family system. Consequently, it is important for counselors to integrate FACES results into their dialogues with their families and their process for designing family tasks.

The FACES diagnostic is comprised of 62 questions that measure how the family functions, which Counselors answer on their own, based on their subjective observations. During Phase 1, the Counselor will fill out the questionnaire based on the results of the referral, caregiver, and YSET I interview. During Phases 2-7, the Counselor will perform the assessment again in every phase, each time based on his or her own observations to look for progress and ensure their findings are captured in the MFD.

**Duration**

15 to 20 minutes.

**Protocol**

- Understand the various family functions that each scale of FACES is measuring and constantly monitor these functions as interaction with the family occurs. See FACES IV & the [Circumplex Model](#) in Readings.
- Complete the FACES assessment. Rate the family’s current level of functioning based on his or her observations using a Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). See example FACES scales below.
- These sample questions were selected because they are particularly relevant in Phase 1. However, you always should keep in mind all scales of FACES and score all the FACES questions throughout all Phases. Although you may focus your attention on some specific questions at a given point in the process, you should always keep in mind the entire breadth of indicators. You will continue to revisit the comprehensive list of FACES questions to evaluate the family’s functionality and cohesion. Throughout the following phases, you will track the scores of individual questions to evaluate the family’s progress.
- Enter the baseline scores that you have given into the MFD.

The completion of the FACES diagnostic makes up the last element of the Multi-Level Assessment in Phase 1.

FACES — COMMUNICATION SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other’s feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

## 2. Developing an Action Plan

### Purpose

Counselors consolidate and analyze the data they have gathered during the multi-level assessment and develop a tentative intervention strategy for the family. This includes a tentative definition of the initial problem they feel the family would like to address, possible solutions to the problems, and tentative tasks that the family can engage in and complete to apply a new solution.

### Activities

1. Review four key YSET scales.
2. Complete [Phase 1 Information Form](#).
3. Redefine the problem in relational terms using the ecomap.
4. Think of solutions using Phase 1 Information Form.
5. Design initial tasks.
6. Plan to enter the family system.
7. Enter your action plan into the MFD.

#### Activity 1: Review four key YSET Scales

##### **Purpose**

During this activity, Counselors set priorities for their Action Plans using information from the YSET scales in conjunction with FACES and their observations and insights from interviews with the referral source, youth, and the family. Counselors then work with the family to develop strategies that reinforce what is going well and build consensus around addressing areas of concern that the family has expressed a willingness to improve.

Four key [YSET scales](#) have proven to be the most helpful in developing Action Plans and measuring progress for index families.

- Scale A: Antisocial Tendencies Scale
- Scale B: Weak Parental Supervision Scale
- Horizontal Family Scale
- Vertical Family Scale

All four scales are self-reported scales by the youth. The Antisocial Tendencies Scale and Weak Parental Supervision Scale relate more to individual behavior, whereas the vertical and horizontal scales relate more to relational patterns within the family. It is recommended that Counselors mainly focus their review on the three latter scales (Scale B: Weak Parental Supervision, Horizontal Family Scale, and Vertical Family Scale), as these scales take an asset-based approach that emphasizes the positive aspects in the relational patterns. The Antisocial Tendencies Scale takes a more deficit-based approach stressing problematic individual behavior exhibited by the youth. While this first scale is useful to counselors as background information, it should not form the central element of an Action Plan.

**Review YSET Antisocial Tendencies Scale (Youth Self Report)**

Answers to this scale show if the youth has respect for the feelings of other people the majority of the time. The behaviors explored through this scale can provide Counselors with a good starting point for engaging with the index youth and their family. The behaviors measured by the Antisocial Tendencies scale can often (but not always) be addressed in isolation from other behaviors and can therefore yield quick results. This is congruent with the Family Matters approach, which looks to first start working with “low hanging fruit” or behaviors that are relatively easier to change and that the family is willing to collaborate around. The idea is to gain the trust of the family though demonstrating quick results, which builds momentum and the family’s confidence in the process, the counselor, and the youth, thereby enabling the Counselor to address more difficult issues, as the intervention progresses. This is not a general rule, though. A Counselor’s observations may indicate that it is easier to start with a challenge from another scale.

YSET SCALE A: ANTISOCIAL TENDENCIES		
Possible answers: Always, Often, Half the time, Rarely, Never		
No.	Question	Response
A1	I try to be nice to other people because I care about their feelings.	
A2	I get very angry and “lose my temper”.	
A3	I do as I am told.	
A4	I try to scare people to get what I want.	
A5	I get accused of not telling the truth or cheating.	
A6	I take (steal) things that do not belong to me, from other people.	

When reviewing the scale:

- Identify those behaviors from the scale that the youth can improve, e.g., if he or she answered “Never” to question A3: *I try to be nice to other people because I care about their feelings*, this would be something the youth could work on.
- Check if other sources have confirmed that this behavior is problematic, e.g., the youth is never nice to others and expresses a desire to improve his kindness, so you could identify this area as a tentative problem to work on.

**Review YSET Scale B: Weak Parental Monitoring Scale (Youth Self-Report)**

Answers to this scale indicate how the youth perceives the relational sequences between themselves and the caregivers. The behaviors addressed by these questions are therefore good starting points for strengthening horizontal links among family members.



YSET SCALE B: WEAK PARENTAL SUPERVISION		
Possible answers: Always, Often, Half the time, Rarely, Never		
No.	Question	Response
B7	When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.	
B8	When I go out, I return at the time my parent asks me to come home.	
B9	When I am not at home or at school, my parents or guardians know where I am.	
B10	When I am not at home or at school, my parents or guardians know who I am with.	
B10.1	Even if my parents (or guardians) do not ask, I tell them where I am going.	
B10.2	My parent or guardian cares about where I go and what I do.	

When reviewing the scale:

- Identify areas of concern. For example, if the youth responded “Rarely” or “Never” to the sample questions above, continue to assess this domain and check whether other sources indicated the same.
- Think of tasks that can connect the horizontal and vertical family dimension or can be mutually reinforcing. If the youth’s answers show that weak parental monitoring is an area of concern, develop both horizontal and vertical tasks that support, challenge, reorganize, and solidify the caregivers’ approach to supervising the youth. For example, a counselor may encourage a grandmother to come over while parents are at work to help three siblings prepare dinner. This ensures supervision for the children and exposes the youth to vertical contacts. Refer to *Prescribing* in the [Catalogue of Strategic Counseling Techniques](#) for more information on assigning tasks.

#### **Review YSET Vertical Family Scale (Youth Self-Report)**

Answers to this scale indicate how strong the family’s vertical links are, i.e. to what extent they share multi-generational assets. Identify which vertical members are the most active in maintaining and nurturing the links. For example, if the youth answered “Very Often” to question FS101: *Do you visit members of your family who are older than your parents or guardian?* and indicates that he often sees his great aunt, the Counselor can leverage that relationship. The Counselor can approach the great aunt, encouraging her to enter the family system, i.e., build strong relationships with other family members.

YSET SCALE: VERTICAL FAMILY		
Possible answers: Very Often, Often, Sometimes, Rarely, Never		
No.	Question	Response
FS100	Do your parents or guardian talk with you about things your elders have done in the past? (Elders are a grandmother or grandfather, great uncle or aunt, older cousin or other older relative.)	
FS101	Do you visit members of your family who are older than your parents or guardian? (like a grandparent, great uncle or aunt, or other older relative)	
FS102	Have you heard stories about the lives of members of your family who are older than your parents or guardians?	
FS103	Do you get together with your family or your guardian to look at pictures or photos of older family members?	
FS104	Does your family or guardian talk about things that older family members did that make you proud?	

When reviewing this scale identify areas in which vertical links are already strong. These are good areas around which to assign initial tasks, as the family is likely to be able to easily carry out these tasks.

**Review YSET Horizontal Family Scale (Youth Self-Report)**

These answers give insight into the horizontal links that exist among family members residing in the home. These relationships often are more intense than the vertical ones. Living together requires constant negotiation around all types of family routines, which means that it's easier for family members to get on each other's nerves. The YSET horizontal patterns reported by the index youth can be used by the Counselor as a point of departure in designing tasks.

YSET SCALE: HORIZONTAL FAMILY		
Possible answers: Very Often, Often, Sometimes, Rarely, Never		
No.	Question	Response
FS91	The adults in my family are in charge and make the important decisions for my family.	
FS92	When adults are not around, a brother, sister, cousin, or some other older family member is in charge.	
FS92.1	When adults are not around, I am in charge.	
FS93	There are consequences if family rules are broken.	
FS94	Family rules are applied consistently to all family members.	
FS95	Family rules are fair.	
FS96	I can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.	
FS97	I have chores to do for my family.	
FS98	There is a clear separation between the adults and children in my home. For example, I have my own room or sleeping space, my own clothes, and my own activities.	

When reviewing this scale identify areas that are strong and can be built upon or areas that might be of concern but where some progress has already been made.



Pick behaviors or problems that need to be improved, yet already demonstrate partial effort the family is making. For example, the index youth may tell the parents where he or she is going but may not text to let them know where he or she is or if he or she has gone somewhere else. Or, the index youth may actually send a text, but the parents may not respond to the text. Choosing something that the family is already doing but could be improved is a good start in building the family's problem-solving confidence. It also is important to select a challenge that you think the family is willing to collaborate around, which contributes to building family cohesion and creates positive momentum.

The four YSET scales are only one source of information on which Counselors base their action plan. They will put their ideas based on the scales in context during Activity 2, which follows, when they bring together all the data gathered to date.



### FAMILY COUNSELORS START BUILDING RAPPORT

with family members as early as possible to ease the process of entering the family system. Photo by Waqas Mahmood.

#### Activity 2: Complete Phase 1 Information Form

The Phase 1 Information Form consolidates the information gathered from the following sources:

- 1) The Referral Source, which gives the Counselor a sense of the problematic behaviors exhibited by the index youth as seen through the lens of the referral source.<sup>3</sup>
- 2) The Counselor's observations on the composition of the family and the index youth's problem behavior as reported by the family member or caretaker signing the Parental/Caretaker Consent Form.
- 3) The FACES assessment filled out based on the counselor's observations.
- 4) Information gathered from the review of the four YSET scales in the previous activity.

Counselors use the [Phase 1 Information Form](#) to synthesize the data. The Counselor will regularly come back to this data throughout Phases 2 through 6. The Counselor will complement it with additional information gathered from the youth and family and his or her own observations during each meeting.

#### **Timing**

Complete Phase 1 Information Form **before** the Phase 1 Strategy Meeting.

#### **Complete Section A - Family Composition**

Based on information gathered from all sources thus far, list all “horizontal” and “vertical” family members that have been mentioned in the designated location on the form. Refer back to the definition of horizontal and vertical family in [Key Concepts](#), if necessary.

Below is an excerpt of the Phase 1 Information Form, Section A.

### A. FAMILY COMPOSITION (COUNSELOR OBSERVATIONS)

Living in the household (Horizontal)					
	First name	Age	Gender	Relation to youth	Occupation or activity
Index Youth					
Primary caretakers(s)					
Other adults					
Other children					
Living elsewhere (Vertical)					
First name	Age	Gender	Relation to youth	Place of residence (same town, same country, or abroad)	

**Complete Section B – Problems and Solutions**

- Section B contains information about the problematic behavior that referral sources and caregivers have identified and solutions that have been tried.
- List each behavior identified and mark who mentioned this behavior and how long it existed.
- Mark each solution attempted.
- Identify which family members have attempted solutions.
- Identify if the referral source has attempted solution.

An excerpt of the Phase 1 Information Form, Section B is on the following page.

## B. PROBLEMS AND ATTEMPTED SOLUTIONS (COUNSELOR OBSERVATIONS)

Presenting problem	Mentioned by		How long has the problem existed
	Referral source	Family	
Not following directions			
Lying			
Bad behavior at school			
School truancy			
Not studying			
Leaving without permission			
Coming home too late			
Bad company			
Alcohol use			
Drug use			
Destroying property			
Stealing			
Fighting			
(other)			
(other)			

Solutions attempted by the family	
Nothing	
Physical force	
Yelling	
Scolding	
Threatening	
Grounding	
Taking away things	
Rewarding good behavior	
Having a conversation	
Giving advice	
(other)	
(other)	



### FAMILY COUNSELORS

believe that strengthening the family system is the key to reducing risk factors among 'at risk' youth". Photo by Kathy McClure.

**Complete Section C – Positive Youth Qualities**

- Section C contains information about positive behavior of the youth, as identified by referral sources and caregivers.
- List positive youth qualities and document the source that reported the positive behavior in the appropriate column.

Below is an excerpt of the Phase 1 Information Form, Section C.

**C. INDEX YOUTH POSITIVE QUALITIES (COUNSELOR OBSERVATIONS)**

Positive qualities	According to	
	Referral source	Family

Positive qualities	According to	
	Referral source	Family

**Complete Section D – The FACES Flexibility Scale**

Transcribe the scores you attributed to the family based on your own observation of the following FACES questions found in Section C of the Phase 1 Information Form shown below.

**D. FACES FLEXIBILITY SCALE (COUNSELOR OBSERVATIONS)**

Question	Rating (1-5)
2 Our family tries new ways of dealing with problems.	
8 Parents equally share leadership in our family.	
14 Discipline is fair in our family.	
20 My family is able to adjust to change when necessary.	
26 We shift household responsibilities from person to person.	
32 We have clear rules and roles in our family.	
38 When problems arise, we compromise.	

**Complete Section E through H – Index Youth Self Report on Four YSET Scales**

List the index youth’s YSET answers on the specific YSET questions listed in sections E through H.

**E. INDEX YOUTH SELF REPORT – YSET ANTISOCIAL TENDENCIES SCALE**

Question	Answer
A1 I try to be nice to other people because I care about their feelings.	
A2 I get very angry and “lose my temper”.	
A3 I do as I am told.	
A4 I try to scare people to get what I want.	
A5 I get accused of not telling the truth or cheating.	
A6 I take(steal) things that do not belong to me, from other people.	

## F. INDEX YOUTH SELF REPORT – YSET WEAK PARENTAL SUPERVISION SCALE

Question		Answer
B7	When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.	
B8	When I go out, I return at the time my parent asks me to come home.	
B9	When I am not at home or at school, my parents or guardians know where I am.	
B10	When I am not at home or at school, my parents or guardians know who I am with.	
B9.6	My parent or guardian cares about where I go and what I do.	

## G. INDEX YOUTH SELF REPORT - YSET VERTICAL SCALE

Question		Answer
FS100	Do your parents or guardian talk with you about things your elders have done in the past? (Elders are a grandmother or grandfather, great uncle or aunt, older cousin, or other older relative.)	
FS101	Do you visit members of your family who are older than your parents or guardian? (like a grandparent, great uncle or aunt, or other older relative)	
FS102	Have you heard stories about the lives of members of your family who are older than your parents or guardians?	
FS103	Do you get together with your family or your guardian to look at pictures or photos of older family members?	
FS104	Does your family or guardian talk about things that older family members did that make you proud?	

## H. INDEX YOUTH SELF REPORT - YSET HORIZONTAL SCALE

Question		Answer
FS91	The adults in my family are in charge and make the important decisions for my family.	
FS92	When adults are not around, a brother, sister, cousin, or some other older family member is in charge.	
FS92.1	When adults are not around, I am in charge.	
FS93	There are consequences if family rules are broken.	
FS94	Family rules are applied consistently to all family members.	
FS95	Family rules are fair.	
FS96	I can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.	
FS97	I have chores to do for my family.	
FS98	There is a clear separation between the adults and children in my home. For example, I have my own room or sleeping space, my own clothes, and my own activities.	

**Activity 3: Redefine the problem in relational terms using the ecomap**

**Purpose**

During this activity, Counselors reconsider the perceived problematic behavior of the youth within the larger system of the family. They analyze how the youth’s behavior is connected to the larger relational patterns within the family, i.e., what actions of other family members condition the behavior.

**Step 1: Identify the problem as communicated by the family**

Referral sources and caregivers usually present the problem as a complaint about the index youth’s behavior. Refer back to [Phase 1 Information Form](#) Section B and list the behavior family members complain about.

Undesirable behavior of youth as identified by family:	Check if applicable
Not following directions	
Lying	
Bad behavior at school	
School truancy	
Not studying	
Leaving without permission	
Coming home too late	
Bad companies	
Alcohol use	
Drug use	
Destroying Property	
Stealing	
Fighting	
Etc.	

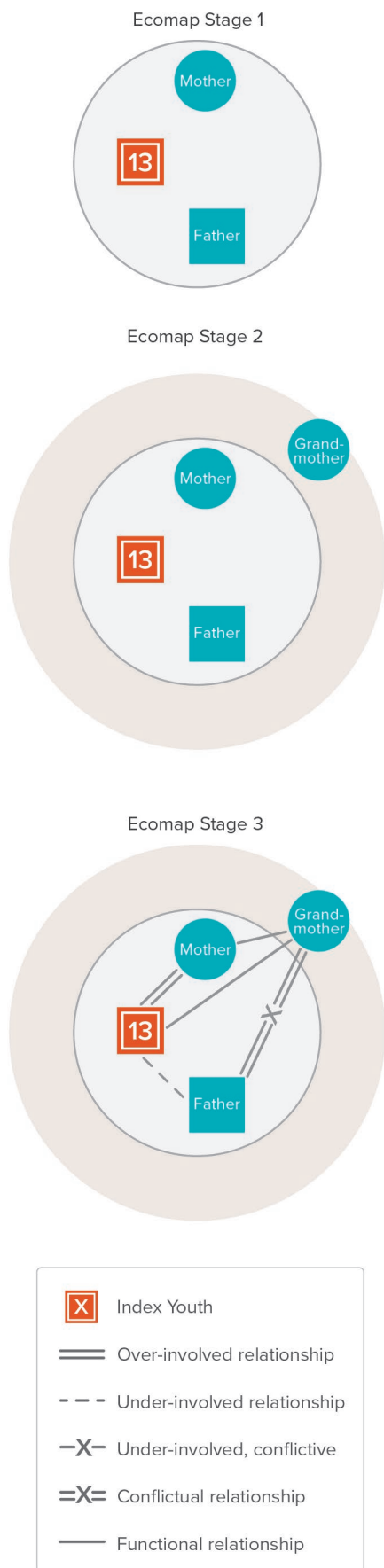


**FAMILY COUNSELORS**

draw upon many resources and data points to get a better understanding of how families function and the problems they face. Photo by Waqas Mahmood.



**Figure 1B:** *Creating an Ecomap*



**Step 2: Draw a preliminary ecomap**

The ecomap gives a full picture of the youth’s network of relationships and the key stakeholders they can mobilize to change the problematic behavior.

To draw the ecomap:

- Use Section A of Phase 1 Information Form to draw a preliminary ecomap on a whiteboard or piece of paper.
- Place the youth (circle for female, square for male) at the center of the map. Indicate the name and age of the youth inside the circle or square.
- Draw circles and squares around the youth, representing horizontal family who live in the household, indicating name, ages, and relation (e.g., mother, stepfather, grandmother, brother, sister, etc.).
- Draw a circle around the group. See Figure 1B Stage 1.
- Outside the household circle, add vertical family who are people listed as “living elsewhere” in Section A - Family Composition of the Phase 1 Information Form. See Figure 1B Stage 2.
- Use the lines and symbols outlined in [The Genogram](#) in Readings to mark the relational patterns among family members. See Figure 1B Stage 3.

**Step 3: Place the problem within the context of the youth’s relational network**

Remember that although caregivers may have labeled the index youth as “the problem,” the youth’s behavior occurs within a larger relational pattern that involves several members in the family.

- Place the problem within the context of the youth’s relational network. For instance, if the index youth is not going to school, his or her behavior might be motivated by a desire to rebel against his or her mother who is encouraging him or her to go to school. It could be further complicated by the lack of involvement of his or her father who is not reinforcing what the mother is saying.
- Refrain from framing the behavior as something faulty inside the youth. For example, do not conclude with statements such as: “the youth has attention deficit disorder,” “the youth has an impulse control disorder,” or “the youth has post-traumatic stress syndrome.” Such conclusions are stigmatizing for the youth and counterproductive for identifying and transforming the relational patterns in which the behavior occurs. These types of statements also use pathology-based language to describe what could be typical adolescent behavior, thereby over-pathologizing it.

## THE STORY OF ASEAN: PLACING BEHAVIORAL PROBLEMS IN A RELATIONAL CONTEXT

In a community in St. Kitts, seventeen-year old Asean and his family have just 'graduated' from Family Matters and several behavioral challenges have now resolved substantially. Asean is now aware that he was taking out his anger towards his father on the entire family. Discussions with Asean's dad made him recognize how his absence in Asean's life was impacting his son. Together with their family counselor, the family has found ways to improve the relationship between the boy and his father, and this has helped Asean in all aspects of his life. One of his rewards will be permission to return to playing soccer, a sport which he loves. Kerinda, their Family Counselor, marked the closure of their intervention cycles by sharing an avocado seed which Asean will plant in the yard at the family's home, ever-expanding to accommodate the three generations that live there. The avocado seed was carefully selected to honor the strength and abundance of their multi-generational family and to remind them that, like the avocado tree, their family is resilient enough to withstand any storm. Asean's family all speak glowingly of his improved behavior and have become champions themselves for *Family Matters*.

Steps that Kerinda, the *Family Matters* counselor, undertook to improve the relational pattern between Asean and his father include:

- Contacting the father via telephone, explaining the program along with the Twelve Practice Premises and then arranging for a face-face meeting with the father to discuss his potential participation in the intervention.
- In one of the Family Meetings, the counselor proposed the possibility of the father attending a subsequent Family Meeting. Everyone came to a consensus that the father could attend the Family Meetings moving forward.
- When the father could not attend the Family Meetings due to his work schedule, the counselor arranged for a separate meeting between Asean and his father to rekindle their relationship.
- A schedule was then set-up for Asean to spend weekends with father.
- The Family Counselor regularly informed the father of tasks assigned to Asean and the father played a role in ensuring that Asean completed the tasks.



Asean (L) and his Grandmother (R). Photo by: Kathy McClure.

**Activity 4: Think of different solutions using Phase 1 Information Form**

- Identify the solutions the family has already attempted by referring to the [Phase 1 Information Form](#). Also, consult [Learning about the Family, from the Family](#) in Readings.
- Understand what type of solution the family is implementing (see textbox and Table 1A) and the limitations of each solution.
- Think of solutions that can change the patterns and activate alternative patterns that motivate the youth to behave differently. This approach requires getting the family, in particular the executive sub-system, on board and making them understand they must be part of the solution to the behavior. See table 1A for examples.

**Table 1A:** *Categories of caregiver solutions applied to a youth who is not attending school*

TYPE OF SOLUTION	DESCRIPTION	EXAMPLE
<b>Inaction</b>	Caregiver does not take any action to address the problem.	The caregiver goes to work early in the morning and expects that the index youth, a sixth grader, will get up, eat something, and get to school on time. Despite the fact that the strategy is not yielding good results, the caregiver continues to expect that at some point the youth will somehow become more responsible.
<b>“More of the same”</b>	Caregiver applies the same solution but in different dosages.	The caregiver already tried not allowing the youth to play soccer, not allowing the youth to go out with friends, yelling, corporal punishment, and taking away things that the youth enjoys. Despite the fact that it is not effective, the caregiver continues applying the same suppression type solutions but in different dosages.
<b>“Scared straight”</b>	Caregiver applies a solution that is supposed to scare the youth, but the caregiver does not actually have the power to implement this solution and, in most cases, the youth knows that.	The caregiver threatens to send the youth to a foster home, a juvenile detention facility, or a nonexistent rehabilitation center.

**Example: Thinking of different solutions to encourage a youth to attend school.**

The following table lists some examples of solutions that the family might currently be applying and ideas for alternative solutions that the Counselor could suggest.

**Table 1B:** *Examples of current and alternative solutions to address problematic behavior*

CURRENT INEFFECTIVE SOLUTIONS APPLIED BY THE FAMILY	ALTERNATIVE SOLUTIONS PROPOSED BY THE COUNSELOR
Nothing Physical force Yelling Scolding Threatening Grounding Taking things away	Rewarding good behavior Having a conversation Giving advice Negotiating



### FAMILY COUNSELORS DESIGN TASK

aimed at changing individual behaviors and relational patterns within the family, while also bringing family members closer together. Photo by Waqas Mahmood.

#### Activity 5: Design initial tasks

##### **Purpose**

Family tasks are a key element of the *Family Matters* intervention strategy. Through the tasks, Counselors change individual behavior and relational patterns within the family and reinforce family cohesion. As a result, the family is in a better position to exercise its protective functions. During Phase 1, Counselors define a tentative list of tasks and refine them during the first Strategy Team meeting. They revisit this list during Phase 2, when they have interacted more frequently with the family and consulted with their Strategy Team. Counselors start assigning the revised tasks to the relevant family members in the latter part of Phase 2. See also *Prescribing* in the [Catalogue of Strategic Counseling Techniques](#).

An effective intervention strategy connects *horizontal tasks* and *vertical tasks* so that they are mutually reinforcing. Horizontal and vertical tasks have slightly different objectives. Horizontal tasks aim at strengthening the relational family patterns that change the youth's undesired behaviors within the home. Vertical tasks aim at strengthening the family's cohesion across multiple generations, including members within or outside of the home.

##### **Closely review Phase 1 Information Form**

On [Phase 1 Information Form](#), look especially at the [YSET Scale B Weak Parental Supervision Scale](#), the [YSET Horizontal Family Scale](#), the [YSET Vertical Family Scale](#), and the [FACES Flexibility scale](#). The scales provide the list of key behaviors and relationship patterns that *Family Matters* reinforces.

##### **Design A Horizontal Task**

- *Select a behavioral problem in which you think the family would be interested in collaborating.*  
The problem should relate to a behavior that the family and ideally also the youth perceive to be currently insufficient and that they are willing to collaborate around. Family members should be able to address

the behavior in a simple, straight-forward, and practical way and experience an improvement in shared problem-solving skills and shared leadership. Through selecting a problem that is relatively easy to address, the Counselor is able to build positive momentum that can be leveraged to address additional behavioral challenges/problems. The family should feel at ease discussing this problem with the Counselor and should not perceive it as invasion of their privacy. To identify the problem, consult the list of problems that have been reported by the family as problematic on Phase 1 Information Form Section B and screen the answers to the YSET Weak Parental Supervision Scale. At first, choose a problem that is more related to the behavior of the youth rather than the behavior of other family members.

Below is an excerpt of the Phase 1 Information Form, Section B. **Note the problem that has been selected** is the youth leaving the house without permission and without informing his or her caregivers of his whereabouts.

**B. PROBLEMS AND ATTEMPTED SOLUTIONS (COUNSELOR OBSERVATIONS)**

Presenting problem	Mentioned by		How long has the problem existed
	Referral source	Family	
Not following directions			
Lying			
Bad behavior at school			
School truancy			
Not studying			
<b>Leaving without permission</b>	<b>X</b>	<b>X</b>	
Coming home too late			
Bad companies			
Alcohol use			
Drug use			
Destroying property			
Stealing			
Fighting			

Solutions attempted by the family	
Nothing	
Physical force	
Yelling	
Scolding	
Threatening	
Grounding	
Taking away things	
Rewarding good behavior	
Having a conversation	
Giving advice	

YSET SCALE B: WEAK PARENTAL SUPERVISION			
Possible answers: Always, Often, Half the time, Rarely, Never			
No.	Question	Response	Choose if applicable
B7	<b>When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.</b>	<b>Rarely</b>	<b>X</b>
B8	When I go out, I return at the time my parent asks me to come home.	Half the Time	
B9	When I am not at home or at school, my parents or guardians know where I am.	Half the Time	
B10	When I am not at home or at school, my parents or guardians know who I am with.	Rarely	
B10.1	Even if my parents (or guardians) do not ask, I tell them where I am going.	Often	
B10.2	My parent or guardian cares about where I go and what I do.	Often	

- *Select a horizontal relational pattern that the family seems willing to address, therefore making it easy to reinforce.*  
Choose this pattern from either the YSET Horizontal Family Scale or the FACES Flexibility Scale or from both. For example:

<b>YSET SCALE: HORIZONTAL FAMILY</b>			
<b>Possible answers: Very Often, Often, Sometimes, Rarely, Never</b>			
<b>No.</b>	<b>Question</b>	<b>Response</b>	<b>Choose if applicable</b>
FS91	<b>The adults in my family are in charge and make the important decisions for my family.</b>	<b>Rarely</b>	<b>X</b>
FS92	When adults are not around, a brother, sister, cousin, or some other older family member is in charge.	Rarely	
FS92.1	When adults are not around, I am in charge.	Rarely	
FS93	There are consequences if family rules are broken.	Sometimes	
FS94	Family rules are applied consistently to all family members.	Rarely	
FS95	Family rules are fair.	Rarely	
FS96	I can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.	Often	
FS97	I have chores to do for my family.	Sometimes	
FS98	There is a clear separation between the adults and children in my home. For example, I have my own room or sleeping space, my own clothes, and my own activities.	Often	

<b>FACES — FLEXIBILITY SCALE</b>			
<b>Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree</b>			
<b>No.</b>	<b>Question</b>	<b>Score</b>	<b>Choose if applicable</b>
2	The family tries new ways of dealing with problems.	2	
8	Parents equally share leadership in the family.	4	
14	Discipline is fair in the family.	2	
20	The family is able to adjust to change when necessary.	4	
26	They shift household responsibilities from person to person.	2	
32	<b>They have clear rules and roles in our family.</b>	<b>3</b>	<b>X</b>
38	When problems arise, they compromise.	3	

**The relational pattern selected to be enforced:** As seen in the FACES scores, the Counselor has observed that the family has some clearly defined roles and responsibilities, but when looking at the YSET results he or she sees there is room for improvement in this area. Based on the Counselors' interactions with the family thus far, he or she feels that this is an area where quick results could be seen. This creates momentum for positive change and could be built upon in follow-up tasks. The Counselor also feels that the family would be interested in collaborating around tasks aimed at improvements in this area.

**Draft a tentative task**

Think of a tentative task that the family can implement together to reinforce the selected pattern and deal with the problem behavior. Note the task on the Horizontal Task Form. For instance, if the youth is leaving home without telling anybody, the task might consist of the youth leaving a note when he or she is leaving home, **and** the parents or guardians reading the note.



As you design the tasks, avoid pathologizing youth. Instead, focus on leveraging the strengths and resilience of the entire family to create positive changes within the family system. Also, tasks are tailored for the unique needs of each family. Counselors use experience, creativity, and input from other Counselors to design effective tasks and intervention strategies.

**Design a vertical task**

Designing vertical tasks entails identifying members in the extended family network living outside the home that can reinforce the positive habits the family is developing within the home. These family members should be willing to participate in an activity with the youth and other home residents. The extended family members selected will be responsible for supporting the goals and objectives of the task in the role that they are assigned, playing a role in monitoring the task as agreed with the Counselor, and reporting back to the Counselor on the progress of the family in the next Family Meeting.

- *Use the YSET Vertical Scale to select a relational pattern that needs improvement or can be reinforced.* Be strategic about whether you want to go for an “easy win” to build momentum or tackle a more complex problem. Your final decision should depend on the situation of the particular family and the problems at hand. For example:

YSET SCALE: VERTICAL FAMILY			
Possible answers: Very Often, Often, Sometimes, Rarely, Never			
No.	Question	Response	Choose if applicable
FS100	<b>Parents or guardians talking with youth about things your elders have done in the past.</b>		X
FS101	Do you visit members of your family who are older than your parents or guardian? (like a grandparent, great uncle or aunt, or other older relative.)		
FS102	Have you heard stories about the lives of members of your family who are older than your parents or guardians?		
FS103	Do you get together with your family or your guardian to look at pictures or photos of older family members?		
FS104	Does your family or guardian talk about things that older family members did that make you proud?		

- *Draft a simple task that can reinforce the pattern.* Examples can be gathering photos, recipes, lists of members, or special dates for the family. Vertical tasks are most effective if they focus on something (e.g. an event, a tradition, or a celebration) that the family feels positive about and perceives to be their own search. When designing vertical tasks, your curiosity about the family’s history should not interfere with the family’s own exploration of their history.

**Connect and broaden the tasks**

The more the individual, horizontal tasks, and vertical tasks are connected and broadened the greater likelihood that they can mutually reinforce each other. For example, when families communicate well within the household

level, it is likely that their positive communication patterns spill over to interactions with extended family members living outside the home. Vice versa, increased sharing of memories with extended family members living outside the home can strengthen feelings of family cohesion within the household.

To connect and broaden tasks:

- *Choose behaviors and patterns that are congruent.* For example, clear family roles and responsibilities are congruent with youth informing family when he leaves the house.
- *Think of ways to connect the tasks.* For example, a Counselor could start with assigning a family dinner at home one per week, to which grandparents could eventually be invited, and ultimately lead to a family game night, all of which progressively increase communication and cohesion (horizontally and vertically).
- *Involve more family members.* Are there other family members that can be involved in the vertical and horizontal tasks you prescribed?
- *Increase interactions among family members.* Are there additional components that can be added or ritualized to create more interaction as the family carries out the task? For example, if family members have a hard time finding time to coordinate on a task due to busy schedules, the Counselor could task family members to start a group on a social media site (e.g. WhatsApp) and have each family member send a daily message to the group as a means of improving coordination on a task and communication.
- *Use your creativity.* There is no set rule on what task is best for a given family at a given point in time. Use your creativity and common sense to identify the right task.

Practice, memorize, and repeat this step-by-step process of defining tasks until it becomes second nature. As simple as tasks might appear, they are highly effective in changing the ways in which the family interacts.

### EXAMPLE: MUTUALLY REINFORCING VERTICAL AND HORIZONTAL TASKS

The Counselor works with Germain, a youth who lives with his mother, step-father, and two siblings. The step-father only moved into the family home a couple of years ago. He leaves the disciplining of the children mainly to the mother. The Counselor thinks it would be beneficial to increase the leadership role of the step-father within the home, so that he participates more actively in disciplining tasks (“The adults in my family are in charge and make important decisions” is a criteria from the YSET horizontal scale). She also thinks it would be useful to strengthen the cohesion of this newly assembled family through looking at photographs of family elders (this is an item in the YSET vertical family scale).

The Counselor prescribes a task that requires the entire family to spend 30 minutes twice a week looking at family photographs from different periods of time (old and new). During one 30-minute session, the mother chooses which photographs to show while the step-father chooses which photographs during the other 30-minute session.

**This task connects the vertical task of looking at multigenerational family photographs with the horizontal task of sharing leadership.**



**Summary: Designing tasks**

- Identify a problematic behavior by the index youth from the Phase 1 Information Form or YSET Scale B: Weak Parental Supervision: Leaving home without permission.
- Identify another behavior from the YSET Scale B: Weak Parental Supervision Scale to counteract the behavior: Youth will leave a note or text the parents to let them know when he or she is going out.
- Identify a horizontal pattern to be reinforced, from either YSET Horizontal Family Scale or FACES and translate into task: The family has clear role and responsibility, translating into the parents received and read the youth's message.
- Identify a vertical pattern from the YSET Vertical Family Scale to reinforce the required collaboration between the parents and the index youth: the parents will meet and share family stories that make the children proud.
- Connect and broaden tasks through choosing behaviors and patterns that are congruent, creatively connecting those behaviors and patterns, involving more family members, and increasing interactions among family members. For example, the family starts a WhatsApp group to ensure consistent communication and coordination around a task assigned by the Counselor, giving the family a tool to maintain communication after the task has ended.

**Activity 6: Plan to enter the family system**

Plan how the Counselor will introduce the service to the family.

- Determine how the Twelve Practice Premises of the model will be communicated, the importance of family participation, and how the family members present and possibly others from the extended family can help bring about change.
- Explain to the family the role of the Strategy Team and the advantage of hearing different opinions rather than just one.
- Set expected duration, number and frequency of meetings.

**Activity 7: Complete entries in the MFD**

Once Counselors have completed the Phase 1 Information form, they should have entered all the data gathered and that informs their action plan into the Model Fidelity Database (MFD). This includes:

- Relevant biographical information about the youth and the family.
- The complete Phase 1 Information Form.
- The ecomap (uploaded).
- Results from all four key YSET scales.
- Results from FACES Flexibility scale.

Throughout the intervention, Counselors continue to enter data gathered during their interactions with the youth and their families into the database on a rolling basis. All *Family Matters* Counselors working on a specific case can access the data at all stages of the intervention. This allows them to monitor and analyze the transformation of the individual youth and their families over time and ensure that the tasks they assign correspond to the areas of need identified in the assessments.

### 3. Strategy Team Meeting: Prepare for Phase 2

#### Purpose

During the Phase 1 Strategy Meeting, Family Counselors present the action plan they have developed for the youth and the family to their team members and receive feedback. The action plan is documented by Counselors in writing (there is no specific form). They will revise the action plan, if necessary. Finally, they will develop a better understanding of the family's leadership structure and prepare for their first meeting with the family. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase, so as to avoid letting too much time elapse between counselor visits and keep up momentum.

#### Activities

1. Review Action Plan with the Strategy Team and revise as required.
2. Prepare for First Family Meeting (Phase 2).

#### Activity 1: Review Action Plan with Strategy Team; revise as required

##### **Step 1: Review the Action Plan**

Discuss the following questions with your Strategy Team members:

- Does the tentative action about the family that was developed by the index Counselor in preparation for the Strategy Team make sense?
- Is the Action Plan viable? Is there a good chance it will be effective within the existing family system?
- Are there other family members that could be engaged in the index Counselor's plan?
- Does your description of family relationships provide a point of entry for joining the family system, i.e., is there a way to gain the trust required to challenge and change the family's established way of functioning? See [Joining](#) in Readings.
- Is the tentative Action Plan based on behaviors or perceived intentions of the different members of the family?
- Can the tentative vertical and horizontal task designed by the index Counselor be amplified?
- How can the family members who will be at the first Family Meeting, and possibly others from the extended family, help to implement needed changes?
- Are you going to present the family with an opinion or assessment that will be attributed to the team? Citing the backing of the team for your opinion or assessment puts more weight behind your recommendation and proves you are not operating in isolation. It also decreases any isolation the family might feel because they know that multiple professionals are interested in their everyday decision-making and witnessing their transformation. Finally, it keeps the option open that co-counselors may enter the family system, as needed.

##### **Step 2: Focus on behavior rather than intent**

The Strategy Team helps you focus on behavior rather than intent among youth and their families. When the discussion goes beyond observing behavior and starts to assume intent, you easily will fall into the trap of identifying a singular cause for the family's problems and judging the family for that behavior. See box and remember **Practice Premise #9**: Family systems have two seemingly opposing tendencies, the capacity to incorporate changes and the need to continue doing what is most familiar. As much as possible, the Counselor's language and attitude should be guided by the reminder that families want to change, but they do not want to be changed.

## DISTINGUISHING BEHAVIOR AND INTENT

Here are some examples of how behavior can be misinterpreted when making assumptions about intent:

**Behavior:** A youth consumes alcohol at home, often in the presence of the step-father.

**Assumed intent:** *“The issue is that stepfather is not interested in taking full responsibility for working and being available for meaningful time with the youth.”*

**Behavior:** A mother does not supervise her children in the evening.

**Assumed intent:** *“The issue is that mother had the children when she was young, and she is more interested in going out than managing the children.”*

**Behavior:** A youth often misses entire days at school.

**Assumed intent:** *“In that family the parents left, they send money in remittances, and the youth are not motivated to study or work.”*

Reductionist and judgmental claims about intent can paralyze the index Counselor and contaminate the Strategy Team. They can lead the entire team of Counselors to adopt a narrow view on the problem at hand. This will blind them to possible options to influence the problematic behavior. In some cases, statements about intent even can lead Counselors to disapprove of certain family members, which is likely to damage their relations with the family.

### **Step 3: Prepare to redefine the family's goal**

Usually, caregivers approach *Family Matters* with the goal to have someone else, meaning a professional, help their youth change his or her behavior. How will you make the family understand that there is a larger goal and have them buy into it? How will you elicit the help of the family to increase the chances that the undesired behaviors will change? How will you communicate to the family that they are part of the solution? For example, the counselor can tell families: *“You know your child better than any professional, so we need your help.”*

### **Step 4: Identify the family's leadership structure**

Assess who is making the decisions in the index family and assign the tasks you designed to those people who can actually implement the tasks. Refer back to [Analyzing the Family's Executive Subsystem](#) for additional guidance.

The Strategy Team helps you understand who makes decisions and how they are made in the family. Explore the following questions with your team members:

- Which family member appears to have informal influence but not a formal title? Is it the index youth? The older brother? The mother's sister? Someone else?
- Who is the director and co-director of the family? As is the case in any organization, it is not possible for a family to function with two directors. The functional leadership of a family is usually complementary, not equal.
- Is there a shadow hierarchy in the family? If that is the case, who participates?

**Step 5: Revise your Action Plan, if necessary**

Revise your Action Plan in accordance with discussions held in Strategy Team Meeting.

For more information, revisit the guidelines for [Working in Strategy Teams](#).

**Activity 2: Prepare for the First Family Meeting****Step 1: Review relevant forms and readings**

Before the first meeting with the family, review:

- [Phase 1 Information Form](#).
- The notes from the Strategy Team meeting because they will come into play to justify your Action Plan.
- The differences and similarities between how the presenting problem is defined through the lens of the referral source and the caregiver interview as well as what was discussed in the Strategy Team meeting.
- As needed, readings from the Readings section of the manual include: [Joining](#), [Learning about the Family, from the Family](#), and [Strategic Family Therapy](#).
- As needed, [The Catalogue of Strategic Counseling Techniques](#) and [The Twelve Practice Premises](#) in Conceptual Frameworks Section.

**Step 2: Conduct additional research**

Seek consultation with key stakeholders (referral source, caregivers, potentially others such as teachers, and other experts who can provide additional insights into the family), look into the research, and consult with other Counselors on relevant issues pertaining to the family. This will help confirm the accuracy of the information you have gathered so far.

**Step 3: Determine co-counseling strategy, if applicable**

If the case has been selected for co-counseling, then work with the assigned co-counselor to determine the treatment strategy.

Key Practice Premises to remember as you enter Phase 2 (from the Twelve Practice Premises):

**Practice Premise 2:** The job of a Family Counselor is to consistently catch the family doing something right. This is a central part of the process of affirming assets rather than identifying pathology.

**Practice Premise 6:** Family Counselor Supervisors and Counselors must work together to develop effective strategies to support families. It is the job of the Family Counselor Supervisor to ensure that appropriate coordination is taking place and that Strategy Teams are well constructed and functioning as intended.

**Practice Premise 8:** Family systems have two seemingly opposing tendencies: the capacity to incorporate changes and the need to continue doing what is most familiar. As much as possible, the Counselor's language and attitude should be guided by the reminder that families want to change, but they do not want to be changed.

## ENDNOTES

- <sup>1</sup> The intervention targets youth at a secondary or tertiary level of risk. A minimum score is required for participation in Family Matters and is known as a “cut point.” Those scoring under the “cut point” are considered to be at a primary level of risk and, therefore, not eligible to participate in Family Matters.
- <sup>2</sup> A randomized controlled trial was undertaken in Saint Lucia, Guyana, and Saint Kitts and Nevis during the initial two cycles of intervention to help measure the impact of the intervention. Since treatment and control groups were established on a randomized basis, referral sources were not used and the referral interview was skipped.
- <sup>3</sup> In cases where a randomized controlled trial was undertaken and control groups were utilized, there would be no information from the referral source, so the interview would be skipped.

“

*Family Matters* transforms the way families function so they can better protect 'at risk' youth.

”

Phase 2

# Building Agreements



## PHASE 2 OVERVIEW

01 | Referral and Assessment

02 | **Building Agreements**  
Meet with youth and family to agree on first issue to be addressed and assign first tasks.

03 | Refining

04 | Strengthening Family Traditions

05 | Integrating

06 | Next Level Agreements

07 | Re-Evaluating



### First Family Meeting:

*Set Parameters and Assign Initial Tasks*

1. Introductions.
2. Set expectations.
3. Learn about family via the ecomap.
4. Identify the problem by completing Individual Interview on the Problem Form.
5. Assign horizontal task.
6. Assign vertical task.



### Individual Meeting:

*Redefine Problem and Provide Coaching*

1. Identify problem.
2. Redefine problem.
3. Identify current solution by completing the Circular Relational Sequencing Flowchart.
4. Rethink solution.
5. Assign task.
6. Complete Individual Task Form and MFD entries.



### Second Family Meeting:

*Follow-Up and Reassign Same or New Tasks*

1. Follow up on vertical task.
2. Follow up on/ assign horizontal task.
3. Assign same vertical task.
4. Complete Horizontal Task Form and MFD entries.



### Strategy Team Meeting:

*Evaluate and Prepare for Phase 3*

1. Identify positive patterns by completing Positive Patterns Worksheet.
2. Evaluate relational patterns by completing Relational Patterns Worksheet and ecomap.
3. Score the FACES Communication and Satisfaction Scales.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.





## BUILDING AGREEMENTS

### Phase Overview

The family learns about the main principles of the *Family Matters* approach and commits to a regular dialogue in which all members work together constructively. They identify a horizontal problem that the family is willing to collaborate on resolving and start thinking of solutions (e.g. the family may decide to work on a supervision strategy for the youth). They also start identifying and sharing multi-generational assets and begin to understand how relational sequences and patterns contribute to the problem. Counselors should also start looking for ways to encourage the family to connect with both family and community support networks and systems. See the [Key Concepts](#) section for more on Integration. While Phase 5 is specifically designated for promoting this type of work with families, counselors should seize opportunities to facilitate integration, as they are presented.

### 1. First Family Meeting: Set Parameters and Assign Tasks

#### Purpose

During this meeting, the family learns about the main principles of the Family Matters approach and agrees to participate in a regular dialogue in which all participants work together constructively. They put the individual behavior of the youth in the larger family context and become aware of how their actions contribute to or prevent certain behaviors in the youth. Finally, they start working on an initial task.

#### Materials

- Paper or a portable whiteboard for ecomap activity
- Pens or Markers

#### Activities

1. Introductions.
2. Set expectations.
3. Learn about the family via the ecomap.
4. Identify a problem using completed [Individual Interview on the Problem Form](#).
5. Assign horizontal task.
6. Assign vertical task.
7. Complete [Horizontal Task Form](#) and MFD entries.

**Activity 1: Introductions**

Although you have already gathered a lot of information about the family during Phase 1, start this meeting with a blank slate. Slowly confirm the relationship patterns in the family.

Introduce yourself to the family and allow family members to introduce each other. For example, you may say: “My name is John Smith, and I met some of you already.” Provide time for everybody in the room to say who they are.

**Activity 2: Set expectations****Purpose**

This activity helps the family understand that the intervention will be an exchange and collaboration between you and them. This is a relatively easy discussion to lead. It can help calm nerves if the family feels some anxiety about this first meeting.

**Before you start**

When the introductions are complete, inform the family that you will now explain *Family Matters* key elements.

**Explain Family Matters key elements**

Ask what the family already knows about *Family Matters*. Present the key elements of the *Family Matters* approach by making a series of brief statements that cover the elements of the intervention listed below. Use the language that you find most appropriate for the particular family with whom you are working. Then, ask the family to give feedback. Avoid lecturing. Instead, encourage family members to express their opinions and discuss them with you and amongst each other.

Key elements of *Family Matters* include:

**Transmitting positive family history** - *Family Matters* wants children to know about positive aspects of their family’s history because this will make them feel secure and strengthen their connection with the family. For example: “*In the old days, families would tell children stories about family traditions and the positive things their elders and ancestors did. Now, research has shown that those positive stories our families used to tell protect children from negative influences through strengthening the family. So, during the coming months, we will ask you to share positive family stories and memories.*”

**Family participation** - *Family Matters* wants as many family members as possible to participate because that increases the likelihood for change. For example: “*We have learned that these days the supervision of a teenager needs to be a team sport; the more family members participate, the easier it is to change even the most difficult behaviors ... Family participation can create changes more effectively than a well-trained professional.*”

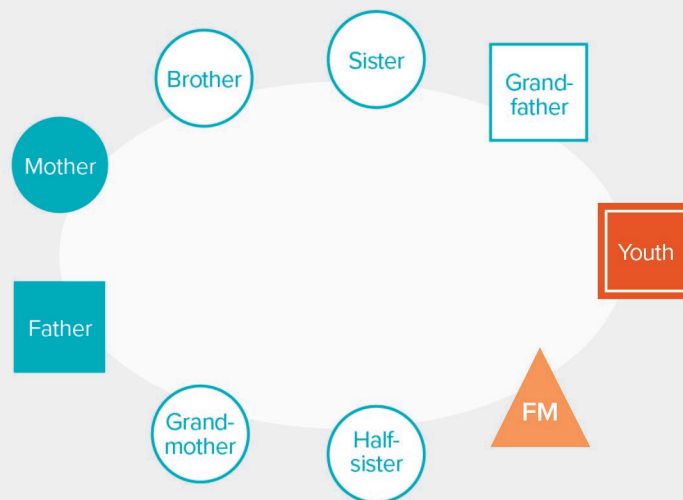
**Strategy Teams** - *Family Matters* Counselors work in Strategy Teams to provide different perspectives and options to the family. For example: “*We think it is important that there are multiple professionals working together to help your family ... the same way that when families work as a team you get better results, we also work as a team ... so I will be consulting those colleagues and from time to time I will be sharing their different opinions with you.*”

**Schedule** - *Family Matters* will work with the family for next six to seven months (approximately). The intervention includes regular Family Meetings that last one hour each and Individual Meetings with the youth that last one hour each. Sample language: “*We will work with your family over the next six to seven months. We have found that most of the problems that really keep parents up at night regarding their children can be reduced within this timeframe ... Sometimes we meet as a family, and sometimes we meet with the young*

## WHAT SEATING ARRANGEMENT WOULD BE BEST FOR THIS MEETING?

There will be wide variations in the types of spaces that counselors will encounter in the homes of beneficiary families. There could be a furnished living room that provides adequate space for a seated gathering. Alternatively, the meeting may need to be held in a crowded two room home with limited furniture. As a result, it is impossible to recommend a seating arrangement that can be applied in every situation. However, circular seating arrangements are always preferred whenever possible, so that all participants can make eye contact with each other. Ideally, the family leadership (e.g. mother, mother/father, mother/godmother, grandmother/uncle, etc.) should be seated side by side, with the index youth seated across from them and the counselor and other family members completing the circle. If there is not enough furniture, then some participants may have to stand. If there is a co-counselor, he/she might sit opposite the index counselor.

Ultimately the counselor should just do his or her best to arrange the meeting participants in a way that supports the hierarchy of the family, while also facilitating communication. There are many ways that this can be done effectively.



*person you are most worried about.”*

### Activity 3: Learn about the family via the ecomap

#### **Purpose**

The ecomap is a visual that represents all living vertical and horizontal family members and close family friends. Refer to the textbox for the various purposes of this map.

The difference between an ecomap and a genogram is that the ecomap only includes living family members and possibly family friends, while the genogram also includes family members who have passed away. A genogram usually does not include friends.



Keep this activity an open discussion about the family, and do not zoom in yet on the behavioral problem that motivated the family to contact you. This will increase awareness among family members of how their own behavior relates to the youth's behavior.

## PURPOSE OF THE ECOMAP ACTIVITY:

### Joining the family

Through this activity, Counselors demonstrate their interest in the family, and the family accepts them into their circle for a temporary period. Theorists describe this process as *Joining*. For more details, see [Joining](#) in Readings.

### Introducing the family to *Family Matter's* relational view of looking at problems

Seeing how the behavior of different family members is related broadens the family's perspective and makes them more open to the *Family Matters* approach.

### Gathering information about the family

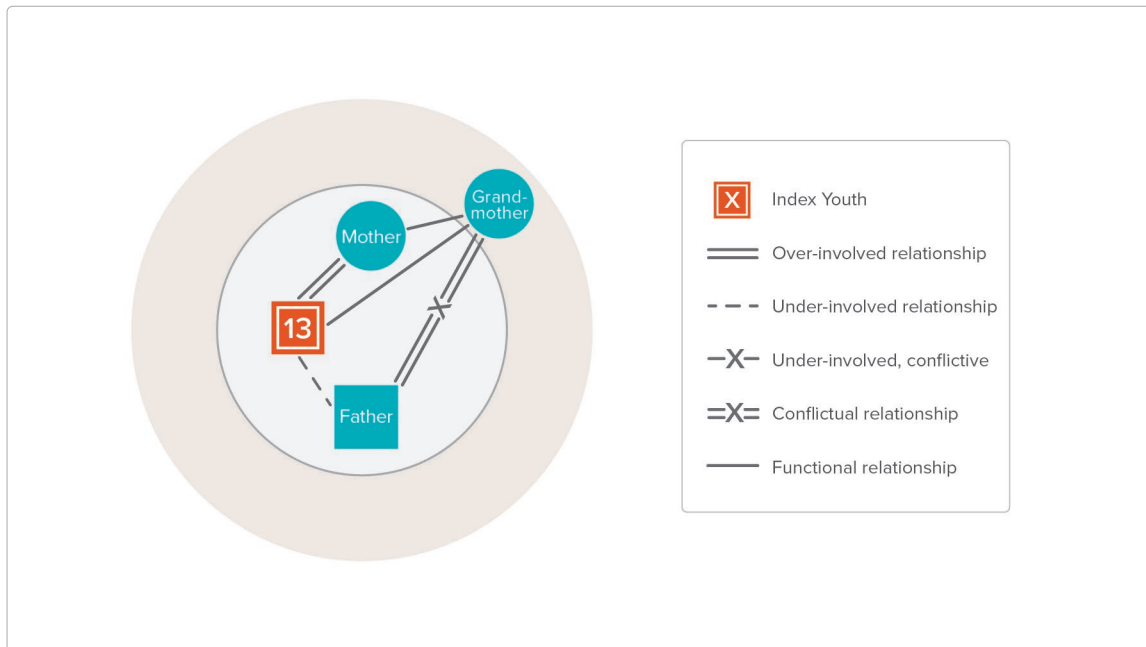
The map will show how many people make up the family, where they live, what their names are, and prompt the sharing of anecdotes about key family members. This will allow you to discern alliances and dynamics among the family members on the map and those in the room. It is likely that the creation of the map will lead to discussions about who should be included and why. Observing these discussions while also observing how family members draw the map will give you helpful clues about the relational patterns in the family. This information confirms, corrects, or enlarges the family map you produced in Phase 1.

### ***Draw the map***

- Tell the family you would like to learn more about them and that it would help you to see a map of the family.
- Ask the family to help you get to know about them by confirming, correcting, or enlarging the “map” that you drew tentatively in the Strategy Team Meeting. You should not show the map you drew in Phase 1 to the family, but you may draw a sketch with the family. Make sure the family understands what the symbols mean, and encourage them to enhance the drawing, such as with pictures.
- Start by placing the youth (circle for female, square for male) at the center of a whiteboard (or a piece of paper). Indicate the name and age of the youth inside the circle or square.
- Draw circles and squares around the child to represent the people who live in the household, indicating name, age, and relation (e.g. “mother,” “stepfather,” “grandmother,” “brother,” or “sister”).
- Introduce the different types of lines and their meaning in terms of the functionality and intensity of relationships and the flow of energy between two family members.
- Draw a circle around the group.
- Outside the household circle, add people who do not live in the home but interact with the youth and/or other members of the household, such as extended family, biological parents who do not live in the home, or close friends. Draw another circle around the larger group.
- If extended family members are included, ask some questions about contact with them (e.g. do they visit? how often? etc.). Do not ask specifically whether and how the extended network is supportive of the family but respond with interest if that subject comes up spontaneously.

As the family helps you complete the map, pay attention to indicators of relational patterns. This includes levels of participation of different family members, degrees of closeness among them, location of leadership (particularly important in single parent or multi-generational families), and agreements or disagreements about

Figure 2A: Ecomap



who should be in the map.



Sometimes families will disagree about who should and should not be in the ecomap. If this conflict arises, the Counselor's job is to observe the interaction and encourage the leaders of the family to lead the discussion and reach a decision.

#### Activity 4: Identify the problem by completing the Individual Interview on the Problem Form

##### **Purpose**

This activity allows you to verify that the problem chosen during the Phase 1 Strategy Meeting corresponds to the problem perceived by the family. If the family chooses a different problem, help them define it in a way that a horizontal task can be assigned. This means that it should be defined in interpersonal terms, so that the solution can be a relational solution.

##### **Before you start**

Ask the family for permission to shift gears. For example, say: "Now that I know more about your family, can we discuss the one problem that is most concerning to you and that we can all work on together?" Observe responses.

##### **Start the interview**

- Ask the family to describe why they contacted *Family Matters*.
- Ask them questions about the problem using the prompts in the [Individual Interview on the Problem Form](#) as a guide.
- Ensure that the problem chosen by the Strategy Team in Phase 1 makes sense to the family, and replace it if it does not. Make sure the problem they agree to is defined in relational terms so that you can assign a horizontal task.

## CASE STUDY: FAMILY MATTERS CREATES POSITIVE CHANGES AMONG YOUTH

In Saint Lucia, seventeen-year-old McLean, whose father died some years ago, had been leaving home without permission and returning when he felt like coming home. This was deeply concerning to his mother who is well aware of the risks that lurk nearby in their community, factors that are a threat to a vulnerable young man without access to resources and without his father to guide him.

Melissa, the Family Matters counselor, was able to resolve McLean's risky behavior through progressively strengthening the family as a protective factor. A key step included prescribing the monitoring of the Horizontal tasks to McClean's mother to help strengthen her leadership role in the family and to encourage accountability. Melissa also utilized the circular questioning technique to assist McLean in discovering how his actions were creating problems for himself and his mother.

McLean's mother now beams with pride when asked about her son. She is so happy to see "a complete turnaround in his behavior" since the family started working with Melissa.



### Activity 5: Assign horizontal task

#### **Before prescribing the task**

Based on the information you gathered, verify whether the initial horizontal tasks you have designed in the Strategy Meeting still addresses the problem as the family just defined it. If necessary, revisit the counseling technique of *Prescribing* in the [Catalogue of Strategic Counseling Techniques](#). Choose a task that seems easy to complete at this initial stage; e.g. a change in communication between the youth and the parent or caretaker, rather than at the level of parental *leadership executive subsystem*. For instance, if the selected behavior is from the [YSET Weak Parental Supervision Scale](#), the change could be that the youth will announce or leave a note before leaving home. Success in resolving the problem behavior is not the focus at this point. Remember that the primary rule of effective supervision is “being present” (engaged). The main objective at this stage is to engage family leadership in a supervision task, which will help strengthen and redefine the role of the executive subsystem within the family system. Reconsider the [Guidelines for Prescribing Tasks](#) outlined in Overview of the *Family Matters* Approach, if necessary.

#### **Assign the initial horizontal task**

- Using the [Horizontal Task Form](#) as a guide, prescribe a small change in behavior. For example, you may ask the family leadership team to have a 30-minute discussion on supervision of the youth. Use your judgement and creativity to define the task based on your understanding of the family’s needs.
- Ask the youth to designate a monitor to observe the assigned task and report back in the next Family Meeting. However, if you feel that the youth selected someone who will not be able to monitor the youth properly, guide the youth in selecting a more appropriate monitor.



You may need to put extra effort into selling this idea to a single parent who has adopted a position of “the youth and me against the world” in which they do not need anyone to help with supervision. If this is a single parent family, at least one member of the parent’s network (extended family, friend, or neighbor) should participate in the task. You should reinforce Practice Premise No. 7: “*Supervising a youth is a team sport. Many may help with supervision efforts. However, the family leadership team (the executive subsystem) is responsible for making decisions and must work together and support each other to be effective.*”

### Activity 6: Assign vertical task

#### **Before prescribing the task**

Verify whether the vertical task identified in the Strategy Meeting is still relevant and review, if necessary. Remember the task must overlap with the horizontal strategy and the problem the family identified. Refer back to the YSET scales [YSET Horizontal Family Scale](#), the [YSET Vertical Family Scale](#), and the [Individual Interview on the Problem Form](#), if necessary. Reconsider the Guidelines for Prescribing Tasks, if necessary.

#### **Assign the initial horizontal task**

Introduce the vertical task, and ask the family to discuss how they are going to implement the task. The procedure is as follows:

- Get as many members as possible to participate in the task.
- Ask the family to designate who will be in charge of ensuring the task is done.
- Emphasize the importance of collecting family photographs, keepsakes, and other artifacts, as these represent the family traditions you want to reinforce.
- Ask the family to meet for 30 minutes before the next Family Meeting to share the multi-generational information.

When the family discusses the task, observe their interactions and pay attention to the relational patterns displayed.

### Activity 7: Complete Horizontal Task Form and MFD entries

#### **Purpose**

Documentation helps with formalizing the task and strengthening the family's commitment. It also helps you to keep track of the tasks as they evolve through the *Family Matters* phases.

- Complete the Horizontal Task Form (for horizontal tasks) or simply take notes (for vertical task). Task forms can be shared with the family if you think it is helpful.
- Note any of your observations.
- Make relevant MFD entries, e.g. upload the ecomap.



When assigning tasks and observing discussions around tasks, keep in mind that *Family Matters* views the individual behavior of the index youth as the entry point into the family system. The focus of the intervention is what takes place between family members, as opposed to what take place in the internal world of each individual. You must balance the attention you give to the needs of the youth during the individual meetings with your focus on relational patterns and hierarchy during Family Meetings.

## 2. Individual Meeting with the Youth: Redefine Problem and Provide Coaching

### Purpose

During this meeting, the counselor creates a safe space for the youth to share his or her thoughts, experiences and feelings. The youth reviews and deepens his or her initial analysis of the perceived problem, taking into account the family's relational patterns. He or she also starts working on an initial task. The activities below are intended to provide a basic framework for this meeting. However, the counselor should approach this as a coaching session aimed at helping the youth establish and achieve short, medium, and long term goals, as well as gain a deeper understanding of the behavioral and relational issues that are impacting the youth and his or her family.

### Materials

- Ecomap completed during Phase 2 First Family Meeting.
- All relevant assessment materials completed thus far.

### Activities

1. Identify problem.
2. Redefine problem in relational terms.
3. Identify current solution by completing [Circular Relational Sequencing Flowchart](#).
4. Rethink solution.
5. Assign task.
6. Complete [Individual Task Form](#) and make MFD entries.



**Activity 1: Identify problem**

- Check whether the youth has made progress on the task assigned to him or her in the First Family Meeting and define a specific behavior or problem that he or she should work on.
- If the task is complete, you will assign another task. If it is not complete, you will continue working on the same task.
- Refer to the [Horizontal Task Form](#), if necessary.

**Activity 2: Redefine problem**

Interview the youth following the prompts in the Individual Interview on the Problem Form and use the ecomap to make the youth aware of the relational context in which his behavior occurs.

**Activity 3: Identify current solution**

**Purpose**

This activity enables the youth to see how his or her behavior is connected to the behavior of others. This is not easy for an adolescent. They tend to be more sensitive to how other people behave toward them rather than to how their own behavior may influence that of others.

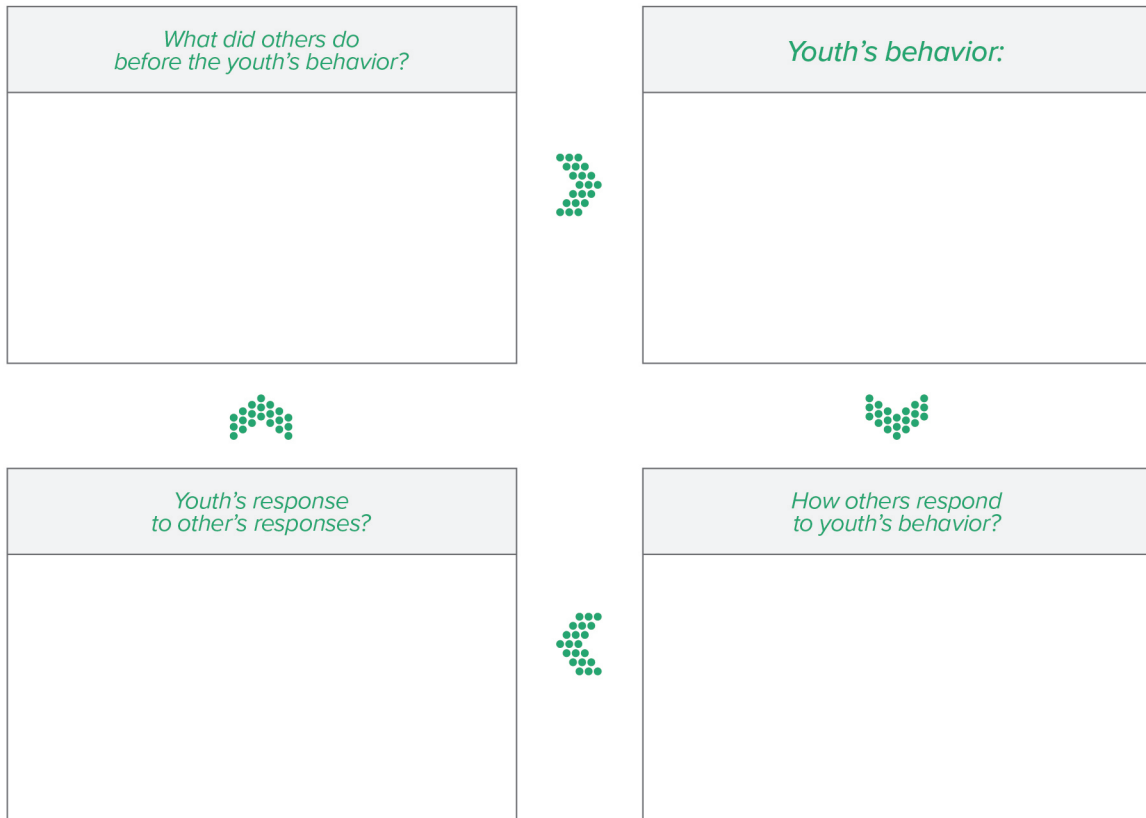
**Before**

Practice by filling out the Circular Relational Sequencing Flowchart for yourself. Refer to the Individual Interview on the Problem Form, if necessary.

**Start filling out the Circular Relational Sequencing Flowchart**

Use the chart to assess the relational sequences associated with a problematic behavior.

*Circular Relational Sequencing Flowchart*



#### Activity 4: Rethink solution

##### **Purpose**

During this activity, help the youth identify an alternative solution; i.e. a different form of behavior that addresses the problem that the family agreed to work on (e.g. the supervision of the youth).

##### **Discuss alternative solutions**

- Discuss the circular sequence with the youth and show how the youth's solution creates a problem for him or her.
- Identify the moments in the sequence (What do you do? How do you respond?) where the youth could do something different.
- Ask the youth what he or she could do different and make sure his or her answer connects to the problem identified by the family.
- If the youth provides an answer that supports the problem the family agreed to work on (e.g. I will make sure I tell my parents where I am going), use it to design an individual task for the youth.
- If the youth provides an answer that is not connected to the problem the family agreed to work on, provide a range of alternative options to him or her (e.g. asking for permission before leaving or leaving a note before leaving).
- Use the final choice of the youth to design a task together with the youth.

#### Activity 5: Assign individual task

- Assign the task to the youth.
- Ask the youth to designate a monitor who will observe the assigned task and report back in the next Family Meeting. This can but does not have to be the same family members that is monitoring the task you assigned to the family in the First Family Meeting.

#### Activity 6: Complete Individual Task Form and MFD entries

- Complete the [Individual Task Form](#).
- Note any observations.
- Enter required data into the MFD.

## 3. Second Family Meeting: Follow-Up and Re-Assign Tasks

### Purpose

The family reports back on the progress they have made in implementing their horizontal and vertical tasks. Depending on progress, either continue working on the same task or start working on a new horizontal task. They will continue working on the same vertical task that the Counselor assigned in the previous Family Meeting.

### Activities

1. Follow up on vertical task.
2. Follow up on/ assign horizontal task.
3. Assign same vertical task.
4. Complete [Horizontal Task Form](#) and MFD entries.

#### Activity 1: Follow up on vertical task

- Start with the person in charge of organizing the task but involve all members in the conversation.
- Ask:
  1. What information was collected?

2. Who participated in collecting information?
  3. How did they collect the information (individually or as a group)?
  4. How did they experience the collection process?
- Observe how the family members work together as they report back to you.
  - Transition to horizontal strategy. For example, say: *“Can we talk about the other task? How did it go?”*

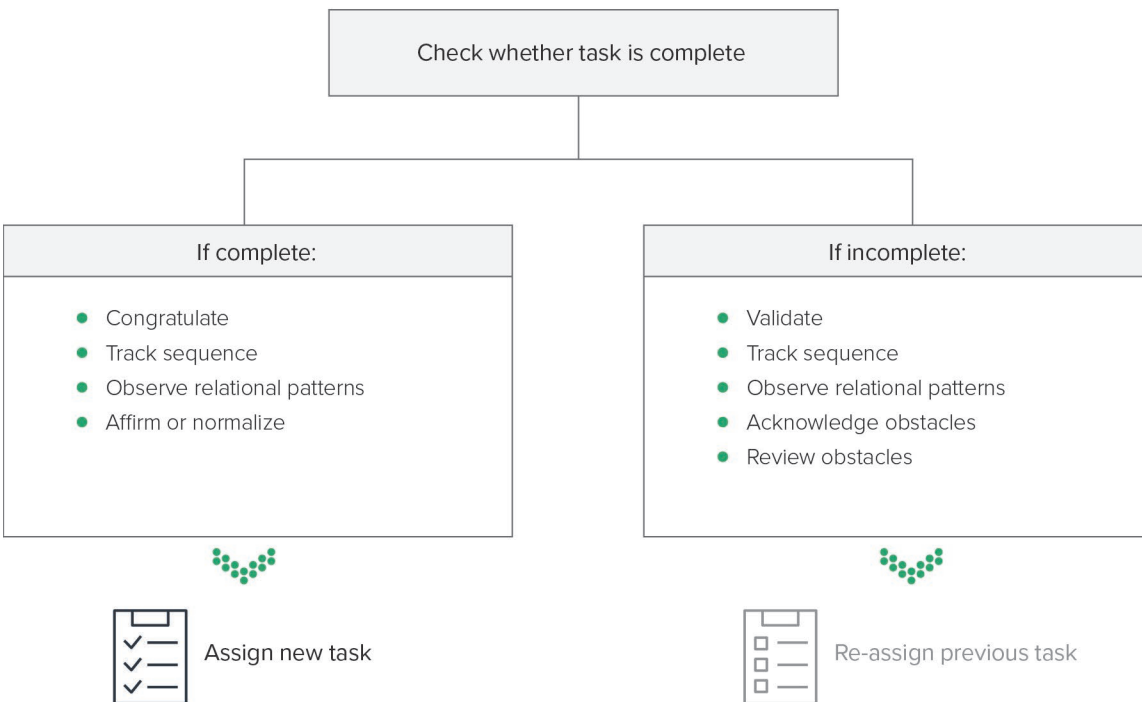
**Activity 2: Follow up on horizontal task**

**Purpose**

Assess the impact of the task prescribed in the previous meeting on the family’s pattern of interaction.

**Check whether task is complete**

- Refer to the Horizontal Task Form completed at the Phase 2 First Family Meeting.
- Start with the person in charge of monitoring the task but involve all family members in the conversation.
- Ask:
  1. Did everybody who was going to participate actually participate?
  2. Did each person do what they were assigned to do?
- Check with the person who was designated by the youth to monitor the changes in her or his behavior that were agreed upon during the individual interview.



**If task is complete**

- **Congratulate the youth and family for their effort.**
- **Get details.** Get a detailed account of the youth and other family members’ experiences in carrying out the task.
- **Observe relational patterns.** Observe for indicators of relational patterns while they report back. Be very observant about how the leadership team (e.g. the parents) worked together in completing the task.
- **Affirm or normalize.** If they worked well together, affirm their efforts as the leadership team of the family. If they report some friction in carrying out the task, normalize it for now. For example, you may say: *“Differences of opinions are a sign that the leaders of the family are working harder and that they trust each*

*other enough to be honest. Strong families are led by teams that are able to accept differences of opinion.”*

- **Assign a new task.** This task should require more communication between the parents or the leadership team. For example, encourage the parents to spend an additional 30 minutes to share multi-generational assets without the children being present. The goal is to keep strengthening their ability to work together and manage conflict.

#### ***If the task is not complete***

A task is not complete if one or more family members who were expected to participate did not do so or if one of the family members did not do their part. Refer back to [Guidelines for Prescribing Tasks](#), if necessary.

- **Validate the family's effort.**
- **Review the sequence of events that caused the lack of completion.** For example, ask *“How did it happen that it didn't happen?”* or *“How do you think your son would have responded if you had done X?”* Briefly explore why one or more members did not do their part (e.g. fear of the consequences of doing something different than they usually do, other priorities, something else that they would rather do, or conflict with another family member). In exploring this point, track patterns that suggest scapegoating.



Note the importance of phrasing the questions carefully. *“Why didn't it happen?”* focuses on intent and could encourage family members to start blaming each other. *“How did it happen?”* or *“What happened?”* allows the family to see how their actions are connected.

- **Observe relational patterns.** The family might present a dynamic of scapegoating, or blaming one person for the fact that the task did not happen. If scapegoating occurs, interrupt with a comment about how the family has resolved other matters by working as a team. There are many ways of saying this including *“Supervision is a team sport.”*
- **Acknowledge obstacles by using the technique of normalizing.**
- **Review obstacles.** Ask the family members to have a brief conversation about how to deal with those obstacles. For instance, *“Can you convince your mother that you will not do something crazy if she does X?”*
- **Re-assign the old task.** Ask the family to complete the original task (e.g. notice before leaving) and add another one (e.g. conversation upon returning) before the next meeting. It is important that families complete a given task; however, they also may have additional tasks added as they develop their capacity. If a family feels stuck on one task, the Counselor can deconstruct that task and assign a modified version of it, if that modified version can be completed without the full completion of the first task. For example, the family may be given a task of having a family movie night. Yet, they are not able to actually view the movie together because of a scheduling conflict. You may assign a new task of going to church as a family on Sunday, and also encourage them to have the movie night before the end of the week.

#### **Activity 3: Assign same vertical task**

- Reassign the same vertical task to reinforce the interest in the family's history (e.g. collecting family stories).
- Get as many members as possible to participate in the task, and ask the family to designate who will be in charge of ensuring that the task is done.
- Ask the family to meet for 30 minutes before the next Family Meeting to share the information that was collected.

#### **Activity 4: Complete Horizontal Task Form and MFD entries**

- Complete the [Horizontal Task Form](#).
- Note any observations.
- Complete the Horizontal Task Form, the [Individual Interview on the Problem Form](#), or any other required data into the MFD.

## 4. Strategy Team Meeting: Evaluate and Prepare for Phase 3

### Purpose

Evaluate your progress during Phase 2 and take stock of the relational patterns that you were able to observe and, perhaps, already reinforce. If appropriate, you can consider working with your co-counselors to develop options for an enactment to address a pattern that will likely resist change, i.e., staged dialogues among the family members. If the family is not completing assigned tasks, then a strategy should be developed to encourage family participation. Otherwise, behavior and relational patterns will not change. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase. This enables counselors to keep up momentum.

### Activities

1. Identify positive patterns by reviewing completed [Positive Patterns Worksheet](#).
2. Evaluate relational patterns using the [Relational Patterns Worksheet](#) and ecomap.
3. Score the [FACES](#) Communication and Satisfaction Scales.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.

All of the analysis below should be completed **before** the Strategy Team Meeting. During the meeting, Counselors review their analysis with their teammates and revise it, if necessary.

### Activity 1: Identify positive patterns

- Refer to the Horizontal Task Form you created in the beginning of Phase 2.
- Using the worksheet below as a guide, indicate those patterns that you have attempted to reinforce (as indicated on the Horizontal Task Form) and the ones that were actually reinforced at the end of Phase 2.

### POSITIVE PATTERNS WORKSHEET (Excerpt from Horizontal Task Form)

Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

Activity 2: Evaluate relational patterns

**Before the Meeting**

- Use the Relational Patterns Worksheet below to identify relational challenges between family members.
- For a detailed description of the patterns, see [Relational Patterns](#) in Readings.
- Use the ecomap to visualize these patterns.
- If appropriate, select the relational patterns that will be addressed through an enactment.

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
-----	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
---X---	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
————	Functional relationship	

Activity 3: Score the FACES Communication and Satisfaction Scales

**Purpose**

Based on your observations during the meetings from Phase 2 to today, give scores to the following items on the FACES Communication and Satisfaction Scales. Focus on questions listed below, noting where the scores indicate a need for improvement so you can work on strengthening these areas in future meetings. Also note where the scores indicate areas of strengths, so these can be reinforced.

FACES — COMMUNICATION SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

#### Activity 4: Attend Strategy Team Meeting

##### Objectives

- Evaluate progress and strategy.
- Discuss your positive and relational pattern analyses with the other counselors and revise your strategy, if necessary.
- Review positive and relational patterns analyses, the ecomap and FACES results.
- Develop, discuss and share a family feedback script.

For more information, revisit the guidelines for [Working in Strategy Teams](#).

### IF THERE IS A PATTERN THAT WILL LIKELY RESIST CHANGE, CONSIDER DEVELOPING AN ENACTMENT.

**Enactments:** Counselors use enactments, i.e., staged dialogues among the family members, as therapeutic tools to enable family members to develop alternatives to existing relational patterns. For example, the Counselor may develop a dialogue in which a mother and a daughter discuss a curfew or one where two caregivers discuss how to deal with their youth's problematic behavior. The Counselor is present during this dialogue but does not intervene unless something goes wrong.

#### Develop a draft enactment plan

Collaborate with your Strategy Team Members to make a draft enactment plan that deals with a problematic relational pattern you want to address. Refer to the article on [Enactments](#) in Readings to understand how to set up and facilitate an enactment.

**Activity 5: Document agreed strategies and complete MFD entries****Objectives**

- Note agreed strategies from the Strategy Team Meeting and revise documentation, as necessary
- Upload ecomap.
- Ensure all MFD entries for this phase are complete.

**KEY TERMS****Relational (or Interpersonal) Problem**

A relational problem, also called an interpersonal problem, is a problem that occurs between two or more people. In contrast, a problem that is defined as taking place inside the person's head is called an intrapsychic problem. The emphasis of *Family Matters* is the resolution of relational problems by implementing a relational solution.

**Leadership Team**

This term designates the decision-making authority within the family. The leadership can comprise the parents or alternative caretakers (aunts, uncles, grandparents, or siblings) depending on the family. Theorists use the term leadership executive subsystem to define the leadership team.

**Enactments**

Enactments are staged dialogues among the family members. Counselors set these dialogues up as therapeutic tools to enable family members to develop alternatives to existing relational patterns. For example, the Counselor may develop a dialogue in which a mother and a daughter discuss a curfew or one where two caregivers discuss how to deal with their youth's problematic behavior. See [Enactments](#) in Readings.



# Phase 3 Redefining



Photo: Kathy McClure



## PHASE 3 OVERVIEW

01 | Referral and Assessment

02 | Building Agreements

03 | Redefining  
Redefine the problem in relational terms; increase focus on family relational patterns that may serve as underlying causes.

04 | Strengthening Family Traditions

05 | Integrating

06 | Next Level Agreements

07 | Re-Evaluating



### First Family Meeting:

*Follow Up on Tasks and Assign Genogram*

1. Provide feedback to family.
2. Follow up on vertical task.
3. Follow up on horizontal task using the completed Horizontal Task Form.
4. Assign horizontal task.
5. Assign vertical task: Genogram.
6. Complete Horizontal Task Form and MFD entries.



### Individual Meeting:

*Redefine Problem and Provide Coaching*

1. Identify problem and follow up on task using completed Horizontal and Individual Task Forms.
2. Redefine problem using completed Individual Interview on the Problem Form.
3. Identify current solution by completing Circular Relational Sequencing Flowchart.
4. Rethink solution.
5. Assign task.
6. Complete Individual Task Form and MFD entries.



### Second Family Meeting:

*Follow Up on Tasks and Assign Gathering Info About Family Traditions*

1. Follow up on vertical task.
2. Follow up on horizontal task.
3. Assign horizontal task.
4. Assign vertical task: Gathering Information about Family Traditions.
5. Complete Horizontal Task Form and MFD entries.



### Strategy Team Meeting:

*Evaluate and Prepare for Phase 4*

1. Identify positive patterns by completing Positive Patterns Worksheet.
2. Evaluate relational patterns by completing Relational Patterns Worksheet and Ecomap.
3. Complete the FACES assessment based on your observations.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.



## REDEFINING

### Phase Overview

According to Family Systems Theory, individuals cannot be understood in isolation from one another, but rather as a part of their family. During this Phase, the family and the youth continue to redefine the problem they identified in Phase 2, taking into account contributing relational patterns and other contextual influences. Expanding the focus from the individual behavior to the family system helps the family take ownership of the problem and possible solutions. The family also starts designing a genogram as a way to express and illustrate their family identity, building on research they performed in Phase 2. Through the genogram they strengthen their horizontal and vertical family connections at the same time. When families build their genograms, they communicate, collaborate, and solve problems (e.g., they need to agree on the visual design of the genogram). At the same time, they become more aware of their vertical family links and share stories or life achievements of family elders, thus building family cohesion.

### 1. First Family Meeting: Follow Up on Tasks and Assign Design of Genogram

#### Purpose

During this meeting, the family reports back on their tasks from Phase 2 and learns about the new task of designing a genogram.

#### Activities

1. Provide feedback to family.
2. Follow up on vertical task.
3. Follow up on horizontal task using the [Horizontal Task Form](#).
4. Assign horizontal task
5. Assign vertical task: Genogram.
6. Complete Horizontal Task Form and MFD entries.

#### Activity 1: Provide feedback to family

**Provide feedback to the family on their progress thus far and explain what they can expect during the upcoming phase**

Feedback must be tailored to meet the specific needs of the family and the requirements of the phase. It should be based on a script you prepared before the meeting to organize your thoughts, which should be written in a language that the family can understand. The tone should be deliberate, thoughtful and measured, but natural and relatable. Avoid technical jargon. The idea is to empower and not to belittle. You should summarize what you observed over past phases, including progress and key achievements thus far. You

should also summarize key challenges that still need to be overcome, explain underlying issues (if appropriate), and give advice for moving forward. Provide examples that back up your position and reflect the overarching assessment of the Strategy Team.

See [Providing Feedback to Families](#) in the Overview section for more detailed information on how to prepare and deliver feedback to families.

**Activity 2: Follow up on vertical task**

Ask the family:

- What information was collected?
- Who participated in collecting information?
- How did they collect the information?

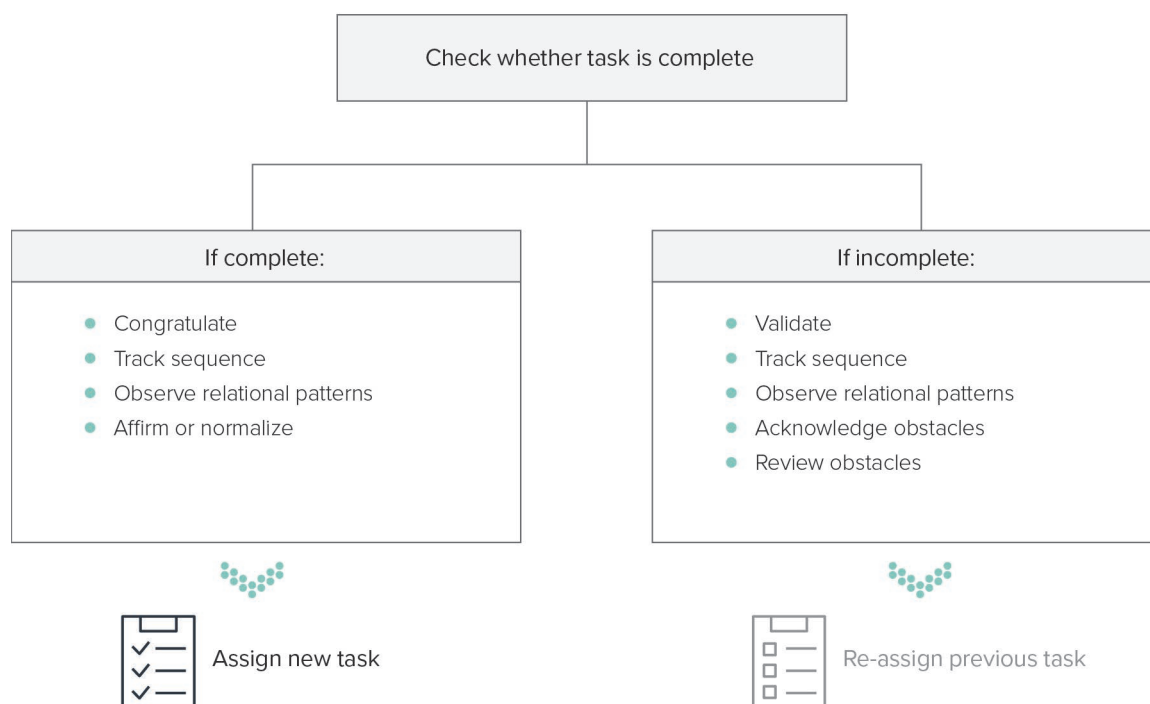
Observe relational patterns in what they report and how it is reported. See [Learning about the Family, from the Family](#) in Readings for tips on how to listen, observe, and ask questions. How did they experience the collection process?

**Activity 3: Follow up on horizontal task**

**TIPS FOR PROVIDING FEEDBACK**

Remember criticism is not feedback. Counselors can start offering constructive feedback on how relational patterns must be adjusted after they have joined the family. Refer to [Joining](#) in Readings for more information.

It is important to share observations in a supportive way that will encourage a positive response from the family. Criticism will only make family members feel defensive and will not motivate them to change.



#### Activity 4: Assign horizontal task

##### ***If complete, assign new task***

Assign a new task that requires the family leadership team to increase their level of communication and problem-solving. For example, encourage them to have a conversation with the youth about where and with whom he or she spends time when not at home or to increase the amount of time they spend discussing supervision strategies away from the youth. If the leadership team managed the previous task of adding a 30-minute meeting away from the youth to discuss supervision, the Counselor may continue amplifying this task. To amplify a task, Counselors either increase the time spent on this task or assign a variation of the same task. For example, the Counselor suggests that the leadership team have a thirty-minute meeting while going for a walk.

##### ***If incomplete, reassign previous task***

#### CONSIDER CONDUCTING AN ENACTMENT TO HIGHLIGHT RELATIONAL PATTERNS THAT NEED TO BE RESTRUCTURED.

- Introduce the enactment. For example, say “We’re going to do an enactment” and explain an enactment based on Enactments in Readings.
- For example, have two caregivers (or the caregiver and the youth in a single parent family) conduct a staged dialogue to reach an agreement on how to deal with the behavior.
- For more guidelines, see [Enactments](#) in Readings.
- Re-assign the same task assigned in the previous meeting.
- Ask the family to put the agreement reached during the enactment in practice before the next Family Meeting and connect it to the initial task. Use your judgement and creativity to define the task based on your understanding of the family’s needs.

#### Activity 5: Assign vertical task – The Genogram

##### ***Purpose***

The task of designing a genogram supports and reinforces the changes Family Matters wants to create within the youth and their families. When families build their genograms, they communicate, collaborate, and solve problems (e.g., they need to agree on the visual design of the genogram). At the same time, they become more aware of their vertical family links and share stories or life achievements of family elders, thus building family cohesion. The process of designing the genogram is more important than the actual genogram produced by the family.

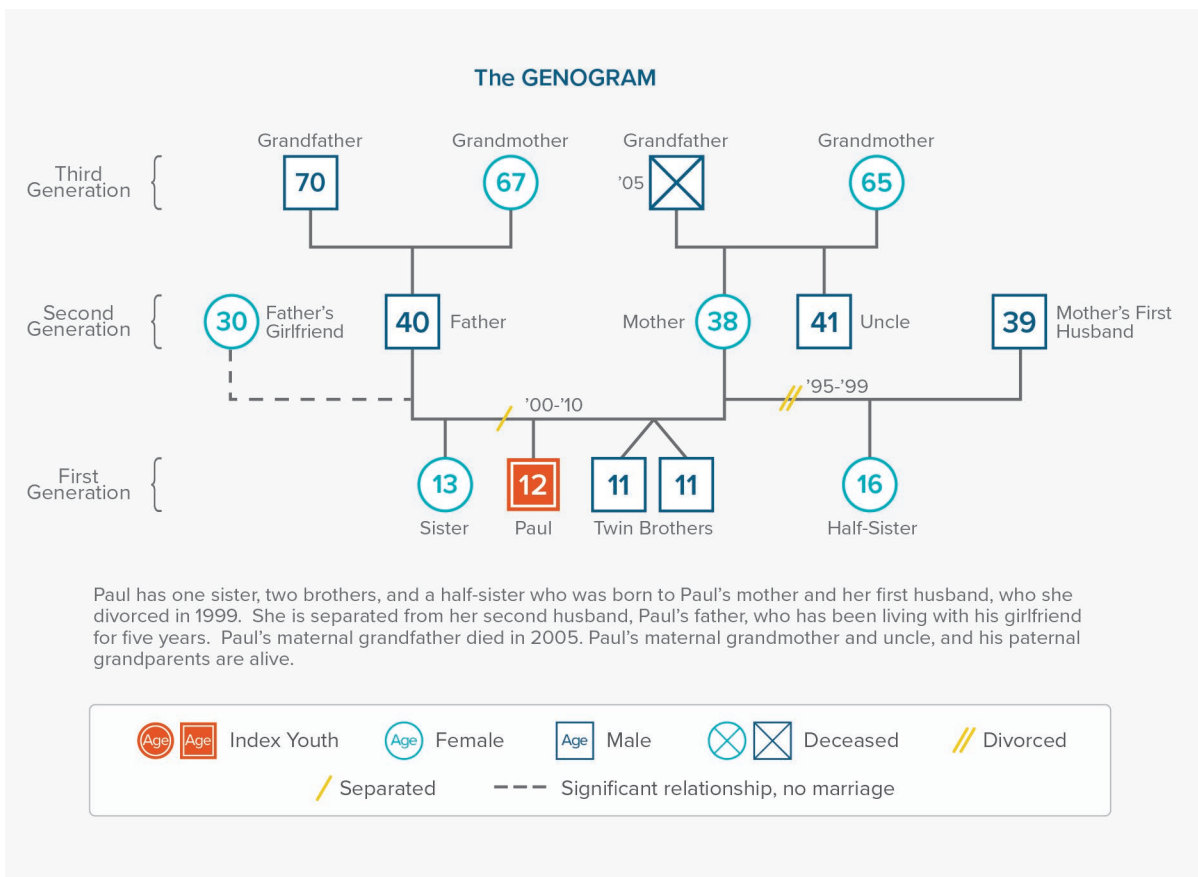
##### ***The process of designing a genogram***

- Explain the genogram. A genogram is a diagram, similar to a family tree, that outlines the history of a family. It typically includes up to three generations, but can include up to four. A basic genogram represents women with circles and men with squares. An “X” inside a circle or square indicates the person is deceased. Names and/or ages are added inside the squares and circles to identify the individual family members. A double square or double circle is used to identify the index person. Lines indicate the relationships of parentage. Divorce is represented with two parallel lines intersecting the line between

members of a couple, while separation is represented by a single parallel line. A dashed line represents a significant relationship between two members of a couple that is not a marriage. The numbers inside the squares and circles are the ages of the person. For more details, refer to [The Genogram](#) in Readings.

- Instruct family members to construct their own three-generation genogram.
- Ask them to take pictures of the materials (photographs, keepsakes, artifacts, etc.) they have collected so far and include these pictures in the genogram.
- Encourage them to use as much creativity as possible to design a genogram that represents their family. For example, they can use picture montages, drawings, paper collages, or other techniques.
- Ask them to begin construction between now and the next Family Meeting.
- Add any instructions that you think may be helpful.
- Note down any observations.

**Figure 3A:** *Sample genogram*



Remember, the process of building the genogram is more important than the content or form of the genogram.

**Activity 6:** *Complete Horizontal Task Form and MFD entries*

- Complete the [Horizontal Task Form](#).
- Enter relevant information into the MFD.

Examples of genograms completed by families



## CASE STUDIES: HOW GENOGRAMS STRENGTHEN FAMILY FUNCTIONALITY AND COHESION

**Case Study 1:** During a clinical supervision visit, the family reported they had not done the homework of constructing the genogram. The Counselor inquired as to what happened and the family said they ran out of time on the day they were supposed to build the genogram because they were making sea food soup together and the sister came over for a visit. As the Counselor inquired more, it was revealed that the recipe they used was one that had been passed down from the maternal great grandmother to the maternal grandmother and then to the mother's sister. It was clear that the process the family was engaged in was rich in tradition and perhaps much more valuable than drawing circles and squares on a piece of paper.

**Case Study 2:** The family had been given the genogram symbols by the Counselor, who instructed them on how to use the symbols. When the Counselor came in, the family had constructed a highly-detailed family tree in which each leaf had the name of a person and the role they played in the family. One side of the tree represented the mother's side of the family and the other side represented the father's side. The family displayed an enormous amount of pride in explaining the genogram to the counselor and the children in the family were eager to share what they had learned about their family history, triggering a lively and positive discussion. The assignment had clearly contributed towards strengthening the bonds among family members through cultivating and appreciation of their shared history.

## 2. Individual Meeting: Redefine Problem and Provide Coaching

### Purpose

During this meeting, the youth continues to understand how his or her behavior is connected to the behavior of other members of the family. The activities below are intended to provide a basic framework for this meeting. However, the counselor should approach this as a coaching session aimed at helping the youth establish and achieve short, medium, and long term goals, as well as gain a deeper understanding of the behavioral and relational issues that are impacting the youth and his or her family.

### Activities

1. Identify problem and follow up on task using completed [Horizontal](#) and [Individual Task Forms](#).
2. Redefine problem using completed [Individual Interview on the Problem Form](#).
3. Identify current solution by completing [Circular Relational Sequencing Flowchart](#).
4. Rethink solution.
5. Assign task.
6. Complete Individual Task Form and MFD entries.

#### Activity 1: Identify the problem and follow up on task

- Check whether the youth has made progress on the task assigned to him or her in the First Family Meeting and define a specific behavior or problem that he or she should work on.
- If the task is complete, you will assign another task. If it is not complete, you will continue working on the same task.
- Refer to the relevant Horizontal Task Form and Individual Task Form.

#### Activity 2: Redefine the problem in relational terms

Referring back to the Individual Interview on the Problem Form, explore the following with the youth:

- Did the youth do something different to what was agreed?
- If yes, what is it?
- Who does what before the youth does it (who or what triggers the youth's behavior)?
- How do family members respond to the youth's behavior?
- How does the youth respond to the family members' responses to her/his behavior.

You can also follow the six steps listed under [Redefining the Problem](#) in the Catalogue of Strategic Counseling Techniques.

#### Activity 3: Identify current solution applied by the youth

- Let the youth see the relational sequence by working with him or her to complete a new Circular Relational Sequencing Flowchart.

#### Activity 4: Rethink solution

- Let the youth see how his or her current solution creates a problem. Show how the solution applied by the youth can make the adults even more rigid and less able to understand her or his point of view.
- Invite the youth to think of and/or recommend a different solution that involves more communication with the adults.
- Show how the sequence would be more satisfactory if the youth completed a task related to that solution.



#### Activity 5: Assign task

- Either reinforce the task at hand or identify a new task.
- Assign a task monitor.
- Note down any observations.

#### Activity 6: Complete Individual Task Form and MFD entries

- Complete the Individual Task Form with the youth.
- Enter relevant data into the MFD.

## 3. Second Family Meeting: Review Tasks and Prepare Celebration

### Purpose

The family reports back on their genogram and starts preparing for the celebration in Phase 4 by gathering information about family traditions.

### Activities

1. Follow up on vertical task.
2. Follow up on horizontal task.
3. Assign horizontal task.
4. Assign vertical task: Gathering Information about Family Traditions.
5. Complete [Horizontal Task Form](#) and MFD entries.

#### Activity 1: Follow up on vertical task

Ask to see the pictures the family has taken and the genogram under construction. Have a conversation with the family about both items.

Discuss the process of producing the genogram.

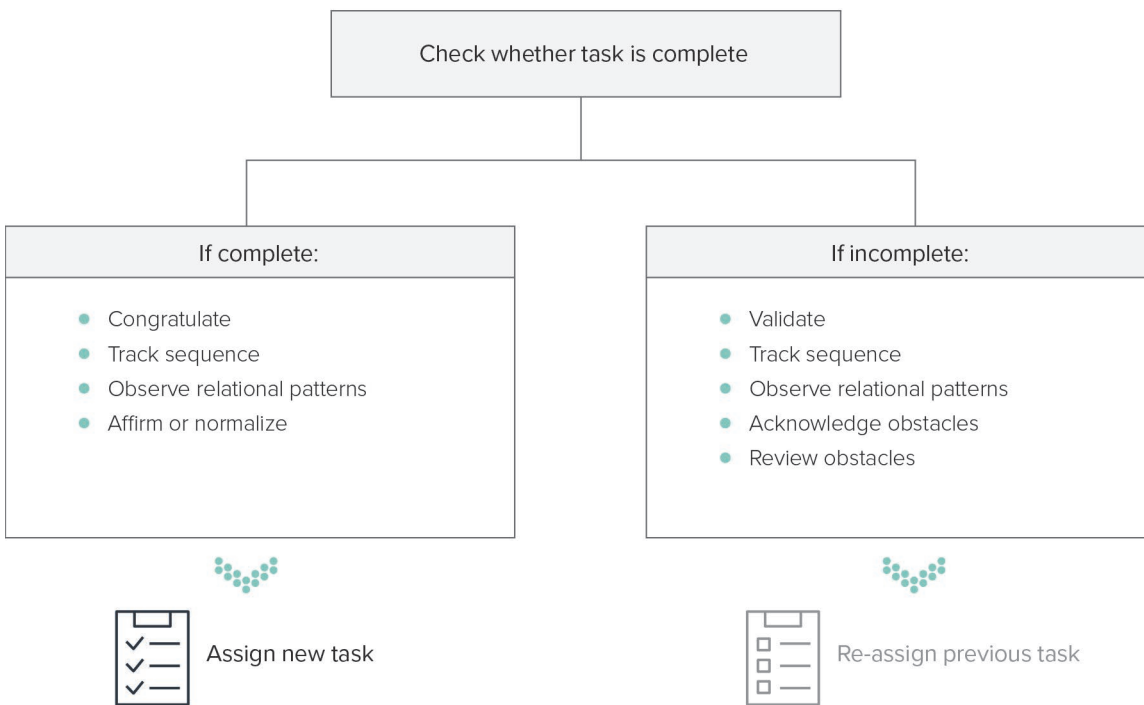
- Which information was collected to design the genogram?
- Who participated in designing the genogram?
- How did they decide on the design?
- How did they experience the design process?
- What new information did you learn about your family?
- What strengths did you see that you had not realized before?
- What did you learn from this process that you can take with you as we move forward?

Discuss the genogram and the family relations it reveals.

- As we look at the people drawn here, who would you say you are real close with?
- Who would you like to know better or get closer to?
- In every family there are people we may not have any connection to or maybe we don't even know them. Who are those folks in your family?
- Who are the people you have a good relationship with but are not really close to because you don't get to spend time with them?
- Is there a particular happy time together that comes to mind about any family members in your genogram so far?

Pay particular attention to the family's use of language, metaphors, and specific language to describe their history. Make notes on relational patterns, metaphors, rituals, or family characteristics they could celebrate.

Activity 2: Follow up on horizontal task



Activity 3: Assign horizontal task

***If previous task was completed***

- Assign a task with a higher communicational value, meaning the task amplifies the original task in either the frequency or depth of issues that it addresses.
- Alternatively, you also can assign a task that addresses a different behavior.
- Use your judgement and creativity to design tasks that address the identified problem.

***If previous task is incomplete, reassign same task***

Activity 4: Assign vertical task – Gathering Information About Traditions

Ask the family to continue work on their genogram and use this process to gather information about:

- Rituals, customs, celebrations, and other family traditions. Be mindful that the term “ritual” could seem unusual to a family, so translate the term starting with simple acts. For example, ask if each family member sits in a specific seat each night at the dinner table. This would be a ritual. You could then ask for examples of other patterns and choreographies that repeat themselves in the family.
- What is the origin of those rituals and traditions? Make note of the tone of the conversation when the family talks about certain people.
- Who are the family members that lead and pass on the traditions?

Ask the family to report orally about the progress on their genogram and the traditions that they identify at the next meeting and bring in any objects that support their story.

Activity 5: Complete Horizontal Task Form and MFD entries

- Complete a new [Horizontal Task Form](#).
- Note any observations and enter any other relevant data.
- Enter relevant data into the MFD.



**DURING THE PROCESS** of creating the genogram, they learned more about their shared history and traditions, which brought them all closer together as a family. Photo by Kerinda Warner

## 4. Strategy Team Meeting: Evaluate and Prepare for Phase 4

### Purpose

The purpose of this meeting is to reevaluate the relational patterns, review assigned tasks, establish measures of success for the family celebration in Phase 4, and identify sayings, metaphors, language, communications, or relational patterns that can be celebrated during Phase 4. If the family is not completing assigned tasks, then a strategy should be developed to encourage family participation. Otherwise behavior and relational patterns will not change. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase. This enables counselors to keep up momentum.

### Activities

1. Identify positive patterns using [Positive Patterns Worksheet](#).
2. Evaluate relational patterns using [Relational Patterns Worksheet](#) and ecomap.
3. Complete the [FACES](#) assessment based on your observations.
4. Attend Strategy Meeting.
5. Document agreed strategies and complete MFD entries.

All of the analysis below should be completed **before** the Strategy Team Meeting. During the meeting, counselors review their analysis with their teammates and revise, if necessary.

### Activity 1: Identify positive patterns

Using the Positive Patterns Worksheet below as a guide and the horizontal task forms you have completed as a reference, identify those patterns you have attempted to reinforce and those that were reinforced through horizontal tasks.

### POSITIVE PATTERNS WORKSHEET (Excerpt from Horizontal Task Form)

Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

#### Activity 2: Evaluate relational patterns

- Use the Relational Patterns Worksheet below to identify relational challenges between family members. Which relational patterns in the family may be impeding solutions to the problem the family wants to solve? Which relational patterns block the reinforcement of positive patterns (refer to your Positive Patterns Worksheet Analysis).
- For a detailed description of the patterns, see [Relational Patterns](#) in Readings.
- Use the ecomap to visualize these patterns.
- Select the relational patterns that will be addressed in the next phase.

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
-----	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
--X--	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
————	Functional relationship	



**ST. KITTS FAMILY MATTERS COUNSELOR**, Pearlina shares her thoughts about how *Family Matters* redefines problems taking into account relational patterns and contextual factors.

*"It's like a jigsaw puzzle...when you first go to the family the pieces are all over the place, and as they begin to give you information, you begin to put the pieces together, and sometimes you're there waiting for a long time and then it clicks, and you see this is the piece that goes here."*

*"For example, one parent explained to me that the relationship with her mother was very conflictive. And so that, in some respects, reflected the way she treated her child. It's been a learning process for her to not emulate that same relationship that she had with her mother, with her son. And so, she's working on that."*

**Activity 3: Complete the FACES assessment based on your observations.**

Complete the entire FACES based on your observations. Focus on questions listed below, noting where the scores indicate a need for improvement so you can work on strengthening these areas in future meetings. Also note where the scores indicate areas of strength, so these can be reinforced.

<b>FACES — COMMUNICATION SCALE</b>		
<b>Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree</b>		
<b>No.</b>	<b>Question</b>	<b>Score</b>
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

<b>FACES — SATISFACTION SCALE</b>		
<b>Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied</b>		
<b>No.</b>	<b>How satisfied are you with:</b>	<b>Score</b>
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

#### Activity 4: Attend Strategy Team Meeting

##### Objectives

- Evaluate progress and strategy.
- Identify areas of progress that can be acknowledged /celebrated in the next phase.
- Discuss family traditions and rituals that could be strengthened.
- Review positive and relational patterns analyses, ecomap, and FACES results.
- Develop / discuss / share family feedback script.
- Adjust strategy as required.

For more information, revisit the guidelines for [Working in Strategy Teams](#).

#### Activity 5: Document agreed strategies and complete MFD entries

- Note any agreed strategies and other relevant observations from the Strategy Team Meeting and revise your strategy, as required, to prepare for the next phase.
- Ensure all MFD entries for this phase are complete.

**FAMILY COUNSELOR** in Saint Lucia getting family started on their genogram during the first family meeting, so they can complete it before the next family meeting. Photo by Waqas Mahmood



“

*Family Matters* helps families  
create positive change through  
strengthening relationships.

”



## Phase 4

# Strengthening Family Traditions and Rituals



Photo: Waqas Mahmood

# 4

## PHASE 4 OVERVIEW

01 | Referral and Assessment

02 | Building Agreements

03 | Refining

**04**  
**Strengthening Family Traditions**  
Family ritual (e.g. special family dinner) to acknowledge positive changes, reinforce motivation and strengthen family cohesion.

05 | Integrating

06 | Next Level Agreements

07 | Re-Evaluating



### First Family Meeting:

*Develop a Celebration Based on a Family Tradition or Ritual*

1. Provide feedback to family
2. Follow up on vertical task.
3. Follow up on horizontal task using the completed horizontal task form.
4. Assign task of planning a family tradition or ritual to celebrate progress.
5. Complete the Horizontal Task Form and MFD entries.



### Individual Meeting:

*Redefine Problem and Provide Coaching*

1. Follow up on task using completed Horizontal and Individual Task Forms.
2. Redefine problem by completing Individual Interview on the Problem Form.
3. Identify current solution by completing Circular Relational Sequencing Flowchart.
4. Rethink solution.
5. Assign task.
6. Complete Individual Task Form and MFD entries.



### Second Family Meeting:

*Review Celebration and Assign Community Research Activity*

1. Review family celebration.
2. Evaluate family's progress on FACES.
3. Assign task of Community Research Activity.
4. Complete Horizontal Task Form and MFD entries.



### Strategy Team Meeting:

*Evaluate and Prepare for Phase 5*

1. Identify positive patterns by completing Positive Patterns Worksheet.
2. Evaluate relational patterns by completing Relational Patterns Worksheet and ecomap.
3. Score FACES communications and satisfaction scales.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.



## STRENGTHENING FAMILY TRADITIONS AND RITUALS

### Phase Overview

The objective of Phase 4 is to identify a tradition or ritual that can be used to acknowledge / celebrate the family's efforts and accomplishments in terms of behavior change and improved relational patterns. The family plans a ritual or chooses a family tradition that will bring family members – both horizontal and vertical – closer together through fostering a shared sense of identity and achievement (e.g. a special meal built around a traditional family recipe, an activity, or an excursion). The family can select or build upon an established practice or create a new one. The process of discussing traditions and rituals identified through the genogram exercise is also used to determine which practices can be strengthened, revived and/or refreshed to improve communication and cohesion and strengthen family roles and boundaries. Such moments shape and define families over generations, restore balance in times of crisis, and help families recommit to shared values and goals.<sup>1</sup>

### 1. First Family Meeting: Develop a Celebration Based on a Family Tradition or Ritual

#### Purpose

During this meeting, the family reports back on the horizontal task and their design of the genogram. The counselor helps the family in choosing a tradition or ritual that they can use to acknowledge the efforts they have made to address the issue that brought them to Family Matters. All family members are encouraged to provide input. The counselor works with the family to identify the roles of each family member including choosing a leader. One person is selected by the family to report to the counselor at the next Family Meeting.

#### Activities

1. Provide feedback to family.
2. Follow up on vertical task.
3. Follow up on horizontal task using the completed [Horizontal Task Form](#).
4. Assign task of planning a family tradition or ritual to celebrate progress.
5. Horizontal Task Form and MFD entries.

#### Activity 1: Provide feedback to the family

***Provide feedback to the family on their progress thus far and explain what they can expect during the upcoming phase***

Feedback must be tailored to meet the specific needs of the family and the requirements of the phase. It should be based on a script you prepared before the meeting to organize your thoughts, which should be written in language that the family can understand. The tone should be deliberate, thoughtful and measured, but natural

and relatable. Avoid technical jargon. The idea is to empower and not to belittle. You should summarize what you observed over past phases, including progress and key achievements thus far. You should also summarize key challenges that still need to be overcome, explain underlying issues (if appropriate), and give advice for moving forward. Provide examples that back up your position and reflect the overarching assessment of the Strategy Team.

See [Providing Feedback to Families](#) in the Overview Section for more detailed information on how to prepare and deliver feedback to families.

### Activity 2: Follow up on vertical task

#### **Review the process of designing the genogram**

Ask to see the pictures the family has taken and the genogram under construction and have a conversation about both. If necessary, go back to the questions listed in [Activity 1](#) in the Phase 3 Second Family Meeting.

Pay particular attention to the family's use of language, metaphors, and the specific language they use to describe their history. Make notes on relational patterns, metaphors, rituals, or family characteristics they could celebrate.

#### **Review the family traditions and rituals that emerge from the genogram**

These practices help frame family structures and relationships, reinforce roles and boundaries, and convey family identity and belief systems.

The act of examining them more critically helps the counselor better understand a family's intergenerational patterns – e.g. how people relate and communicate.

Ask whether the family was able to identify family traditions.

- What are the rituals, customs, celebrations, and other traditions of the family that emerge from the genogram?
- What is the origin of these traditions?
- Who are the family members that lead these traditions?

### Activity 3: Follow up on horizontal task

To allow time for planning the family celebration, the review of the horizontal task should be simpler than in previous meetings.

- Have a brief, informal conversation with the family about how the task went.
- Ask the family to continue with the same task.
- Ask about changes they have noticed in the family since the beginning of the meetings.

## WHAT IS THE DIFFERENCE BETWEEN A TRADITION AND A RITUAL?

Both traditions and rituals provide a sense of continuity across generations and serve as a way of transmitting family values, history, and culture from one generation to the next.

**A tradition** is a term that encompasses a wide variety of customs, things and concepts transmitted from one generation to the next, and may include rituals. Examples could include a family recipe, a set of skills or trade (e.g. farming a specific crop), or even an annual summer family beach vacation.

**A ritual** is a symbolically meaningful act that is performed or observed on occasions, events, festivals, and/or ceremonies, and often regularly repeated. Examples could include regular family gatherings during Cricket season each time a favorite team has a match, family video night, or even saying grace before dinner. Family rituals provide families with a sense of shared identity and belonging and often provide cause for reminiscing.

## EXAMPLE OF FAMILY TRADITIONS REFLECTED IN THE GENOGRAM

For example, one family chose the symbol of the tree for their genogram, because both sides of the family made their living as farmers. The father's side specialized in growing yucca, while the mother's side specialized in farming beans. The shape of the leaves of their tree reflected those plants. From those visuals, one could infer that farming rituals, such as spring celebrations or harvest festivals, would be important traditions in this family.

- Acknowledge any negative comments and frame them as remaining challenges.
- Emphasize achievements and other positive aspects.
- Congratulate the family members on their efforts to change and emphasize at least one change or accomplishment that each member has made since the beginning of meetings.

### Activity 4: Assign task of planning a family tradition or ritual to celebrate progress

#### **Purpose**

The celebration is an opportunity for all family members to collaborate to utilize and value the collective wisdom and shared history of the family. It reinforces both the horizontal and vertical dimension and acknowledges the efforts all members have made thus far in addressing the initial problem that led them to be referred to Family Matters. Most importantly, however, it will provide a means of strengthening family rituals and traditions, which are key contributors to family cohesion.

#### **Point out that the progress made by the family deserves a celebration**

Use your findings from Activity 2 as a jumping off point to discuss what traditions or rituals might be appropriate to commemorate the progress the family has made thus far. The family can use, build upon, or resurrect an existing practice or create a new one. Encourage the family to think about a form of celebration that is most appropriate given their family background. However, help them remember that the task is about more than just celebrating changes, and the focus is really on strengthening the use of rituals and traditions, which are key contributors to family cohesion.

It is often the case that rituals or traditions have become outdated and the younger generation may have difficulty connecting with them, thereby decreasing their motivation to participate.

Counselors can help families identify ways to refresh current practices, so they have wider appeal. For example, adolescents in the household may be more likely to participate in family time after a family dinner celebration if instead of just listening to grandfather play outdated songs on the guitar, as is the current tradition, they also had the opportunity to play songs they liked on YouTube. A blending of old and new can revitalize the use of rituals and traditions, which are essential to strengthening family bonds.



Don't forget to explain the three types of family rituals (Transition, Healing, and Identity-Reforming) so that the family becomes aware of the main tenets of each and can incorporate them into a ritual, should they choose to create one. For example, they may want to include renaming into an identity-reforming ritual.

**Table 4A:** *Types of family rituals*<sup>2</sup>

TYPE OF FAMILY RITUAL	FUNCTION
<b>Transition Rituals</b>	Mark changes in family relationships, membership, and boundaries that accompany exceptional life events
<b>Healing Rituals</b>	Employed at times of loss, promote healthy living, cope with grieving process, and memorialize intense periods of family life which may impact current functioning
<b>Identity-Reforming Rituals</b>	Remove the stigmatizing labels from individuals, couples, and families, especially where the larger sociopolitical context views them negatively

For more information on rituals see [Rituals as Tools of Resistance—From Survival to Liberation](#) in the Readings section.

***Guide the family through the process of planning the family tradition or ritual***

After the family has had time to discuss and decide upon a ritual or tradition to celebrate progress, let the family designate someone to write the plan down. Introduce structure through a series of questions.

- What exactly will the activity consist of? This may include recapturing a family ritual, a cultural celebration, or a cooking ritual. The activity itself is secondary to the process (action) of gathering as many family members as possible from both the vertical and horizontal family.
- Who will participate? Make sure that one or more members from the extended family are included. Make sure that you, as the Counselor, are **not** included in the celebration since the task is intended to improve cohesion within the family.
- What is the type and purpose of the ritual being implemented (Transition, Healing, or Identity-reforming)?
- When will they celebrate?
- Where will the celebration occur (at the home, someone else's home, a restaurant, etc.)?
- What roles and tasks will each family member take in preparing for the celebration?
- How will the family document the event, via pictures or video, to recount what took place in the next meeting?

Make sure all family members participate in the discussion. Foster leadership by the parent(s) or guardian(s) by addressing questions to them and encouraging the youth to ask for their guidance.

***The counselor helps the family designate one specific family member to lead the planning***

This affirms the family's leadership structure by connecting it to the shared family history and the collective wisdom of elders. For example, if the strategy is to reinforce the authority of the grandmother, it would be appropriate for her to be placed in the lead planning role, so she will decide who attends the celebration and where it is held. The counselor should be facilitating the process of making the decision, rather than making a recommendation.



It is not recommended that the organization of the celebration be assigned to the youth, because an important component of the task is strengthening the leadership structure of the family. Therefore, a member of the executive subsystem should lead the planning.



## MY FAMILY'S FAVORITE RECIPE: DAINTY'S FAMILY FRIED RICE

This recipe was prepared by a beneficiary youth and his grandmother from Guyana and served to a group of family members during the Phase 4 celebration.

### Ingredients

- 1 tablespoon water
- 1 tablespoon butter
- 1 tablespoon vegetable oil
- 1 onion (chopped)
- 5 figs garlic (chopped)
- 1 carrot (chopped)
- 2 cups white rice (cooked and cold)
- 2 tablespoon soy sauce
- 1 cup cooked, chopped chicken meat
- 1 tablespoon ground black pepper

### Directions

Preparation Time – 5 minutes

Cook Time – 10 minutes

Ready Time – 15 minutes

1. Melt butter in a large skillet over medium low heat for 1-2 minutes.
2. Add onion, garlic, and carrot to skillet with oil and salt until soft.
3. Add rice, soy sauce, pepper, and chicken. Stir fry together for about 5 minutes. Serve hot with ketchup, if desired.

### Nutritional Facts

Per serving: 255 calories, 10.2 g fat, 25.9 g carbohydrates, 14.1 g protein, 83 mg cholesterol, 516 mg sodium.

**Activity 5: Complete Horizontal Task Form and MFD entries**

- Complete the Horizontal Task Form.
- Enter relevant data into the MFD.

## 2. Individual Meeting: Redefine Problem and Provide Coaching

**Purpose**

During this meeting, the youth will continue to understand how his or her behavior is connected to the behavior of other members in the family. The Counselor will evaluate the extent to which the youth has participated in the celebration. The activities below are intended to provide a basic framework for this meeting. However, the counselor should approach this as a coaching session aimed at helping the youth establish and achieve short, medium, and long term goals, as well as gain a deeper understanding of the behavioral and relational issues that are impacting the youth and his or her family.

**Activities**

1. Follow up on task using completed [Horizontal](#) and [Individual Task Forms](#).
2. Redefine problem by completing [Individual Interview on the Problem Form](#).
3. Identify current solution by completing [Circular Relational Sequencing Flowchart](#).
4. Rethink solution.
5. Assign task.
6. Complete Individual Task Form and MFD entries.

**Activity 1: Follow up on task**

- Refer to the relevant Horizontal Task Form and Individual Task Form.
- If the youth has completed the task, move to a discussion on the role that the youth is playing in planning for the celebration.
- If the task is not complete, you will continue working on the same task.

**Activity 2: Redefine problem in relational terms**

Referring to the Individual Interview on the Problem Form, explore with the youth:

- Did the youth do something different to what was agreed?
- If yes, what is it?
- If yes, did someone else do what the youth was supposed to do? If so, who?
- Who does what before the youth does it (who or what triggers the youth's behavior)?
- How do family members respond to the youth's behavior?
- How does the youth respond to the family members' responses to her/his behavior?

**Activity 3: Identify current solution applied by the Youth**

- Help the youth understand the relational sequence by completing a new Circular Relational Sequencing Flowchart with him or her.



#### Activity 4: Rethink solution

- Help the youth see how his current solution creates a problem for him or her. Show how the solution applied by the youth can make the adults even more rigid and less able to understand her or his point of view.
- Help the youth think of, and/or recommend a different solution (one that involves more communication with the adults).
- Show how the sequence would be more satisfactory if the youth completed a task related to that solution.

#### Activity 5: Assign task

- Either reinforce the task at hand or identify a new task.
- Assign a task monitor.
- End with a conversation about the upcoming family celebration.
- Note down any observations.

#### Activity 6: Complete Individual Task Form and MFD entries

- Complete the Individual Task Form with the youth.
- Enter relevant data into the MFD.

## 3. Second Family Meeting: Review Celebration and Assign Community Research

### Purpose

During this meeting, the family reports back on their celebration and learns about the new task of conducting community research. They will be asked to identify at least one member from the family's larger network to be invited to the next Family Meeting in Phase 5.

### Activities

1. Review family celebration.
2. Evaluate family's progress on [FACES](#).
3. Assign Community Research.
4. Complete Horizontal Task Form and MFD entries.

#### Activity 1: Review family celebration

Ask the family members about their celebration or family ritual.

- Deconstruct and analyze what the family did in the celebration or family ritual. For example, ask: *"What did you celebrate?" "How did you celebrate it?" "Who was involved in the celebration?" "Was there any cultural significance of the ritual you created?"*
- Identify the type of family ritual the family implemented: Transition, Healing, or Identity-reforming.
- Identify what family improvements were celebrated.

#### Activity 2: Evaluate the family's progress using the FACES assessment

Listen to the content of the family's narrative, observe how they interact while they narrate, and ask for clarification. This will allow you to rate (after the session) the current level of communication and cohesion using the FACES assessment tool, with a special focus on the items in the scales below. See [Learning about the Family, from the Family](#) in Readings for tips on how to listen, observe, and ask questions.

FACES — COMMUNICATION SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

### Activity 3: Assign community research activity

**Purpose**

The purpose of this task is to elevate the position of the responsible adults in the family and further increase and strengthen their leadership. So far, the focus was mainly on the adults' roles as supervisors of the youth within the home. Through this task, the adult also becomes a provider of guidance who connects the youth to actors and resources outside the home. The family identifies community members they can draw into their circle and community activities (recreational, neighborhood projects, or community organizations) in which the youth could participate during Phase 5.

***Assign the research project***

- Congratulate the family on their accomplishments so far.
- Assign the family the task of exploring activities in the community that offer opportunities for the youth to apply and/or develop further the skills acquired in the program (e.g., improved involvement with the school, other educational or recreational activities, neighborhood projects, civic engagement, and community organizations).
- In communities where there may be limited formal opportunities, Counselors and family members should explore informal opportunities, such as potential apprenticeships or opportunities to be mentored, and create their own opportunities for growth and development.

***Request a family to visit the youth's teacher***

As a mandated step in this activity, the family's leadership team is required to visit the teachers or employers of all of the youth in the family and deliver the following message in their own words:

*Thank you for seeing us, Mr. Thomas. We love our son very much, and we also know he is a handful. We also know that you have many others like our son in your class. We are here because we want our son to be as successful as possible in your class, and we would like to find out how we can all work better together to make sure that he does the best possible in your class.*

This visit is mandated because data indicates that the relationship with the teacher is an important protective factor in high-risk communities. When parents approach the teacher, he or she becomes more invested in the youth. When teachers in these high-risk environments do not know the parents of a student, they are cautious about investing in that student. Typically, when parents are asked to meet with the teacher, they report that they do not want the teacher to complain about their child. In response to this, the Counselor tells the parents that if the teacher feels free to complain to the parents and the parents accept it, the teacher increasingly will become more invested in that student.

***Extend the family network***

- Ask the family to identify a person in the extended family network (e.g., relatives that have not been contacted or involved yet) who can act as a resource for the youth.
- Ask them to invite this person to the next meeting.

All family members, including the index youth, should participate in the above tasks. However, one of the adults will be the coordinator and everyone will report to him or her. That adult also is responsible for bringing the results to the next meeting.

**Activity 4: Complete Horizontal Task Form and MFD entries**

- Complete a new Horizontal Task Form.
- Enter relevant data into the MFD.



Photo: Waqas Mahmood

## FAMILIES IDENTIFY A TRADITION OR RITUAL THAT CAN BE USED TO CELEBRATE THEIR EFFORTS

and accomplishments to date in the program. In doing so, they draw upon past customs, rituals and other traditions that often emerge during the process of creating their genogram. Photo by Waqas Mahmood

## 4. Strategy Team Meeting: Evaluate and Prepare for Phase 5

### Purpose

The purpose of the Strategy Team Meeting is to re-evaluate the family's communication and satisfaction using the FACES communication and satisfaction scales and all other available indicators, as indicated below. If the family is not completing assigned tasks, then a strategy should be developed to encourage family participation. Otherwise behavior and relational patterns will not change. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase. This enables counselors to keep up momentum.

### Activities

1. Identify positive patterns using [Positive Patterns Worksheet](#).
2. Evaluate relational patterns using [Relational Patterns Worksheet](#) and ecomap.
3. Score [FACES](#) Communication and Satisfaction scales.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.

All of the analysis below should be completed **before** the Strategy Team Meeting. During the meeting, Counselors review their analysis with teammates and revise, if necessary.

### Activity 1: Identify positive patterns

Using the Positive Patterns Worksheet below as a guide and the horizontal task forms you have completed as a reference, identify those patterns you have attempted to reinforce and those that were reinforced through horizontal tasks.

### POSITIVE PATTERNS WORKSHEET (Excerpt from Horizontal Task Form)

Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

Activity 2: Evaluate relational patterns

- Use the Relational Patterns Worksheet below to identify the family members among which you have identified a relational obstacle. For a detailed description of the patterns, see [Relational Patterns](#) in Readings.
- Use the ecomap to visualize these patterns.
- Select the relational patterns that will be addressed in the next phase.

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
-----	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
---X---	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
————	Functional relationship	

Activity 3: Score the FACES Communication and Satisfaction scales

Based on your observations during the meetings from Phase 2 through today, score the FACES, paying close attention to the Communication and Satisfaction scales.

Special emphasis should be given to assessing the ability of the family leadership to problem-solve and manage differences of opinion. Complement the templates below with any other available indicators gauged through your observations of the family or feedback from the family and the youth.

FACES — COMMUNICATION SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

#### Activity 4: Attend Strategy Meeting

##### **Objectives:**

- Evaluate progress and strategy.
- Review positive and relational patterns analyses, the ecomap, genogram and FACES results.
- Place a special focus on evaluating 1) how the family is functioning now, as compared to the start of the intervention; and 2) on assessing the ability of the leadership to problem-solve and manage differences of opinion.
- Develop / discuss / share family feedback script.
- Adjust strategy as required.

For information, revisit the guidelines for [Working in Strategy Teams](#).

#### Activity 5: Document agreed strategies and complete MFD entries

- Note any agreed strategies and other relevant observations from the Strategy Team Meeting and revise your strategy, as required, to prepare for the next phase.
- Upload ecomap to MFD.
- Ensure all MFD entries for this phase are complete.

## ENDNOTES

- <sup>1</sup> Brown, A.L., Dimitriou, M., & Dressner, L. (2009). Rituals as tools of resistance- From survival to liberation. In B. Risman (Ed). *Families as They Really Are* (pp 328 – 336). Norton: New York.
- <sup>2</sup> *Ibid.*



Phase 5  
Integrating



Photo: iStock Photo

5

## PHASE 5 OVERVIEW

01 | Referral and Assessment

02 | Building Agreements

03 | Refining

04 | Strengthening Family Traditions

05 | Integrating  
Facilitate a family effort to connect with the community.

06 | Next Level Agreements

07 | Re-Evaluating



### First Family Meeting:

*Review Community Research and Plan Community Activity*

1. Provide feedback to family.
2. Welcome community members.
3. Review community research project.
4. Plan community activity.
5. Complete Horizontal Task Form and MFD entries.



### Individual Meeting:

*Reinforce Participation and Provide Coaching*

1. Review youth's participation in community activity.
2. If complete, congratulate and track sequence.
3. If incomplete, go through six steps of redefining problem as in previous phases.
4. Complete Individual Task Form and MFD entries.



### Second Family Meeting:

*Review Community Activity and Re-assign, If Necessary*

1. Review community activity.
2. If complete, congratulate and track sequence.
3. If incomplete, review and reassign community activity.
4. Complete Horizontal Task Form and MFD entries.



### Strategy Team Meeting:

*Evaluate and Prepare for Phase 6*

1. Identify positive patterns by completing Positive Patterns Worksheet.
2. Evaluate relational patterns by completing Relational Patterns Worksheet and ecomap.
3. Score FACES flexibility scale.
4. Attend Strategy Meeting.
5. Document agreed strategies and complete MFD entries.



## INTEGRATING

### Phase Overview

Integration is an ongoing process in *Family Matters*, which counselors encourage throughout each phase of the intervention, and is highlighted in this Phase. During Phase 5, the family will share with the counselor a list of potential integration activities and then work on strengthening connections with the broader community. This process is initiated and led by the adults in the family. Integrating into the community is a delicate matter in high-risk communities because families may feel that rather than integrating, they need to build stronger external boundaries to protect the family from external negative pulls. Whether a community pull is negative or positive is an assessment made by the leadership of the family, not the counselor. If counselors feel resistance to integration among family members, they need to try to understand the reasons for that resistance and find alternative options. For example, some families might not be willing to integrate into their own community, preferring to integrate into a community that is further away. Within this context, the counselor can help guide the family to community resources, such as civic groups, health services, social services, schoolteachers, and sports or dance teams, just to name a few. However, the family identifies and approaches relevant community contacts on their own. The new contacts the family makes help grow and sustain their support network. Refer back to the [Key Concepts](#) section for more on Integration.

### 1. First Family Meeting: Review Community Research and Plan Community Activity

#### Purpose

During this meeting, the family reports back on their community research and starts planning their community activity.

#### Activities

1. Provide feedback to family.
2. Welcome community members.
3. Review community research project.
4. Plan community activity.
5. Complete [Horizontal Task Form](#) and MFD entries.

#### Activity 1: Provide feedback to family

***Provide feedback to the family on their progress thus far and explain what they can expect during the upcoming phase***

Feedback must be tailored to meet the specific needs of the family and the requirements of the phase. It should be based on a script you prepared before the meeting to organize your thoughts, which should be written in

language that the family can understand. The tone should be deliberate, thoughtful and measured, but natural and relatable. Avoid technical jargon. The idea is to empower and not to belittle. You should summarize what you observed over past phases, including progress and key achievements thus far. You should also summarize key challenges that still need to be overcome, explain underlying issues (if appropriate), and give advice for moving forward. Provide examples that back up your position and reflect the overarching assessment of the Strategy Team. In this meeting, there may be additional family or community members in attendance, so be mindful of what information is disclosed.

See [Providing Feedback to Families](#) in the Catalogue of Strategic Counseling Techniques for more detailed information on how to prepare and deliver feedback to families.

### Activity 2: Welcome community members

Welcome any new participant from the extended family or community who has joined this meeting and thank them for their participation.

### Activity 3: Review the community research project

Follow up on the research conducted by asking the family:

- What research did you do?
- Who participated in the research?
- How did you do your research?
- If no new person is attending the meeting, inquire about who they have identified or are considering.

Observe the family during the review as you listen to what and how each family member communicates.

- Do they ask for clarifications?
- Who appears to be aligned with whom?
- Do all family members participate?
- Are they discussing differences?
- Is there a clear family hierarchy?
- Are adults in charge?
- Do they reach compromises?

### Activity 4: Plan the community activity

#### ***Facilitate agreement on the community activity***

Invite the family to discuss the pros and cons of the various options of activities (community project, educational, or recreational) they identified and to reach an agreement on the activity in which the youth will engage.

If needed, intervene during this discussion to encourage family members to:

- Participate equally.
- Listen to each other.
- Articulate the goals and potential outcomes they hope to achieve by reaching out to the community.
- Give honest answers to each person's questions.
- Calmly discuss ideas, beliefs, or problems.

As you encourage the aforementioned patterns, make sure to support the hierarchical organization of the family (i.e. be careful not to undermine the family's leadership structure).

***Help family members design a plan to involve youth in the chosen activity***

Ask the family to think about the following questions:

- When will the youth join the activity?
- Who will take responsibility for ensuring that the youth joins the activity?
- What roles will others, including the youth, play?

***Help family members design a plan for meeting the youth's teacher***

- Will both members of the family leadership team meet with the teacher initially?
- Will they alternate?
- Will other family members be involved?
- How often will they meet the teacher?

***Designate the youth as the reporter on the plan's progress***

Tell the youth that during the next individual meeting you expect him to report on:

- Is the community activity happening?
- Is the designated adult leading the effort?
- Are others participating?
- How are they participating?
- Is the youth participating?
- How is the youth participating?
- Are the other family members receptive to the youth's participation?

**Activity 5: Complete Horizontal Task Form and MFD entries**

- Complete a new Horizontal Task Form.
- Note any observations and enter any other relevant data.
- Enter relevant data into the MFD.

## 2. Individual Meeting: Reinforce Participation and Provide Coaching

### Purpose

This meeting strengthens the understanding and motivation of the youth to participate in the planning and implementation of one community activity. The activities below are intended to provide a basic framework for this meeting. However, the counselor should approach this as a coaching session aimed at helping the youth establish and achieve short, medium, and long term goals, as well as gain a deeper understanding of the behavioral and relational issues that are impacting the youth and his or her family.

### Activities

1. Review youth's participation in community activity.
2. If complete, congratulate and track sequence.
3. If incomplete, go through six steps of redefining the problem, as in previous phases.
4. Complete [Individual Task Form](#) and MFD entries.

**Activity 1: Review youth's participation in community activity**

Review with the youth the progress of the plan for involving him or her in the chosen activity. Refer to the Individual Task Form, if necessary.

Ask the youth:

- Is the community activity being implemented?
- Is the designated person leading the effort?
- Are others participating? If yes, how?
- Is the youth participating? If yes, how?
- Are the other family members receptive to the youth's participation?
- Is the youth satisfied with the plans that are being made?
- Is a date set for the youth to join the activity selected?

**Activity 2: If complete, congratulate and track sequence, discuss future plans for continued integration**

- Identify and highlight the contributions that the youth and other family members made towards successfully completing the task.
- Review with the youth the improvements that he or she made in relating to the parents or caregivers (e.g., is the youth asking for what he or she wants, listening, discussing differences, compromising, etc.).

**Activity 3: If incomplete, apply the six steps for redefining the problem**

- Work with the youth to redefine the problem and identify a new solution. You can follow the six steps listed under [Redefining the Problem](#) in the Catalogue of Strategic Counseling Techniques.

**Activity 4: Complete Individual Task Form and MFD entries**

- Complete the Individual Task Form.
- Enter relevant information into the MFD.



**A FAMILY COUNSELOR** congratulates a participating family in St. Kitts and Nevis on completing their assigned community engagement activity.

Photo by Kathy McClure

### 3. Second Family Meeting: Review Community Activity and Re-Assign, If Necessary

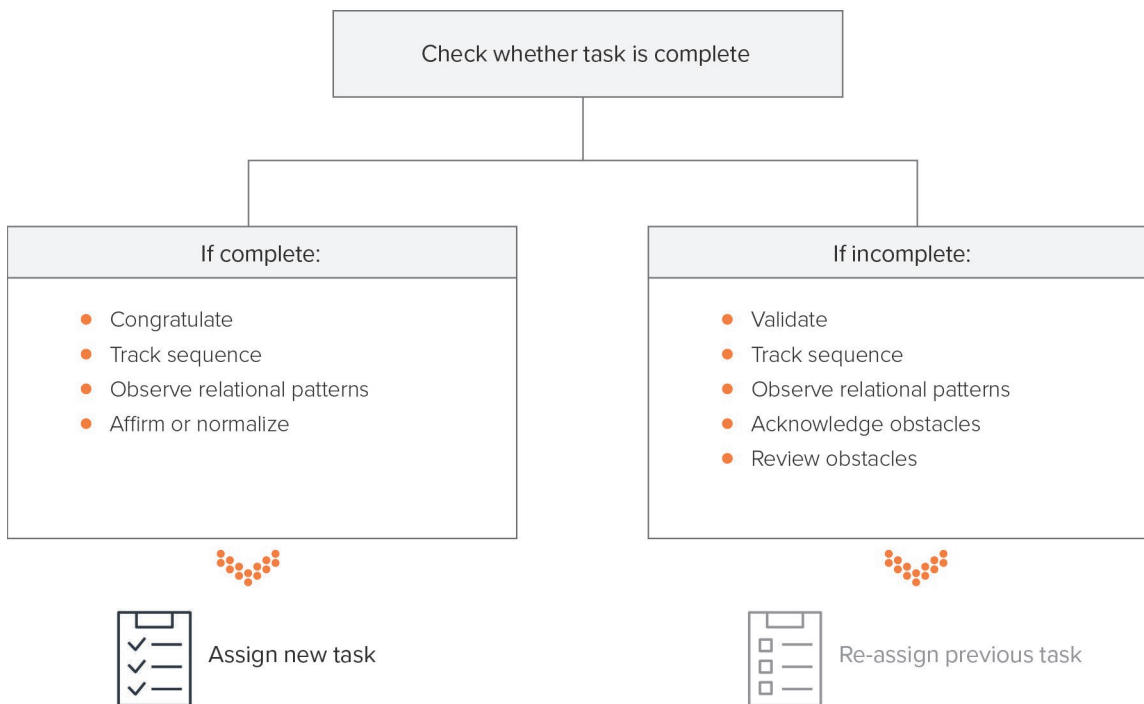
#### Purpose

During this meeting, the family reports back on their community activity. If they successfully completed it, the counselor will start helping them think about how they will continue to support the youth to participate in the chosen activity. If they did not complete the community activity yet, they will get a second chance.

#### Activities

1. Review community activity.
2. If complete, congratulate and track sequence.
3. If incomplete, review and reassign community activity.
4. Complete [Horizontal Task Form](#) and MFD entries.

#### Activity 1: Review community activity



#### Activity 2: If complete, discuss future plans for continued integration

- Obtain a detailed account of how the activity happened and how each family member, including the youth, contributed.
- Celebrate efforts by the youth and family and affirm their problem-solving ability in the context of the broader community.
- Ask the youth to have a conversation with the adult family members about what he or she likes and doesn't like about the activity.
- Ask the family to discuss how they will continue supporting the youth and family's positive integration in the community.

**Activity 3: If incomplete, re-assign community activity*****Validate the family's effort******Review the sequence of events***

Look for clues as to “how did it happen that it didn’t happen.” Include a report from the person designated to monitor the agreements from the individual meeting.

***Observe relational patterns***

Summarize your observations on the relational obstacles that impeded completion of the task. If appropriate, share some of your observations with the family. Be careful to communicate needs for improvement while providing positive and constructive feedback that fosters continued progress.

Whenever appropriate, Counselors may provide feedback to the family on what they observe and how the family is progressing. Counselors need to be careful to share information responsibly and provide paths for improvement while focusing on positive and constructive feedback that enables the family to progress further. Counselors share their observations when they have successfully joined the family. Refer to [Joining](#) in Readings for more information.

Counselors may share some of the following observations:

- Family members had different opinions about how to proceed and preferred not to discuss them.
- Family members had different opinions about how to proceed and held tightly to them without negotiating their positions.
- Family members had other priorities.
- One or more family members was concerned about possible negative consequences of involving the youth in a community, educational, or recreational activity.
- The family has problematic relationships with all or part of the larger community.

For a more detailed description of relational patterns that may impede the completion of the task, see [Relational Patterns](#) in Readings.

***Acknowledge the validity of the obstacles and reiterate the importance of the task******Address obstacles***

Select one of the identified relational obstacles and help the family members involved to work on that obstacle. For instance, ask two family members to articulate and negotiate their different opinions, fears, priorities, etc. See [Enactments](#) in Readings.

***Re-assign same task***

Ask the family to complete the integration task before the next meeting.

**Activity 4: Complete Horizontal Task Form and MFD entries**

- Complete a new Horizontal Task Form.
- Note any observations and enter any other relevant data.
- Enter relevant data into the MFD.



## 4. Strategy Team Meeting: Evaluate and Prepare for Phase 6

### Purpose

During this meeting, counselors discuss their assessment of relational patterns and the family's leadership team's ability to manage differences of opinion and resolve conflict. If the family is not completing assigned tasks, then a strategy should be developed to encourage family participation. Otherwise behavior and relational patterns will not be changed. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase. This enables counselors to keep up momentum.

### Activities

1. Identify positive patterns using [Positive Patterns Worksheet](#).
2. Evaluate relational patterns using [Relational Patterns Worksheet](#) and ecomap.
3. Score [FACES](#) Flexibility scale.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.

All of the analysis below should be completed **before** the Strategy Team Meeting. During the meeting, Counselors review their analysis with teammates and revise, if necessary.

### Activity 1: Identify positive patterns

Using the Positive Patterns Worksheet below as a guide and the horizontal task forms you have completed as a reference, identify those patterns you have attempted to reinforce and those that were reinforced through horizontal tasks.

### POSITIVE PATTERNS WORKSHEET (Excerpt from Horizontal Task Form)

Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

**"FAMILY MATTERS** helped me re-connect with my community. I joined the school football team and now spend most of my free time practicing with my new friends."



**Activity 2: Evaluate relational patterns**

- Use the Relational Patterns Worksheet below to identify relational challenges between family members. For a detailed description of the patterns, see [Relational Patterns](#) in Readings.
- Use the ecomap to visualize these patterns.
- Think about the strengths and challenges in the ability of the leadership team to manage differences of opinions and resolve conflict.
- Select the relational patterns that will be addressed in the next phase.

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
-----	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
--X--	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
————	Functional relationship	

**Activity 3: Score FACES flexibility scale**

Score the following scale of FACES, while also drawing in other FACES questions as relevant for the family.

FACES — FLEXIBILITY SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
2	The family tries new ways of dealing with problems.	
8	Parents equally share leadership in the family.	
14	Discipline is fair in the family.	
20	The family is able to adjust to change when necessary.	
26	They shift household responsibilities from person to person.	
32	They have clear rules and roles in our family.	
38	When problems arise, they compromise.	

#### Activity 4: Attend Strategy Team Meeting

##### **Objectives**

- Evaluate progress and strategy.
- Review positive and relational patterns analyses, the ecomap, genogram and FACES results.
- Discuss current relational patterns that limit the adult's ability to supervise, guide and protect the youth.
- Discuss the strengths and challenges in the ability of the leadership team to manage differences of opinions and resolve conflict.
- Confirm the relational pattern(s) on the Relational Patterns Worksheet that will be addressed in Phase 6.
- Develop / discuss / share family feedback script.
- Adjust strategy as required.

For more information, revisit the guidelines for [Working in Strategy Teams](#).

#### Activity 5: Document agreed strategies and complete MFD entries

- Note any agreed strategies and other relevant observations from the Strategy Team Meeting and revise your strategy, as required, to prepare for the next phase.
- Upload ecomap to MFD.
- Ensure all other MFD entries for this phase are complete.

Phase 6

# Next Level Agreements



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## PHASE 6 OVERVIEW

01 | Referral and Assessment

02 | Building Agreements

03 | Refining

04 | Strengthening Family Traditions

05 | Integrating

**06**  
Next Level Arrangements  
Observe family leadership manage a family meeting to address a newly identified issue; provide constructive feedback.

07 | Re-Evaluating



### First Family Meeting:

*Share Lessons Learned and Plan Two Family Discussions*

1. Provide feedback to the family.
2. Assign task of holding a family discussion before the next Family Meeting.
3. Assign task of preparing for a family discussion during the next Family Meeting.
4. Complete Horizontal Task Form and MFD entries.



### Individual Meeting:

*Assess Effect of Family Discussion*

1. Explain rationale of family discussion.
2. Get youth's feedback on family discussion.
3. Redefine problem with youth to help him participate in positive pattern.
4. Complete Individual Task Form and MFD entries.



### Second Family Meeting:

*Enact a Family Discussion*

1. Prepare for the family discussion.
2. Start the family discussion.
3. Review the family discussion.
4. Assign another family discussion.
5. Complete Horizontal Task Form and MFD entries.



### Strategy Team Meeting:

*Evaluate and Prepare for Phase 7*

1. Identify positive patterns using Positive Pattern Worksheet.
2. Evaluate relational patterns using Relational Patterns Worksheet and ecomap.
3. Reevaluate key FACES questions.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.

*\* Note - The YSET-R must be administered six months after the initial YSET I baseline. This usually occurs in Phase 7, Re-evaluating, but may occur Phase 6, Next Level Agreements, or in rare cases, in an earlier phase. Counselors follow the same protocol used for the YSET-I when they administer the YSET-R. Refer back to the YSET protocol in Phase 1. Also see the section dedicated to Phase 7 for more guidance on preparing the family for the YSET-R, discussing the results at the Strategy Team Meeting, and sharing the results with the family, as well as additional guidance specific to the YSET-R. These steps may need to be incorporated into earlier phases, for families who have progressed at a slower pace through the intervention cycle. It is important to involve the Strategy Team when adjusting your approach. If a family is progressing too slowly through the intervention (e.g. if nine months have passed), you should work with your strategy team to evaluate whether or not continuing with Family Matters is appropriate for the family.*



## NEXT LEVEL AGREEMENTS

### Phase Overview

During this phase, the family discusses what they have learned through Family Matters thus far. In particular, they share their awareness of how the family's relational patterns can impact the supervision and guidance of youth. The family also practices having family discussions on their own and without the presence of the Counselor. They first engage in a family discussion without the Counselor and then have a second family discussion with the Counselor observing and giving feedback. This sets them up for continued family discussions after the intervention is complete.

### 1. First Family Meeting: Share Lessons Learned and Plan Two Family Discussions

#### Purpose

During this meeting, the family members share lessons they have learned thus far. In particular, they become more aware of how family relational patterns can negatively impact supervision and guidance. Then they prepare for leading family discussions on their own, without Counselor's facilitation.



This meeting is held only with the adults in the family. Youth and children are not invited.

#### Activities

1. Provide feedback to family.
2. Assign task of holding a family discussion before the next Family Meeting.
3. Assign task of preparing for a family discussion during the next Family Meeting.
4. Complete [Horizontal Task Form](#) and MFD entries.

#### Activity 1: Provide feedback to family

Feedback must be tailored to meet the specific needs of the family and the requirements of the phase. In this phase, it is important for them to understand how their relational pattern impact supervision and guidance and what behavioral changes they can adapt to increase their supervision and guidance of the youth. Think carefully about how to discuss this with them and prepare your script beforehand. The script should be written in a language that the family can understand. The tone should be deliberate, thoughtful and measured, but natural and relatable. Avoid technical jargon. You should be able to provide examples that back up your position and

reflect the overarching assessment of the Strategy Team. The idea is to empower and not to belittle.

See [Providing Feedback to Families](#) in the Catalogue of Strategic Counseling Techniques for more detailed information on how to prepare and deliver feedback to families, while incorporating the guidance below.



While the guidance below assumes that there are two parents, keep in mind that families come in all shapes and sizes, so adapt your approach accordingly. Many families in the Caribbean are led by single mothers, but you may encounter a family run by a single father, a grandmother and mother team, or an older sister, etc., so use your creativity, your experience and the advice of your strategy team members to develop effective feedback that is appropriate to the context.

#### ***Start the conversation***

- Pick up where the family left off in the last phase with discussion of the community activity results.
- Praise the adults in the family for the work done since the beginning of the program.

#### ***Share your insights about strengths and remaining challenges in their relational patterns***

- Share with the family what you have learned about their relationship, starting with the positive aspects related to supervision.
- Incorporate the results of your FACES assessment.
- Share the aspects that you saw have an impact on their ability to supervise, guide, and protect the youth (e.g., the impact of not solving disagreements between two parents about a supervision matter).

#### ***Explain that conflict is good as long as it does not interfere with their ability to effectively supervise and guide the youth***

- Having differences of opinions and effectively resolving those differences is desirable.
- Conflict is problematic when it impacts effective parenting. Cite the following examples:
  - » Two parents are so over-involved with each other that the youth gets less attention. This can be the case in a family where half-siblings and/or step-siblings reside in the same home. In such families, parents sometimes are more preoccupied with managing their relationship as a couple than with co-parenting the children of their partners.
  - » A man develops an inflexibly strong coalition with his mother against his wife. This prevents him from making joint parenting decisions with his wife.
- Make clear that your job is **not to try to change the relationship of the leadership team as a couple** (or as a mother and grandmother), but rather to help make sure that their relationship does not interfere with the skills to supervise and guide the youth they have demonstrated.

#### ***Present them with a set of rules***

Present rules for the family leadership team (see example rules in the box below). Explain what the family can expect during the upcoming phase.

#### **EXAMPLE RULES FOR A TWO-PARENT LEADERSHIP TEAM**

- They will not argue or disagree in front of the youth.
- They will not discuss their relationship with the youth.
- They will present a clear line of authority to the youth.
- They will not undermine each other's authority over the youth.
- They will take thirty minutes daily to talk about the needs of the youth.



### Activity 2: Assign task of holding a family discussion before the next Family Meeting

- Ask them to put into practice the last rule of spending thirty minutes daily discussing the needs of the youth.
- Ask the adults to designate a behavior that they both want the youth to decrease or increase.
- Set a time when the adults will sit with the youth to talk with him or her about the behavior that they want to change. The talk must be scheduled at least one week before the Counselor meets individually with the youth.
- Designate who is going to do most of the talking. This should be the person who will be recognized by the other as the leader and discuss how the other adult is going to support the leader.

#### ***Plan for the discussion***

- Discuss with the adults how they will go about having a real conversation with the youth rather than a one-sided lecture. To give them confidence, provide examples of some of the skills you have seen them demonstrate in previous meetings.
- When they sit down to talk with the youth, they should share that the idea of the conversation was discussed with the Counselor.

#### ***Plan for the follow-up***

- Ask the adults how they will go about monitoring whether the youth's behavior is changing. For example, will they take turns in monitoring?
- Remind them of the importance to recognize positive changes in the youth's behavior and/or to remind the youth of the planned conversation if the behavior is not changing.

### Activity 3: Assign task of preparing for a family discussion during the next Family Meeting

- Assign the adults the task to use part of their daily 30-minute supervision meeting to choose one or two additional behaviors that the youth should decrease or increase.
- Tell them that they will discuss these behaviors with the youth in the next Family Meeting.
- Advise them that they are going to run that meeting. You will be watching to ensure they adhere to the leader/supporter division of roles.

### Activity 4: Complete Horizontal Task Form and MFD entries.

- Complete a new Horizontal Task Form.
- Note any observations and enter any other relevant data.
- Enter relevant data into the MFD.

## 2. Individual Meeting: Assess Effect of Family Discussion

### Purpose

During this meeting, the youth shares his or her impression of the family discussion. He or she understands the importance of participating in the positive relational patterns that have been developing over the last months. This meeting is held after the counselor has watched the adults' conversation with the youth. The activities below are intended to provide a basic framework for this meeting. However, the counselor should approach this as a coaching session aimed at helping the youth establish and achieve short, medium, and long term goals, as well as gain a deeper understanding of the behavioral and relational issues that are impacting the youth and his or her family.

## Activities

1. Explain rationale of family discussion.
2. Get youth's feedback on family discussion.
3. Redefine problem with youth to help him or her participate in positive patterns.
4. Complete [Individual Task Form](#) and MFD entries.

### Activity 1: Explain rationale of family discussion

Explain to the youth that you asked the adults to have a separate discussion and that they will now have a conversation with him or her because it is time to assess the changes that have occurred in the youth behavior and the family.

### Activity 2: Get youth's feedback on family discussion

To find out how the youth experienced the conversation with the adults, get feedback from the youth using the following questions as general guidelines to frame the discussion:

- What did the adults present to the youth (from his or her perspective)?
- How does the youth feel they presented it?
- Did he or she present his or her own point of view?
- Did he or she feel listened to?
- At the end of the conversation, did he or she think that he or she would change the behaviors as requested?
- Did he or she say so?
  - » If yes, discuss what the youth said.
  - » If no, work with the youth to develop a response or way forward.

Ask any questions you think might be helpful.

Going forward, the counselor should observe progress and incorporate findings into their strategy for the family.

Some things to monitor include:

- Is the desired behavior increasing, or is the undesired behavior decreasing?
- Following the conversation, is the youth changing?
- Are the adults monitoring whether the youth's behavior is improving?
- How do they respond to the behavior improving or not improving?

### Activity 3: Redefine the problem to help the youth participate in a positive pattern

- Work with the youth to redefine the problem and identify a new solution. You can follow the six steps listed under [Redefining the Problem](#) in the Catalogue of Strategic Counseling Techniques.

### Activity 4: Complete Individual Task Form and MFD entries

- Complete Individual Task Form.
- Enter any relevant data into the MFD.

## FAMILY COUNSELORS HELP FAMILY MEMBERS

learn how to work together to solve their problems. By the end of the intervention cycle, families are equipped with a range of tools and strategies that they can use to build upon the positive changes they've achieved.



*Photo: Waqas Mahmood*

### 3. Second Family Meeting: Hold a Family Discussion

#### Purpose

This meeting enables the family to practice new relational patterns that maximize the family's ability to supervise, guide, and protect the youth in the presence of the Counselor.

#### Activities

1. Prepare for the family discussion.
2. Start the family discussion.
3. Review the family discussion.
4. Assign another family discussion.
4. Complete [Horizontal Task Form](#) and MFD entries.

#### Activity 1: Prepare for the family discussion

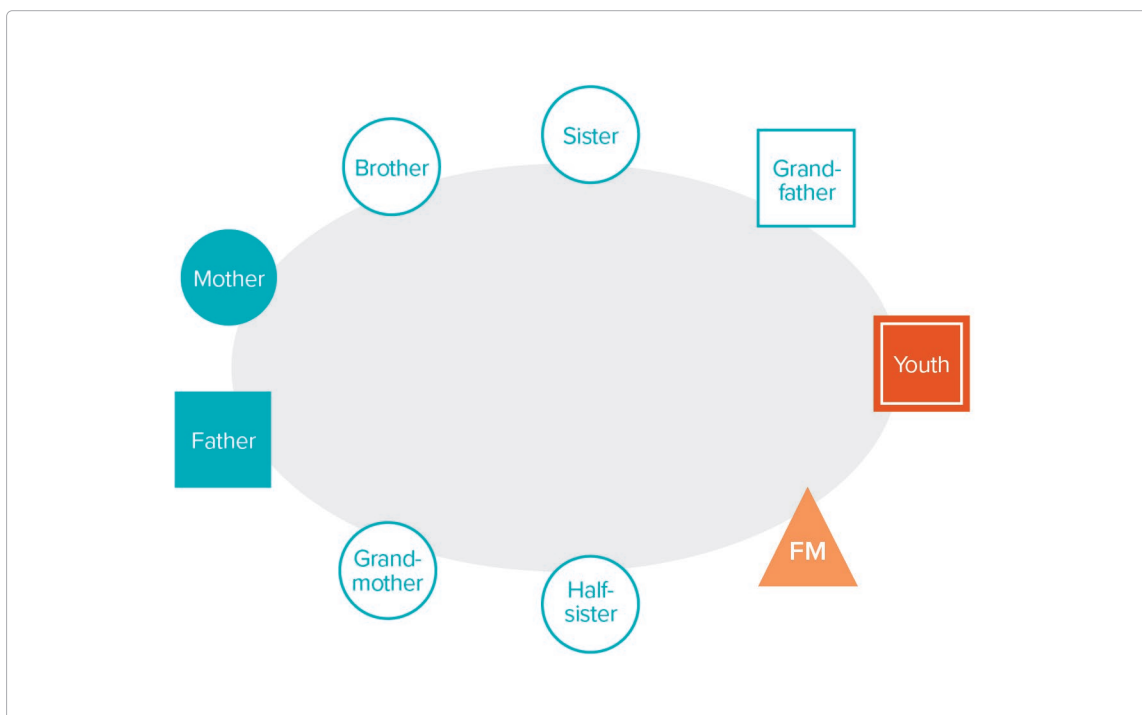
##### ***Be thoughtful about the tone and mood you want to set***

Think about the atmosphere to best enable the family to have this discussion and use words, voice, and gestures that reinforce that atmosphere.

##### ***Arrange the seating***

Have the participants sit side by side in a circle (or as close as you can get), with the youth next to the Counselor and not between or next to the parents. Figure 6A illustrates an example seating arrangement with index youth sitting next to the Counselor. The caregivers should also be sitting next to one another, but across from the youth to illustrate a united front. The seating strategy is designed to emphasize that the focus is on the executive sub-system and the index youth, with the Counselor serving as a facilitator.

**Figure 6A:** Example seating arrangement for family discussion in Phase 6



**Review previous task**

Ask the family members to reconstruct the process and outcome of the task that was assigned to the adults in the first Family Meeting of the phase and discussed with the youth in the individual meeting. This should include how much the adults and the youth accomplished what was planned in their respective meetings.

**Observe, Listen, and Ask**

Listen to what is being said by family members, *observe* how they interact while they talk, and ask for clarifications, all of which help you update the picture of how the family operates.

**Activity 2: Start the family discussion****Start the discussion**

Remind the adults: “You were going to talk to \_\_\_\_\_ about some other changes that you wanted from him/her.”

**Observe the discussion**

Put the adults in charge of the meeting and move back to observe whether:

1. The adults and youth are listening to each other.
2. They are clear in what they want from each other.
3. They are answering each other’s questions.
4. They can discuss their differences without getting angry at each other or breaking contact (walking away in anger).
5. They can reach agreements and compromises.

**Activity 3: Review the family discussion**

Share your observations with the family. Start by pointing out what went right and then move to the areas that need improvement. Is this a conversation not just a monologue of the Counselor.

**Activity 4: Assign another family discussion**

Ask the family to have at least one other discussion before the next Family Meeting, where they will practice the skills that need improvement, such as:

1. Listening to each other.
2. Being clear in what they want from each other.
3. Answering each other’s questions.
4. Discussing differences without getting angry at each other or breaking contact (walking away in anger).
5. Reaching agreements and compromises.

**Activity 5: Complete Horizontal Task Form and MFD entries**

- Complete a new Horizontal Task Form.
- Note any observations and enter any other relevant data.
- Enter relevant data into the MFD.

## 4. Strategy Team Meeting: Evaluate and Prepare for Phase 7

During this meeting, counselors work with their strategy team to evaluate the family's progress to date and identify any final tasks that will help consolidate the positive changes underway by the end of the intervention cycle. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase. This enables counselors to keep up momentum.

### Purpose

The purpose of the Strategic Team Meeting at the end of Phase 6 is to assess the progress the family has made throughout the program and decide what tasks are still necessary to give the family “one last push” before the completion of the Family Matters intervention cycle.

### Activities

1. Identify positive patterns using [Positive Patterns Worksheet](#).
2. Evaluate relational patterns using the [Relational Patterns Worksheet](#) and ecomap.
3. Re-evaluate key [FACES](#) questions.
4. Attend Strategy Team Meeting.
5. Document agreed strategies and complete MFD entries.

All of the analysis below should be completed **before** the Strategy Team Meeting. During the meeting, Counselors review their analysis with teammates and revise, if necessary.



**FAMILY COUNSELORS** become a part of the families they work with in order to earn the right to challenge and help change the way they function. Photo by Waqas Mahmood.

**Activity 1: Identify positive patterns**

Using the Positive Patterns Worksheet below as a guide and the horizontal task forms you have completed as a reference, identify those patterns you have attempted to reinforce and those that were reinforced through horizontal tasks.

**POSITIVE PATTERNS WORKSHEET** (Excerpt from Horizontal Task Form)

Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

**Activity 2: Evaluate relational patterns**

- Use the Relational Patterns Worksheet to identify the relational challenges between family members. See [Relational Patterns](#) in Readings.
- Use the ecomap to visualize these patterns.
- Select the relational patterns that will be discussed in Phase 7.

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
— — — — —	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
--X--	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
—————	Functional relationship	

**Activity 3: Re-evaluate key FACES questions**

Select key questions from the FACES that are relevant for the index family. The FACES Flexibility, Communication, and Satisfaction scales are a good starting point for this review. Score these questions and compare to the scores of previous phases to add to your overall assessment of the family's progress.

<b>FACES — FLEXIBILITY SCALE</b>		
<b>Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree</b>		
<b>No.</b>	<b>Question</b>	<b>Score</b>
2	The family tries new ways of dealing with problems.	
8	Parents equally share leadership in the family.	
14	Discipline is fair in the family.	
20	The family is able to adjust to change when necessary.	
26	They shift household responsibilities from person to person.	
32	They have clear rules and roles in our family.	
38	When problems arise, they compromise.	

<b>FACES — COMMUNICATION SCALE</b>		
<b>Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree</b>		
<b>No.</b>	<b>Question</b>	<b>Score</b>
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	



FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

#### Activity 4: Attend Strategy Team Meeting

##### Objectives

- Evaluate progress and strategy.
- Review positive and relational patterns analyses, the ecomap, genogram and FACES results.
- Prepare to close the intervention cycle through assessing the current ability of the family to implement relational patterns that maximize the family's ability to supervise guide and protect the youth.
- Develop / discuss / share family feedback script.
- Adjust strategy as required.

For more information, revisit the guidelines for [Working in Strategy Teams](#).

**NOTE:** "If the YSET-R results are available, the strategy team meeting will include a discussion on the YSET results, so the counselor must prepare.

Before the strategy meeting, counselors should have:

- Reviewed the four key YSET-R scales
- Compared YSET-R results to YSET-I results to see whether and in what areas progress has been made.
- Complemented the YSET-R results with other sources of information (FACES, their observations and self-reported information from the family and youth) to identify areas for further progress for the family.
- Discuss the necessity of a potential second cycle of the *Family Matters* intervention, if this is an option in their specific context.

Refer to Phase 7 for additional guidance on how to review YSET and FACES results in advance of the strategy meeting. The counselors can use the earlier introduction of this information to adjust their strategies, if needed, or to motivate the family to make a final push at resolving an issue or achieving a goal. The strategy team will help the counselor use the information to identify priorities for the remaining time they have left with the family.

#### Activity 5: Document agreed strategies and complete MFD entries

- Note any observations from the Strategy Team Meeting and other relevant observations and revise your strategy, if required, to prepare for the next phase.
- Ensure all MFD entries for this phase are complete.

## INSIGHTS FROM A FELLOW COUNSELOR

“Issues of young people are fairly standard across the region, even if how they manifest may have some differences. There are issues with having some autonomy in families, how they maneuver their value and their negotiation skills in the family. There are issues related to their peer group around wanting to figure out how to assimilate versus how to keep the values of their home intact. You also see them figuring out how to manage things like social media or drugs.

I think the issues are the same with the families too...not knowing how to negotiate with their teenagers or how to communicate with them differently from when they were seven or eight years old, when the needs were different.

We want to leave our families with the sense that they always have a supportive environment. Even if the Family Matters counselors don't proactively check in with the families, the families know they are able to reach out them.”



*Michèle, Director, Counseling Unit, St. Kitts.*

# Phase 7

## Re-Evaluating



Photo: Waqas Mahmood

## PHASE 7 OVERVIEW

01 | Referral and Assessment

02 | Building Agreements

03 | Refining

04 | Strengthening Family Traditions

05 | Integrating

06 | Next Level Agreements

07 | Re-Evaluating  
Conduct an end-line assessment including the YSET-R and close the cycle.



### First Family Meeting:

*Discuss Progress and Obtain Consent to Administer YSET R\**

1. Discuss progress.
2. Introduce and obtain consent to administer the YSET R.\*
3. Document observations and complete MFD entries.



### End-Line Multi-Level Assessment:

1. Administer the YSET R.\*
2. Gather additional feedback.
3. Complete the FACES re-assessment based on your observations.
4. Identify positive patterns using Positive Patterns Worksheet.
5. Evaluate relational patterns using the Relational Patterns Worksheet and update ecomap and genogram.
6. Complete MFD entries.



### Strategy Team Meeting:

*Plan for Graduation or Second Cycle*

1. Compare YSET I and YSET R results.
2. Compare FACES Re-Assessment to FACES assessment of Phase 1.
3. Attend Strategy Team Meeting.
4. Prepare for Closing Family Meeting.
5. Document agreed strategies and complete MFD entries.



### Individual Meeting:

*Discuss Progress and Prepare for Cycle Closeout*

1. Discuss progress.
2. Share YSET R\* results (if not done earlier).
3. Follow up on Phase 6 task.
4. Complete MFD entries.



### Second Family Meeting:

*Closure of Cycle*

1. Present feedback and recommendations to the family.
2. Conduct closing ritual.
3. Family 'graduates' or prepares to enter in to a second cycle of services.

*\* If the YSET R results have already been shared with the family in an earlier phase, some activities in this section will not be implemented by the counselor as stated, because they would have been completed in earlier phases. The YSET R is always administered six months after the YSET I, even if the family has not yet entered Phase 7.*



## RE-EVALUATING

### Phase Overview

During this phase, *Family Matters* will reassess the family via an End-Line Multi-Level Assessment (similar to the protocol used in Phase 1). This re-assessment also will include the administration of the YSET R if this has not happened in previous phases (the YSET R is administered six months after administration of the YSET I). In addition, the Counselor performs a comprehensive FACES re-assessment and evaluation of additional self-reported information from the family along with his or her observations throughout the phases. Counselors will typically conduct an interview with the referral source to identify areas of growth and development and may seek additional input from other community partners (e.g. school, probation, parole, etc.), if required and/or appropriate. It is important to remember that these interviews represent just a couple of datapoints among many.

Family counselors will also prepare and equip the family to address the behavioral problems of the youth and transition through individual and family life cycles without the support provided by *Family Matters*. This includes showing the family how to seek assistance when needed. The ultimate goal of *Family Matters* is achieved when families are able to effectively work together to address their problems. In the word of a father whose family had recently completed the intervention, “*I know we will fall again, but now we know how to get up.*”

If the YSET-R score indicates that the youth is still at a secondary level of risk or higher, then the family counselor may petition for the family to enter a second cycle of *Family Matters* in contexts where that is an option, for maximum of two cycles (approximately 12 months in total).

Phase 7 differs from other phases in several ways. First, if the YSET R was administered in an earlier phase, counselors may need to adjust the order, flow and content of meetings. Second, counselors will place more of an emphasis on assessing the individual youth as opposed to all family members. Through this individual assessment, they can also measure transformations that have taken place at the family-level as a result of *Family Matters*. Third, this phase includes more activities than the other phases. Counselors must conduct family/individual meetings and perform an end-line assessment. Counselors must therefore manage their time carefully to ensure that all activities are completed within the approximately thirty days allotted for the phase. It is important to maintain momentum, so the family can either graduate from the program on time or enter a second cycle of *Family Matters* (if that is an option).

# 1. First Family Meeting: Discuss Progress and Obtain Consent to Administer YSET R

## Purpose

During this meeting, family members share their perspectives on the progress made by both the youth and the family since the beginning of the program, and they identify areas for further improvement. If not done in a previous phase, the counselor will obtain consent to administer the YSET R.

## Activities

1. Discuss progress.
2. Introduce and obtain consent to administer YSET R (if not done previously).
3. Document observations and complete MFD entries.

### Activity 1: Discuss Progress

#### ***Introduce the discussion***

Explain what the family can expect in Phase 7. Ensure they understand that the emphasis is on assessing progress, creating a strategy for moving forward and closing the cycle. The counselor can save more detailed observations and recommendations for the 'closeout' feedback session delivered during the second family meeting. The purpose of this discussion is to jumpstart a discussion where the family weighs in on their progress. See example language below:

*"We have now reached the last phase of the program. This is where we assess family progress and determine whether or not you all will graduate from the program or if additional resources and support are needed. I will work with you to strategize on how to continue the process of strengthening your family moving forward through building on the work you have already done. It will be important for you all to continue to use your family members as a support system. The other community resources which you have identified and developed throughout the entire process will also help. As a first step, let's discuss your thoughts on the progress you've made."*

#### ***Facilitate an open discussion about progress***

- Ask each family member to share their perspectives in their own words on the progress made by the index youth and the changes made within the family during the program.
- As the family discusses their experiences and provides their analysis of the family functioning, listen to their narrative and observe their interactions with an eye to completing the [FACES](#) Flexibility, Communication, and Satisfaction scales after the meeting. Also highlight positive behavioral shifts and positive relationships.
- If you find it appropriate, use the following exercise:  
Following the free discussion by the family, ask specifically about their experiences on progresses achieved in the items from section B and F of the [Phase 1 Information Form](#).

An excerpt of the Phase 1 Information Form, Section B:

**B. PROBLEMS AND ATTEMPTED SOLUTIONS (COUNSELOR OBSERVATIONS)**

Presenting problem	Mentioned by		How long has the problem existed
	Referral source	Family	
Not following directions			
Lying			
Bad behavior at school			
School truancy			
Not studying			
Leaving without permission			
Coming home too late			
Bad company			
Alcohol use			
Drug use			
Destroying property			
Stealing			
Fighting			
(other)			
(other)			

Solutions attempted by the family	
Nothing	
Physical force	
Yelling	
Scolding	
Threatening	
Grounding	
Taking away things	
Rewarding good behavior	
Having a conversation	
Giving advice	
(other)	
(other)	

An excerpt of the Phase 1 Information Form, Section F:

**F. INDEX YOUTH SELF REPORT – YSET WEAK PARENTAL SUPERVISION SCALE**

Question	Answer
B7	When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.
B8	When I go out, I return at the time my parent asks me to come home.
B9	When I am not at home or at school, my parents or guardians know where I am.
B10	When I am not at home or at school, my parents or guardians know who I am with.
B9.6	My parent or guardian cares about where I go and what I do.

**Note** – If the YSET-R has been administered, include the analysis of the results in this discussion, as agreed with the Strategy Team.

***Discuss remaining challenges***

Discuss with family members which of the following areas may need additional work:

- Supporting and strengthening efforts of the youth.
- Supporting and strengthening efforts of parent/guardian authority.
- Supporting and strengthening efforts in the area of embracing multi-generational strengths in the family (genogram).

**Activity 2: Introduce and obtain consent to administer the YSET R (if not done previously)**

If the YSET R has not yet been administered, explain to the family that the purpose of the re-assessment is to measure any progress that might have been made. Explain that, depending on the YSET R results, a second cycle of the intervention might be offered if this is an option in your context. Refer back to the [YSET protocol in Phase 1](#) for more details. Generally, verbal consent from a caregiver is sufficient to administer the YSET R. However, this may differ depending on context and the initial consent form utilized.

**Activity 3: Document observations and complete MFD entries**

- Document your observations so that you can rely on your notes during the following FACES re-assessment.
- Enter relevant data into the MFD.

## 2. End-Line Multi-level Assessment

**Purpose**

During this meeting, the youth and the family undergo another multi-level assessment. The results of this assessment will be compared to the results of the Phase 1 multi-level assessment to evaluate the progress they have made in Phases 2 through 6.

**Activities**

1. Administer the YSET R (if not done earlier).
2. Gather additional feedback.
3. Complete the [FACES](#) re-assessment based on your observations.
4. Identify positive patterns using [Positive Patterns Worksheet](#).
5. Evaluate relational patterns using the [Relational Patterns Worksheet](#) and update ecomap and genogram.
6. Complete MFD entries.

**Activity 1: Administer the YSET R*****Purpose***

The re-administration of the YSET (YSET R) enables Counselors to evaluate whether a reduction of risk factors has occurred since administration of the initial YSET (YSET I) in Phase 1. If done in an earlier phase, you can skip this step in Phase 7.

***Administer the YSET R***

If not completed in an earlier phase, administer this end-of-cycle YSET re-assessment (YSET R) to the index youth, in accordance with the YSET protocol process described in Phase 1.

**Activity 2: Gather additional feedback**

The End-Line Multi-Level Assessment typically includes an interview with the referral source to identify areas of growth and development for the youth and the family, which may have occurred throughout the intervention. Keep in mind, however, that the interview with the referral source is one of many data points as you move through the re-assessment process. In some situations, it may be appropriate for the counselor to seek additional feedback from other community partners to gather information on the youth's progress, such as the school, probation, and/or a parole officer.



**Activity 3: Complete the FACES Assessment based on your observations**

Complete the entire FACES based on your observations, paying close attention to the questions below. Score each question using the Likert scale scores in the scoring sheet below. Focus on the following questions:

<b>FACES — FLEXIBILITY SCALE</b>		
<b>Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree</b>		
<b>No.</b>	<b>Question</b>	<b>Score</b>
2	The family tries new ways of dealing with problems.	
8	Parents equally share leadership in the family.	
14	Discipline is fair in the family.	
20	The family is able to adjust to change when necessary.	
26	They shift household responsibilities from person to person.	
32	They have clear rules and roles in our family.	
38	When problems arise, they compromise.	

<b>FACES — COMMUNICATION SCALE</b>		
<b>Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree</b>		
<b>No.</b>	<b>Question</b>	<b>Score</b>
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

**Activity 4: Identify Positive Patterns**

Using the Positive Patterns Worksheet below as a guide and the horizontal task forms you have completed as a reference, identify those patterns you have attempted to reinforce and those that were reinforced through horizontal tasks.

**POSITIVE PATTERNS WORKSHEET** (Excerpt from Horizontal Task Form)

Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

**Activity 5: Evaluate Relational Patterns**

Based on your FACES observations, use the Relational Patterns Worksheet below to identify the relational patterns that are associated with low scores in the items above and that limit the adult’s ability to supervise, guide, and protect the youth. See [Relational Patterns](#) in Readings.

- Use the ecomap to visualize these patterns.
- Update the genogram.
- Select the relational patterns to be discussed in the upcoming strategy team meeting.

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
-----	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
--X--	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
_____	Functional relationship	

**Activity 6: Complete MFD entries**

- Ensure all MFD entries for this phase are complete.

### 3. Strategy Team Meeting: Plan for Graduation or Entering Second Cycle

**Purpose**

In this meeting, you will discuss the progress of the family in phases 2 through 6 and decide whether *Family Matters* will be completed or repeated. The meeting takes place after the YSET R has been administered and scored. The Strategy Team also helps the counselor plan the Closing Family Meeting, which provides families who complete the intervention with recommendations on how to continue to address problems without the physical presence of the Counselor. It is important that Strategy Team meetings are held on a rolling basis as families are ready to transition to the next phase. This enables Counselors to keep up the momentum.

**Activities**

1. Compare YSET I and YSET R results.
2. Compare [FACES](#) re-assessment to FACES assessment in Phase 1.
3. Attend Strategy Team Meeting.
4. Prepare for Closing Family Meeting.
5. Document observations and complete MFD entries.

Activities 1 and 2 should be completed **before** the Strategy Team Meeting. During the meeting, Counselors review their analysis with teammates and revise, if necessary.

**Activity 1: Compare YSET I and YSET R results**

**Compare YSET I AND YSET R results using the four key scales**

Assess progress using the four key YSET scales; compare the answers given by the youth during the YSET I baseline with those given during the YSET R re-evaluation.

YSET SCALE A: ANTISOCIAL TENDENCIES		
Possible answers: Always, Often, Half the time, Rarely, Never		
No.	Question	Response
A1	I try to be nice to other people because I care about their feelings.	
A2	I get very angry and “lose my temper”.	
A3	I do as I am told.	
A4	I try to scare people to get what I want.	
A5	I get accused of not telling the truth or cheating.	
A6	I take (steal) things that do not belong to me, from other people.	

YSET SCALE B: WEAK PARENTAL SUPERVISION		
Possible answers: Always, Often, Half the time, Rarely, Never		
No.	Question	Response
B7	When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.	
B8	When I go out, I return at the time my parent asks me to come home.	
B9	When I am not at home or at school, my parents or guardians know where I am.	
B10	When I am not at home or at school, my parents or guardians know who I am with.	
B10.1	Even if my parents (or guardians) do not ask, I tell them where I am going.	
B10.2	My parent or guardian cares about where I go and what I do.	

YSET SCALE: VERTICAL FAMILY		
Possible answers: Very Often, Often, Sometimes, Rarely, Never		
No.	Question	Response
FS100	Do your parents or guardian talk with you about things your elders have done in the past? (Elders are a grandmother or grandfather, great uncle or aunt, older cousin or other older relative.)	
FS101	Do you visit members of your family who are older than your parents or guardian? (like a grandparent, great uncle or aunt, or other older relative)	
FS102	Have you heard stories about the lives of members of your family who are older than your parents or guardians?	
FS103	Do you get together with your family or your guardian to look at pictures or photos of older family members?	
FS104	Does your family or guardian talk about things that older family members did that make you proud?	

YSET SCALE: HORIZONTAL FAMILY		
Possible answers: Very Often, Often, Sometimes, Rarely, Never		
No.	Question	Response
FS91	The adults in my family are in charge and make the important decisions for my family.	
FS92	When adults are not around, a brother, sister, cousin, or some other older family member is in charge.	
FS92.1	When adults are not around, I am in charge.	
FS93	There are consequences if family rules are broken.	
FS94	Family rules are applied consistently to all family members.	
FS95	Family rules are fair.	
FS96	I can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.	
FS97	I have chores to do for my family.	
FS98	There is a clear separation between the adults and children in my home. For example, I have my own room or sleeping space, my own clothes, and my own activities.	

***Make an initial determination regarding the continuation of treatment (if it is an option)***

If the overall YSET R score shows that the youth is still at a secondary level of risk or higher, it may be possible in some contexts for the youth and his or her family to complete a second cycle of *Family Matters*, for a maximum of two cycles in total. If a second cycle is an option, the youth is eligible, and the counselor feels that the continuation of treatment will benefit the family, then the counselor should work with the strategy team to confirm his or her assessment and outline a strategy for informing the family and obtaining their ‘buy in’.

**YSET R RESULTS**

showed that 43% of the youth participants in *Family Matters* were no longer considered to be ‘at risk’ after completing an initial six month intervention cycle.

Photo by Waqa Mahmood



**Activity 2: Compare FACES re-assessment to FACES assessment in Phase 1**

**Complete a FACES Assessment**

Complete the FACES Flexibility, Communication, and Satisfaction scales provided below based on your observations in the Phase 7 First Family Meeting.

**Assess family's current level of functionality and cohesion**

Review the family's progress by comparing the FACES scores you attributed after the last Family Meeting to the FACES scores you gave during Phase 1.

Discuss the results with your Strategy Team Members focusing on the following sections:

FACES — FLEXIBILITY SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
2	The family tries new ways of dealing with problems.	
8	Parents equally share leadership in the family.	
14	Discipline is fair in the family.	
20	The family is able to adjust to change when necessary.	
26	They shift household responsibilities from person to person.	
32	They have clear rules and roles in our family.	
38	When problems arise, they compromise.	

FACES — COMMUNICATION SCALE		
Possible scores: 1-Strongly Disagree, 2-Generally Disagree, 3-Undecided, 4-Generally Agree, 5-Strongly Agree		
No.	Question	Score
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

FACES — SATISFACTION SCALE		
Possible scores: 1-Very Dissatisfied, 2-Somewhat Dissatisfied, 3-Generally Satisfied, 4-Very Satisfied, 5- Extremely Satisfied		
No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

### Activity 3: Attend Strategy Team Meeting

#### **Objectives**

- Plan the second family meeting, which is the last of the cycle.
- Evaluate progress and strategy.
- Review YSET and FACES results, incorporating learning from analysis conducted to date.
- Discuss script for providing end of cycle feedback to the family, which pulls together progress and key achievements made thus far, and discuss areas for improvement, while also providing guidance, as appropriate.
- Discuss strategy / script for providing basic feedback to family on the YSET R results, if not done earlier.
- Discuss appropriate closing ritual.
- In collaboration with the team, determine whether the youth and family would benefit from a second cycle of Family Matters based on the YSET-R results, if this is an available option (the intervention is capped at 6 months in some contexts).

For more information, revisit the guidelines for [Working in Strategy Teams](#).

### Activity 4: Prepare for Closing Family Meeting

#### **Finalize a strategy for the family**

Based on your analysis of the information above and the input received during the Strategy Team Meeting, prepare recommendations and guidelines for the family so that they can continue working toward progress without the physical presence of the Counselor.

#### **Plan a closing ritual**

Prepare a ritual of closing that marks the termination of the intervention and helps the family to continue to progress on the positive path they have taken. For example, you may burn a piece of paper that contains a list of their “old” behaviors and offer them a book that summarizes their progress, their achievements and the projected way forward. In this book you may recognize the specific achievements of the youth and the family, offer recommendations on how to handle situations in the future, and affirm the family leadership. Parents can consult the book, if needed. The key is to create a ritual that will resonate with each unique family. In cases

where a family will be entering a second cycle of *Family Matters*, create a ritual that will symbolize the transition from one cycle to the next.

#### Activity 5: Document agreed strategies and complete MFD entries

- Note any observations from the Strategy Team Meeting and revise necessary documentation.
- Ensure all MFD entries for this phase are complete.

## 4. Individual Meeting

### Purpose

During this meeting, the counselor will meet with the index youth to discuss progress to date and prepare them for the closure of the cycle. If the YSET R results were shared in an earlier phase, then this activity would not be required here, though the meeting would still take place to cover the other activities.

### Activities

1. Discuss progress.
2. Share YSET R results (if not done earlier).
3. Follow up on Phase 6 task.
4. Complete MFD entries

#### Activity 1: Discuss progress

Engage the youth in a discussion on progress to date. You can use the following questions as potential conversation prompts, but you can adjust as required.

- How do you feel that you have progressed throughout the time we've spent together?
- What are the areas that you feel you still need to work on?
- What goals have you achieved?
- How do you think Family Matters has impacted you as an individual?
- How do you think Family Matters has impacted your family?
- What are your next steps to improving your life and relationship with your family?
- Did the program meet your expectations?
- What created most impact for you throughout this process?
- Do you feel like you are ready to complete the program? Why / Why not?
- What would you have liked to see happen differently throughout the process?
- If you could go through the process again, what would you have done differently?

Encourage youth to continue working with the family to maintain positive growth and development.

#### Activity 2: Share YSET R results if not done earlier

Counselors receive YSET R results from the four key YSET scales: Antisocial Tendencies, Weak Parental Monitoring, Vertical and Horizontal. Counselor will analyze and interpret this data, with the strategy team. The counselor will then develop a script that will guide what information is shared with the youth and how. An in-depth explanation is not required. Counselors will provide a simple summary overview, focusing on risk factors that appear to have been addressed, those that are still left unresolved, and any that may have newly appeared on the assessment. This information should be conveyed in simple language that is easy for the youth to understand.



### Activity 3: Follow up on Phase 6 task

Follow up on the status of the individual and family task assigned in Phase 6. If the task is complete, congratulate the youth. If the task is not complete, explore with the youth the steps he or she will take to complete the task.

### Activity 4: Complete MFD entries

- Enter any relevant data into the MFD.
- Confirm that all required MFD entries have been made.



**PARTICIPATING PARENTS** now work together to create an effective leadership structure for their blended family and fighting between their children from previous relationships has reduced considerably. Photo by Waqa Mahmood

## 5. Closing Family Meeting

### Purpose

During this meeting, families “graduate” from *Family Matters*. They receive feedback and final guidance from the Counselor. In programs where there is an option to complete a second cycle of *Family Matters*, some families may proceed to Phase 2 after completion of Phase 7 if the index youth is still at a secondary level of risk or higher and the counselor recommends continuation. In this case, the counselor would still complete the two activities below, but should adjust the content accordingly.

### Activities

1. Present feedback and recommendations to the family.
2. Conduct closing ritual.
3. Family ‘graduates’ or prepares to enter in to a second cycle of services.

#### Activity 1: Present feedback and recommendations to the family

##### **Deliver Feedback Script**

- Present the recommendations from the Strategy Team to the family and discuss.
- Congratulate the youth and the family for the work they have completed.
- Cite specific achievements of each family member.
- See [Providing Feedback to Families](#) for more guidance.
- See example language below.

### EXAMPLE SHANIA'S FAMILY CLOSEOUT SCRIPT

Good afternoon, Ms. Nickola, Shania, Keisha, and Delight. Glad to see everyone here. As you know, we’re coming to the close of my time with you, as you all are completing the Family Matters program. Today, I want to give you all some feedback that the strategy team and I have put together and share some of our observations and wishes for you for the future.

It’s been a pleasure working with you over the last seven months. It’s amazing how time flies! Over time, I have been able to see each of you grow and come closer as a family unit. Kids, you have always been great kids, but everyone, even you mother agrees that you have all learned to work together more and not argue and fight as much. Just take a look at your library and toy spaces and how neat and organized they are. Mom was bragging to me about how she doesn’t have to yell and argue with you to get the chores done. Well at least most of the time. Right Mom? That’s something for you all keep on working on moving forward.

We can see that Shania has continued to improve how she communicates her feelings of happiness, frustrations, anger, and joy. While she is working very hard to show her emotions appropriately, Shania still needs for everyone to work with, encourage, and support her to do so, especially when she feels as if she is not being listened too or feels ignored. Also, Shania, we can see that your attitude and expressions of frustrations can get you into trouble, like when you got into that argument with your teacher. But even in that case, once you calmed down, you were able to think about it, get support from your siblings, and talk with the teacher along with your mom and get everything settled. It’s been two whole months since you’ve gotten into any trouble in school

*continued on next page*

**AND** you came in second place in the school spelling bee. Congratulations! Let's give Shania a clap for that one!!!

Keisha and Delight, you have been a great little sister and brother. Keisha, you have done a great job helping your mother by doing your homework and by making sure that you were always ready to go to church on time. Delight, you have been excellent at cleaning the front steps and it's great that you are getting involved in football and the church choir. No one even knew you could sing like that, but I guess it runs in the family – as we saw on the genogram and when everyone started singing songs during the family celebration.

And to Mom, Ms. Nickola. Thank you for letting me into your home and for working with me to keep the intervention schedule. You also did a great job opening yourself up to receiving support from your family. I know how hard it can be to ask for help. You are such a strong and sensitive mother and are raising beautiful leaders. I was most impressed by how you have made the kids available to spend time with both your side of the family and their dad's side. This has given them more opportunities to grow up with their cousins and has given you some time to get back to your sewing and your bible study group.

You all have a strong and supportive family, a good support system and live in a great community. I am sure people in the community have seen some of the positive changes and may come to you for support in the near future. When they do, you will be able to share your experiences and make good recommendations about how to stay close as a family and how important it is to remain disciplined, focused, connected, and open to listening and sharing. You can also share with them how no matter how tough things get, families are resilient and need to stick together!

### **Recommendations**

I want to share with you a few of the recommendations or “things to remember” from the team.

- *You are each an important member of this family and you each have a specific role or part to play.*
- *It's better to talk about things than to keep everything bottled up inside until you explode.*
- *Just because we get angry, frustrated, or feel rejected, it doesn't mean that we need to be disrespectful or try to harm other people.*
- *Families should stay connected with each other, but everyone needs a little space. Use the resources around you for family fun but remember it's also important do your own thing sometimes. For example, it's healthy for the kids to spend time with their own friends and, Ms. Nickola, keep making the time to attend your bible study group.*
- *Remember that your family consists of **all** family members – old and young – and can include people that are not even related to you. Your network should grow every year!*
- *Teamwork makes the dream work.*
- *Discipline is important and accountability is our friend. We want them in our lives every day!*
- *Remember to have fun and love each other.*

**A PROUD GRADUATE...** Shania shows off her spelling bee medals. Now that she is able to express her feelings constructively, she isn't getting into any trouble at school and her academic performance has improved. Photo by Waqas Mahmood



***Share YSET R results (if not done earlier)***

Families will be interested in the results of the YSET R, because the YSET I was a key factor in determining their eligibility for the program. So, you should set aside a few minutes to provide basic feedback on the YSET R results, if this has not been done earlier. As with the YSET I, you will have received information related to the four key YSET scales: the Antisocial Tendencies and Weak Parental Supervision scales (measuring two key risk factors), as well as the Vertical and Horizontal scales (measuring family relational dynamics). Based on a script developed in collaboration with your strategy team, share the points you identified for discussion in simple and easy to understand language. Focus on risk factors that appear to have been addressed, those that are still left unresolved, and any new risk factors that may have appeared on the assessment (if any). See below for an example script:

*"I'd like to take a moment to give you some general feedback about John's assessment results. Remember, this was the six-month follow-up to the assessment that we used to facilitate his entry into the program. The good news is that some of the issues that we started with are not at the same level of concern and there's been an overall improvement. Some specific improvements*

*we've seen include John being better at controlling his temper – he's not gotten into any fights at home or in school - and he's also doing chores around the house. Going forward, as we've all discussed, John wants to continue working with you all on maintaining his grades and making better choices regarding who he is hanging out with and where he spends his free time."*

It is important to remember that the YSET R is just one of many data points, which feed into a counselor's overall assessment. This brief feedback session should be focused on the YSET-R results and avoid duplicating information already presented in the family feedback script above.

***Discuss continuation of treatment (if an option)***

If a second cycle of treatment is an option and appropriate, you will engage in a discussion with the family to determine their willingness to continue with *Family Matters* services. This matter would have been discussed with the supervisor and strategy team ahead of time.

***Discuss Feedback***

Take time to gather feedback from the family on their experience with *Family Matters*. See example discussion points below:

- Ask for the family's views on the impact that *Family Matters* had on the family.
- Does the family feel empowered to continue building on their relationships and utilizing resources that they've connected to and developed without your support?
- How did the activities completed throughout the *Family Matters* process positively impact the family (e.g. the Genogram, ritual to celebrate changes, community research project, integration, etc.)?
- What recommendations does the family have to improve the *Family Matters* process/ program to better suit the needs of families?

**Activity 2: Conduct closing ritual**

***Conduct the closing ritual you have planned***

This ritual will impact the family on a subliminal level and reinforce newly adopted behaviors. Be sure to include a clear affirmation of the family's leadership structure.

***Share your contact details***

Reassure the family that you will continue to be available for telephone contact if necessary and share your contact details.

**Activity 3: Family 'graduates' or prepares to enter in to a second cycle of services.**

- The family graduates from *Family Matters*, and will be responsible for carrying forward what they have learned during the intervention in order to maintain a positive trajectory of growth and development.
- In programs where there is an option to complete a second cycle of *Family Matters*, some families may proceed to Phase 2 after completion of Phase 7 if the index youth is still at a secondary level of risk or higher and the counselor recommends continuation.



## A CLOSING RITUAL

In St. Kitts and Nevis, a Family Counselor, marked the closure of a family's intervention cycle by sharing an avocado seed which the youth will plant in the yard at the family's home, ever-expanding to accommodate the three generations that live there. The avocado seed was carefully selected to honor the strength and abundance of their multi-generational family and to remind them that, like the avocado tree, their family is resilient enough to withstand any storm.

Photos by Kathy McClure



“

*Family Matters* thanks you  
for your participation and  
support of families all across  
the Caribbean.

”





# Annex

## Forms, Worksheets and Scales



Photo: Wacziarg / iStock

## EXAMPLE OF PARENTAL/CAREGIVER CONSENT FORM



C	COM	CI	MI	DI	MM	YY	ID:						

### COMMUNITY, FAMILY AND YOUTH RESILIENCE (CFYR) PROGRAM

#### Youth Service Eligibility Interviews

#### PARENTAL/CAREGIVER CONSENT FORM

Dear parent or legal guardian,

Good day, I am seeking your permission to interview your child on behalf of the **USAID funded Community, Family and Youth Resilience (CFYR) Program**. You may have heard about the program, from public announcements in the newspapers or other media or people you know. We are interviewing youth between the ages of 10 through 17 in the communities of [INSERT COMMUNITIES] to find out more about them and issues that affect their safety. This interview with your child will help with this process. The information we collect will tell us whether your child is eligible for support to improve his/her safety. If your child is eligible **CFYR** can provide the support. Our support focuses on direct interventions both with your child and the family to deal with behaviors and situations that impact their safety and wellbeing. This interview is completely voluntary and we'd like to speak with your child, privately, without you or other family members or friends present. The information we discuss with your child privately will remain confidential and he/she can stop the interview at any time. If you allow us to interview your child, we may contact you in the future for a parent/caregiver interview, which will also be completely voluntary.

Should you have any questions regarding the interview, please contact [PROGRAM MANAGER NAME], [TITLE], on [PHONE NUMBER]. Thank you!

Do you consent for your child/ward to participate in **CFYR's** interview?

- I consent, and I understand that the information received will be kept confidential and used for improving support to my child/ward.
- I do not consent and do not want my child/ward to be interviewed
- My child/ward was interviewed in the last month at our household

\_\_\_\_\_  
Name of child/ward

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**Contact Information Sheet**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_

Please help us follow up with you and your youth by filling out the following information

<b>Youth Information</b>	
First name of the youth:	_____
Middle name:	_____
Last name:	_____
Date of birth of the youth:	Day ____ Month ____ Year ____
Street address:	_____
Do you have an alternative address? If so please provide it here:	_____
Household landline	_____
Parent/Guardian cell phone 1:	_____
Parent/Guardian cell phone 2:	_____

**Please note other siblings:**

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_

## Phase 1 Information Form

### ***THIS FORM COMPILES KEY INFORMATION GATHERED IN PHASE 1 DURING THE MULTI-LEVEL ASSESSMENT***

*The counselor will fill out the form based on his or her observations following the completion of 1) the referral source interview; 2) caregiver consent interview; and 3) the FACES assessment, while also incorporating observations made during the YSET interview and the youth's self-reported responses on four key YSET Scales: Antisocial Tendencies, Weak Parental Supervision, Horizontal and Vertical.*

#### **A. FAMILY COMPOSITION (COUNSELOR OBSERVATIONS)**

<b>Living in the household (Horizontal)</b>					
	<b>First name</b>	<b>Age</b>	<b>Gender</b>	<b>Relation to youth</b>	<b>Occupation or activity</b>
Index Youth					
Primary care-taker(s)					
Other adults					
Other children					

<b>Living elsewhere (Vertical)</b>				
<b>First name</b>	<b>Age</b>	<b>Gender</b>	<b>Relation to youth</b>	<b>Place of residence (same town, same country, or abroad)</b>

**B. PROBLEMS AND ATTEMPTED SOLUTIONS (COUNSELOR OBSERVATIONS)**

Presenting problem	Mentioned by		How long has the problem existed	Solutions attempted by the family	
	Referral source	Family			
Not following directions				Nothing	
Lying				Physical force	
Bad behavior at school				Yelling	
School truancy				Scolding	
Not studying				Threatening	
Leaving without permission				Grounding	
Coming home too late				Taking things away	
Bad companies				Rewarding good behavior	
Alcohol use				Having a conversation	
Drug use				Giving advice	
Destroying property					
Stealing					
Fighting					

**C. INDEX YOUTH POSITIVE QUALITIES (COUNSELOR OBSERVATIONS)**

Positive qualities	According to		Positive qualities	According to	
	Referral source	Family		Referral source	Family

**D. FACES FLEXIBILITY SCALE (COUNSELOR OBSERVATIONS)**

Question	Rating (1-5)
2 Our family tries new ways of dealing with problems.	
8 Parents equally share leadership in our family.	
14 Discipline is fair in our family.	

20	My family is able to adjust to change when necessary.	
26	We shift household responsibilities from person to person.	
32	We have clear rules and roles in our family.	
38	When problems arise, we compromise.	

### E. INDEX YOUTH SELF REPORT – YSET ANTISOCIAL TENDENCIES SCALE

*Since this scale focuses on the individual behavior of the youth, counselors can use it for background, but should focus on the following scales related to the family when developing strategies.*

Question	Answer
A1	I try to be nice to other people because I care about their feelings.
A2	I get very angry and “lose my temper”.
A3	I do as I am told.
A4	I try to scare people to get what I want.
A5	I get accused of not telling the truth or cheating.
A6	I take (steal) things that do not belong to me, from other people.

### F. INDEX YOUTH SELF REPORT – YSET WEAK PARENTAL SUPERVISION SCALE

Question	Answer
B7	When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.
B8	When I go out, I return at the time my parent asks me to come home.
B9	When I am not at home or at school, my parents or guardians know where I am.
B10	When I am not at home or at school, my parents or guardians know who I am with.
B9.6	My parent or guardian cares about where I go and what I do.

### G. INDEX YOUTH SELF REPORT - YSET VERTICAL SCALE

Question	Answer
FS100	Do your parents or guardian talk with you about things your elders have done in the past? (Elders are a grandmother or grandfather, great uncle or aunt, older cousin or other older relative.)
FS101	Do you visit members of your family who are older than your parents or guardian? (like a grandparent, great uncle or aunt, or other older relative)
FS102	Have you heard stories about the lives of members of your family who are older than your parents or guardians?
FS103	Do you get together with your family or your guardian to look at pictures or photos of older family members?
FS104	Does your family or guardian talk about things that older family members did that make you proud?

**H. INDEX YOUTH SELF REPORT - YSET HORIZONTAL SCALE**

Question	Answer
FS91	The adults in my family are in charge and make the important decisions for my family.
FS92	When adults are not around, a brother, sister, cousin or some other older family member is in charge.
FS92.1	When adults are not around, I am in charge.
FS93	There are consequences if family rules are broken.
FS94	Family rules are applied consistently to all family members.
FS95	Family rules are fair.
FS96	I can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.
FS97	I have chores to do for my family.
FS98	There is a clear separation between the adults and children in my home. For example, I have my own room or sleeping space, my own clothes, and my own activities.

*The information captured in this form is to be entered into the  
Model Fidelity Database (MFD)*

## Horizontal Task Form

Task addresses (Please indicate:)	
<u>Undesired</u> behavior to be <u>reduced</u>	<u>Desired</u> behavior to be <u>increased</u>
Describe <u>undesired</u> behavior	Describe <u>desired</u> behavior
For next month, the goal is to <u>reduce</u> occurrence of behavior to no more than:  <input type="checkbox"/> Once a day <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every other week <input type="checkbox"/> Once a month	For next month, the goal is to <u>increase</u> occurrence of behavior to at least:  <input type="checkbox"/> Once a day <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every other week <input type="checkbox"/> Once a month

Pattern to be reinforced	Description of task (prescribed interactional changes that will reinforce the pattern)
Family tries new ways of dealing with problems	
Parents/guardians equally share leadership in the family	
Household responsibilities shift from person to person	
There are clear rules and roles in our family	
Adults in family are in charge and make the important decisions for the family	



When adults are not around, a brother, sister, cousin or some other older family member is in charge		
There are consequences if family rules are broken		
Youth can get help with everyday problems from a brother, sister, cousin or other family member when adults are not around		
Youth has chores to do for the family		

Who will participate and how		
Relation to youth	Name	Will do (describe behavior)

## Individual Interview on the Problem

<ul style="list-style-type: none"> <li>• Who thinks the behavior is a problem?</li> </ul> <p>( ) Father    ( ) Mother    ( ) Siblings    ( ) Uncle    ( ) Aunt    ( ) Grandparent</p> <p>( ) Other(s): _____</p>
<ul style="list-style-type: none"> <li>• What is it that the youth does?</li> </ul> <p>( ) Actions (yells, fights, curses, lies, etc.)</p> <p>( ) Inaction (doesn't do homework, chores, "doesn't listen," etc.)</p>
<ul style="list-style-type: none"> <li>• Where does the youth do it?</li> </ul> <p>( ) Home    ( ) School    ( ) Street    ( ) _____    ( ) _____    ( ) _____</p>
<ul style="list-style-type: none"> <li>• When does the youth do it (what happens, who does what before the youth does it?)</li> </ul>
<ul style="list-style-type: none"> <li>• How frequently?    ( ) Everyday    ( ) Every other day    ( ) Twice a week</li> </ul> <p>( ) Once a week    ( ) Every other week    ( ) Once a month    ( ) Less than once a month</p>

• How do family members respond to what the youth does?							
	Father	Mother	Sibling	Uncle, Aunt	Grand parent		
Hitting							
Yelling							
Scolding							
Threatening							
Grounding							
Taking away things.							
Giving advice							
Nothing							

How does the youth respond to family members?							
---	--	--	--	--	--	--	--

## Individual Task Form

New behaviors to be practiced			
When...		... does (describe behavior of the person)...	... youth will respond by (describe new behavior of the youth):
Name of person	Relation to youth		

<p>Where the behavior will be practiced:</p> <p><input type="checkbox"/> Home    <input type="checkbox"/> School    <input type="checkbox"/> Street    <input type="checkbox"/> _____    <input type="checkbox"/> _____    <input type="checkbox"/> _____</p>
<p>How frequently the new behavior be will be practiced:</p> <p><input type="checkbox"/> Once a month                      <input type="checkbox"/> Every other week                      <input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> Twice a week                      <input type="checkbox"/> Every other day                      <input type="checkbox"/> Once a day</p>
<p>Who will monitor the task:</p>

## Positive Patterns Worksheet




(this is an excerpt from the Horizontal Task Form)

Positive Patterns Worksheet Excerpt from Horizontal Task Form		
Pattern	Attempted to reinforce	Was reinforced
Family tries new ways of dealing with problems.		
Parents/guardians equally share leadership in the family.		
Household responsibilities shift from person to person.		
There are clear rules and roles in the family.		
Adults in family are in charge and make the important decisions for the family.		
When adults are not around, a brother, sister, cousin, or some other older family member is in charge.		
There are consequences if family rules are broken.		
Youth can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.		
Youth has chores to do for the family.		

## Relational Patterns Worksheet

RELATIONAL PATTERNS WORKSHEET		
Symbol:	Relationship:	Between:
-----	Under involved	
=====	Over involved, not conflictive	
==X==	Conflictive	
---X---	Under involved, conflictive	
⎵	Cross-hierarchical relationship	
————	Functional relationship	

## Circular Relational Sequencing Flowchart

<p><i>What did others do before the youth's behavior?</i></p>	<p><i>Youth's behavior:</i></p>
	
<p><i>Youth's response to other's responses?</i></p>	<p><i>How others respond to youth's behavior?</i></p>
	

## Four Key YSET Scales

YSET SCALE A: ANTISOCIAL TENDENCIES		
Possible answers: Always, Often, Half the time, Rarely, Never		
No.	Question	Response
A1	I try to be nice to other people because I care about their feelings.	
A2	I get very angry and "lose my temper".	
A3	I do as I am told.	
A4	I try to scare people to get what I want.	
A5	I get accused of not telling the truth or cheating.	
A6	I take (steal) things that do not belong to me, from other people.	

YSET SCALE B: WEAK PARENTAL SUPERVISION		
Possible answers: Always, Often, Half the time, Rarely, Never		
No.	Question	Response
B7	When I go out, I tell my parents or guardians where I am, text them, or send them a WhatsApp to let them know where I am.	
B8	When I go out, I return at the time my parent asks me to come home.	
B9	When I am not at home or at school, my parents or guardians know where I am.	
B10	When I am not at home or at school, my parents or guardians know who I am with.	
B10.1	Even if my parents (or guardians) do not ask, I tell them where I am going.	
B10.2	My parent or guardian cares about where I go and what I do.	



### YSET SCALE: HORIZONTAL FAMILY

Possible answers: Very Often, Often, Sometimes, Rarely, Never

No.	Question	Response
FS91	The adults in my family are in charge and make the important decisions for my family.	
FS92	When adults are not around, a brother, sister, cousin, or some other older family member is in charge.	
FS92.1	When adults are not around, I am in charge.	
FS93	There are consequences if family rules are broken.	
FS94	Family rules are applied consistently to all family members.	
FS95	Family rules are fair.	
FS96	I can get help with everyday problems from a brother, sister, cousin, or other family member when adults are not around.	
FS97	I have chores to do for my family.	
FS98	There is a clear separation between the adults and children in my home. For example, I have my own room or sleeping space, my own clothes, and my own activities.	

### YSET SCALE: VERTICAL FAMILY

Possible answers: Very Often, Often, Sometimes, Rarely, Never

No.	Question	Response
FS100	Do your parents or guardian talk with you about things your elders have done in the past? (Elders are a grandmother or grandfather, great uncle or aunt, older cousin or other older relative.)	
FS101	Do you visit members of your family who are older than your parents or guardian? (like a grandparent, great uncle or aunt, or other older relative)	
FS102	Have you heard stories about the lives of members of your family who are older than your parents or guardians?	
FS103	Do you get together with your family or your guardian to look at pictures or photos of older family members?	
FS104	Does your family or guardian talk about things that older family members did that make you proud?	

## FACES

### FACES IV Assessment

Using the 5-point Likert scale provided below, please indicate the degree to which you agree or disagree with each statement

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Strongly Disagree</b>	<b>Generally Disagree</b>	<b>Undecided</b>	<b>Generally Agree</b>	<b>Strongly Agree</b>

Items	Rating				
1. Family members are involved in each other's lives.	1	2	3	4	5
2. Our family tries new ways of dealing with problems.	1	2	3	4	5
3. We get along better with people outside our family than inside.	1	2	3	4	5
4. We spend too much time together.	1	2	3	4	5
5. There are strict consequences for breaking the rules in our family.	1	2	3	4	5
6. We never seem to get organized in our family.	1	2	3	4	5
7. Family members feel very close to each other.	1	2	3	4	5
8. Parents equally share leadership in our family.	1	2	3	4	5
9. Family members feel pressured to spend most time together.	1	2	3	4	5
10. Family members feel pressured to spend most free time together.	1	2	3	4	5
11. There are clear consequences when a family member does something wrong.	1	2	3	4	5
12. It is hard to know who the leader is in our family.	1	2	3	4	5
13. Family members are supportive of each other during difficult times.	1	2	3	4	5
14. Discipline is fair in our family.	1	2	3	4	5
15. Family members know very little about the friends of other family members.	1	2	3	4	5
16. Family members are too dependent on each other.	1	2	3	4	5
17. Our family has a rule for almost every possible situation.	1	2	3	4	5
18. Things do not get done in our family.	1	2	3	4	5
19. Family members consult other family members on important decisions.	1	2	3	4	5
20. My family is able to adjust to change when necessary.	1	2	3	4	5
21. Family members are on their own when there is a problem to be solved.	1	2	3	4	5
22. Family members have little need for friends outside the family.	1	2	3	4	5
23. Our family is highly organized.	1	2	3	4	5
24. It is unclear who is responsible for things (chors, activities) in our family.	1	2	3	4	5

1	2	3	4	5
<b>Strongly Disagree</b>	<b>Generally Disagree</b>	<b>Undecided</b>	<b>Generally Agree</b>	<b>Strongly Agree</b>

Items	Rating				
25. Family members like to spend some of their free time with each other.	1	2	3	4	5
26. We shift household responsibilities from person to person.	1	2	3	4	5
27. Our family seldom does things together.	1	2	3	4	5
28. We feel too connected to each other.	1	2	3	4	5
29. Our family becomes frustrated when there is a change in plans or routines.	1	2	3	4	5
30. There is no leadership in our family.	1	2	3	4	5
31. Although family members have individual interests, they still participate in family activities.	1	2	3	4	5
32. We have clear rules and roles in our family.	1	2	3	4	5
33. Family members seldom depend on each other.	1	2	3	4	5
34. We resent family members doing things outside the family.	1	2	3	4	5
35. It is important to follow the rules in the family.	1	2	3	4	5
36. Our family has a hard time keeping track of who does various household tasks.	1	2	3	4	5
37. Our family has a good balance of separateness and closeness.	1	2	3	4	5
38. When family problems arise, we compromise.	1	2	3	4	5
39. Family members mainly operate independently.	1	2	3	4	5
40. Family members feel guilty if they want to spend time away from the family.	1	2	3	4	5
41. Once a decision is made, it is very difficult to modify that decision.	1	2	3	4	5
42. Our family feels hectic and disorganized.	1	2	3	4	5
43. Family members are satisfied with how they communicate with each other.	1	2	3	4	5
44. Family members are very good listeners.	1	2	3	4	5
45. Family members express affection to each other.	1	2	3	4	5
46. Family members are able to ask each other for what they want.	1	2	3	4	5
47. Family members can calmly discuss problems with each other.	1	2	3	4	
48. Family members discuss their ideas and beliefs with each other.	1	2	3	4	
49. When family members ask questions of each other, they get honest answers.	1	2	3	4	
50. Family members try to understand each other's feelings.	1	2	3	4	
51. When angry, family members seldom say negative things about each other.	1	2	3	4	
52. Family members express their true feelings to each other.	1	2	3	4	

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Strongly Disagree</b>	<b>Generally Disagree</b>	<b>Undecided</b>	<b>Generally Agree</b>	<b>Strongly Agree</b>

Items	Rating				
	1	2	3	4	5
53. The degree of closeness between family members	1	2	3	4	5
54. Your family's ability to cope with stress.	1	2	3	4	5
55. Your family's ability to be flexible.	1	2	3	4	5
56. Your family's ability to share positive experiences.	1	2	3	4	5
57. The quality of communication between family members.	1	2	3	4	5
58. Your family's ability to solve conflicts.	1	2	3	4	5
59. The amount of time you spend together as a family.	1	2	3	4	5
60. The way problems are discussed.	1	2	3	4	5
61. The fairness of criticism in your family.	1	2	3	4	5
62. Family member's concern for each other.	1	2	3	4	5

*Thank you for Your Cooperation!*



## Family Adaptability and Cohesion Evaluation Scale (FACES) IV Worksheet

Assess the family's current level of functioning using the following FACES Scale

**Possible Scores** (assign a rating of between 1 and 5 for each question below):

1	2	3	4	5
<i>Strongly Disagree</i>	<i>Generally Disagree</i>	<i>Undecided</i>	<i>Generally Agree</i>	<i>Strongly Agree</i>

### Flexibility Scale

No.	Question	Score
2	The family tries new ways of dealing with problems.	
8	Parents or guardians equally share leadership in the family.	
14	Discipline is fair in the family.	
20	The family is able to adjust to change when necessary.	
26	They shift household responsibilities from person to person.	
32	There are clear rules and roles in the family.	
38	When problems arise, they compromise.	

### Communication Scale

No.	Question	Score
43	Family members are satisfied with how they communicate with each other.	
44	Family members are very good listeners.	
45	Family members express affection to each other.	
46	Family members are able to ask each other for what they want.	
47	Family members can calmly discuss problems with each other.	
48	Family members discuss their ideas and beliefs with each other.	
49	When family members ask questions of each other, they get honest answers.	
50	Family members try to understand each other's feelings.	
51	When angry, family members seldom say negative things about each other.	
52	Family members express their true feelings to each other.	

1	2	3	4	5
<i>Very Dissatisfied</i>	<i>Somewhat Dissatisfied</i>	<i>Generally Satisfied</i>	<i>Very Satisfied</i>	<i>Extremely Satisfied</i>

### Satisfaction Scale

No.	How satisfied are you with:	Score
53	The degree of closeness between family members.	
54	The family's ability to cope with stress.	
55	The family's ability to be flexible.	
56	The family's ability to share positive experiences.	
57	The quality of communication between family members.	
58	The family's ability to resolve conflicts.	
59	The amount of time members spend together as a family.	
60	The way problems are discussed.	
61	The fairness of criticism in the family.	
62	Family members' concern for each other.	

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<i>Strongly Disagree</i>	<i>Generally Disagree</i>	<i>Undecided</i>	<i>Generally Agree</i>	<i>Strongly Agree</i>
<b>Other</b>					
<b>No.</b>	<b>Question</b>				<b>Score</b>
1	Family members are involved in each other's lives.				
3	Family members get along better with people outside the family than inside.				
4	Family members spend too much time together.				
5	There are strict consequences for breaking the rules in the family.				
6	Family members never seem to get organized.				
7	Family members feel very close to each other.				
9	Family members seem to avoid contact with each other when at home.				
10	Family members feel pressured to spend most free time together.				
11	There are clear consequences when a family member does something wrong.				
12	It is hard to know who the leader is in the family.				
13	Family members are supportive of each other during difficult times.				
15	Family members know very little about the friends of other family members.				
16	Family members are too dependent on each other.				
17	The family has a rule for almost every possible situation.				
18	Things do not get done in the family.				
19	Family members consult other family members on important decisions.				
21	Family members are on their own when there is a problem to be solved.				
22	Family members have little need for friends outside the family.				
23	The family is highly organized.				
24	It is unclear who is responsible for things (chores, activities) in the family.				
25	Family members like to spend some of their free time with each other.				
27	The family seldom does things together.				
28	Family members feel too connected to each other.				
29	The family becomes frustrated when there is a change in plans or routines.				
30	There is no leadership in the family.				
31	Although family members have individual interests, they still participate in family activities.				
33	Family members seldom depend on each other.				
34	Family members resent other family members doing things outside the family.				
35	It is important to follow the rules in the family.				
36	The family has a hard time keeping track of who does various household tasks.				
37	The family has a good balance of separateness and closeness.				
39	Family members mainly operate independently.				
40	Family members feel guilty if they want to spend time away from the family.				
41	Once a decision is made, it is very difficult to modify that decision.				
42	The family feels chaotic and disorganized.				

# Annex Glossary



# Glossary

## Caregiver

The Caregiver is the primary person responsible for the direct care, protection and supervision of the index (beneficiary) youth. This person may not be a parent or legal guardian.

## Enactments

Enactments are staged dialogues among the family members. Counselors set these dialogues up as therapeutic tools to enable family members to develop alternatives to existing relational patterns. For example, the Counselor may develop a dialogue in which a mother and a daughter discuss curfew or one where two caregivers discuss how to deal with their youth's problematic behavior. See [Enactments](#) in Readings.

## Executive Subsystem

Theorists use this term to describe the family's leadership structure. The executive sub-system is defined as two or more caregivers sharing a vested interest in a child or children, who together manage family behavior, relationships, interactions, and outcomes. Families can have formal and informal executive sub-systems. Mapping out a family's leadership structure can be a complex task, and, multiple and potentially competing executive subsystems may be in place.

## Family

*Family Matters* interprets the term "family" to include all persons who are identified as such by the youth and his family. This may include family structures led by a grandmother and an uncle, two same-sex caregivers, or brothers and sisters raising their siblings. It may include blood relationships or co-inhabitants of the family home, other relatives, friends, teachers, church members, or anyone else in contact with the youth. The participating youth and family decide where the family boundaries are drawn, not the *Family Matters* counselor. The term *Index Family* refers to a family that is participating in the *Family Matters* intervention.

## Family Cohesion

Family *cohesion* is the ability of the family to be emotionally, strategically, or ideologically united. A family can have too much or too little cohesion. *Family Matters* works with youth and families to achieve a balanced level of cohesion — one that combines a reasonable and mutually satisfying degree of emotional bonding with individual family members' need for autonomy.



### **Family Counselor**

Family counselors are professionally trained individuals who provide Family Matter services to youth. Each family works with a Strategy Team of two to three counselors. One of these counselors, called an *Index Counselor*, is the primary counselor responsible for interfacing directly with the family.

### **Functional Relationship**

A functional relationship presumes that the youth and adult are responsive to each other, respect and listen to each other, and are able to acknowledge and address conflicts. The adult supports, nurtures, and monitors the child, and the child follows the adult's lead. A relationship can be non-functional either due to under-involvement (youth and adult are only minimally responsive to each other, adult does not detect or respond to risky behavior, youth does not look for guidance, conflicts are not acknowledged or addressed) or due to over-involvement (child and adult are excessively responsive/loyal to each other to the detriment of their relationships with others, and the hierarchy between adult and child might be flattened or reversed). See **The Genogram** in Readings.

### **Multigenerational Assets**

This term designates the beliefs, cultures, values, and traditions that family members share across various generations, even if they do not live in the same home. Multi-generational assets may include family traditions, celebrations, rituals, songs, recipes, photographs, artifacts, folk tales, stories, superstitions, and memories.

### **Leadership Team**

This term designates the decision-making authority within the family. The leadership can comprise the parents or alternative caretakers (aunts, uncles, grandparents, or siblings) depending on the family. Theorists use the term leadership executive subsystem to define the leadership team.

### **Negative and Positive Pull Factors**

Negative factors with origins external to the immediate family that exert negative influence on a youth, such as unemployment, gang recruitment, peer delinquency, extortion, violence, selling of arms, and hard drugs. Positive factors with origins external to the immediate family that exert positive influence on a youth, such as good peer role models, strong vertical (multi-generational) family ties, quality schools, and afterschool programs.

### Relational Pattern or Dynamics

Several sequences make up a *relational pattern or a relational dynamic*, which is the repeated and consistent way in which people interact with, and respond to, others. Patterns show more general structures or schemes in relationships. For example, every time a daughter approaches her mother, the mother needs to do something else (work, rest, set the table, etc.), which makes the daughter feel that her mother is unavailable to provide guidance to her. *Family Matters* counselors identify relational patterns and transform potential negative patterns into positive ones.

### Relational Sequence

A *relational sequence* is a linear series of events involving several people who are in relationships with each other. For example, a daughter reads in her room. When the daughter's mother comes home and enters the kitchen, the daughter goes into kitchen. The mother then says she needs to rest and goes into her bedroom.

### Relational (or Interpersonal) Problem

A relational problem, also called an interpersonal problem, is a problem that occurs between two or more people. In contrast, a problem that is defined as taking place inside the person's head is called an intrapsychic problem. The emphasis of *Family Matters* is the resolution of relational problems by implementing a relational solution.

### Youth

Youth eligible to participate in *Family Matters* are between the ages of 10 and 17. The term *Index Youth* refers to the individual youth who has been selected for the *Family Matters* intervention.

### Youth at Primary, Secondary, and Tertiary Risk

In accordance with USAID's definition, CFYR defines 'at risk youth' as young people who face economic, environmental, social, and family conditions that hinder their personal development and their successful integration into society as healthy and productive citizens. The three levels of risk used in the *Family Matters approach* are as follows.

- *Primary*: The general population of youth aged 10–29 in crime-affected areas.
- *Secondary*: Youth at an elevated risk for being victims of or perpetrators of crime and violence.
- *Tertiary*: Youth who are or have been in conflict with the law (e.g., those serving time in juvenile detention).

Youth determined to be at a secondary or tertiary level or risk through the YSET assessment are eligible for participation in *Family Matters*.

Annex  
Readings



Photo: Stock Photo

## STRATEGIC FAMILY THERAPY

### Overview

The strategic family therapy models were developed in the 1950s. They arose from two primary sources: first, Gregory Bateson and the Palo Alto Group who had applied the science of cybernetics to family communication patterns, and second, Milton Erickson who developed revolutionary paradoxical interventions that capitalized on people's natural reluctance to change to bring about rapid changes in psychiatric symptoms.

*The Palo Alto Group.* Gregory Bateson was joined in 1953, first by Jay Haley and John Weakland and later by William Fry. In 1954, Bateson received a grant from the Macy Foundation to study schizophrenia and was then joined by Don Jackson. The group studied the family communication patterns of people diagnosed with schizophrenia to try to determine the origin of the symptoms.

Guiding their work were concepts derived from *cybernetics*, the study of how information-processing systems are controlled by feedback loops. They viewed families as information processing systems and applied the cybernetics concepts to *patterns* of interaction. They “assumed that psychotic behavior in one member of a family might make sense in the context of pathological family communication” (Nichols & Schwartz, 1998, p.28). They hypothesized that a complex communication pattern, called the “double bind,” (see below) might account for psychotic symptoms in a family member. The proposed explanation was intriguing but controversial since it challenged the prevailing biological “disease” theory. Although the researchers did find disordered communication patterns in these families, there is no definitive evidence that demonstrates that schizophrenic symptoms are the result, and the biological model dominates today.

***Double Bind.*** The term double bind has been commonly misused to simply describe a contradictory message, but the Palo Alto group was referring to interactions that are more complex. There are six characteristics of a double bind (Nichols & Schwartz, 1998).

1. The communication involves two or more people who have an important emotional relationship.
2. The pattern of communication is repeated.
3. The communication involves a “primary negative injunction,” (Nichols & Schwartz, p. 28) or a command not to do something on threat of punishment.
4. The communication also involves a second abstract injunction also under threat of punishment that contradicts the primary injunction.
5. A third negative injunction both demands a response and prevents escape, effectively binding the recipient of the demand.
6. The recipient becomes conditioned to respond, and as a result, the entire sequence is no longer necessary to maintain the symptom.

For example, a father demands that his son engage in a nightly discussion at the dinner table. When the child attempts to participate, the father is irritated that his dinner is interrupted. The father is

then critical of his son's lack of conversation. The son is caught in a bind since both his attempt to talk and his silence are punished. For the child, the meaning of communication becomes unclear and he develops a disordered style of communication that is labeled schizophrenia.

During that same period Milton Erickson proposed radical new ways to change “psychiatric” symptoms and problems. The prevailing theoretical assumption was that symptoms stemmed from deep psychological problems. “Curing” the problem required that patients gain insight into the unconscious impulses governing their behavior. By contrast, Erickson, focused on the specific symptoms and problems presented by the patient. He believed first, that people had the ability to solve their own problems if they could be induced to try new behaviors; second, that change could be swift rather than a long arduous process; and finally, that the patient's own natural resistance to change could, ironically, be used to bring about change. As a hypnotherapist, he developed many ingenious techniques for “getting people to do something different in the context of the old behavior, or to do the old behavior in a new context” (Nichols & Schwartz, 1998, p. 358).

Erickson was masterful in his use of *paradox*. A paradox is a contradiction or a puzzle, and the interventions involving the use of paradox are based on the notion that families experiencing symptoms or problems find it difficult, or are naturally resistant to, instituting changes. In those cases, it is sometimes more useful either to forbid them to change or ask them to change in ways that seem to run counter to the desired goals. The therapist is counting on the family members' rebelling against the directive, and as they do, the desired result is achieved. In a famous example – perhaps a fiction, but illustrative nonetheless – a farmer is attempting to push his cow into the barn. The cow naturally resists by pushing back against the farmer. The farmer then is instructed to pull the cow backward by the tail away from the barn. The cow again resists by pulling against the farmer, but this time the cow's resistance lands her in the barn.

Strategic therapy models combine the concepts of the Palo Alto group and Erickson. The defining characteristics of these models of family therapy are:

- a focus on current family communication patterns that serve to maintain a problem;
- treatment goals that derive from the problem/symptom presented;
- a belief that change can be rapid and does not require insight into the causes of the problem;
- the use of resistance to promote change by applying specific strategies (Piercy, et al., 1996).

The models primarily associated with strategic therapy are the MRI brief therapy and the Haley/Madanes strategic models. They are presented below, together with Bandler and Grinder's model, neuro-linguistic programming (NLP).

### Mental Research Institute (MRI)

The earliest strategic model came from the work at the Mental Research Institute (MRI) founded in 1959 in Palo Alto by Bateson's colleague, Don Jackson who was joined by Jay Haley, Virginia Satir, Paul Weakland, Paul Watzlawick, Arthur Bodin, and Janet Beavin (Nichols & Schwartz, 1998). They were interested in family communication patterns and feedback loop mechanisms (see below). The MRI group published many articles in the 1960s and 1970s and started one of the first formal training programs in family therapy (Nichols & Schwartz, 1998). In 1967 Haley left MRI for the Philadelphia Child Guidance Clinic.

Brief Therapy Center. In 1967 the Brief Therapy Center opened at MRI. As with all strategic therapies, interactions the goal of treatment is to change the presenting complaint rather than to interpret the to the family or to explore the past. The therapist first assesses the cycle of problematic interactions, then breaks the cycle by using either straightforward or paradoxical directives (Piercy, et al., 1996). In this model the therapist designs or selects a task or directive in order to solve the problem. Thus, the therapist assumes full responsibility for the success or failure of treatment.

### Theory of Normal Development and Dysfunction

MRI therapists do not speculate about normative patterns of development or use specific criteria to measure the health of a family. The model is more focused on techniques for change than on theoretical constructs (Piercy, et al., 1996). They are not concerned with changing the organization of a family (e.g., its hierarchy or power structure). Rather, they focus on the faulty cycles of interaction that are usually set into motion by misguided attempts to solve problems. Instead of solving the problem, the family's attempts can maintain or worsen it. Problems are not viewed as having linear causes; rather, a problem behavior is just one point in a repetitive pattern. Causality is circular.

MRI therapists are guided by the principles derived from cybernetics. Cybernetics is the study of how information-processing systems are self-correcting, controlled by feedback loops. Feedback loops are the mechanisms or cycles of interactions through which information is returned to the system and exerts an influence on it. There are both negative and positive feedback loops.

Negative Feedback Loops are ways that families correct a deviation in family functioning so as to return it to a previous state of homeostasis.

Positive Feedback Loops (Deviation Amplification) arise as a family attempts to add new information into the system. This can occur as a part of the growth process or increasing levels of complexity. Positive feedback loops are assumed to be responsible for the development of problems in families as they attempt solutions that worsen or maintain the problem. For example, if a child misbehaves, i.e., deviates from the norm (the family problem) because he is jealous of a new sibling and the father responds with harsh or punishing behavior (an attempted solution), it confirms the child's belief that he is loved less, and his behavior worsens (the deviation is amplified). MRI interventions would be aimed at changing the pattern of interaction so that the father could help the child calm his behavior and show him that he is not loved less.

### Assessment and Treatment

Assessment consists of determining the feedback loops and that govern the faulty behavior patterns by observing repetitive patterns of family interactions. Treatment is usually limited to 10 sessions, which sets up a "powerful expectation for change" (Nichols & Schwartz, 1998, p. 368). The changes that occur through treatment are classified as first-order change or second-order change.

First-Order Change. Family patterns of interaction or sequences are altered at the behavioral level only.

**Second-Order Change.** The family rules or underlying beliefs or premises that govern family members' behavior or promote specific reactions are altered. In the above example, two of the father's beliefs (that children should never show disrespect and that the child's behavior is disrespectful) may need to be changed. Family rules may be changed by the technique of reframing (see below) – helping the father reinterpret the child's behavior as reflecting his unhappiness rather than being disrespectful.

Treatment follows a six-step procedure (outlined by Nichols & Schwartz, p. 367- 368):

1. Introduction to the treatment set-up. The therapist obtains basic information from the family; explains that sessions are recorded; obtains appropriate permission for recording; and discusses the length of treatment and the reasons for the involvement of multiple professionals.
2. Inquiry into and definition of the problem. The therapist asks the family about the problem that brought them to treatment. The problem must be one that the family can clearly define if treatment is to be successful. Vague complaints, such as “we just don't get along,” do not lend themselves to interventions.
3. Estimation of the behaviors maintaining the problem. Certain behaviors or interactions among family members are assumed to be maintaining the problem. The therapist's observations of the family interactions and inquiry into the problem should continue until he or she has a clear picture of the reinforcing behaviors.
4. A. Setting the goals for treatment. Once the problem has been articulated clearly, the therapist and family can negotiate goals for change. Goals should be measurable and observable. To help quantify the goals the therapist might ask questions such as, “What will be the first sign that things are getting better?”
  - A. Exploring previous attempts to solve the problem. It is helpful to know what solutions the family has already tried for several reasons. The behaviors associated with attempts at solving the problem may be maintaining the problem. Knowing the attempts the family has made helps the therapist avoid strategies that repeat the family's efforts and points to other strategies. There are three general types of solutions the family may have tried, and each suggests a specific intervention strategy.

The family might have:

- a. denied a real problem (ignore evidence of drug abuse in a teenager) – suggests an intervention that gets the family to act.
  - b. tried to solve a nonexistent problem (punish a toddler for masturbating) – need to get the family to stop acting.
  - c. taken the wrong action (buying gifts for a daughter instead of giving her attention) – need for different action.
5. Selecting and making behavioral interventions. As noted above, the type of problem and the solutions previously attempted suggest particular strategic interventions. Strategic interventions fall into broad categories:

Reframing. “The use of language to give new meaning to a situation” (Piercy, et al., 1996, p. 63) which may lead to changes in reactions to behaviors (first-order change) or to the alteration of rules that govern behavior (second-order change). Reframes do not necessarily have to reflect the actual truth of the situation. For example, an angry hurt teen who has been locked out of the house by his father may be told that it is the only way the father has to demonstrate his love. Armed with a new way to interpret his father’s behavior, the teen may then change his behavior toward the father who may in turn soften his behavior toward his son. MRI therapists have been criticized for an overly pragmatic approach in which any reframe that might lead to a change was allowable. As a result, they have increased their efforts to be sensitive and respectful in the formulations they offer families (Nichols & Schwartz, 1998).

- a. Paradoxical Interventions. Asking the family to do something that seems in opposition to the goals of treatment (note: According to Nichols & Schwartz, as strategic therapy models have evolved, the use of paradoxical interventions has declined due to the necessary use of deception.). For example:

Symptom Prescription: The family is requested to continue to perform or even expand the symptom. The intervention may be compliance based if the therapist wants the family to do as suggested or defiance based when he or she wants the family to defy the directive.

Restraining Techniques: Family members are warned of the dangers of change, are restrained from trying to change, or are asked to change slowly. The restraint of change technique is used when the family seems ambivalent about changing. The therapist aligns with the side of the ambivalence that resists change so that the family will align with the side that wishes to change.

Positioning: The therapist amplifies or exaggerates the family’s explanation of the problem to a point that the family will disagree.

6. Termination. Therapy ends when the behavioral change objectives are met. The therapist reviews the treatment and anticipates the future with the family. He or she explains that therapy is intended to help provide a starting point on which the family might build.



**Weakland, J., Fisch, R., Watzlawick, P., Bodin, A. (1974). Brief therapy: focused problem resolution. *Family Process*, Vol. 13 (2). June, 141 - 167.**

In this classic article, Weakland, et al., (1974) describe The Brief Therapy Center of MRI in Palo Alto and their model of therapy. The brief therapists view dysfunctional behavior as a social phenomenon that occurs as one part of a system. The MRI approach does not consider that “payoffs”, or the advantages of symptomatic behavior contribute significantly to problems or hinder change.

The methods of therapy draw from the work of Milton Erickson in two ways. First, Erickson’s goal was to modify a problem by redefining it rather than clarifying it. Second, Erickson designed a creative strategy based on a client’s own starting point. Brief therapy also draws from, among others, the work of Jay Haley. The main principles of brief therapy are as follows:

1. Brief therapy is symptom oriented. The therapist assumes the responsibility for alleviating specific complaints that the family can define and are ready to address. The presenting problem is both a representation of the problem and an index of progress.
2. Problems are viewed as faulty interactions among people.
3. Symptoms stem from problems in ordinary family life that have been mishandled and the situation reaches an impasse or crisis.
4. Transitions in the family life cycle are the most vulnerable to the development of problems. Symptoms are likely to develop if people overreact to ordinary difficulties, or if they ignore problems by underemphasizing life’s difficulties.
5. When a problem develops, its continuation and exacerbation are usually the result of a positive feedback loop. The solution that arises in response to a problem simultaneously worsens it.
6. Chronic symptoms are not a defect in the system, but a problem that has been repetitively mishandled.
7. The solution requires an interruption of the positive feedback loops through altering behavior patterns.
8. Paradoxical, seemingly illogical interventions often succeed in changing the family’s behavior.
9. Change is affected most readily if the goals are relatively small and clearly stated. Change in one part of the system affects change in other parts of the system and may lead to changes in other areas of life.

The brief therapy approach is pragmatic. Interventions are based on direct observation in the session about how a behavior functions. Understanding “why” a behavior occurs – insight – is not a goal of therapy. In fact, attending to such inferences may detract from observing the system.

The Brief Therapy Center uses a team consisting of observers and a therapist. The team uses a room with a one-way mirror for observation, a telephone connecting the observers with the therapist, and equipment to tape the sessions. The therapist may offer suggestions to the family or the team of observers may intervene. These therapist-observer interventions have been found helpful in promoting change in even the most resistant or difficult families. The therapist and observers meet briefly after each session to discuss their observations and interventions. Cases are also discussed weekly in a longer meeting.

Treatment has six stages:

1. Obtain basic demographic data and introduce families to the treatment arrangement. Families are not screened in advance of treatment.
2. Formulate a clear statement of the presenting problem. If a number of problems are presented, the family is asked which is most troubling.
3. Estimate which behaviors maintain the problem by determining how family members are attempting to solve the problem. Observation and inquiry continue until the therapist has a concrete picture of the reinforcing behaviors. The therapist must decide which behaviors are most salient.
4. Delineate treatment goals. Small, definable, observable goals are selected. The therapist may ask the family to indicate the smallest change acceptable. The goals are refined through discussion, clarification, and further inquiry. The therapist should have a defined goal by the end of the second session.
5. Formulate behavioral interventions. Brief therapy emphasizes behavioral intervention. The therapist uses the family's special characteristics to determine interventions. Homework tasks are assigned to utilize the time between sessions and broaden the within-session gains to the real world. Behavioral suggestions are usually indirect, implicit, suggestive, seemingly insignificant, or contradictory. When change is recommended directly, the family may be told to enact the changed behavior only once or twice until the next session.

An important paradoxical intervention is to ***prescribe the symptom***. The family is asked to engage in the symptomatic behaviors. The goal is for the family to rebel and in the process, lessen symptomatic behaviors or bring seemingly automatic behaviors under voluntary control as the family engages in the behaviors by choice. This ***therapeutic double bind*** promotes progress no matter how the family responds.

Paradoxical instructions are also used in more general ways. For example, despite the emphasis on the brevity of treatment, families are advised to change slowly or refrain from changing at all. When change is reported, the therapist might advise slowing down. This usually produces more rapid results. When rapid change is produced, the therapist might suggest a relapse to the old behavior. Refraining from change often increases control over behavior.

6. Termination. Therapy is usually terminated by the end of ten sessions. The family's gains are discussed and the therapist helps the family look ahead to any remaining unresolved problems. The client or family is reminded that the purpose of this treatment was to provide them

with a base on which to build future changes. With oppositional clients, the therapist may downplay the gains and predict more pessimistic outcomes.

If the family expresses apprehension about termination, it is done without the usual ending. Any of the unused ten sessions are “deposited,” for later use at the family’s request. Most families do not use them.

*Treatment Evaluation.* The brief therapy group stresses the evaluation of treatment. A group member not involved in the treatment, compares the treatment goals to the observable results by determining: if the specific treatment goal was met; the current status of the presenting complaint; if the family sought additional therapy; if improvements occurred in other areas of the patient’s life; and if new problems have arisen (in order to address the possibility of symptom substitution).

The group reports that 40% of treatments succeed, 32% show significant improvement, and 28% fail. In some cases, the team did not formulate a goal concretely and specifically enough to evaluate its outcome adequately. In other cases, the changes did not provide relief. According to the authors, these results compare favorably with those of longer-term therapies.

The MRI group are considered the “engineers” of the family therapists, and some critics have called the brief therapy techniques manipulative. The brief therapy group counters that some influence is necessary to change behavior and that therapists are specialists in influence. By engaging the therapist, the family is saying change is desired. In their view it is the therapist’s responsibility to apply his or her skills – considering all possible interventions – to help bring about that change.

**Weber, T., McKeever, J., & McDaniel, S. (1985) A beginner's guide to the problem- oriented first family interview. *Family Process, Vol. 24, (3). 357-364.***

Family therapy supervisors Weber, McKeever, and McDaniel provide a framework and approximate times for guiding therapists through the initial sessions, which serves both as a teaching device and an assessment tool for supervisors to use with beginning therapists. For them, the beginning of treatment is critical. In the first interview the therapist joins with the family by noting the particular organizational style of the family members and using a therapeutic style that helps family members feel supported and safe. The session structure should provide family members with a sense that the therapist has a plan and will take the lead. The session allows the family's process to surface and become defined. A therapy contract is developed with emphasis on the family's goals and desired changes.

If the first contact is by telephone, the therapist: gathers basic information – names, addresses, telephone numbers; asks for a brief description of the problem; identifies members of the family and others who may be involved with the problem; contracts for the first session, including who will be present, date and time, location, directions to the office or facility; and explains the fees. The family member making the call may be the most highly motivated member of the family. The therapist might wonder why he or she is calling now and how other members of the family would represent the reason for seeking therapy.

If the family is not self-referred, the therapist obtains the referring person's perspective and relationship to the family and clarifies the circumstances of the referral. He or she defines when and how communication and possible ancillary involvement will ensue (obtain releases of information).

**Building A Strategy/Making Hypotheses.** The tentative hypotheses, generated from the initial telephone contact, form a working framework through which a therapist begins to make sense of the family's organizational structure, especially as it relates to the presenting problem. This working hypothesis helps the therapist develop both a strategy and specific questions for the first interview.

However, the therapist must treat the early hypotheses tentatively as he or she gathers additional data and formulates new hypotheses. The hypotheses are tested and reformulated. The therapist ascertains the family's place in the life cycle and predicts the tasks and issues surrounding that particular phase.

### The Interview

1. **Welcoming or Greeting (5 minutes).** The therapist introduces him/herself to each member of the family and invites members to sit where they like. The use of equipment such as a one-way mirror, video or audiotape is explained, and appropriate consent obtained.
2. **Social Stage (5 minutes).** The therapist should create a safe environment in the sessions where no reprisals are given. The therapist is human and non- intimidating and develops

relationships with family members by finding out more about their interests and involvements. Special attention and respect are given to the adults in the family, and the therapist reaches out to more distant family members, especially ones that did not initiate therapy. Neuro linguistic programming (NLP) techniques (see section C. below) geared towards matching the verbal and nonverbal styles of the family can be helpful in this engagement process.

3. Identifying the Problem (15 minutes). The goal is to explore each person's view of the problem – beginning with the adult who appears most distant from the problem – by asking each to describe concretely the behaviors associated with the problem. Discuss all previous attempts to solve the problem and the outcomes. Ask about recent changes in the family (births, deaths, change of employment, moves, etc.). Maintain the focus on the presenting problem while gathering additional data. Affirm each family member's view and avoid offering interpretations or advice, even if asked. Block interruptions and note disagreements or discrepancies in family member's statements. The therapist remains empathic and non-critical.
4. Observing Family Patterns (15 minutes). The therapist needs a clear picture of the behaviors of each family member. Having members clarify a specific aspect of the presenting problem by having them talk to each other about the problem or by having them enact the dilemma facilitates this goal. Family members can be asked to describe behaviors of other members as they discuss the problem, e.g., "Mary, when you and Tom are fighting, what does Mom do?" Family members might reenact the problem, e.g., "Tom, show me what happens when Mary comes in late." The therapist should observe and listen to the family, making note of the interactional patterns and repetitive sequences.

Any suggestions during this phase should be directed toward the therapy goal and/or directly related to the behavior that was observed in the session. For example, if a younger child continually interrupts a parent, the therapist may suggest that an older child help with the younger one so the parent can focus on the session. Compliment family members when their behavior is positive, for example, "Tom, you are really helpful with little Jimmy. Thank you."

5. Define the Goals (5 minutes). Ask each member to identify specifically what he or she would like to be different in the family as well as what he or she would like to stay the same. Help the family define the changes in clear positive terms and underscore their strengths. Ask them what minimum level of change would be acceptable and indicate that they are moving in a positive direction. As homework, the family might be asked to gather more information about a specific issue.
6. Contract (5 minutes). If they intend to return for treatment, discuss the number of sessions and the option of a time-limited contract. Review all business aspects including insurance information, fees, etc. Ask the adults to sign release of information and consent forms for taping sessions, or for gathering information from physicians, school personnel, or previous therapists. Provide an opportunity for family members to ask any questions before ending the session.

Weber, et al., provide the following checklist to evaluate the initial interview. The therapist should have:

1. made contact with each family member and helped him/her feel as comfortable as possible;
2. established leadership by providing a clear structure in the interview;
3. developed a working relationship with the family without being either too professional or too personal;
4. recognized strengths in the family and in family members;
5. maintained an empathic position, supporting family members and avoiding blaming or criticizing;
6. identified the specific problems and determined attempted solutions;
7. started to learn the family's view of the world and each member's language, style, and perspective on the problem;
8. began to understand the family's repetitive behavioral interactions associated with the problem;
9. gathered information about significant other family friends and professionals involved with the problem;
10. negotiated a mutually acceptable contract.

Following the initial session and the checklist review, the therapist should refine the hypotheses and plan for the next session. The referring person, if applicable, should be contacted. The therapist should decide what information, if any, will be shared. The circumstances of any collaboration should be determined. The therapist should obtain records or other relevant external data.

### Haley and Madanes

**Jay Haley** left the MRI group in 1967 and worked for the next 10 years with Salvador Minuchin (see Chapter 6: Structural Family Therapy,) and Braulio Montalvo at the Philadelphia Child Guidance Clinic (Nichols & Schwartz, 1998). He then formed the Family Therapy Institute in Washington, DC, with **Cloe Madanes**. Although Haley's model is presented with the strategic models, his work is also clearly influenced by the structural view. Like Minuchin and other structuralists, Haley believed that not only must the symptoms or presenting problem be addressed in treatment, but also the underlying family structure that results in the symptoms. Haley's work is also clearly influenced by Erickson with his use of directives (between session tasks) and paradoxical interventions.

### Theory of Normal Development and Dysfunction

The Haley-Madanes model is more theoretical than the non-normative MRI model. Like the structural theorists, they "consider family life cycles...and general systems concepts (e.g. homeostasis, positive feedback) in their conceptualizations of family functioning" (Piercy, et al., 1996, p. 51). They contend that symptoms stem from a faulty *organization* within the family and serve a function in maintaining its structure and homeostasis.

In their view, the ***hierarchical*** arrangement of family members is critical. “Haley (1976) suggests that, ‘an individual is more disturbed in direct proportion to the number of malfunctioning hierarchies in which he is embedded’” (cited in Nichols & Schwartz, 1998, p. 360). Madanes adds that symptoms may also function in what she calls ***incongruous hierarchies*** “created when children use symptoms to try to change their parents” (Nichols & Schwartz, p. 361).

### Assessment and Treatment

Like MRI brief family therapists, Haley and Madanes are interested in present behaviors and sequences of interactions. They use strategic interventions to alter the interactions, but they differ from the purely strategic models in that the goals of therapy are not only to alter the sequences of interactions, but also change the structure of the family (Piercy, et al., 1996).

A prominent feature of the early Haley (1976) model is the strong recommendation that therapists actively plan the therapy from the beginning. The first session is critical. “If therapy is to end properly, it must begin properly” (Haley, p. 9). The therapist and family must define a solvable problem, and the therapist must discover the “social situation that makes the problem necessary” (p. 9). For example, a child’s problem or behavior actually reflects a marital problem.

Haley strongly advises therapists to require all people living in the household or who are integrally involved with the problem be present at the first session. At the same time, therapists may be flexible regarding the place of therapy (school, home, office), the length of the first session, or the fee charged. Because of the importance of the first session, he developed a detailed four-stage process and outlined the goals of each stage:

1. **Social Stage.** The therapist welcomes family members who may be nervous or defensive about being in therapy and greets each family member, paying attention to appropriate cultural norms.

*Goals: help family members feel comfortable and relaxed; begin observations of interactions and make tentative hypotheses about family structure, e.g., who tries to enlist the therapist to his or her side? How do the parents discipline the children?*

*Hypotheses should be tentative since the early observations may reflect a tendency for the family to act in the way they think the therapist expects.*

2. **Problem Stage.** The therapist shifts to a therapy situation by introducing him/herself, outlining what he or she already knows about the family, and inquiring about the problem. He or she should explain that they have all been asked to come so that each may contribute his or her perspective. The therapist often decides whom to ask first based on his or her observations. The therapist’s choices are goal directed (e.g. beginning with the least involved parent in order to increase his or her involvement). Typically, he or she avoids starting with the person who has been identified as having or being the problem. The therapist asks a general question regarding the reasons the family has come or what changes each would like to see. As each member speaks, interruptions are observed for what they might reveal about the family, but the focus is quickly returned to the speaker.

*Goals: The therapist continues to observe and make mental hypotheses about hierarchical structure and triangles but does not “interpret” family interactions to them. He or she*

*notices disagreements in the explanation of the problem, which will provide the basis for the interactive discussion to follow. The therapist takes charge of the session, for example, bringing in under-involved members, preventing an overly talkative member from dominating, sitting near a child reluctant to speak, or moving a child closer to the parent to whom he is the least close. These interventions are strategic since the family is prevented from repeating their previous patterns of interactions.*

3. **Interactional Stage.** The therapist asks the members to discuss with one another the various perspectives and disagreements regarding the problem. In this stage Haley (1985) cautions, “It cannot be overemphasized how important it is to have the family members interact with each other, rather than the therapist” (p. 37). The therapist may intervene to bring more members into the discussion or to bring *action* into the discussion, i.e., family can be asked to enact the problem in the session. Demonstrating the problem allows the therapist to observe the relevant interactions in ways that the family cannot express in words.

*Goals: test hypotheses; observe sequences and the structure governing behaviors such as malfunctioning hierarchies, coalitions, quality of parental functioning, and the like.*

4. **Goal Setting Stage.** The therapist asks family members what changes each would like from therapy. He or she helps articulate the problem in terms of what “one can count, observe, measure, or in some way know one is influencing” (Haley, p. 41). A **directive** (discussed below) is given to the family as homework. The session ends by setting the next appointment.

*Goals: to delineate a solvable problem that can be addressed in therapy. If articulated in such a way, the therapist and the family know when treatment is completed.*

Haley provides an extensive checklist to evaluate the first session.

**Directives.** In his early work, Haley designed tasks, called directives, for three purposes:

1. to get family members to do things differently and have different experiences;
2. to involve the therapist in the treatment and “intensify the relationship with the therapist” (p. 49);
3. to gather additional information about how the family responds to the task. The family may be directed to do something they have not done (when your wife and son are arguing, you should take control of the situation) or refrain from doing things they have done in the past (do not interrupt your husband when he is talking to your daughter).

Directives should be concise and may involve part or all of the family. The task may begin during the session with instructions to continue at home. As in all strategic therapies, the therapist tracks the sequences involved in the problem and assigns directives that alter the sequence. But in addition, for Haley, the goal is to alter the family structure in order to correct malfunctioning hierarchies, often by strengthening the parental unit. The family’s attempts at directives should be reviewed in the next session. For example, if a mother is behaving in a helpless way with her children, forcing the exasperated father to assume a primary parenting role, the father may be



directed to instruct the mother nightly on parenting techniques. The mother will rebel against being instructed and thus become a more effective, and equal, parenting partner.

Haley's earlier therapy was also characterized by the use of *ordeals* (Nichols & Schwartz, 1998). Ordeals are directives that are aimed at making the symptom harder to keep than give up. The ordeal requires the clients to do something they do not want to do but is something that would benefit them in some way. (A husband might be instructed to give a present to a brother-in-law with whom he does not get along each time the symptom occurs. If the husband finds giving the gift unpleasant enough, the symptom will disappear, and the relationship might improve as well.) Like all directives, ordeals are aimed not only at symptom relief but also family restructuring.

The most recent Haley – Madanes therapy model, *strategic humanism*, is “more oriented toward increasing family members’ ability to soothe and love than to gain control over one another” (Nichols & Schwartz, 1998, p. 374). Madanes has separately elaborated her own theories and strategies.

### **Madanes, C. (1980). Protection, paradox and pretending. *Family Therapy Process, Vol. 19, 73 – 85.***

While still considered a strategic therapist because of her approach to solving problems within families, Madanes (1980) proposes a *structural* explanation for psychopathology in children. In a well-functioning family, parents are hierarchically superior to their children and can usually “pull themselves together” to help their child, even if there is a marital conflict or if one parent is struggling with an issue.

In dysfunctional families, the child has become hierarchically superior to one or both parents, a powerful but detrimental position. He or she becomes a benevolent protector of the parents’ by taking on symptoms, causing the parents to focus on the child’s behavior rather than their own problems. The child and one parent may form a coalition against the other parent or a grandparent — a structural misalignment referred to as *triangulation*. The child’s problem behavior provides a bond that holds the parents together. Conflict between the parents, or even family issues from prior generations, can be expressed through the child.

Regardless of how the parent responds to the child (soothing, demanding, punitive, concerned), it focuses the parents on their child and away from their own issues.

#### Assessment and Treatment

The first task of treatment is to decide who is being protected by the child’s behavior and how. The therapist then designs a directive to change the pattern of interaction to reestablish the parents in a superior position by helping the parents take back power from the child. The changed structure no longer supports the child’s problem behaviors. The emphasis is not on helping the family understand how or why the problem behavior is occurring, but rather on solving the problem. Directives are developed to fit the unique needs of the family. The strategic paradoxical interventions are: dramatizations, pretending, and make-believe play.

***Dramatizations.*** A parent is directed to request that his or her child intentionally perform the problem behavior. Here the relationship between the parent and the child is based on *benevolent helplessness* in which the child's symptom helps the parent by diverting attention from the problem as the parent helps the child try to overcome the symptom. For example, a mother is worried she may lose her job (the real problem) and the child develops a headache. The child is protecting the mother and trying to "solve" her problem. The strategy works in that the mother ignores her own problem to attend to her son's headache.

To alter the pattern, Madanes directs the parent to encourage the child to have the symptom. In this way the symptom will not draw as much parental attention, no longer serves a purpose, and will usually be dropped. The mother's fear will resurface, and she can address the real problem with the therapist's help.

***Pretending.*** Madanes directs parents to ask the child to pretend to have the symptom and the parents to pretend to help the child. This intervention makes the child's need to act out and the parent's need to help a kind of game. For example, a child developed stomachaches in order to get affection from his grandmother. Not only was this a way for the grandmother and grandson to express tenderness for each other, it also added an element of drama to the grandmother's otherwise routine existence, but at a cost to the child. During therapy, the child was asked to pretend that he had a stomachache and the grandmother to pretend to care for him. They were to do this at home every day for one week. Through the directive, the child and grandmother could still be affectionate, grandmother was still needed and loved, but since the stomachaches were no longer necessary, they disappeared.

***Make-Believe Play.*** When a child protects his or her parents through symptomatic behavior he or she is helping them *covertly*. Instead, Madanes (1980) asks parents to make believe they need the child's help and the child to make believe helping them. Since the parents explicitly ask for help and the child overtly helps them, there is no need for the covert symptomatic behavior. Additionally, when parents intentionally assume an inferior position, they may feel at odds with what is appropriate and reassert their superior position. For example, a mother with several children was in fear of losing her welfare benefits because of a live-in boyfriend. Her son sensed her fear and helplessness and developed night terrors. His nightmares were both a metaphor for the mother's fears and an attempt to help her since she had to set aside her own fears to comfort him.

The family was asked to make believe that the mother was afraid because she thought someone was breaking into the house and that she needed the child's help. The therapist designed a play in which the son was to make believe he was protecting his mother. They were directed to perform this play every night at home. If the mother heard her son screaming in the night, she was to awaken him and his sisters and replay the drama, no matter the time. This intervention was designed to encourage the son and his mother to change the way they were protecting each other. The mother's need for help was transformed into play, as was the son's helpfulness. Follow-up sessions found the night terrors had ceased, the mother was in a productive job and working on her relationships, and the son was involved in sports and in school. The goals of therapy were reached in two stages. At first the paradoxical directive blocked the ways in which the symptoms of the son served to help his mother avoid confronting her problems. Later, the mother regained her appropriate position in the hierarchy.

Most recently, Madanes has moved away from strategic and structural models and is closer to the work of Satir (see Chapter 6: Experiential). She now hypothesizes that family problems result from a “dilemma between love and violence” (Madanes, 1990, cited in Piercy, et al., 1996, p. 52). In this model, family members have four aims, and problems in each area tend to lead to different types of symptoms: 1) to dominate and control — leading to behavioral problems such as delinquency and drug abuse; 2) to be loved — leading to depression, psychosomatic problems, phobias, eating disorders; 3) to love and protect — leading to suicide, abuse, neglect; and 4) to repent and forgive — leading to incest, murder, abuse (Nichols & Schwartz, Piercy, et al.). The goal is to intervene in the family through a 16-step program to bring the family toward love and away from violence. She also includes “growth-oriented objectives like balance, harmony and love” (Nichols & Schwartz, p. 365).

**Hoffman, L. (1981). Foundations of family therapy. New York: Basic Books. Chapter 11: *Breaking the Symptomatic Cycle*. 197-218.**

Hoffman presents three family cases, each illustrating symptomatic sequences that influence the schismogenic tendency of relationships. The families are each seen by therapists with different theoretical perspectives, but in each case the treating therapist interrupts the dysfunctional recursive sequence to help the family move to a desired level of functioning. Changing the symptomatic sequences involves two types of corrective action: first and second-order changes.

Behavioral sequences in families tend to fluctuate within a limited and acceptable range. Therapeutic modifications that occur within this range are called first-order changes. Making these limited first-order changes solves many problems. For example, a mother striving to improve her family’s nutrition may broaden her choice of what to serve for dinner so long as it does not exceed her family’s preferences. Second-order change falls outside of the accepted range of behaviors and is often precipitated by new circumstances and/or the family’s natural evolution through developmental stages. Second-order change is often preceded by a major shift in the family rules and may result in a fundamental change in the family structure.

When first-order changes no longer bring about an adequate solution, many families are able to make a second-order change. But in other circumstances the attempted solution to the problem may become a problem itself. Thus, when these families seek treatment, the therapist might provide direct advice, or help the family generate alternate behaviors, which may be within the realm of first-order change. However, when the cycle that maintains the problem is too rigid or a structural change is called for, the therapist may need to consider second-order change. For example, a parent who is struggling with an adolescent child’s eating habits may try to force him to eat particular types of food. The child responds by refusing to eat, reinforcing the parent’s concern that the child is not eating properly, and she tries to take even greater control.

The mother’s escalating attempts to control her son and his increasingly stubborn refusal have become the problem. Watzlawick, Weakland, and Fisch (in Hoffman) refer to this recursive cycle as the *game without end*.

The therapist might first try “a little push,” for example advising the mother to allow her son greater freedom to determine his own diet. The push may not work, and perhaps the therapist

needs to help the family focus on what is at the root of the symptomatic cycle, for example, explaining that since this child is now an adolescent, he has less need for guidance regarding food. Further, it may be that the parent needs to allow the adolescent to take on more responsibility in this and other areas, and the parent needs to loosen control. This realization can disrupt the cycle, resulting in second-order change, new rules, and a new organization of the family.

Families become stuck in repetitive patterns of behavior, however, and the therapist may need to actively interrupt the cycle in order for the family to make a change. He or she must first identify the cycle. Some cycles are obvious, but others are not easily recognized, such as with psychosomatic illnesses or communication disorders associated with psychosis. In those situations, the therapist can gather information on how the condition or problem is managed, which often reveals the cycle. In most cases, these problems and recursive sequences are a reflection of a dysfunctional triangle which brings the child into what is actually a *mirror-image disagreement* between the parents. The solution to the problem in such cases often involves helping the parents get together so they can make the child behave.

The three cases Hoffman discusses are briefly outlined below.

### **Minuchin – Structural Approach to Anorexia**

Minuchin first arranged to meet with the parents and anorectic daughter over lunch, then excused himself to observe them. The parents consistently took opposite positions. One reasoned with their daughter, while the other demanded she eat. When the reasoning parent started to become more demanding, the demanding parent became gentler and began to reason. The configuration that was revealed was one of a disciplinary father, a permissive mother and a daughter caught in the ongoing mirror-image disagreement. Each person covertly gives cues for behaviors to one another. The family members could not stop the spiraling cycle on their own, and the cycle kept them from launching their daughter into the adolescent departure stage.

Minuchin's goal was to provoke a *runaway positive feedback loop*, which throws the family out of equilibrium and increases stress. He removed one member of the triangle at a time. Each parent had to try to deal with the daughter on his or her own. This eliminated the constraints that each placed on the other and forced the behaviors in the sequence to pass their usual limits. Mother became feebler and father more forceful and violent. Minuchin then reframed the problem as being one in which their daughter was stronger than they. Thus, he moved the parents from a detouring-benevolent triangle in which the daughter was conceived of as "sick" to a detouring-attacking triangle in which she is perceived as "bad." The parents were then able to talk to Minuchin about the more threatening problems in their relationship, freeing the daughter from the cycle. The girl quickly resumed normal eating habits. The family had undergone second-order change.

### **Haley, Hoffman, Fulweiler: Interpretive Approach**

Hoffman reports on a family in which the parents are locked in a battle with their son over his smoking. Fulweiler was the therapist and Haley was the supervisor. Again, the family members formed a triangle: domineering father, rebellious son, and an ineffectual mother who tended to side with her son. The father would attempt to force his son to quit smoking: the son would rebel and the mother's lack of support for the father caused him to back down from his position. Similar to Minuchin's family, the sequence kept attention off of the marital problems and places

the son in the middle. If he quits smoking, he supports his father against his mother; if he rebels against his father and smokes, he supports his mother.

Thus, the son is caught in the mirror-image struggle. Fulweiler's strategy was to use blocking maneuvers to disrupt the sequence. He used a technique in which he entered and exited the therapy session without warning. At first entrance he first helped the mother clarify her position, the second to highlight a marital disagreement, the third to bolster the father's authority, and the subsequent entrances to stop the father in his role of victim. According to Haley, this family illustrates standard roles: over-involved parent, peripheral parent, with the child as secret agent defying the over-involved parent for the peripheral parent.

### **Fisch: Parsimonious Technique**

Fisch argues that a very small change in a system can have a wide-reaching effect. He presents a case in which parents were having trouble dealing with their children, one of whom they characterized as willful and obstinate and the other as well behaved. They also characterized their marriage as loving and close. The mother got into daily battles with the daughter and the father would intervene to subdue the daughter. Fisch told the parents they were having trouble controlling their daughter because they were too predictable and instructed the father to give his daughter a penny during the next mother-daughter battle. The surprising intervention was aimed at interrupting the dysfunctional sequence. A covert mirror-image disagreement that had been hidden before the intervention emerged when the mother expressed little hope for her impossible daughter, while the father held higher expectations. In this type of intervention, the therapist creates confusion aimed at breaking the cycle and uncovering mirror-image disagreements that have been hidden.

In sum, Hoffman illustrates several ways to encourage first-order change, where possible, by giving the family a little push, offering advice, or suggesting alternative behaviors. Where second-order change is necessary, therapists might escalate positive feedback loops, increase stress, create therapeutic confusion and interrupt, and alter rigid recursive cycles.

### **Hoffman, L. (1980). The family life cycle: a framework for family therapy. New York: Gardner. Ch 3. *The Family Life Cycle and Discontinuous Change.*” 53-57.**

In this article Lynn Hoffman integrates common, though sometimes ignored, observations about the surprising ways families change, together with the scientific research on change process models, particularly those drawn from biology or physics. She outlines mechanisms for change that expand the family system's cybernetic view, reexamines the meaning of symptoms, and suggests ways that therapists can intervene with families in crisis to foster creative leaps in functioning. She also relates these observations to the family life cycle.

The systems model of families is, at its core, a homeostatic model. Most behaviors, particularly

symptomatic behaviors, are thought to keep the family functioning within a relatively unvarying range with respect to such characteristics as closeness, independence, power structures, and the like. When the system threatens to exceed that range, *feedback mechanisms* work to bring the behaviors back into a familiar static state. The model would predict that when change occurs, it happens slowly. Hoffman suggests that the model is compelling, in part, because it seems to explain the apparent “stuckness” that family therapists observe. Family members’ tenacious resistance implies that they need the symptom to maintain equilibrium.

But as Hoffman observes, families often do not change in a smooth continuous progression. Instead, they make sudden, often creative, shifts – called *discontinuous changes* – either on their own or in therapy. Platt (cited in Hoffman, 1980) distinguishes three kinds of change, depending on the type of system. If the system is externally designed, like an engine, then change will have to be made by someone outside, like a mechanic. If it is internally designed, like a flower that contains a genetic blueprint, change occurs through mutations of the genetic material. In human systems that follow a self-maintaining design, change can take place in the form of a transformation, a shift or change in the ways in which the pieces are organized within the system. Hoffman reports on the writings of Dell and Goolishian, of Bateson, and of Ashby that help to explain sudden discontinuous change.

### **Discontinuous Change Mechanisms**

Dell and Goolishian’s work is based on a notion of change that they refer to as “order through fluctuation” (p. 53). Families maintain homeostasis so long as the pressures on the system are relatively stable. But often events put considerable stress on the family, requiring that they function beyond their previous level of functioning, or they will break down. The growth process is facilitated by a feedback mechanism described by physicist, Prigogine, called “evolutionary feedback...[which is] a *non-equilibrium* ordering principle” (p. 53, *emphasis added*) that operates when the fluctuations in a system exceed its homeostatic range.

Systems tend to operate inside of a range of stability within which fluctuations are damped down, and the system remains more or less unchanged. Should a fluctuation become amplified, however, it may exceed the existing range of stability and lead the entire system into a new dynamic range of functioning (p. 53- 54).

Dell and Goolishian contend that families cannot be understood by using a “cybernetic analogy on a mechanical model of closed system feedback” (p. 51). The cybernetics of living systems is different, they claim, vividly illustrated by their discontinuous changes, and sudden leaps into new levels of integration.

Bateson also spoke of the human capacity to move beyond simple behavioral replication to creativity, art, learning, and change. The “processes of change *feed on the random*. The essence of learning and evolution is exploration and change” (p. 53).

According to Ashby, families seem to operate on a *bi-modal feedback mechanism*. The system remains unchanged so long as the internal or external environment is stable, but when the fluctuation exceeds the range of stability the system must respond in some new way. The system either breaks down or it makes a leap into new levels of functioning. The change results in a new set of patterns which, like the old pattern, is also bound by rules, and it, too, remains unchanged so long as the environment is stable.

Hoffman summarizes the process: in response to environmental changes for which the system is not yet designed, patterns of responding that have served the family well, begin to fail. The family tries new solutions, many of which are necessarily abandoned, leaving them in a state of confusion. The system enters a period of crisis as their homeostatic tendencies result in increasingly wild corrective attempts. Finally, the system either breaks down or “may spontaneously make a leap to an integration that will deal better with the changed field” (p. 56).

These discontinuous changes often occur, like symptom development, at times of stress. Changes in the family composition are particularly demanding. There are *crises of accession* when someone joins the family (marriage, birth) and *crises of dismemberment* when members leave (divorce, death).

Symptoms and rapid changes in family functioning also tend to occur during the negotiation of developmental stages. There are pressures, for example, as an adolescent reaches a new, more independent, maturational level. While there is no uniform agreement about how many developmental stages there are, Hoffman names the major categories: “courtship, marriage, advent of young children, adolescence, leaving of the children, readjustment of the couple, and growing old and facing death” (p. 58).

Hoffman reports on the mechanism for discontinuous change. It draws from Ashby’s work on similar changes in the physical world. Of the several types of change mechanisms he reports, the most salient to families is “step-function [in which there are] intervals of constancy separated by discontinuous jumps, like a set of stairs” (p. 58). The changes occur suddenly as the system exceeds its capacity, such as when a fuse blows as the load of a circuit exceeds specific amperes. Without a fuse, the whole system would break down, but once the system is back within its limits and the fuse is replaced, the system is functional. He refers to this as a step mechanism.

In a family, the stressor may be temporary. For example, a teenage daughter runs away from home when she fails a mid-term exam. When the family discovers she is only at her friend’s house and quickly hires a tutor, the circuit load has returned to acceptable levels, and the fuse is replaced. On the other hand, the stressor may be permanent and may result in a breakdown or require rapid creative changes. For example, the fuse may blow when Dad loses his job. The family might resort to old ways of functioning – replacing the fuse, so to speak – without fixing the circuitry. If Dad becomes depressed and starts drinking, the system may break down as former patterns of behavior fail, and the fuse blows again. The

breakdown is a “step mechanism signaling the failure of the family’s homeostatic mechanisms” (p. 60). Alternatively, Dad may decide to take an early retirement and expand his gardening hobby into a business, and the family can reorganize itself around the change.

Thus, in this model “symptomatic displays could...be thought of negatively as aborted transformations – a failed leap – or positively as negotiations around the possibility of change [or even as a] compromise between pressures for and against change” (p. 61). Symptoms can function to prevent too rapid a change from occurring, albeit at the expense of one member. They may also help maintain pressure on the family to make needed changes. But, as Hoffman points out, while a shift to a symptomatic pattern may be an immediate solution, it neither indicates nor leads to a more functional transformation.

## Implications for Treatment

Hoffman explores the implications for these ideas in helping families negotiate the environmental stressors and developmental stages so that they make the necessary creative transformations and prevent the symptom from spiraling into chronic behavior patterns. That is, how does a therapist prevent morphostasis and encourage morphogenesis? It is important that therapists not interpret conflict or apparent dysfunction as an omen of impending disaster, but rather “that pressure toward a new and more complex integration is mounting” (p. 55). Understanding various aspects of communication and the effect of messages is also important. Hoffman discusses the related concepts of paradoxical injunctions and double and simple bind communication.

A ***paradoxical injunction*** is a statement “that intrinsically contradicts itself unless teased apart into a ‘report ‘level and a ‘how this report is meant’ level, the second level inclusive of the first” (p. 62). This concept corresponds to what the Palo Alto researchers called the *double bind* in which a message is given to another person requiring contradictory, mutually exclusive, responses, i.e., do something and do not do something. This concept was initially used to describe the communication patterns in families in which one member was diagnosed with schizophrenia. Hoffman notes, however, that such contradictory messages are common throughout society and do not usually result in madness. Instead, she refers to them as ***sweat-boxes*** since they indicate a mild or severe threat to the continuity of the relationship and the system. She asserts that these types of pressures may be a necessary precondition to morphogenesis.

However, she makes an important distinction between the double bind message and a ***simple bind*** message. In the double bind, whatever response the message recipient gives, his or her “leap in behavior” is disconfirmed; whereas, in the simple bind, the new response is rewarded. “In other words, the double bind is a simple bind that is continually imposed, and then continually lifted” (p. 64).

Hoffman offers the example of a teenager whose mother exhorts him to behave in a more mature way. If he disobeys and stays immature, he fails. If he acts more maturely, he is being an obedient child in a mother-child relationship, and he fails again. Since neither response is rewarded, the child is in a double bind. If, however, mother and son spontaneously find themselves relating to one another more as adults, the son’s new behaviors are rewarded. This injunction, then, was a simple bind, and the two have transformed their relationship with a creative leap.

Stress, development, and change cannot be avoided. When seeing families in treatment, Hoffman suggests a radical departure from models that support homeostasis. Instead, the therapist should expect – even welcome – crises as opportunities to foster creative transformations.

The knowledgeable clinician... will know that these behaviors are expectable concomitants of family change. He or she will *seek to disrupt the homeostatic sequence* that forms about a symptom so that pressure for change will be allowed to build and a transformation will hopefully take place that makes the presence of a symptom unnecessary (p. 67, emphasis added).

### Neuro-Linguistic Programming (NLP)

This model has its roots in the works of Gregory Bateson, Milton Erickson and Virginia Satir. It evolved from **Richard Bandler** and **John Grinder’s** extensive study of audiotapes and movies of Satir and Erickson’s clinical work. NLP examines the relationship between language and reality, following the ideas of Alfred Korzybski, “A map is not the territory it represents, but, if correct, it



has similar structure to the territory, which accounts for its usefulness” (Korzybski, 1958, p. 58). The NLP model attends to how language reflects a person’s ability to change or not to change. Through the structure of language, concepts such as generalizations, deletions, and constraints emerge which shape belief systems and life choices. The NLP therapist carefully assesses the structures found in a person’s language of experience. Then he or she initiates therapeutic conversations and techniques, similar to trance or hypnotic induction, in order to restructure the client or family’s beliefs, instill a sense of possibilities, and increase the likelihood of change. *The Structure of Magic I and II* and *Frogs into Princes* by Bandler and Grinder are three volumes that detail the methods and techniques that NLP practitioners use.

## MILAN SYSTEMIC FAMILY THERAPY

### Overview

Systemic therapies originated in Milan, Italy with **Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Guiliana Prata**. Like the strategic models of MRI brief therapy and Haley-Madanes, the Milan systemic model grew out of Bateson's work on cybernetics in which problems were viewed as being maintained by interactional sequences. While Erickson further influenced MRI and Haley-Madanes as noted above, the systemic therapies, at least originally, held more strictly to the Bateson formulations (Piercy, et al., 1986). Their 1980 seminal article, *Hypothesizing, circularity, & neutrality: Three guidelines for the conductor of sessions*, is summarized below.

The original Milan group, started by Mara Selvini Palazzoli, treated severely disturbed children using traditional psychoanalytic methods. They became increasingly frustrated at the lack of progress working with the children alone and were influenced by the writings of family therapists who worked with whole families instead. They first tried applying the psychoanalytic model to the families. After reading Bateson's work, Boscolo, Cecchin, and Selvini Palazzoli broke from the original Milan group and formed *The Center for the Study of the Family* with a goal of working in the new systems model. Watzlawick was originally a consultant to the group (Nichols & Schwartz, 1998). In the early years, the team conceptualized family problems as being maintained by homeostasis, or a tendency to resist change and devised paradoxical interventions to counter this tendency.

#### Theory of Normal Development and Dysfunction

Like the MRI team, the Milan group adhered to a “non-normative” stance. Further, they maintained a neutral stance toward therapy outcome, trusting that if families were helped to see new ways of understanding their problems, they would find better ways of organizing themselves, without a need for reference to norms. Symptoms simply functioned to preserve family homeostasis and were maintained by interactional sequences.

#### The Original Milan Model

The first model was strongly influenced by the MRI strategic methods. Families were seen by a male-female dyad and observed by other team members. Each session had five parts:

1. Pre-session - the team formed an initial hypothesis.
2. Session - the hypothesis was validated or modified.
3. Intersession – the team met alone to form an intervention.
4. Intervention - the therapists returned to deliver the intervention, either a positive connotation or a ritual (see below), which was given in the form of a statement together with a prohibition against change, using paradox to counter resistance to change.
5. Post session discussion - team analysis of the session and formulation of a plan for the next session (Nichols & Schwartz, 1998).

The sessions were held one month apart to give families time to react to the interventions, and the total number of sessions was usually limited to ten. Two basic interventions, positive connotation and rituals characterized the early model.

***Positive Connotation.*** Positive Connotation is the hallmark of the early Milan systemic model. They believed that people could not easily change under the influence of negative connotation. For example, diagnostic labeling (a negative connotation) implies causality and implicates the person with the diagnosis.

Positive connotation, by contrast, avoids linear causality and blame by *assigning a positive motive or value* to each family member's behavior. Their initial intervention technique was similar to reframing (used by the MRI therapists) since the symptom was assumed to serve a protective function, and the goal of the intervention was to alter the way the symptom was viewed by the family.

However, these therapists objected to the technique of reframing to the extent that family members feel blamed for creating problems in their families. Positive connotation "eliminated the implication inherent in such reframes that some family members wanted or benefited from the patient's symptoms" (Nichols & Schwartz, 1998, p. 375) which might lead to greater resistance.

Positive connotations should be distinguished from reframing. Reframing can be positive or negative. It is directed toward one family member and ascribes meaning to a behavior. A positive connotation, on the other hand, always addresses every family member's part in the circular process that maintains the problematic interactions.

By contrast to the strategic therapies, in this model the problem is not thought to be "useful" so much as it is something the family has gotten used to. In a positive connotation, the family might be told, for example, that the patient should "continue to sacrifice himself by remaining depressed as a way to reassure the family that he will not become...abusive...like his grandfather. Mother should also remain overinvolved with [her son] as a way to make him feel valued while he sacrifices himself. Father should continue to criticize [mother and son's] relationship so that mother will not be tempted to abandon [her son] and become a wife to her husband" (Nichols & Schwartz, 1998, p. 375).

The Milan systemic model originated as a meta-consultation model. Treatment often included all people who might be part of maintaining the problem. For example, if the family had been referred by another therapist who, in the view of the Milan team, had become part of the impasse preventing change, the therapist might be brought in with the family (who might also be invested in keeping the therapist enlisted in its coalitions and the maintenance of its homeostasis) and would be included in the positive connotation.

For example, the therapist might be thanked for helping the family by failing to require changes. Later in the development of the model, the Milan therapist dyad might also be included in a positive connotation by the observing team.

***Rituals.*** Rituals are interventions that enhance a positive connotation or require the family to either exaggerate or violate family rules. For example, to exaggerate a positive connotation a family might be asked to thank the symptomatic family member for having the problem. The family that maintains loyalty to an extended family to its own detriment might be asked to violate the family rule by holding secret meetings.

Over time, the team increasingly turned away from paradoxical interventions and focused instead on the processes that occurred during the therapy session itself. They developed interventions based on the concepts of *hypothessizing*, *circularity*, and *neutrality* (Piercy, et al., 1986). In 1979 the Milan team split.

Selvini Palazzoli and Prata formed one group and Boscolo and Cecchin another. Selvini Palazzoli and Prata focused on interrupting the destructive family games in which disturbed families have become involved (Nichols & Schwartz, 1998). Based on this notion, they developed the invariant prescription (see below) for treating severe pathology. By contrast, Boscolo and Cecchin stayed with the concepts of hypothesizing, circularity, and neutrality (Piercy, et al., 1986) and became interested in changing family belief systems - *epistemologies* – which eventually led the way into the solution-focused and narrative therapies (see Chapter 7: Postmodern).

### Selvini Palazzoli and Prata

This team hypothesized that *power games* in the family lead to the development of symptoms in order to protect the family. Their theory of how psychotic games develop in families has six stages (Piercy, et al., 1996):

1. There is a marital stalemate between the partners.
2. The child becomes an ally with the parent he or she perceives to be the “loser” in the stalemate.
3. The child develops a symptom in an attempt to both challenge the winner and demonstrate to the loser how to contend with the winner.
4. The loser does not understand the purpose of the symptom and sides with the winner in disapproving of the symptomatic behavior.
5. Now desperate, the misunderstood child continues the game and the symptom.
6. The game becomes stabilized as the family believes the child is crazy and develops methods of dealing with their crazy child. In this way the psychotic behavior is maintained.

### Assessment and Treatment

Before the 1990s when Selvini Palazzoli and Prata were engaged in systemic work, the goal was to help the parents form a stable alliance and thereby alter the patterns of interactions among family members. The intervention, the *invariant prescription*, was the same for all families (Nichols & Schwartz, 1998). The team directed the parents in the formation of a secret coalition. First, the parents met with the therapists without the knowledge of other family members and then began taking longer and longer secret trips so that eventually they were away for several days without telling other family members. They were asked to keep notes on family members’ reactions to review with the therapists.

By the mid-1990s, although still influenced by her years of systemic work, Selvini Palazzoli returned to long-term psychodynamic treatment models for individuals and families. “This new therapy revolves around understanding the denial of family secrets and suffering over generations” (Nichols & Schwartz, 1998, p. 376).

## Boscolo and Cecchin

Boscolo and Cecchin became interested the processes that occurred during the therapy sessions. They believe that when families gain new information in a session, providing them with an understanding of the tacit beliefs and rules under which they operate, or its *epistemology*, they are stimulated to find a new epistemology that allows new ways of operating. The goal of therapy is simply to introduce new information rather than set specific goals for changes (Piercy, et al., 1996). The therapist asks the family questions that “are designed to decenter clients by orienting them toward seeing themselves in a relational context and also seeing that context from the perspectives of other family members” (Nichols & Schwartz, 1998, p. 376). The therapist is curious about how the family system operates, but indifferent to any particular outcome because to do so would unduly pressure the family (Nichols & Schwartz). Instead, the therapist generates multiple new hypotheses to help the family find different ways of viewing and understanding their problems.

The model is characterized by the concepts of *hypothesizing, circularity, and neutrality* that originated in the work before the split in the Milan group.

## Assessment and Treatment

***Hypothesizing*** is an assessment tool through which the therapist begins an exploration into the family system and invites the family to join him/her in the investigation. Hypotheses must be systemic. That is, they must take into account all relational components of the family. The working hypothesis guides the circular questioning. “Without [a] hypothesis [the therapist’s] questions will lack a coherent meaning and bring no new information to the family” (Piercy, et al., 1996, p. 61).

Alternate hypotheses develop through the questions the therapist poses to the family; responses from the family lead to new hypotheses by the therapist, which leads to new questions, more responses, and new hypotheses.

All hypotheses are considered equally valid (Piercy, et al., 1986) so long as they provide new information about how the family system operates.

Influenced by Bateson’s work, the Milan group (i.e., Boscolo and Cecchin) believe that premises, values, or guiding principles might be unconscious. In forming hypothesis and questions, they look for a premise or myth that holds the behaviors attached to a problem. If the premise can be shifted, change might occur together with the change in beliefs.

***Circularity*** refers both to the attributes of member-to-member interactions and to the form of interactions between the therapist and the family. Any individual family member’s behavior must be understood to be *part* of a circular sequence of behaviors, but *not* its origin (as it would with linear causality).

***Circular Questioning*** is the therapy interview technique. Most interactions between the therapist and the family consist of questions and responses. The questions posed to the family are based on the therapist’s hypothesis and require responses that are *relational* descriptions of family interactions. This helps members see the perspectives of other members. For example, a father may be asked to tell how his wife sees her relationship with her son or a child might be asked

what might happen to his brother (who is symptomatic) if their mother and grandmother didn't fight so much. Circular questions also explore aspects of family interactions such as the degree and time of the problem, e.g., Did that occur before or after? How much? How often?

***Neutrality (Curiosity) and Irreverence.*** Neutrality was the term originally used to describe the attitude of the therapist toward the hypotheses generated in treatment. It has been replaced by “curiosity” and is the basic therapeutic stance. The therapist conveys an attitude of curious exploration when asking questions or responding to the family members' answers. Recently, Cecchin suggests that therapists also convey “irreverence,” that is, he or she should not be inclined toward any one or another set of rules or beliefs that might govern the family interactions and should encourage a similarly irreverent attitude in family members (Nichols & Schwartz, 1998). One way the therapist could encourage irreverence and/or a more flexible view of the family beliefs, is through the ***odd day/even day ritual***. The therapist would give a directive that on odd days one set of opinions would be true, but on even days, false. The directive for the seventh day is to act spontaneously.

The therapist is also neutral with respect to his or her relationship to each family member, being careful not to form coalitions or take one side against another. He or she avoids a moral or judgmental position toward a family's ideas or preferred outcome, since they believed that the therapy could and should only perturb or disrupt the system, not direct the family toward any particular outcome.

**Boscolo, L., Cecchin, G., Hoffman, L. & Penn, P. (1987). *Milan systemic family therapy: Conversations in theory and practice*. New York: Basic Books. Introduction: From psychoanalysis to systems. 3 – 28.**

This chapter describes the evolution of the authors from a psychoanalytic to a family systems orientation and the changes that have occurred in their model over time. Boscolo and Cecchin joined Selvini Palazzoli's group in Milan, Italy. The group originally treated severely disturbed children and their families using a psychoanalytic model, but found this model discouraging and frustrating and the treatment prolonged. They turned to the work of the Mental Research Institute (MRI), particularly the ideas of Bateson on double bind communication in his 1972 book, *Steps to an Ecology of Mind*.

The MRI therapists focused on relationships rather than individual pathology. The Milan team expanded on the MRI work. Changes in symptoms and problems, then, proceeded from changes in interactional patterns. Pathology derived from double bind communications with their contradictory messages. Schizophrenia, for example, was seen as a “mistaken epistemology that any one person can unilaterally control relationships” (p. 5). This epistemology implies linear causality and leads to one person trying to exert control, which in turn leads to the other trying to re-exert control in an endless and fruitless game.

Based on their own work with families with a member diagnosed with schizophrenia, the Milan group concluded that: 1) the families are involved in unacknowledged family games; 2) family members, through these games, try to control each other's behavior; 3) the therapist's job is to discover the games and stop them.

Evolving from the MRI game and coalition theories, the Milan group, in those early years, assumed an adversarial style; the family against the therapists, and they focused on resistance to change. The therapist did not challenge the family directly, but rather used “creative deceptions – paradoxical prescriptions – that would bypass...resistance” (p. 7). A family could hardly resist changing if a therapist told them to continue the behaviors they were already engaged in.

The heart of the early Milan treatment model was *positive connotation*, an outgrowth of the MRI symptom prescription technique. “A positive connotation is a message to the family from the therapist[s] that the problem is logical and meaningful in its context” (p. 4). They argued that simply prescribing the symptom “negatively connoted family members' anti-symptom views [and to the extent that the ] symptomatic member [was] exonerated, other family members would feel at fault (p. 7). Instead, they positively connoted not only the symptom, but also the behavior of other family members. The intervention was aimed not at an individual, but at the *self-maintaining tendencies of the system as a whole*. The symptom was prescribed *in relation to its social context*, and resistance was reduced. The method was in keeping with the emerging “nonlinear, systemic consciousness that was to distinguish the Milan method from previous approaches in the family field” (p. 8-9).

In their early treatment in the 1970s, the team was divided into two male-female dyads. One would interview the family while the other observed from behind a one-way mirror. Families were seen weekly for ten sessions. The team later changed to having one member of the team

with the family and one other observing, and the time between sessions lengthened to monthly. The use of observation teams (O-Teams) originated with the Milan group. It offers a way to bring in trainees and provide on-going supervision. Rather than being fixed in one method, the teams have shown the ability to experiment and evolve into different forms. Although there are Milan teams around the world, they have been less numerous in the United States where they have often been absorbed into strategic teams working in the MRI model or using an Ericksonian approach.

During this time, the Milan group was again influenced by Bateson's writing, particularly the idea of cybernetic circularity as a model for human systems. Boscolo and Cecchin began a dramatic shift in their work from strategic to a systemic view. Their work and teaching then led to the method of circular questioning and the publication of, *Hypothesizing, circularity and neutrality: Three guidelines of the conductor of the session* by Selvini Palazzoli, Boscolo, Cecchin, and Prata.

The team translated Bateson's ideas of cybernetic circularity into a systemic treatment model. Hypothesizing is the assessment process; circularity and circular questioning is the technique; and neutrality is the basic therapeutic stance. Their systemic hypotheses account for all the elements of the family problem and how they are connected. It is a model that emphasizes that the team and the family are engaged in a research project together. The validity of the hypothesis is less important than its utility in providing new information about how the family operates and helps the family progress.

**Circular questioning** was based on Bateson's idea that "knowledge is always apprehended by mechanisms that scan for difference" (p. 11). The questions provide feedback to the therapist regarding family relationships. The therapist conducts the investigation and hypothesizing based on information gained about relationships in the family and about differences and change. The questions fall into several categories: differences in perceptions of relationships (who is closer to grandfather); differences in degree (how bad was the fighting this week); now/then differences (did the fighting start before grandfather died or after); and hypothetical or future questions (if grandfather had not died, how would life be different).

**Therapeutic neutrality** grew from Bateson's assertion that all parts of the system should be accorded equal weight. In being neutral the therapist regards each person in the system as equal and each person's viewpoint, valid. The therapist does not take a moral position with regard to any part of the family process. The therapist can observe a variety of collusions and coalitions without being inducted into any of them. Neutrality maintains the therapist in a hierarchically superior position (meta-level) without being authoritarian, such as Haley or Minuchin.

In the 1970s the Milan group addressed a difficulty they often encountered when the family was referred by another therapist. When these families failed to improve, the team surmised that the original treatment had reached an impasse because the therapist had been inducted into the system. Further, the family's loyalty to the therapist hindered progress in the new treatment context. As a result, the Milan team began "honoring" the therapist by including the therapist in the treatment and positively connoting the homeostasis. They might, for example, thank the therapist for helping the family by failing to produce change, leading to shock and surprise in the therapist and family. The team would confer without including the therapist as if he or she were a member of the family. If the team cautioned the family not to change, the referring therapist was free to disagree. The family maintained its loyalty to the

therapist, siding with him/her to prove the consulting team wrong by changing. This process, known as meta- consultations, solidified the use of the observing team, and the Milan therapist in



the room with the family was not exempt from being included in the positive connotation if the therapist and family were stuck.

More recently, the model has been characterized as a ***second-order cybernetic systems approach***. First order cybernetics “pictured a family system in trouble as a homeostatic machine... with symptoms playing an important part of maintaining the homeostasis” (p. 14). The therapist and family were separate entities. Second-order cybernetics conceives of the therapist and family as one unit. As von Foerster (1981) noted, “[T]he observer enters into the description of that which is observed in such a way that objectivity is not at all possible...There is no such thing as a separately observed system” (p. 14). It is misleading to conceptualize the family as a separate entity; rather it is “better to think of the treatment unit as a meaning system to which the treating professional is as active a contributor as anyone else” (p. 14). The system does not create the problem; the problem creates the system.

Other changes have evolved in the Milan approach. Newer interventions reflect greater neutrality. Formerly, the closing statement of a session included a statement of paradox or so-called *sacrifice intervention*. The person with the symptom was characterized as being *in the service of* the homeostasis, an intervention that overcame resistance by causing a rebellion against the symptom. While the family improved, members might feel guilty or blamed.

More recently, paradox is used less, and the messages are more neutral, in that they place “all the behaviors related to a problem in the service of a shared premise, value, or myth” (p. 16). In this way, no one in the family feels blamed, and the message “elucidates the double-level bind” (p. 16).

Additionally, the team has changed the positive connotation. When a symptom was positively connoted, it implied that the symptom was needed by the family and, therefore, was good. But the family experienced the problem as terrible, and the characterization of it as good could be perceived as mocking. The team began using more of a ***logical connotation***. “There is no need to say that a problem is useful, beneficent, or functional—only that people have gotten used to it and that such habits are hard to break” (p. 16). The development of the symptom is neither good nor bad, but understandable, given the context.

The team has also altered its use of ***rituals***. “A ritual is an ordering of behavior in the family either on certain days...or at certain times” (p. 4). In the past, the ritual amplified a symptom to explode it. (The family might solemnly thank the symptomatic member each day for having the symptom.) More recently, the ritual consists of simultaneous conflicting directives. (The mother is asked to be simultaneously wife to her husband and mother to her daughter. But on even days she is told to be wife to her husband and on odd days, mother to her daughter.) In general, Boscolo and Cecchin believe that all interventions should try to do is perturb the system so that it can react on its own terms. Interventions, then, are not geared toward any particular outcome, but rather to jog the system to find its own solution, often in ways that are surprising to all.

The Milan team has been influenced by cognitive biologists (e.g., Maturana and von Foerster) and radical constructivists (von Glasersfeld). Greater validity is given to the concept that reality is a social construct rather than based on “real” external events and objects. “Ideas, beliefs, myths, values, perceptions, fantasies, and other internal productions” (p. 19) assume greater importance. Families unconsciously construct maps or premises about their world to help them understand what is happening. The therapist looks for the premise that attaches the behaviors to a problem and tries to articulate it to the family. The family may then shift its premise, and change behaviors

accordingly. Thus, *meaning*, for the Milan team, is primary, and the new behavior, in MRI terms, would be characterized as stemming from a second-order change.

In the 1980s Boscolo and Cecchin split from Selvini and Prata, becoming the Milan Associates. The Associates focused on training, while Selvini and Prata focused on research. The training that they have done has helped shape the treatment model. The trainers worked in small private clinics; whereas, the trainees tended to work in public settings where the ideas espoused by the family systems therapists were met with hostility. In addition, the families were resistant to the idea that the whole family needed treatment, since the existing models suggested that only the person with the symptoms needed treatment.

The trainees were dealing not only with families, but with the treatment milieu as well. Clearly, the larger context, or the “significant system” in which the treatment occurs had to be considered. The schools, courts, clinics and cultures that the therapists and families are involved with may all have an effect on the treatment. The impact of the feedback from the students and the systems has caused the Milan Associates to “think of themselves not as family therapists but as systems consultants” (p. 24).

**Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980),  
Hypothesizing— circularity — neutrality: Three guidelines for the  
conductor of the session,**

***Family Process, 19 (1), 3-12.***

This article outlines the three principles — hypothesizing, circularity, & neutrality — developed by the Milan group for conducting therapy. The information that is known about a family prior to the first meeting forms the basis for an initial hypothesis about the family process: names, ages, jobs, education, referral source, reported problem, and the like. According to Selvini Palazzoli, the hypothesis is an unproved supposition tentatively accepted to provide a basis for further investigation (p. 5) based upon the information [the therapist] possesses regarding the family....The hypothesis establishes a starting point for his [or her] investigation as well as his [or her] verification for the validity of this hypothesis based upon specific methods and skills. If the hypothesis is proven false, the therapist must form a second hypothesis based upon the information gathered during the testing of the first (p. 4).

The hypothesis, then, helps the therapist decide what he or she might particularly attend to in the first session and leads to uncovering essential information. It may be that the data gathered in the first session rules out the initial hypothesis completely and the new information forms the bases for an alternative hypothesis. *Making hypotheses requires that therapists take account of all observations and organize them into a meaningful construct.* Thus, the action regarding hypothesis building is experimental. New information leads to confirmation or rejection of the working hypothesis followed by the formulation of refined or altogether new hypotheses.

The value of a hypothesis is not tied to whether or not it is true or false, but whether it is more useful or less useful as a guide to furnishing the therapist and family with new information. The hypothesis functions as a discipline to the treatment and a guide to gathering new information. It helps the therapist track the interactional patterns. Working through a hypothesis keeps the therapy from falling into disorder and muddle. Systematic, active hypothesis testing helps counter *entropy*. Entropy in a system refers to “the disorder, disorganization, lack of patterning, or randomness, [and a] decrease in entropy can be taken as a measure of the amount of information” (p. 6).

***Circularity***, to Selvini Palazzoli, refers to “the capacity of the therapist to conduct his [or her] investigation on the basis of feedback from the family in response to the information he [or she] solicits about relationships and, therefore, about difference and change” (p. 8). The Milan team defines circularity as the ability to obtain authentic information from the family. Using a construct from Bateson – “that all knowledge of external events is derived from the relationship between them” (p. 8) – suggests that in order for the therapist to obtain authentic information, every member of the system must describe his or her view of the relationship between other dyads of the system. For example, a wife would be asked how she sees the relationship between her husband and their son.

Resistance is lessened if one part of the system comments on another. In this way, circular questions unearth a wealth of information about the triadic relationships in the family and effectively break the rule(s) in dysfunctional families about secrets.

The Milan team offers other suggestions for gathering information:

- Gather information in terms of specific interactive behaviors – not feelings or ideas – in specific circumstances, e.g., who does what, when, how many times?
- Ask questions about differences in behavior, e.g., who does it the most? the least?
- Get information regarding ranking of behaviors of interactions, e.g., who goes to church more often? next frequently? least often?
- Ask hypothetical questions and listen to how each member of the family reacts to the symptom behavior, e.g., if this were to happen, how would it affect mom? dad? The model is triadic, i.e., family members relate to one another through the problem or through other family members.
- Obtain information about changes in relationships, e.g., before dad got ill who was fighting? how much?

The more information gained from each subsystem member, the larger the field of observation. Once a relatively clear picture is assembled, the field is enlarged to include relationships with extended families and families of origin.

The Milan therapists maintain a neutral relationship with each family member. At the end of the session, family members might have a sense of what the therapist is like but should have no sense that he or she has sided with anyone or made any judgments about the entire family. Circular questions shift the alliance from one member to the next as each is asked to comment about the other relationships. The more interested the therapist is in obtaining information, the less he or she is apt to make moral judgments. Therapists make a conscious effort to thwart family members' efforts to form coalitions with him/her. The therapist is effective only insofar as he or she is able to remain at a different level – a metalevel – from that of the family.

## LEARNING ABOUT THE FAMILY, FROM THE FAMILY

*Jorge Colapinto*

Learning about the family happens in two ways: (a) by *interviewing* the family members about their relationships with each other and with the outside world, and (b) by *observing* their interactions. Both can occur simultaneously, since the family members interact as they are being interviewed together.

### Learning about relationships from listening to content.

(a) As family members talk about themselves, their problems and their solutions, they are also revealing something about their relational patterns. For instance:

Content of communication	Possible relational patterns
A family describes itself as being very tightly knit and valuing mutual loyalty.	Family members may be overinvolved with each other and under involved with the outside world.
Consequences of violating curfew are grounding and a ban on computer use	If these impersonal consequences are not accompanied by a more personal discussion of the violation, the caretaker/child relationship appears to be under involved.
A mother says “My children are all over me, they drive me crazy. ACS tells me I need to take medication and parenting classes, but what I really need is somebody to take the kids off my back for a little while.”	This suggests <ol style="list-style-type: none"> <li>1. <i>Overinvolved</i> mother/children relationship,</li> <li>2. <i>Flattened or reversed</i> hierarchy,</li> <li>3. <i>Conflictive</i> relationship with the child protective agency, and</li> <li>4. <i>Under involved</i> relationships with extended family, friends, and neighbors.</li> </ol>

- To further test these hypothesis, you can ask for more detailed descriptions and illustrations. For instance, to the mother in the last example you may say: “Can you give me an example of how they drive you crazy?” “Is it something that they do together, or is it a different child each time?” “In that particular instance, what was happening before they started getting on your nerves?”; “How did you respond?”; “How did that situation end? What happened afterwards?”; “Who would be the ideal person to take them off your back for a little while?” “Have you tried to get her/him to help you?”

- Be attentive to any hints of “hidden” *strengths* (family members’ traits, beliefs, feelings, or values) and *resources* (in the family’s social network) that can potentially be mobilized to help the family develop better ways of interacting. These strengths and resources may be unnoticed or undervalued by the family itself, so “catching” them requires a particularly alert stance. For instance:
- A mother who appears to be totally detached from her daughter may mention in passing that sometimes she “pampers” her.
- The mother whose children are “all over her” may have a sister that used to help her but not since “something happened” and they are not in contact any more.
- A father describes his first child as “nosy”, the second as “clamming up”, and the third one as “a tyrant”. While this may point to a conflictive pattern, one strength that the father is showing is that he has distinct images of each of one of his children—he does not see all his children as one undifferentiated bunch.

### Learning about relationships by observing interaction

While you can *infer* relational patterns from listening to *content*, direct observation of the family’s interactional *process* allows you to *see* those patterns “in real time.”

Often the way family members sit in a session indicates family members’ affiliations. This is a soft indicator, which the therapist should accept only as a first impression that must be investigated, corroborated, or dismissed... When a family member is talking, the therapist notices who interrupts or completes information, who supplies confirmation, and who gives help. These are, again, soft data, but they give the therapist a tentative map of who is close to whom, what the affiliations, coalitions, and overinvolved dyads or triads are in this family, and what patterns express and support the structure. (Minuchin and Fishman, p.146)

The following are examples of interactions that indicate specific relational patterns:

#### 1. *Indicators of functional relationships/strengths*

- Family members are mutually respectful of each other.
- Caretakers support each other when talking to the children.
- Children speak up and are listened to.
- Caretaker is attentive and responsive to children.
- Caretaker monitors and organizes children’s behavior as needed.
- Children follow caretaker’s lead.

#### 2. *Indicators of underinvolved relationships*

- Family members appear disconnected from each other, not responsive to each other’s cues.
- Some family members do not participate in treatment.
- Conflict/disagreements are avoided entirely, quickly appeased, or changed to another subject. For instance, when asked to discuss their differences, father and mother have a short conversation that ends up with turning their attention to the child, or the therapist.

### 3. *Indicators of overinvolved relationships*

- Family members interrupt or complete each other's statements; they speak for each other.
- Caretaker and child interact like siblings (both as adults or both as children)
- Child "walks all over" caretaker.
- Child is nurturant of caretaker.

### 4. *Indicators of conflictive relationships*

- Caretaker and child argue like peers.
- Child is in control of the session
- Caretakers actively disagree/undermine each other.
- Arguments run in circles and/or escalate into somebody leaving the session.

### 5. *Indicators of cross generational alliances*

- Child and one caretaker support each other against the other caretaker.
- A mother and a grandfather join forces against the grandmother.

Like learning from content, learning from process is not a passive endeavor. You need to contribute to "create" interactions, for instance by directing the family members to talk with each other rather than with you. The following are some tips on how to make this happen:

- Make sure that you do not position yourself in the middle of the family, and that the family members are physically closer to each other than they are to you.
- If a family member moves to discuss a relationship with you ("My mother doesn't listen to me"), you may:

Redirect the family member to talk to the other ("Say that to your mom.")

Provide a short "bridge" ("Your daughter is saying that you don't listen to her. Can you talk to her about that?")

Engage briefly in conversation with the daughter ("What would be an example of your mom not listening?"), then redirect ("I see. Discuss that with your mom.").

- You can also use body language to redirect a conversation. For instance, if the daughter insists in talking to you rather than to her mother, you can change positions and sit next to the mother, so that the daughter will be looking in the direction of her mother when she is talking to you, and you can "pass the ball" to the mother just by turning your head towards her.

## JOINING

### Jorge Colapinto

Joining is what the structural therapist does in order to be accepted by the family as a temporary member with a right to challenge the family's ways. It is not a technique, but the projection of "a mindset constructed out of respect, empathy, curiosity, and a commitment to healing."<sup>1</sup>

#### Respectful curiosity

The central feature of the joining mindset is curiosity. Not just any curiosity, but one organized by the therapist's commitment to help the family change. It is a curiosity more akin to the inventors, who look for ways to solve problems, than to the explorers, who just wants to know more. The structural therapist wants to learn about the family's current patterns of interaction and hidden strengths so that he or she acquires the necessary leverage for eliciting change.

The structural therapist's curiosity is tempered by respect towards the family and its individual members. The therapist does not simply jump into an interrogation, but honors the hierarchy in the family by addressing the parents before the children, and the individual differences by listening to and validating the perspective of each family member.

The therapist is also respectful by not limiting herself or himself to observing and asking questions, but going beyond that and acknowledging the clients' values, hopes, concerns, sadness, anger, fears, ambivalences, even their rejection of therapy. This is particularly relevant when working with families who have been referred out concerns with the safety of their children. They may be involuntary clients, who did not take the initiative of requesting help, but were directed more or less compulsively to attend therapy. The respectful therapist does not expect them to own up to problems that others have defined for them, and rather than labeling them as "resistant" or "in denial", seeks to engage the clients in a project that makes sense to them, as will be illustrated in the next section.

When joining families that are more accepting of therapy, the structural therapist can be curious about the family members' experience of the incident or situation that led to their current predicament ("What happened?"; "What led to that?"; "What happened afterwards?" "Who was involved?" "How did protective services get involved?"). Through these interested questions, the therapist is joining the family and at the same time conducting a preliminary assessment of how the family members interact with each other and with the outside world.

In addition, if the therapist pays selective attention to, and comments on the portions of the narrative that describe something that family members did well, not only joining is further enhanced, but also the therapist gets valuable hints of where the *strengths* of the family may reside.

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<sup>1</sup> Minuchin, S., Reiter, M., and Borda, C. (2013) *The Craft of Family Therapy: Challenging Certainties*. New York: Routledge.



Last but not least, joining families in preventive services requires an additional form of respect that is not related to curiosity and may not be needed in less complex therapy venues: the straightforward disclosure of the dual role of the therapist, as supporter of change and monitor of safety.

### Supportive challenge

While respectful curiosity is a core ingredient of the joining stance, it is not enough. If all the therapist does is empathize with the family's views, he or she may be accepted by the family, but not in a position to fulfill that "commitment to healing" that is part of the joining mindset.

Therefore, at some point, not necessarily from the very beginning but certainly before the family/therapist relationship ends prematurely or settles into a routine where no real change is happening, the therapist needs to challenge the family.

To preserve the joining, however, the challenge needs to be *supportive* rather than confrontational. The message should not be "You are doing something wrong (or bad), do this instead," but "You can do better than this". The structural therapist literally means this, because he or she believes that all families are potentially more competent than what they seem or even believe themselves to be. Sometimes their own rules of operation make them function below their possibilities; at other times, their contact with institutions that organize their lives make them uncertain, hopeless and dependent.

The thought that the family "can do better than this" fuels the therapist challenge of family's views that may be getting in the way of change. For instance:

- In the case of the "involuntary clients" who claim not to have a problem, the therapist may point out that according to their own narrative they do have a problem, although not necessarily the one identified by the referral source. It may be something as obvious as their frustration at not being able to persuade the protective services agency that they are good parents and should be allowed to raise their own children.<sup>2</sup>
- If family members claim that they are reacting to each other and to the outside world in the only way possible, the structural therapist is particularly attentive to expressions of alternatives that may go unnoticed by the family itself. Highlighting these moments often has the quality of a supportive "Gotcha!": ("You say that you've had it with your son, but I look at you and it is clear that you are very concerned for him").

Another way of conveying that "you can do better than that" is by asking "how come" questions:

How come they do not try other ways of relating to each other? How come father comes to the rescue of mother, thus preventing her from completing a transaction with her son? How come this family spends so much time around disciplinary issues, which prevents

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<sup>2</sup> An initial focus on the problematic interface between family and agencies can lead in later sessions to an exploration of family dynamics. For instance, a mother's contentious relations with workers

them from having more fun together? The “how come” attitude (...) conveys interest, concern, trust in the family’s strengths, and a commitment to change. Reaching for the resources that hide beyond the superficial presentations of self, it synthesizes joining and challenging into one single attitude. It is a challenging way of joining, or a joining way of challenging.<sup>3</sup>

At the opposite end of the “involuntary” client are the *overeager* families - too welcoming of therapy because they have become used to having their lives regulated by outside agencies. In this case joining may seem deceptively easier, as the therapist can feel very comfortable, but then he or she runs the risk of becoming inducted as a durable “fifth wheel” of the family, liked by them but powerless to change their direction.

With “overeager” clients, supportive challenge may consist of refraining from providing the “help” solicited from the therapist. Rather than responding to the family’s requests for instructions about what to do, or for arbitrating their disputes, the structural therapist fosters the family members’ competences by helping them expand the ways in which they relate to each other and to their social environment.

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<sup>3</sup> Colapinto, J. (1983) Beyond technique: Teaching how to think structurally. *Journal of Strategic and Systemic Therapies*, 2:2, 12-21

## FACES IV & the Circumplex Model

# FACES IV & the Circumplex Model

**David H. Olson & Dean M. Gorall**

**2006**

### **ABSTRACT**

There are a variety of innovations integrated into FACES IV; first, six scales new (2 balanced and four unbalanced) were developed to assess the full dimensions of cohesion and flexibility. A revised definition of family flexibility was created to match the assessment scales. A revised Circumplex Model was created to plot the six family scales. A balanced and unbalanced ratio score was developed to assess the curvilinearity of the relationship of cohesion and flexibility to family functioning. A Profile Scoring System was developed to plot the six FACES IV scales. Using cluster analysis of the FACES IV scales, six family types were identified and they were called: Balanced, Rigidly Balanced, Midrange, Flexibly Unbalanced, Chaotically Disengaged and Unbalanced. The six types range from the most healthy to the most problematic types based on their scores on other family assessment scales. A clinical example of the use of FACES IV scores to assess and plan the treatment of a family is provided. Five parenting styles were integrated into the Circumplex Model.

David H. Olson, Ph.D., Professor Emeritus, Family  
Social Science, University of Minnesota, St. Paul, MN

Mailing Address:

Life Innovations, Inc. • 2660 Arthur Street • Roseville, MN 55113

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## FACES IV and the Circumplex Model

The Circumplex Model of Marital and Family Systems and the Family Adaptability and Cohesion Evaluation Scales (FACES), have been used in over 1,200 research studies and have also been widely used in clinical settings over the past 25 years (Kouneski, 2002). The model and scale have also undergone frequent revisions and alterations since their initial development (Olson, Sprenkle and Russell, 1979).

This paper will describe the application of the self-report instrument called FACES IV (Olson, Gorall, and Tiesel, 2005). It contains a variety of changes and new components that have been developed related to the Circumplex Model. Changes were made in the conceptual definition for Flexibility, six new scales were developed and validated, a profile scoring system was developed, specific family types were created based on cluster analysis, and ratio scores combining balanced and unbalanced aspects of family functioning were created to assess the curvilinear aspects of the Circumplex Model.

The Circumplex Model is comprised of three key concepts for understanding family functioning. *Cohesion* is defined as *the emotional bonding that family members have toward one another*. *Flexibility* has in the past been defined as the amount of change in family leadership, role relationships and relationship rules. The new definition of family flexibility is *the quality and expression of leadership and organization, role relationships, and relationships rules and negotiations*. *Communication* is defined as *the positive communication skills utilized in the couple or family system*. The communication dimension is viewed as a facilitating dimension that helps families alter their levels of cohesion and flexibility.

The main hypothesis of the Circumplex Model is: *Balanced levels of cohesion and flexibility (low to high levels) are most conducive to healthy family functioning, while unbalanced levels of cohesion and flexibility (very low or very high levels) are associated with problematic family functioning*. This hypothesis is commonly referred to as the curvilinear hypothesis and can now be readily tested by using the ratio of balanced/unbalanced scores. The higher the ratio over 1, the more balanced the family system and the lower the ratio, the more unbalanced the system.

FACES IV provides a comprehensive assessment of family cohesion and flexibility dimensions using six scales (Olson and Gorall, 2003). Designed as a self-report assessment for the Circumplex Model of Couple and Family Systems, FACES IV taps both balanced (healthy) and unbalanced (problematic) aspects of family functioning. The two balanced FACES IV scales are balanced cohesion and the balanced flexibility. These balanced scales are very similar to cohesion and flexibility as measured by FACES II & FACES III. The new unbalanced scales are Enmeshed, Disengaged, Chaotic and Rigid. Details on the development of the instrument and the psychometric properties of FACES IV are available in Gorall, Tiesel and Olson (2006).

## I. Revised Graphic of the Circumplex Model

The revised graphic representation of the Circumplex Model of Couple and Family Systems is generally called the Circumplex Model (see Figure 1). There are three scales for the Cohesion Dimension (Disengaged, Balanced Cohesion, and Enmeshed) and three scales for the Flexibility Dimension (Rigid, Balanced Flexibility and Chaotic) which can be plotted onto the Circumplex Model. Balanced cohesion and Balanced Flexibility are plotted on one of the six to the central cells (balanced) part of the Circumplex Model scores. The scores on the four Unbalanced scales are plotted at the ends of the Cohesion and Flexibility dimensions.

### A. Relationship to Previous Version of FACES

Because Balanced Cohesion and Balanced Flexibility in FACES IV were derived mainly from the cohesion and flexibility scales in FACES II and III, there is a high correlation between these two scales. That means that past research using FACES II and III can be related directly to these two scales in FACES IV.

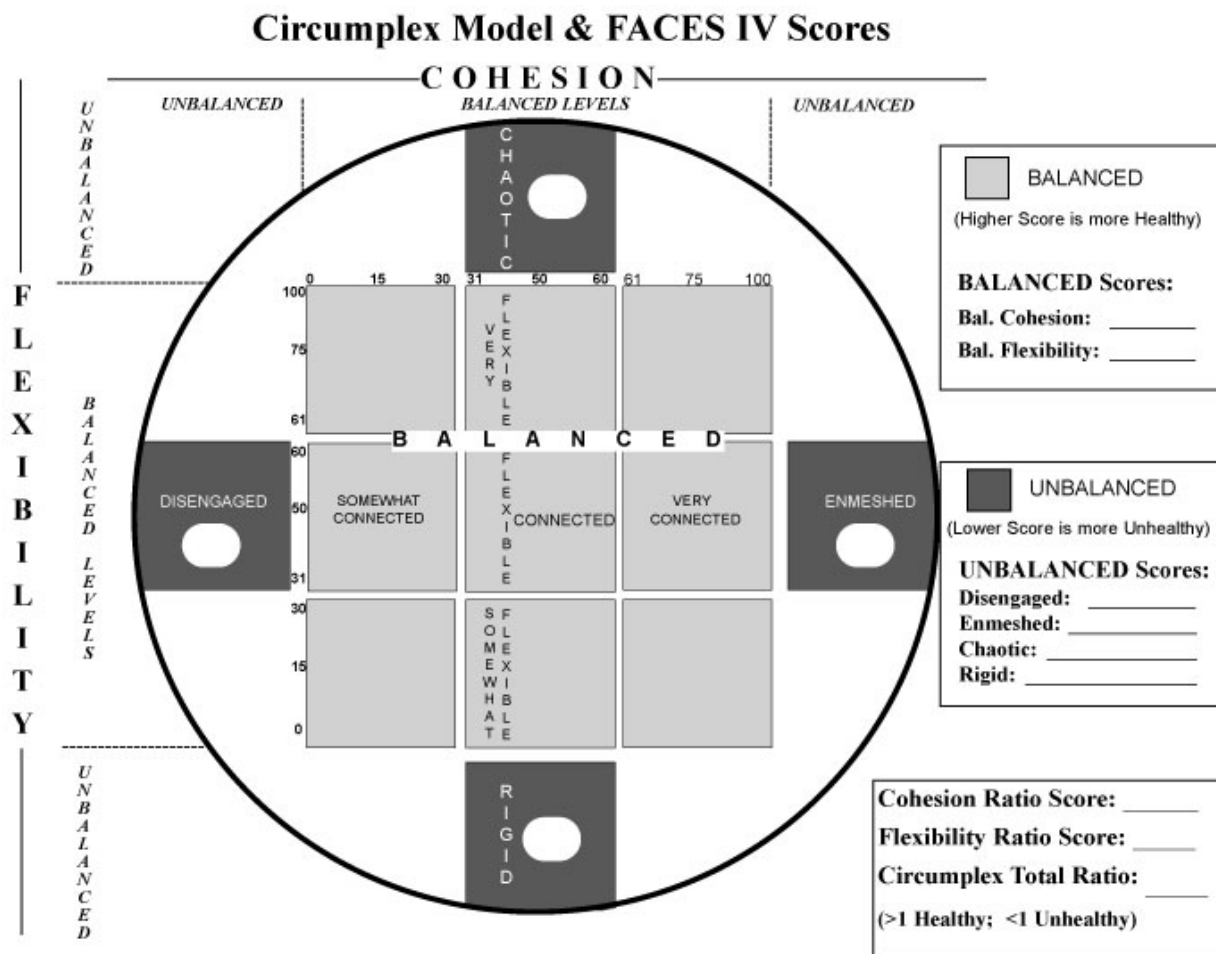
The four new Unbalanced scales in FACES IV each assess one of the four extremes of the dimension or unbalanced areas of the Cohesion and Flexibility dimensions. The combination of the six scales provides a more comprehensive assessment of family functioning.

### B. Curvilinearity Assessed by Balanced/Unbalanced Ratio

A ratio score of balanced/unbalanced scales was created for both cohesion (Cohesion Ratio) and flexibility (Flexibility Ratio) and the two scales combined (Circumplex Total ratio). The two balanced scales measure more healthy functioning and the four unbalanced scales measure more problematic functioning. As a result, the higher the ratio score of balanced to unbalanced, the more healthy the family system.

The *Cohesion Ratio* score is calculated by dividing the Cohesion score by the *average* of the Disengaged and Enmeshed scores. The *Flexibility Ratio* is calculated by dividing the Flexibility score by the *average* of the Rigid and Chaotic scores. The *Circumplex Total Ratio* is designed as a summary of a family's balanced (health) and unbalanced (problem) characteristics in a single score. The total ratio was calculated by dividing the *average* of the balanced scales (Cohesion and Flexibility) by the *average* of the unbalanced scales (Rigid, Enmeshed, Chaotic and Rigid). The higher the ratio score the more balanced the family system.

Figure 1:



One of the advantages of the Balanced/Unbalanced ratio score is that it provides a methodological approach for assessing curvilinearity of cohesion and flexibility. The higher the ratio score above 1, the more balanced the system. Conversely the lower the ratio score below 1, the more unbalanced the system. This ratio score also allows for the summarizing of a families relative strength and problem areas into a single score, thus avoiding some of the complexities of the six scale scores.

### C. Revised Definition of Flexibility

The conceptual definition of flexibility in the Circumplex Model was the “*amount of change in a family’s leadership, role relationships and relationship rules.*” However, few items included in the flexibility dimension of FACES IV (Rigid, Chaos and Balanced Flexibility) scales related directly to the amount of change present in the family system.

Reviewing the final items and concepts they measure in FACES IV, it was decided to change the conceptual definition of flexibility to better fit the aspects of family functioning being assessed. Flexibility will now be defined as “*the quality and expression of leadership and organization, role relationships, and relationships rules and negotiations.*” This conceptual definition of flexibility is revised to more accurately reflect what is being (and has been in the past) measured by the Flexibility scale(s) in both FACES IV and the Clinical Rating Scale.

## II. Six Family Types based on FACES IV

In order to determine if there are naturally occurring patterns in describing family systems across the six FACES IV scales, cluster analysis was performed. K-means cluster analysis was performed (SPSS Applications Guide, 1998), which is relevant for samples under 200. A limitation of cluster analysis is that there are only general guidelines regarding the number of clusters to be arrived at from any given the analysis. The final number of clusters is set manually, and thus is under the control of the researcher.

Cluster analysis was conducted using percentile scores for each of the six scales to address issues of differing variability and skewness of the subscales (See Figure 2). After several analyses using multiple criteria, a cluster grouping with six clusters was finally chosen (see development article for more details). This number chosen was based on the fact that there were still a sufficient number of cases were present for each cluster in order for them to be meaningful. Also, when the number of clusters was increased to seven, the additional cluster was a “shadow” cluster with values virtually identical to a previously existing cluster.

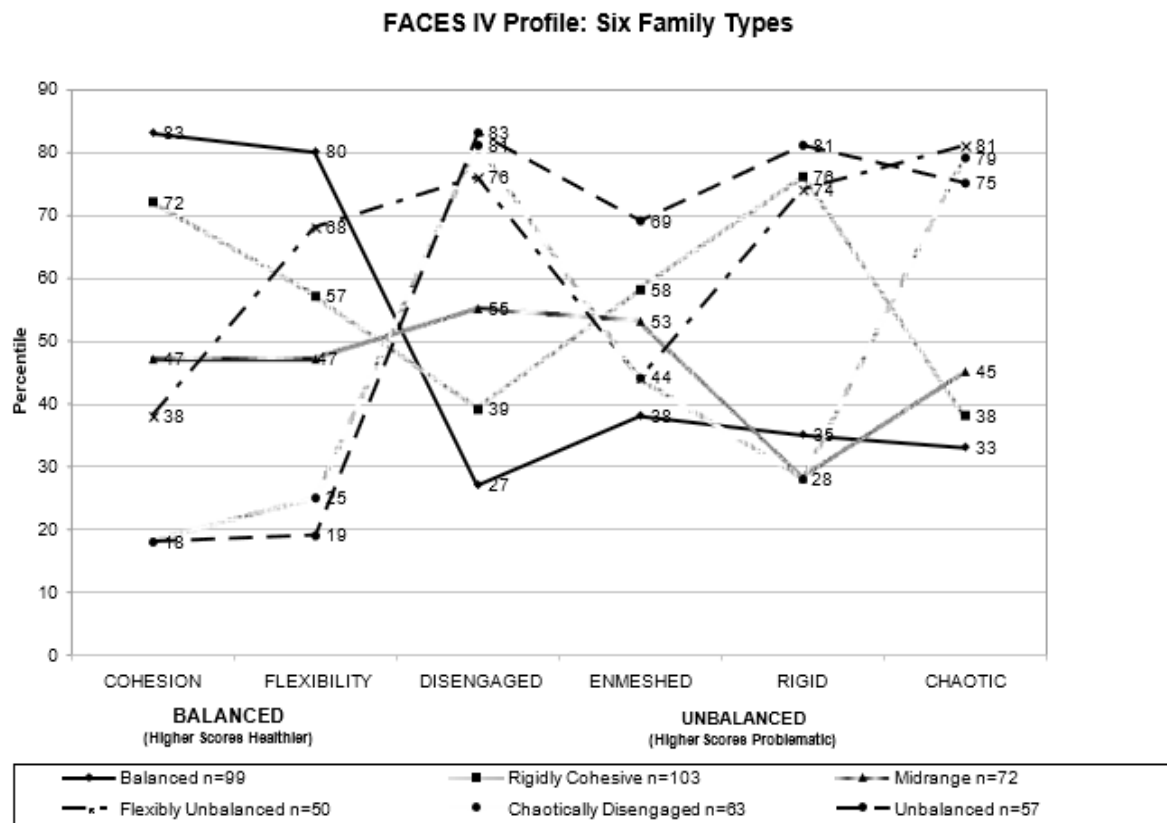
### A. Description of Six Family Types

The six family types range from the most healthy and happy to the least healthy and most problematic. They are: *Balanced, Rigidly Cohesive, Midrange, Flexibly Unbalanced, Chaotically Disengaged and Unbalanced* (See Figure 2).

The development of the six family types based on scale scores provides a new family typology for studying and analyzing family relationships. The previous version of the Circumplex model allows for analysis of families who could be categorized as balanced, unbalanced or midrange. This new typology will allow for the comparison of the six different family types regarding a wide variety of criteria and variables. Individual families can be compared with these six family types and analysis can be made related to other characteristics of these six family types.



Figure 2:



Cluster 1, *Balanced*, is characterized by the highest scores on the balanced subscales of Cohesion and Flexibility, and the lowest scores on all of the unbalanced scales except rigidity, where the scores are near the lowest. This combination of high balanced and low unbalanced scores indicates a family type with high levels of healthy functioning and low levels of problematic functioning. These families are hypothesized to be able to best handle the stressors of daily living and the relational strains of changes in the family over time. This family type is the least likely to be seen in therapy.

Cluster 2, *Rigidly Cohesive*, is characterized by high closeness and rigid scores, moderate change and enmeshed scores, and low disengaged and chaos scores. This family type has as its hallmark high degrees of emotional closeness and high degrees of rigidity. This family type would be hypothesized to function well at times given their high degree of closeness. However, they may have difficulty making the changes required by situational or developmental changes due to their high rigidity.

Cluster 3, *Midrange*, is characterized by moderate scores on all of the subscales with the exception of the rigid subscale. The cluster values of the rigid scale fall into two groups, high and low, apparently due to the bi-modal distribution of the percentile values for this scale. Thus the rigid value, even for this midrange cluster, falls into either a high or low grouping. This family type would be hypothesized to function adequately, displaying neither the high levels of strength and protective factors tapped by the balanced subscales, nor the high levels of difficulties or risk factors tapped by the unbalanced subscales.

Cluster 4, *Flexibly Unbalanced*, cluster is characterized by high scores on all of the subscales other than Cohesion, where moderate to low scores are characteristic. The high scores on the unbalanced subscales combined with the low to moderate scores on Cohesion, would seem to indicate problematic functioning, however the high scores on the Flexibility subscale may indicate that these families are able to alter these problematic levels when necessary. Of all the family clusters this one is the hardest to characterize clearly.

Cluster 5, *Chaotically Disengaged*, is characterized by low scores on the balanced subscales, low scores on the enmeshed and rigid subscales, and high scores on the chaotic and disengaged subscales. These are hypothesized to be high problem families based on the lack of emotional closeness, indicated by the low closeness and high disengaged scores, and the high degree of problematic change indicated by the high chaos and low change scores. This family type may be as problematic as the unbalanced type discussed

below as the two indicators of lesser problems for this type, low enmeshed and low rigid scores, are also the two subscales which are the least effective in differentiating between problem and non-problem groups.

Cluster 6, *Unbalanced*, is almost an exact mirror image of the balanced family type. The unbalanced family type is characterized by high scores on all four of the unbalanced scales, and low scores on the two balanced scales. These families are hypothesized to be the most problematic in terms of their overall functioning. They have problematic functioning, indicated by high scores on the unbalanced scales, and lack the strengths and protective factors tapped by the balanced scales. This is the family type most likely to be seen in therapy.

## **B. Level of Functioning of Six Family Types**

In an attempt to assess the validity of the family types developed through cluster analysis, an analysis of variance with linear trend analysis was performed. The analysis examined the score trends for the validation scales--*Self Report Family Inventory (SFI)*, *Family Assessment Device (FAD)*, and the *Family Satisfaction Scale (FSS)*.

Results indicate a significant linear trend when scores are arranged in a “healthiest to most problematic” order based on level of health or problems (from Balanced to Unbalanced (see Table 1). The linear trend F value is considerably greater than the simple ANOVA between groups F value, indicating a linear trend is present in the scores of the validation scales when comparing clusters. The presence of this linear trend supports to the contention that there are indeed differences in levels of functioning across the six family types developed here.

The differences in the validation scales mirror what is predicted based on the descriptions of the individual family types outlined above. The Balanced family types were more function on the SFI, FAD and had higher family satisfaction (FSS) compared to the Unbalanced family types.

**Table 1: Validation Scores for Six Family Types**

FACES IV Clusters							ANOVA	
Validation Scales	Balanced n = 99	Rigidly Balanced n = 103	Midrange n = 72	Flexibly Unbalanced n = 50	Chaotically Disengaged n=63	Unbalanced n=57	Between Groups F	Linear Term F
SFI	74.9 (4.7) <sup>a</sup>	71.2 (5.6)	65.9 (6.0)	59.0 (8.1)	48.0 (10.2)	46.0 (12.9)	171.6*	828.7*
FAD**	15.8 (3.0)	18.6 (3.6)	21.5 (4.4)	29.1 (6.8)	32.5 (7.6)	35.5 (9.7)	139.8*	680.1*
Family Satis- faction	43.6 (4.2)	41.4 (4.3)	37.4 (5.3)	34.1 (5.9)	28.3 (7.3)	25.8 (8.1)	112.0*	545.9*

Standard deviations are listed in parentheses.

\* p < .001

\*\* Lower scores indicate healthier functioning.

### C. Ratio Scores for the Six Family Types

*Cohesion Ratio*, *Flexibility Ratio* and *Circumplex Total Ratio* scores were calculated for each of the six family types. The higher the ratio score above 1, the more healthy the family system and the lower the ratio below 1, the more unhealthy the family system.

The formula for creating these ratio scores are listed at the bottom of Table 2 and will now be summarized. The *Cohesion Ratio* score is calculated by dividing the Cohesion score by the *average* of the Disengaged and Enmeshed scores. The *Flexibility Ratio* is calculated by dividing the Flexibility score by the *average* of the Rigid and Chaotic scores. The *Total Ratio* is designed as a summary of a family’s balanced (health) and unbalanced (problem) characteristics in a single score. The total ratio was calculated

by dividing the *average* of the balanced scales (Cohesion and Flexibility) by the *average* of the unbalanced scales (Rigid, Enmeshed, Chaotic and Rigid). The higher the ratio score the more balanced the family system.

The findings are as expected with the “Balanced” family type having the highest ratio of 2.5 and, therefore, this type was the most healthy followed by the “Rigidly Balanced” which had a 1.3 ratio score. The “Unbalanced” (ratio of .24) and “Chaotically Disengaged” (ratio score of .38) were the most unhealthy types. The “Mid-Range”, as the name implies was midrange between these two extreme types and it had a ratio scores near one. “Flexibly Unbalanced” was also more on the unbalanced with a .75 ratio score.

The validity of these ratio scores is also supported by the fact that they are very congruent with the scores from the other validation scales (SFI, FAD, and Family Satisfaction) that were presented in the previous section (see Table 1). As with the validation scales, there is a linear decrease in the ratio as you move from the “Balanced” to the “Unbalanced” family types.

**Table 2: Six Family Types—Cohesion Ratio, Flexibility Ratio, and Circumplex Total Ratio**

Family Type	Cohesion Ratio (1)		Cohesion Ratio	Flexibility Ratio (2)		Flexibility Ratio	Circumplex Total Ratio (3)
	Balanced Cohesion	Disengaged Enmeshed		Balanced Flexibility	Rigid / Chaotic		
<b>Balanced</b>	83	27/38	2.6	80	35/33	2.4	2.5
<b>Rigidly Balanced</b>	72	39/58	1.5	57	76/38	1	1.3
<b>Mid-Range</b>	47	55/53	.87	47	28/45	.77	.82
<b>Flexibly Unbalanced</b>	38	76/44	.63	68	74/81	.87	.75
<b>Chaotically Disengaged</b>	18	81/44	.29	25	28/79	.47	.38
<b>Unbalanced</b>	18	83/69	.24	19	81/75	.24	.24

**FOOTNOTES:**

(1) **Cohesion Ratio** = Balanced Cohesion / (Disengaged + Enmeshed / 2)

(2) **Flexibility Ratio** = Balanced Flexibility / (Rigid + Chaotic / 2)

(3) **Circumplex Total Ratio** = Cohesion Ratio + Flexibility Ratio / 2 or

(Balanced Cohesion + Balanced Flexibility / 2) / (Disengaged + Enmeshed + Rigid + Chaotic / 4)

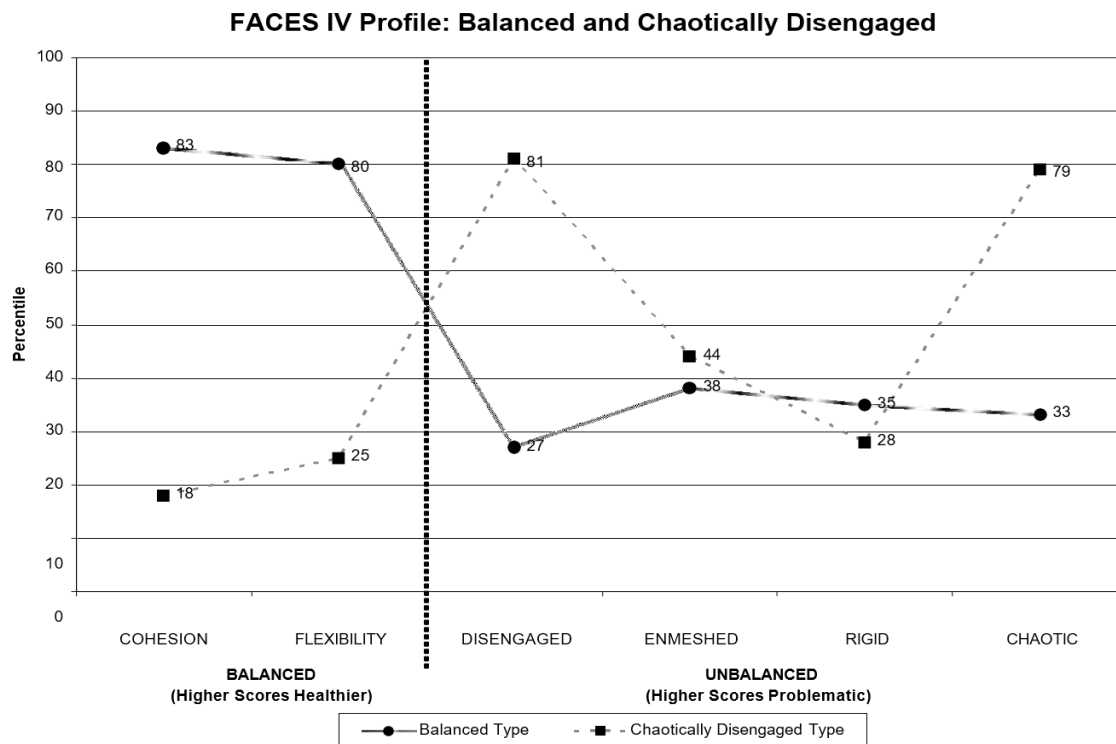
### III. Balanced Family versus Chaotically Disengaged Family

A plotting of two contrasting family types is represented in the Figure 3 that contains the Balanced and Chaotically Disengaged family types which are plotted onto the FACES IV Profile. The Balanced type has high scores on Balanced Cohesion and Balanced

Flexibility and low scores on all four of the Unbalanced scales. In contrast, the Chaotically Disengaged type has low scores on Balanced Cohesion and Balanced Flexibility, with high scores on the Unbalanced scales of disengaged and chaotic.

A new profile scoring system has been developed based on the six FACES IV scales. This profile scoring system allows the scale scores to be interpreted as separate assessments of distinct aspects of family functioning. At the same time, it also allows for the compilation and comparison of these scores for a given family system. It is believed that the more detailed perspective offered by the profile scoring system will be very useful in clinical setting to help guide therapeutic work. In conjunction with this profile scoring system, a family profile can be plotted against the six family types (from the cluster analysis discussed below). This profile scoring systems offers a more complex and comprehensive assessment of family functioning than the previous two scale (Cohesion and Flexibility) versions of the FACES instrument.

Figure 3:



### IV. Clinical Application of FACES IV

An example of use of the FACES IV instrument in a clinical application can be drawn from work done with a family where significant emotional and behavioral problems exhibited by two children in the family was the focus. Peggy and Dave are a married couple in their mid 30's who have 3 children, Alex age 10, Sam age 8, and Taylor age 3. The couple began having trouble with emotional outbursts and oppositional behavior in both of their older children from an early age. They tried every different parenting approach they could imagine and read every book on handling difficult children they could get their hands on. After getting assistance from early childhood behavioral specialists, and having their children experience difficulties remaining in daycare situations due to their behavior, Dave and Peggy sought more intensive services to assist them in handling the challenges posed by their boys.

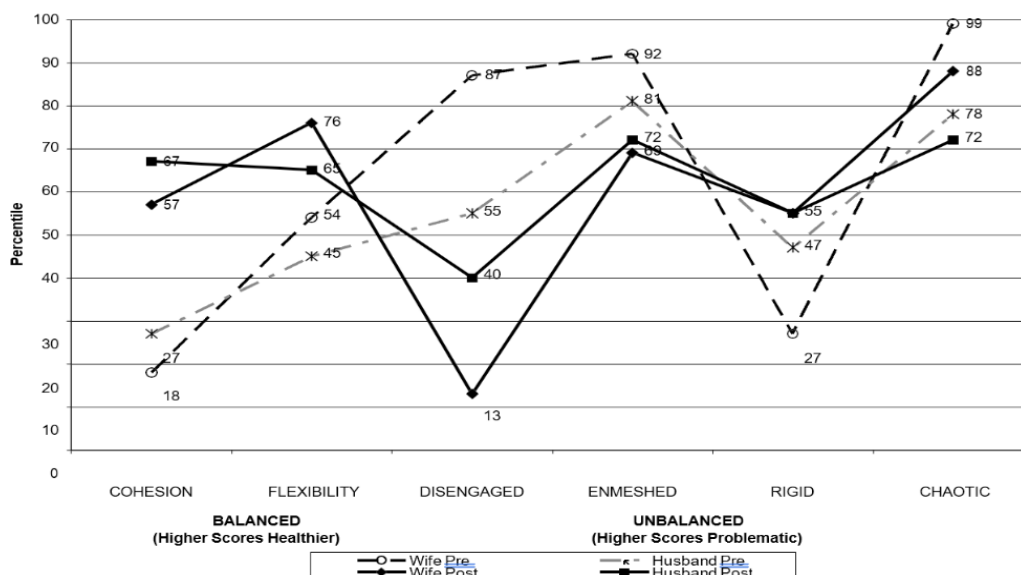
After being seen by a child psychiatrist, both Alex and Sam were diagnosed with an early onset of bipolar disorder. Medication was prescribed to aid in reducing the turbulence of the emotions and behavioral difficulties experienced by the brothers. In conjunction with psychiatric services, intensive family therapy services were instituted to assist the parents in adapting their parenting styles and approaches. At the same time couples therapy was initiated when the therapists conducting the family therapy determined that significant couple conflict prevented the parents from cooperatively instituting any of the parenting approaches they had attempted in the past.

FACES IV instrument was administered to assess the particular strength and growth areas in the family system. Results of FACES IV can be seen in the couple's FACES IV profile plotting in Figure 4. Strength areas in the family system are a level of Flexibility that is in moderate range as described by both members of the couple.

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**Figure 4:**

**FACES IV Profile: Pre and Post Therapy Clinical Example**



## A. Family Before Therapy

Areas of difficulty for the family indicated by the FACES IV include low levels of Balanced cohesion and high levels of Unbalanced Cohesion (both Disengaged and Enmeshment). (See Figure 4) On Flexibility, there were high levels of the Unbalanced area of Chaos. The high levels of Disengagement, particularly by the report of Peggy, and low levels of Balanced Cohesion indicate a lack of emotional closeness in family relationships, and thus a lack of a resource that members might rely on to deal with the difficulties they are facing.

The Enmeshment tapped by FACES IV was reflective of the large percentage of time family members spent together in near constant monitoring of the children's behavior to deal with the behavioral and emotional difficulties exhibited. This Enmeshment resulted in pressure to be together in the family, but with an emotional distance present between family members even when together (Disengaged). The lack of emotional closeness was present in certain of the parent-child relationships, and very much reflected in the couple relationship. This turned out to be a key area for therapeutic focus in the couple's therapy.

Finally, the high level of Chaos present in the family system was an indicator of problems with organization and leadership that the couple could not effectively provide due to a combination of difficulties in their couple relationship and the overwhelming task of parenting two boys who seemed to respond to none of their attempts at providing structure. As a result of the failure of these attempts, the structure that may have been present dissipated in couple conflicts over what to do to try and parent the children and how to do it.

## B. Family After Therapy

Therapeutic work with the couple and family was guided by FACES IV results and clinical observation and impressions. Work focused on increasing the emotional bond and connection in the couple relationship in an effort to enable Dave and Peggy to be able to function more effectively as a co-parenting unit. Over time as the couple relationship improved, they also improved at reducing the chaos of their parenting approach and began to work as a team. They implemented specific parenting techniques aimed at increasing structure and consistency in the home for the boys, as well as at increasing the positive emotional connections between the parents and children.

The post therapy FACES IV results reflect the significant changes made in the couple and family relationships. (See Figure 4) There were significant increases in Balanced Cohesion and decreases in Disengagement that were indicative of improvement in the emotional closeness and bonding. The transformation is particularly striking in the scores for Peggy. There was a moderate increase in Balanced Flexibility for both members of the couple, reflecting improvement in conflict resolution and negotiation in the couple relationship as well as how they handled differences in implementing a particular parenting approach.

The decreases in Enmeshed and Chaotic scores are actually more significant than may be first apparent by examining the couples FACES IV profile. These decreases reflect a decreased need to be together as intensely (Enmeshed) due to improvements in the boy's emotional and behavioral difficulties, and an improvement in the organization and leadership displayed by the parents (Chaotic). The increase in the Rigid scores of both parents, which would usually be thought of as an increase in problematic functioning, was actually a positive for the family in that it represented an increase in the discipline and control exercised by the parents.

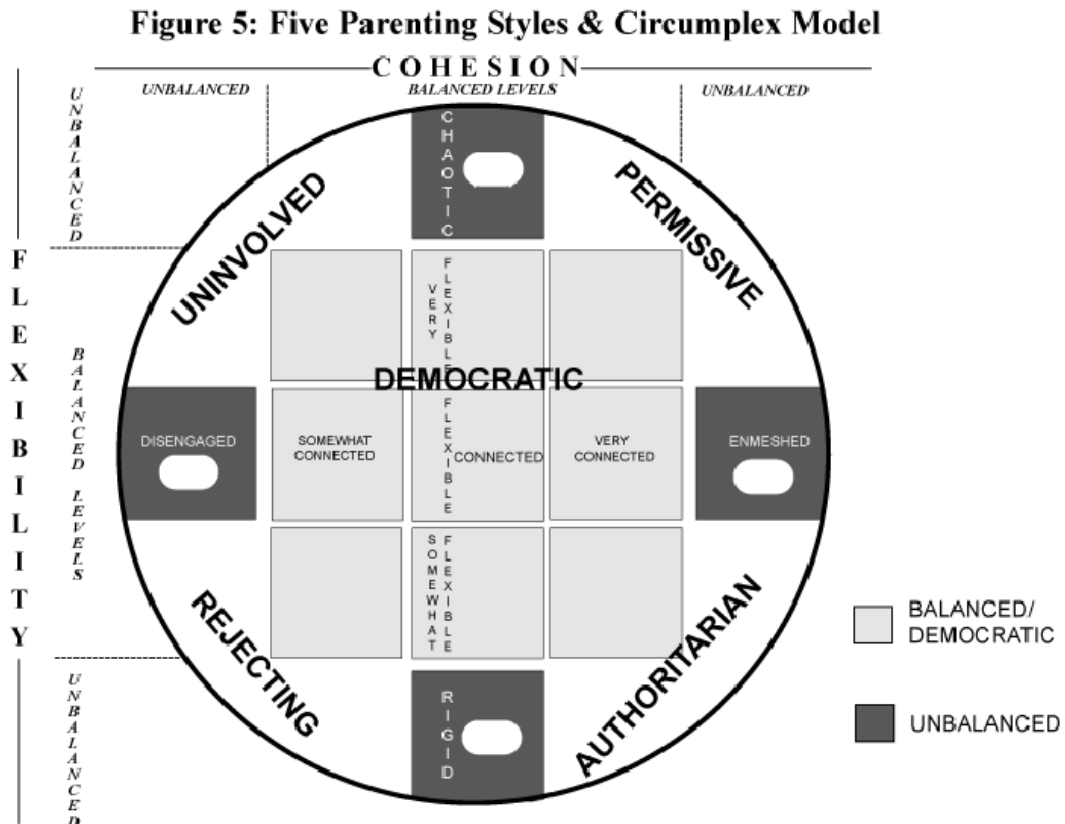
#### V. Parenting Styles and the Circumplex Model

Two key aspects of parenting behavior that researchers have often study are parental support and parental control (Amato & Booth, 1997). *Support* is defined as the amount of caring, closeness and affection that a parent exhibits. It is very similar to cohesion as assessed in the Circumplex Model, except that parental support is assumed to be linear. *Control* is defined as the degree of flexibility that a parent uses in enforcing rules and disciplining a child. Control is very similar to the flexibility in the Circumplex Model, but it is assumed to have a linear relationship with positive child outcomes.

Regarding curvilinearity, one of the few reviews of families more extreme in parental control, Amato and Booth (1997) found that there is a curvilinear relationship between parental control and positive outcomes in children. They reported that if parents were either too lenient (leading to a chaotic system) or too strict (leading to a rigid system), the child had more psychological problems. This supports the curvilinearity hypotheses from the Circumplex Model that more children with problems come more from unbalanced systems.



Diana Baumrind (1991, 1995) has done considerable research on parenting styles and has identified four *styles of parenting*: *democratic (authoritative)*, *authoritarian*, *permissive*, and *rejecting*. After reading the descriptions of these parenting styles, which emphasized support and control, it was possible to plot the four parenting styles on the Circumplex Model. After that was completed, there was one quadrant (up left) that had no parenting style. Conceptually we then added the *uninvolved style*, which was extremely high in flexibility (chaotic) and extremely low in cohesion (disengaged) (See Figure 5).



### Democratic Parenting

The democratic style is represented by the “balanced” type of system on the Circumplex Model. Democratic families, therefore, tend to range from somewhat connected to very connected on the cohesion dimension and from somewhat flexible to very flexible on the flexibility dimension. In democratic parenting, parents establish clear rules and expectations and discuss them with the child. Although they acknowledge the child’s perspective, they use both reason and power to enforce their standards.

Democratic parenting is represented by higher scores on balanced cohesion and balanced flexibility and lower scores on the four unbalanced scales. Within the Balanced area of the model, the higher the level of balanced cohesion and balanced flexibility, the more functional the family system.

Considerable research on parenting has demonstrated that more balanced families have children who are more emotionally healthy and happy and are more successful in school and life (Kouneski, 1996). Children of democratic parenting exhibit what Baumrind describes as energetic-friendly behavior. These children are very self-reliant and cheerful, they cope well with stress, and they are achievement oriented.

The other four styles of parenting tend to be more unbalanced on the Circumplex Model. They tend to have lower scores in the Balanced area (balanced cohesion and balanced flexibility) and higher scores on one or more of the Unbalanced scales.

### **Authoritarian Parenting**

The authoritarian style is located in the lower right quadrant of the Circumplex Model, indicating high levels of rigidity and enmeshment. In authoritarian parenting, parents have more rigid rules and expectations and strictly enforce them. These parents expect and demand obedience and loyalty from their children. As the authoritarian style becomes more intense, the family moves toward the unbalanced style called “rigidly enmeshed.” This type of family system is particularly problematic for adolescents, who tend to rebel against it. In Baumrind’s reviews (1955), children of authoritarian-style parents are often conflicted-irritable in behavior, they tend to be moody, unhappy, vulnerable to stress, and unfriendly.

### **Permissive Parenting**

The permissive style is located in the upper right quadrant of the Circumplex Model, indicating family high is chaos and enmeshment. In permission parenting, parents let the child’s preferences take priority over their ideals and rarely force the child to conform to their standards. The children are in control of the family rather than the parents. As the permissive style becomes more extreme, the family moves toward the “chaotic enmeshed” style. The chaotic enmeshed style is problematic for parenting because the constant change and forced togetherness is not healthy for children. Baumrind (1995) observed that children of permissive-style parents generally exhibit impulsive-aggressive behavior. These children are often rebellious, domineering, and low achievers.

### **Rejecting Parenting**

The rejecting style is located in the lower left quadrant of the Circumplex Model, with high levels of rigidity and disengaged. In rejecting parenting, parents do not pay much attention to their child’s needs and seldom have expectations regarding how the child should behave. As the rejecting style becomes more extreme, the family moves toward the “rigidly disengaged” style. This style makes it difficult for children to feel cared for, yet they are expected to behave because there are many rules. As a result, children from these homes are often immature and have psychological problems.

### **Uninvolved Parenting**

The uninvolved style of parenting is located in the upper left quadrant of the

Circumplex Model, with high levels of chaos and disengagement. In uninvolved parenting, parents often ignore the child, letting the child's preferences prevail as long as those preferences do not interfere with the parents' activities. As the uninvolved style becomes more extreme, it moves toward the "chaotic disengaged" pattern. This pattern is problematic for children because they are left on their own without emotional support and a lack of consistent rules and expectations. The uninvolved style of parenting is not often discussed in published research, but in many instances it is combined with the rejecting style. Children of uninvolved parents are often withdrawn loners and low achievers.

Table 3 summarizes the five parenting styles and children's consequent behavior for each.

**Table 3: Parenting Styles and Children's Behavior**

Parenting Style	Children's Behavior
<i>Democratic</i>	Energetic-friendly Self-reliant and cheerful Achievement oriented
<i>Authoritarian</i>	Unfriendly Conflicted and irritable Unhappy and unstable
<i>Permissive</i>	Impulsive and rebellious Low achieving
<i>Rejecting</i>	Immature Psychologically troubled
<i>Uninvolved</i>	Lonely and Withdrawn Low Achieving

## VI. Summary

FACES IV has enabled us to achieve many of our goals for the revised instrument. Cluster analysis was conducted to reveal six family types based on the six family scales developed here. In addition to providing a basis for comparison for individual family data, the development of the six family types based on scale scores provides a new family typology for studying and analyzing family relationships.

We believe the end result is an instrument that will be useful in both research and clinical endeavors. Hypotheses can be tested that Balanced families are more healthy and functional than Unbalanced family systems using the six scales and the ratio scores. Clinicians will more likely want to explore the scales individually, utilizing the specificity offered by the combination of balanced and unbalanced scales to help plan, track and evaluate the therapy they do with families.

The previous versions of the Circumplex model allowed for analysis of families who could be categorized as balanced, unbalanced or midrange. This new typology will allow for the comparison of the six different family types regarding a wide variety of criteria and variables. Lastly, the integration of five parenting styles into the Circumplex Model will be useful for integrating findings from parenting studies.

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## Genograms and Ecomaps: Tools for Developing a Broad View of Family

This material is extracted and adapted from: Bonecutter & Gleeson, *Achieving Permanency for Children in Kinship Foster Care: A Training Manual* Located at: [http://www.uic.edu/jaddams/college/kinicare/curriculum\\_videos/unit1pt1.pdf](http://www.uic.edu/jaddams/college/kinicare/curriculum_videos/unit1pt1.pdf)

A genogram is a tool for creating a visual display of the child's family tree (McGoldrick & Gerson, 1985). The ecomap is a visual display of the informal and formal systems in the child's ecology. Both tools can be used to collect information with biological mothers, biological fathers, children, the kinship caregiver, other member of the kinship network, and/or the entire extended family as a whole.

When we work with families we begin with limited information and little familiarity with the family's frame of reference. It is critical to develop skills that will help us understand the family's frame of reference so that our assessments and decisions are as accurate and useful to the family as possible. Genograms and ecomaps are tools to help us gain as much information as possible about the perspective, context, and frame of reference of the families of children in kinship foster care. The genogram is a tool for collecting information about the family's structure and the family's caregiving patterns over time. Constructing a genogram with family members helps identify members of the child's kinship system who are currently involved in caring for the child, those who cared for the child in the past, and those who may be able to care for the child in the future. The ecomap helps the caseworker assess the adequacy of resources and support systems available to the child, the biological mother, biological father, current caregiver, or potential future caregivers. The genogram and ecomap may be used to facilitate engagement of fathers, children, the kinship caregiver, and other members of the kinship network to elicit their perspective on the family system and ecology. Genograms and ecomaps can be developed with biological parents working toward reunification, with kinship caregivers considering temporary or permanent care of the child, and with several members of the child's kinship system who are exploring ways that they can support the biological parent or related caregiver in rearing the child.

Construction of the genogram or ecomap should not be an end in itself. One result of constructing a genogram or an ecomap is a product, a visual depiction of the child's family or ecology. However, the process of engagement is more important than the visual depiction of the genogram or the ecomap. Asking questions, probing, and general information gathering in this process can be experienced as an unwelcome intrusion into a person's life and can undermine the development of trust. Questioning should be done sensitively, using good interviewing skills. When the questioning is perceived as relevant to what the person is interested in or concerned about, trust, engagement, and cooperation are promoted. Therefore, the timing and focus of developing genograms and ecomaps must relate to the current case situation and in some way to the child's safety, permanency, or well-being.

Families and their environments change over time. A family's genogram or eco- map may accurately depict the family and its environment at one point in time. Weeks or months later there may be changes in the family's structure or environment that reduce the accuracy of the genogram or ecomap. Genograms and ecomaps should be viewed as dynamic tools that should be updated or re-created over time. Comparing genograms or ecomaps constructed with the same family at two points in time allows useful comparisons, highlighting changes that the family has experienced in its structure, support systems, and ecology. It is also unlikely that two members of the family will perceive the family and its ecology in the same way. Therefore, it is likely that a genogram and eco- map constructed with a child's biological parent will look different from those constructed with the same child's maternal grandmother.

The genogram is a format for drawing a family tree and displaying family information, usually over three or more generations (McGoldrick & Gerson, 1985). Genograms are best developed with families over several meetings. Like families, their genograms are dynamic, changing over time. Therefore, a genogram that presents an accurate picture of a family today, may not be a very accurate depiction of that family a few months later. Common symbols for constructing a genogram are contained in figure I-L.

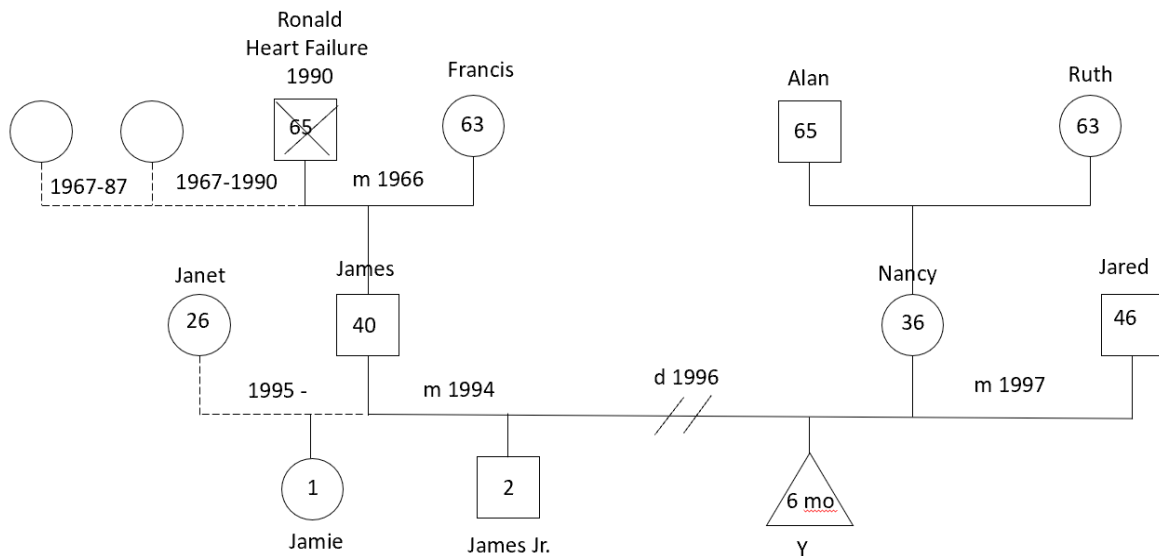
The genogram records, organizes, and displays a great deal of information. Much of this information is sensitive and may elicit a range of emotions from family members. The genogram can be a useful engagement tool, helping families share sensitive and historical information. Genuine interest in the family's history, strengths, and child-rearing patterns over generations can be helpful in engaging families to tell their story. While it is necessary to ask families to describe situations that brought them to the attention of the child welfare system, it is also important to ask them to describe how they have dealt with similar situations in the past, searching for successful coping mechanisms available to the family.

For some families, moving too quickly to collect information about three generations of the family may be viewed as prying for information that is private and not applicable to the caseworker's role. It is wise to look for "natural" openings to obtain the information needed, linking questions to specific tasks that are clear to the family. When sufficient levels of trust are established it will be easier to explore issues such as previous coupling relationships and marriages that are relevant to protection, permanency, or well-being of the children.

It is important to ask questions in a way that allows families to define their uniqueness. Ask not only "who is in the family," "who lives in the home," but also ask if there are significant family members who live elsewhere. A follow up to this would be to ask if family members have lived at various times with different members of the extended family and the circumstances surrounding these moves. This practice recognizes the extended nature of the family system and creates opportunities for family members to discuss informal adoptions and other caregiving patterns that may be components of their kinship network's coping mechanisms.

## Figure I-L: Common Symbols for Constructing a Genogram

James and Nancy Jefferson Family



Males are indicated by a square; females by a circle. If you do not know the sex of a family member, indicate this by a triangle. A married couple is indicated by a solid line connecting a square and a circle, with an “m” (for married) and the year of the marriage above the solid line. Separation or divorce is indicated by a double slash through the solid line, with “s” and the date of separation or “d” and the date of divorce over the double slash. An intimate relationship between adults that is not a marriage is indicated by a dotted line. In this Jefferson family genogram, the relationship between James and Janet is depicted by a dotted line. Also, the affairs that Ronald had while married to Francis are depicted by dotted lines.

In the Jefferson family, James and Nancy married in 1994. James began an affair with Janet in 1995. The relationship between James and Janet continues but they are not married. James and Nancy divorced in 1996 and Nancy married Jared in 1997.

Children are indicated by circles, squares, and triangles attached to the line that connects the child’s birth parents. Siblings born to the same couple are attached to the same line that connects the parents. The Jefferson family genogram indicates that the relationship between James and Janet produced one female child, Jamie, who is now one year old. The relationship between James and Nancy produced two children James Jr, age two, and a six-month-old child, name and sex unknown to the person constructing the genogram.

James has custody of James Jr. and this is indicated by the fact that James Jr. is located on the side of the double slash closest to James’ name. James Jr. and Jamie live with James and Janet. The six-month-old child (to the right of the double slash) lives with Nancy and Jared.

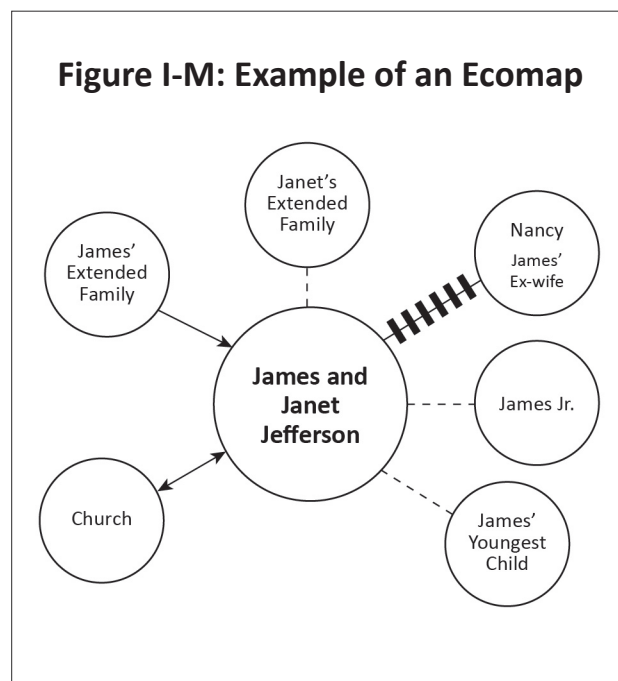
A deceased member of the family is indicated by an “X” through the circle, square, or triangle, with the year of death indicated beside the figure. The Jefferson family genogram indicated that James’ father, Ronald, died in 1990 from hear failure.

While the genogram is a particularly useful tool for creating a visual depiction of the family structure and caregiving patterns across generations, the ecomap is particularly useful for creating a visual depiction of the family's relationship with its external environment. The ecomap represents the family in relationship to other formal and informal systems that are part of the family's eco-system. An ecological assessment examines the family's relationship to its environment, the family-environment boundary, and the relationship between individual family members and the environment (Hartman, 1989). The ecomap is helpful in assessing the family's strengths, needs, resources, and resource deficits.

The ecomap is comprised of circles, each representing systems that transact with the family. These systems may be sources of support or conflict. Systems with which the family has no contact may also be included in an ecomap, if the family needs to develop a relationship with the system. For example, families with children requiring specialized medical services need to have access to good quality specialized health care. If the family does not have access to the necessary health care, including a circle in the family's eco- map labeled "specialized health care" and depicting a non-existent relationship between the specialized health care provider and the family identifies an unmet need experienced by the family. For this family, an ecological assessment may lead to development of a service plan that includes altering the ecology by linking the family to a health care provider who can provide the specialized services.

An example of an ecomap is illustrated in figure I-M. The circles represent various systems in the family's ecology. The lines between these circles represent assessments of the quality of the relationships between these systems. A solid line represents a strong relationship, such as the lines connecting James and Janet Jefferson with James extended family and with the church. A dotted line represents a tenuous relationship, such as James and Janet's relationships with James' children and Janet's extended family. Stressful relationships are depicted by hash marks drawn through the line. A stressful relationship is depicted in figure I-M between James and Janet Jefferson and Nancy, James' ex-wife and the mother of his two youngest children.

Arrows are used to indicate the flow of energy. For example, the solid line connecting the Jefferson family with the church indicates a strong relationship. The line ends with arrows pointing from the family to the church and from the church to the family, indicating that the family invests a great deal of energy in the church and receives a great deal of support from the church. The thick line connecting James' extended family with James and Janet Jefferson has an arrow on one end, pointing from the extended family to James and Janet. This indicates that James' extended family invests a great deal of energy in James and Janet but the relationship is not reciprocal. James and Janet do not return the investment.





Families differ in their ability to accept help from others outside of the family system. Each family has a boundary that defines those who are part of the family and distinguishes these people from those who are not part of the family. Well-functioning families have boundaries that are permeable enough to allow persons outside of the family to help them in times of need and allow family members to have experiences outside of the family; but well enough defined to maintain family integrity and privacy. The James and Janet Jefferson family depicted in figure I-M have a limited support system. In fact, the only strong reciprocal relationship they have is with their church. They do receive strong support from James' extended family, but this support may not continue if James and Janet do not reciprocate.

Families define themselves in unique and varied ways and many of these ways work well for families. Like the genogram, the ecomap is a flexible tool that can be used to depict a variety of family and environmental situations. When an ecomap is constructed with a family, it facilitates discussion while allowing them to describe themselves in precise and unique ways. While there is no formula for assessing the health of a family by interpreting their ecomap, the ecomap can help child welfare practitioners assess with families whether the caregiver is receiving sufficient support in caring for the child, whether conflicts between the family and other systems are draining energy. The ecomap may also be helpful in identifying key members of the child's family or others in the family eco-system who might be helpful in planning for the child's safety, permanent living arrangement, and future well-being.

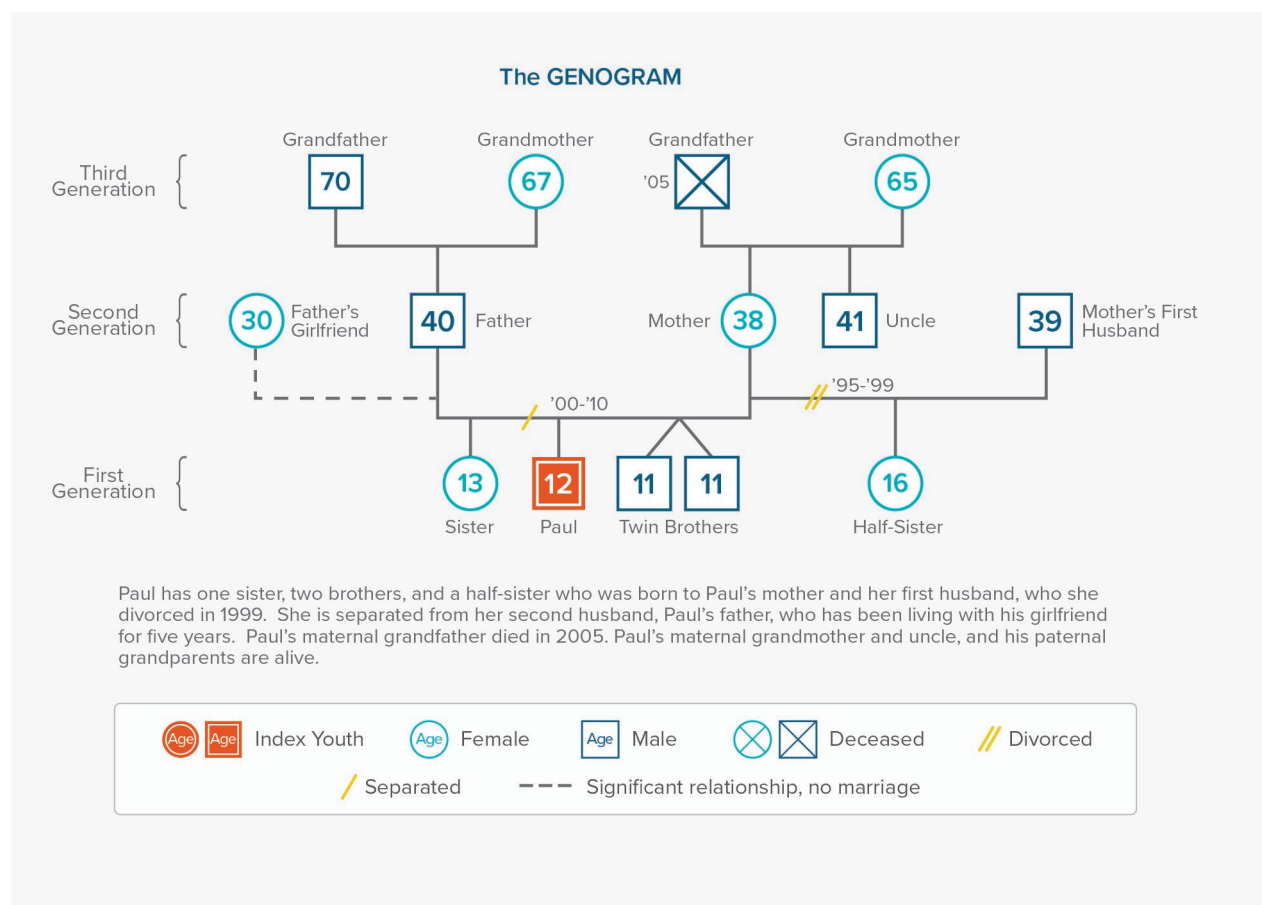
## Summary

Historically, it has been common for relatives to assist parents in the care for children or to rear the children when parents are unable to do so. This type of kinship care is still the most common. In recent years kinship care has also become a program component of the child welfare system. The formal child welfare system's involvement in kinship foster care presents both constraints and opportunities for permanency for children. Research suggests that, on average, children in kinship care fare as well or better than children in traditional foster care. However, children in state custody and living in kinship care arrangements are less likely to return home or be adopted than children in traditional foster care placements. The overwhelming majority of children in kinship foster care placements are children of color, and kinship caregivers tend to be older, are more likely to be single-parents, and have fewer financial resources than traditional foster parents.

Public policies describe the purpose of the child welfare practitioner as ensuring safety and permanent placement of children in homes with adults who make a commitment to raise the child to the age of majority. Safety and permanence contribute to child well-being and are as important considerations for children in kinship foster care as they are for children in traditional foster care placements. Facilitating permanency for children in kinship foster care requires a broad view of families, ongoing striving for cultural competence, collaboration with families in decision-making, and working to build the case management capacities of kinship networks to facilitate and support permanent plans for children. The genogram and ecomap are tools that help child welfare practitioners develop a broad view of the families of children in kinship care. Constructing genograms and ecomaps with family members facilitates engagement in a collaborative process, helps the caseworker begin to view the family's experience through their own unique framework, and identifies resources and support systems that may assist the family in the development of a permanent plan for the child.

## THE GENOGRAM

A genogram is a diagram, similar to a family tree, that outlines the history of a family. It typically includes up to three generations, but can include up to four. A basic genogram represents women with circles and men with squares. An “X” inside a circle or square indicates the person is deceased. Names and/or ages are added inside the squares and circles to identify the individual family members. A double square or double circle is used to identify the index person. Lines indicate the relationships of parentage. Divorce is represented with two parallel lines intersecting the line between members of a couple, while separation is represented by a single parallel line. A dashed line represents a significant relationship between two members of a couple that is not a marriage. The numbers inside the squares and circles are the ages of the person.



**Genograms** were originally employed for family therapists to track the transmission of dysfunctional behaviors and patterns of interactions across the generations. In the context of the Prevention and Intervention Family Systems Model **genograms** are utilized primarily to enhance the sense of belonging and cohesiveness of the family, and to identify latent strengths and assets that can be mobilized in support of the youth. The family is guided through the construction of their own **genogram** which is then used as a reference to explore the family's important persons, myths, rituals, traditions, customs, stories, and significant dates like birthdates and anniversaries.






## RELATIONAL PATTERNS

ADULT / CHILD	ADULT / ADULT
<p>—————</p> <p><b>Functional relationship.</b> Child and caregiver are clearly differentiated but communicate with each other. Caregiver responsive to children's needs. Children follow caregiver's lead</p>	<p>—————</p> <p><b>Functional relationship.</b> Caregivers support each other, address and solve their conflicts are addressed and solved without involving third parties (e.g., children.)</p>
<p>- - - - -</p> <p><b>Underinvolved relationship</b> (Disengagement). Child and caregiver have weak or brief interactions. Conflict is avoided or deflected to third parties.</p>	<p>- - - - -</p> <p><b>Underinvolved relationship</b> (Disengagement). Conflict is avoided or deflected. Children may be "recruited" by caregivers, or volunteer, for emotional support.</p>
<p>=====</p> <p><b>Overinvolved, non conflictive relationship.</b> Child and caregiver are poorly differentiated, communication "not needed" because they "know each other by heart." Hierarchy flattened ("buddies") or reversed (child in nurturant role, or in control).</p>	<p>=====</p> <p><b>Overinvolved, non conflictive relationship.</b> Intense affiliation between caregivers, or between single caregiver and other adult(s), that may weaken connection with others, e.g., children.</p>
<p>==X==</p> <p><b>Conflictive relationship.</b> Child and caregiver constantly argue or fight.</p>	<p>==X==</p> <p><b>Conflictive relationship.</b> Caregivers quarrel verbally or physically constantly argue or fight.</p>
<p>--X--</p> <p><b>Underinvolved/conflictive relationship.</b> Caregiver and child mostly avoid each other, quarrel when they make contact.</p>	<p>--X--</p> <p><b>Underinvolved/conflictive relationship.</b> Caregivers mostly avoid each other, quarrel when they make contact.</p>
<p>⎵</p> <p><b>Cross-hierarchical coalition.</b> Child and one caregiver ally against another caregiver.</p>	<p>⎵</p> <p><b>Cross-hierarchical coalition.</b> Two adults ally against a third one, e.g. mother and grandfather against grandmother.</p>
<p>— ? —</p> <p>Nature of relationship unknown</p>	<p>— ? —</p> <p>Nature of relationship unknown</p>

**RELATIONSHIP IMPACTS ON CHILDREN'S SAFETY**

	<b>Child / Adult Relationship</b>	<b>Effect on child's safety and well being</b>
<b>—————</b> <b>Functional relationship</b>	<ul style="list-style-type: none"> <li>• Child and adult are responsive to each other, mutually respectful, speak up and are listened.</li> <li>• Conflicts are acknowledged and addressed.</li> <li>• Adult supports, nurtures, monitors and organizes children, and children follow adult's lead.</li> </ul>	Child nurtured, guided, and protected.
<b>- - - - -</b> <b>Underinvolved relationship</b>	<ul style="list-style-type: none"> <li>• Child and adult are no or minimally responsive to each other, may move as in isolated orbits.</li> <li>• Adult does not detect or respond to risky behaviors/conditions, and/or child doesn't look for adult's help or guidance.</li> <li>• Conflicts are not acknowledged or addressed.</li> </ul>	Child not adequately protected. Her/his material, health, educational, and/or social needs are not met.
<b>- - X - -</b> <b>Underinvolved, conflictive relationship</b>	<ul style="list-style-type: none"> <li>• Child and adult have limited interaction most of the time, but periodically engage in brief conflict, then separate without resolving it.</li> </ul>	Child not adequately protected (material, health, educational, and/or social needs not met), and <b>occasionally</b> experiences emotional or physical violence.
<b>=====</b> <b>Overinvolved, non conflictive</b>	<ul style="list-style-type: none"> <li>• Child and adult are excessively responsive/loyal to / protective of each other, in detriment of their relationships with others.</li> <li>• No active conflict.</li> <li>• Hierarchy between adult and child" may be flattened ("buddies") or reversed (child in nurturant role or holding more power).</li> </ul>	Child less available to establish relationships with peers, school, and others outside the adult/child relationship.

**PATTERNS OF RELATIONSHIP****BETWEEN THE FAMILY AND THE LARGER COMMUNITY***(Friends, neighbors, school, church, health and social services)*

<p><b>Functional</b>      </p> <ul style="list-style-type: none"> <li>• Parties are responsive to each other, mutually respectful, collaborative</li> <li>• Conflicts are acknowledged and addressed.</li> </ul>
<p><b>Underinvolved, not conflictive</b>      </p> <ul style="list-style-type: none"> <li>• Parties are no or minimally responsive to each other.</li> <li>• Conflicts are not acknowledged or addressed.</li> </ul>
<p><b>Overinvolved, not conflictive</b>      </p> <ul style="list-style-type: none"> <li>• Parties are excessively responsive//loyal to/protective of each other, in detriment of their other relationships. (E.g., more involved with service providers than with other family members.)</li> <li>• No active conflict.</li> </ul>
<p><b>Overinvolved, conflictive</b>      </p> <ul style="list-style-type: none"> <li>• Antagonistic interaction with social network and/or services.</li> </ul>
<p><b>Coalition</b>      </p> <ul style="list-style-type: none"> <li>• Family member allied with friends, neighbors, and/or services against another family member.</li> </ul>

## Rituals as Tools of Resistance- From Survival to Liberation

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### Rituals As Tools of Resistance: From Survival to Liberation

Andraé L. Brown, Melina Dimitriou, and Lisa Dressner

*Rituals help families mourn losses, transition through life, and mark significant moments that shape and define families over generations. During times of crisis, rituals help families restore balance, reestablish a steady pace, and recommit to shared values and goals. Rituals are used extensively to cope with family crises around the death of a loved one, chronic illness, and changes in the life cycle such as marriage, retirement, or adjustment to the empty nest. But rituals are rarely incorporated into a family's process of adjusting to the loss of a member through incarceration. The incarceration process, from the time of arrest through sentencing, does not provide adequate time and space for family rituals to occur naturally. This paper demonstrates how a community ritual that prepares a young man for incarceration may support his commitment to rehabilitation, facilitate the family's grieving process, and prepare the community for his reintegration.*

#### FAMILY RITUALS

Every family and every culture throughout time create, enact, alter and preserve rituals. (Imber-Black, 2002, p. 455)

We are all ritual makers. Rituals help us stay connected to the past as we move toward the future. They enable us to preserve a sense of continuity, consistency, identity and belonging, while simultaneously integrating change and marking

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the transitions in our lives.<sup>1</sup> In addition to cultivating a sense of identity and rootedness within families, rituals connect those families to a wider community.<sup>2</sup>

Social scientists describe rituals as formalized, symbolic performances. “Formalized” suggests that there is an accepted format for carrying out the event. “Symbolic” implies that the ritual’s components might be more significant and meaningful than they appear on the surface. And “performance” indicates that the ritual’s importance depends on how it is enacted by the participants. The extent to which participants follow a ritual’s pre-established script is indicative of their sense of its importance.<sup>3</sup>

When family members participate in a ritual, it is quite common for each member to ascribe a unique meaning to the ceremony. Participation in a ritual also delivers a hidden meaning to the insiders, bolstering their sense of rightness and emotional commitment and providing members of the group with a sense of continuity and commonality across generations.<sup>4</sup>

Rituals frame and express family structures and relationships, reinforce roles and boundaries, and articulate family identity and belief systems. When we examine rituals critically, they can serve as a lens through which we can better understand a family’s intergenerational patterns—how people relate, communicate, and articulate their needs.<sup>5</sup>

Often older generations are more committed to carrying on family rituals, seeing them as mechanisms that build successful families and that allow elders to demonstrate and validate their role in the family. But for traditions to be carried forward, younger family members must also become more appreciative of the rituals as they grow older and must feel that such practices are relevant to their lives.<sup>6</sup>

Mealtime provides an example of how rituals, viewed as patterns of interaction, can tell us a lot about family dynamics. We can deduce a great deal about how a family functions if we know how often a family eats together, how the food is prepared, who is seated at the table, and how they relate and converse at mealtime. With contemporary families spending more time sitting mutely in front of the television, the family meal may be the one time and place where members of the family share their stories and reflect on their daily experiences.<sup>7</sup>

Because the broader sociopolitical and cultural context influences how families organize, develop, and utilize rituals, any examination of the function of family rituals needs to take into account the social and political context of power, privilege, and oppression.<sup>8</sup> For example, who is allowed to participate in the ritual, who is accepted, and who is rejected? If we examine the extent to which lesbian, gay, transgendered, bisexual, queer, or unisex (LGTBQU) couples participate in family rituals, we need to know if the LGTBQU family member is invited to participate in a celebration, if her/his partner is also invited, and how they are treated during the celebration.

Because rituals can foster a sense of common identity, they can support families during difficult transitions by providing a sense of stability, which can reduce anxiety about change and incorporate it into the family system. Celebrations like birthdays, holidays, and family reunions are important in providing a sense of family togetherness, stability, and continuity. They also reinforce the family's racial, ethnic, religious, and cultural identity.<sup>9</sup>

## TYPES OF RITUALS

Transition rituals, healing rituals, and identity-reforming rituals all have therapeutic value. Transition rituals mark changes in family relationships, membership, and boundaries that accompany exceptional life events such as marriage and birth. Family transition rituals can create unique and meaningful ways to facilitate insight and ease transformations.<sup>10</sup> We have also developed an additional transition ritual, explained in detail later, which we feel helps families and communities deal with impending incarceration.

Healing rituals, employed at times of profound loss, help to cope with the grieving process of survivors and promote healthy living after the loss. Healing rituals may also be created to address losses attendant to the breakup of relationships, reconciliation after an affair, losses of bodily parts or losses due to an illness, as well as losses of life roles, expectations, and dreams.

When a loss is accompanied by social stigma, such as death from AIDS or suicide, the healing process may be truncated because standard healing rituals may not address the specific circumstances of the loss. By creating their own healing rituals that address their own circumstances, families can find a safe space and time to genuinely mourn their loss, without worrying about social stigma.

Through rituals that involve redefining identity, therapists try to remove stigmatizing labels from individuals, couples, and families, especially where the larger sociopolitical context views them negatively.

## RITUALS AS A MECHANISM OF RESISTANCE

To be human is to belong to the whole community, and to do so involves participating in the beliefs, ceremonies, rituals and festivals of that community. A person cannot detach himself from the religion of his group, for to do so is to be severed from his roots, his foundation, his context of security, his kinship and the entire group of those who make him aware of his own existence. (Mbiti, 1969, p. 2)



When a family faces traumatic life-cycle events like imprisonment, sudden loss, forced migration, divorce, and hospitalization, the creation or adaptation of rituals can help it cope with the crisis. When families are experiencing multiple or constant crises, they tend to operate in survival mode, focusing solely on the basic and immediate needs of family members. Their inability to maintain rituals increases the risks of intergenerational schisms, isolation, stigma, secrecy, and shame, especially if there is a lack of social support from the larger system. Conversely, when rituals are maintained, people are better adjusted and more satisfied because they feel a heightened sense of belonging, membership, and individual commitment to the family.

When traditional family structures and ceremonies do not fulfill the need for connection, some groups, particularly oppressed and marginalized communities, create their own rituals to mark transitions and elevate their spirits, and sometimes to confront and resist the dominant culture.<sup>11</sup>

Rituals are fluid and changing. Seemingly straightforward activities may be construed in different ways in different times and places. The format of a ceremony is not the only thing that determines its impact. Equally important is the involvement and investment of the participants.

A case in point is the history of marriage ceremonies in the African-American community. Enslaved Africans in America created their own secret wedding ceremony, called “jumping the broom,” to mark their committed relationships. During the marriage ceremony the new couple jumped over a broom to symbolize that they were sweeping away their past and beginning new lives together. Although this ritual took place as the participants were enslaved, subjugated, and oppressed, the participants transformed it into an occasion of joy and pride.<sup>12</sup> Even today many contemporary African-American marriages incorporate this tradition.

Similarly, DeSilva describes how, in the face of starvation and almost certain death, Jewish women in a Nazi concentration camp in Czechoslovakia recorded their traditional recipes as a way to maintain their dignity.<sup>13</sup> Through this ritual, the women stayed connected to their culture, ethnic heritage, faith, and families of origin during a time of unimaginable stress.

Establishing and participating in their own rituals can help marginalized groups increase their self-esteem and challenge values promoted by institutions that look down on them. One example is the mechanism that LGBTQ communities developed to publicly honor the loss of lovers, friends, family, and community to HIV/AIDS related deaths.

It began in San Francisco in 1985, when gay rights activist Cleve Jones established the NAMES AIDS Memorial Quilt, the largest ongoing community arts project in the world. The quilt consists of hand-sewn pieces of cloth, each memorializing a person who has died of HIV and AIDS related causes. The names are

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read aloud in a public ceremony to symbolize breaking the silence of shame and stigma associated with HIV/AIDS. This ritual provides relief, solace, and solidarity for the mourners and advocates.<sup>14</sup>

Another example is the Clothesline Project, a community ritual highlighting domestic violence. Hand-painted T-shirts are hung on a clothesline, accompanied by the sound of bells and horns. The ritual symbolizes how often a woman is assaulted, raped, or murdered. This public exposure of violence against women helps these women to regain power and heal.<sup>15</sup>

## RITUALS FOR JUSTICE-INVOLVED FAMILIES

The United States incarcerates a much higher proportion of its people, and especially minorities, than other wealthy countries. A white boy born in 2001 has a one in seventeen chance of going to prison during his lifetime. But a black boy born the same year has a one in three chance and a Latino boy has a one in six chance of going to jail! Selective prosecution and punishment accounts for much of this difference. A black youth is about five times more likely to be incarcerated after a drug offense than his white peer. Latino youths are twice as likely as whites to get jail time for a drug arrest.

Minority youth, who make up 39 percent of the juvenile population, account for 60 percent of incarcerated juveniles. The majority of poor children live in working families that play by the rules. But racial disparity influences every aspect of the life of children of color, from education to health care to employment to society's tolerance for boys "acting up."<sup>16</sup>

The disproportionate incarceration rate of people of color tears young adults away from their families and their communities during their most productive years, when they should be building careers and families. Communities suffer when so many of their young men and women are prevented from establishing long-term personal relationships, getting or keeping jobs, and living conventional lives.

## RENAMING CEREMONY: FROM SURVIVAL TO EMPOWERMENT AND LIBERATION

Lord why is it that I go though so much pain/  
All I saw was black and all I felt was  
rain/  
I come to you because it's you that knows/  
To show me that everything is black/  
Because my eyes were closed. (DMX, 2001)

Because most African names have a meaning in many parts of Africa, naming children is an important occasion marked by elaborate ceremonies and rituals, during which a name is bestowed that describes personality traits, character, or a key life event.<sup>17</sup> It is hoped that a positive name like “strength” or “pride” might empower an individual to live up to its essence. Receiving names is an ongoing process, and by the time a person is old, he or she might have acquired a sizeable collection, including the names of dead family members in order to continue the family legacy.

At Affinity Counseling Group<sup>18</sup> the therapeutic team came up with a renaming ritual for “Gaston,” a young black man out on bond, pending sentencing for violating probation for a drug offense. Gaston was not gang affiliated, although many in his family were, including an uncle who had recently received a life sentence for gang-related murders.

Gangs routinely give street names to their members, typically embodying violent and subhuman personality characteristics like Monster, Money, Boss, or Killer. The counseling group developed a “Renaming Ceremony” ritual to encourage Gaston to accept accountability for his actions, to help him stay in touch with his humanity and maintain his spirit under the conditions of prison life, and to empower him to shift his personal and family life in a positive direction.

Coming up with forms and structures for the ritual was a very fluid and flexible process. The therapeutic team’s goal was to get the community to decide what they wanted to see in the ritual so that it would offer an opportunity and encouragement to an adolescent to take responsibility for his own future. The therapists also hoped to foster equity in the client-therapist relationship by expanding the client’s choices through a collaborative process rather than imposing their own morality.

When the session began, all members of the therapeutic community (what we call the cultural circle) stood in a circle and held hands. The participants turned off their cell phones and an adolescent member of the circle was delegated to collect them in a basket and place them on a table in the center of the room. Another member of the circle led the recitation of the opening statement: “I place my hand in yours and together we can do what I cannot do alone. Peace.”

Then the participants released their hands, made the peace sign, and returned to their chairs. Once seated, all the participants introduced themselves and said what they were feeling. The therapist then began to stage the room for the “Renaming Ceremony.”

Gaston sat on a chair in the center while the members of the therapeutic community sat on the floor in concentric circles. His relatives and close friends sat in the closest circle. Positioning the participants in concentric circles around him

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symbolized the safety, support, and boundaries that the community wanted to create around Gaston to help him survive incarceration.

The therapists began by discussing the purpose of the gathering, which was to acknowledge how Gaston's actions had led to the difficult consequences that he and his family must now bear, as well as how the larger context of the judicial system does not promote rehabilitation and destroys the human spirit. The aim of the ritual, it was explained, was to create a memory for Gaston to hold onto, one that would remind him of his true identity should prison life begin to destroy his concept of self.

Then everyone was asked to sit silently and reflect while the hip hop/rap artist DMX's spoken word/rap "Prayer" (2001) was played. After that, a member of the group read the essay "They're Playing Your Song" by Alan Cohen (2002), which describes the process of naming children in African tribes.

The piece details how a child is given a name at birth, and how during the struggles of childhood and early adulthood a child may lose his/her way and need to be reminded of the name's significance to the community he/she belongs to. The reading notes that the ritual of remembering one's name is more effective than punishment or scolding in bringing people back to their identity and life purpose.

The tribe creates a name and a song for each newborn and is responsible for remembering it throughout the child's life. The community supports the individual and sings that song, even when the person has forgotten it and has committed actions that are not in line with the spirit of the name.

After the reading, the participants shared their feelings. Family and friends usually grieve privately for the loss of the incarcerated, but here each person was encouraged to express his or her grief and hopes for the future. This can be especially meaningful for young men who are not encouraged in this culture to express their feelings and then are punished if their anger and rage finally manifests itself in acts of violence.

A reading of the poem "Be Who You Must Be" by Diarmuid Cronin (1997) followed the group's discussion. This poem emphasizes the importance of not imposing judgment on people and instead accepting and valuing each individual for who he is.

The client, Gaston, was given the opportunity to reflect and discuss his thoughts, feelings, regrets, anticipations, and wishes for the future. The ritual ended with a member of the community standing and stating on behalf of the entire cultural circle that Gaston's new name was "Hope." Finally, the community engaged in silent reflection as Tupac Shakur's (1993) song "Keep Your Head Up" played.

Participants were then asked to reconvene the circle for the closing ritual. A member of the group, Gaston's best friend, was called upon to "blow bubbles for

the circle.” As he blew a continuous stream of bubbles, others expressed what they would like to do better or give up in the upcoming weeks. They also expressed their commitments to Gaston and his family.

To end the ceremony, Gaston led the “Place my hands in yours . . .” recitation and everyone shook hands and hugged.

## FURTHER AIMS OF THE RENAMING CEREMONY

Every component of the ritual served multiple purposes for all members of the cultural circle. Traditional norms of masculinity emphasize toughness and are adverse to expressions of emotion and activities that are perceived as feminine or hypersensitive. Holding hands, reciting the ritual statement, hugging, and blowing bubbles are behaviors that expand definitions of manhood to include softness, vulnerability, emotional closeness, and relationships with the other men. Holding hands with other men undercuts homophobia and encourages males to create nurturing relationships with other males, while holding hands with women encourages men to relate to females in nonsexualized ways instead of objectifying and sexualizing them.

Another goal is to encourage emotional connections among adolescents and create a safe and violence-free space, which is especially important because the adolescent participants in the sessions are often affiliated with different street gangs. Participants in this ritual commit themselves to forsaking violent action against any other member of the group. The goal is to create strong, lasting ties of friendship and connection as a way to create community bonding rather than gang bonding.

This is reinforced when adolescents, who want to present themselves as being very tough, see each other blowing bubbles and saying what they hope to do better or give up. By engaging in a very soft activity, like blowing bubbles, the adolescents are encouraged to feel safe to express their emotions and to commit to more life-affirming choices with members of the community.

So even before Gaston started his incarceration, the Renaming Ceremony marked the beginning of his reentry process. During the ritual, the community described what Gaston’s process meant to them, what changes they saw in him, and offered their encouragement and support to him and his family. They also discussed plans for him after the end of his incarceration.

In turn, Gaston reflected on his own process and what this experience meant to him. At the end of the ritual, when the community gave him the name “Hope,” they indicated that they expected him to live up to the meaning, expectations, and essence of the new name. The Renaming Ceremony also aimed to break the

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pattern of intergenerational incarceration and create a new legacy for Gaston, his family, and his community. It marked his shift from survival to empowerment and liberation.

In addition, the Renaming Ceremony served as a healing ritual by providing a safe and manageable space for community members to express and deal with emotions associated with the violence that has become a part of everyday life. The reactions of community participants in the ritual were strong and intense. This renaming ritual forced individuals to bring their emotions to the surface and to face the pain of loss that family and friends go through when they lose a loved one.

Another very important element of this ritual was to foster accountability. Participants had to consider their own responsibility in either having deterred or promoted Gaston's criminal involvement. And by connecting with the grieving family, they became more aware of the reality of the loss their own families would feel if they were incarcerated or killed. Participants begin to take responsibility for their lives.

## IMPLICATIONS AND CONSIDERATIONS

The creative and flexible use of rituals holds promise for promoting the health and well-being of families. Creating and integrating rituals into the fabric of family life can be vital in a context where American society tends to underestimate the importance of spirituality and ignores the internal need to maintain individual and family health in a chaotic and complex world.

Different types of rituals provide rich sources of information about factors contributing to family dysfunction as well as to family health. Families are often less resistant to using rituals as tools to help produce healthy change than they are to accepting assignments or tasks aimed at change. As we explore strategies to help families build resiliency around normal as well as traumatic life cycle transitions, rituals can be very helpful in acknowledging family history and strengths, and fostering positive change in family interaction. In some instances, they can also be used as tools to support social and political action.

## For Review

1. How do family processes, as described by Cowan and Cowan, apply to Laureau's discussion of race and class in child-rearing strategies? What family processes may be influential to a working class white child's well-being? What family processes may affect the well-being of a middle-class African-American child? What kinds of family processes and child-rearing strategies do you observe in your own home?
2. Furstenberg makes an argument for studying social class independently of race, ethnicity, and gender. In contrast, how do some of the other authors in Part Four incorporate race, ethnicity, and gender when they write about social class? Discuss the challenges and benefits of studying class independently versus studying it in combination with race, ethnicity, and gender.
3. What are some of the social and cultural factors discussed by Roy and Cabrera and England and Edin that enable low-income fathers to develop and maintain strong ties with their children? How might these fathers and children use ritual as a "tool of resistance" in the way Brown, Dimitriou, and Dressner describe?
4. The authors in Part Four argue that social class is an important factor to consider when we discuss child care and children's well-being. How might this argument apply to a discussion about elder care and the well-being of older adults in our society? Are some of the family dynamics, social processes, and cultural factors that these authors write about applicable to elder care as well as to child care?
5. Activity: Cowan and Cowan find public policy debates problematic when the people involved in them think that they can only be right if they prove the other side wrong. Choose a public policy debate that is going on right now and find two blog or newspaper articles that represent two different sides of the debate. Are these sides polarized in the way Cowan and Cowan describe? How might the debate be different if people paid more attention to social processes? Write your own short blog or newspaper article presenting the topic you have chosen as a conversation between two or more viewpoints, rather than a polarized debate.

6. **Activity:** The Council on Contemporary Families Fact Sheet on Military Child Care reports that among military families, those with an annual income of up to \$23,000 pay between \$40 and \$53 per week per child for child care. How does this compare to what families in your neighborhood pay for child care? Suppose you are a parent making \$20,000 per year and cannot rely on employer-provided child care. Do some research to find out what child-care options are available near your home. Can you find full-day child care for \$53 per week or less? If so, is the child-care provider you found nationally accredited? Is care provided for infants as well as for older children? If the provider you found is more expensive than military child care, calculate what percentage of your family income will be spent on child care each month (assume that you make \$20,000 per year, or approximately \$1,600 per month).



## CIRCULAR QUESTIONING: AN INTRODUCTORY GUIDE

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EDUCATION UPDATE:  
Fundamentals of Theory and Practice Revisited

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### Circular Questioning: An Introductory Guide\*

Jac Brown\*\*

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*This paper presents a simplified model that has been found to be useful for those learning questioning skills within the Milan systemic approach to family therapy as well as for those who simply wish to develop some skills in circular interviewing. The model begins with the premise that clients frequently describe a problem in terms that are either too broad or too narrow. The model has two categories of questions: those that draw connections and thus broaden a client's understanding of their context and those that draw distinctions and thus narrow a client's focus where generalisations predominate. The model is presented within the context of other models of Milan systemic questioning and the contributions they have made.*

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#### INTRODUCTION

The interviewing style of the Milan Associates has provided a unique contribution to the field of psychotherapy: the process of circular questioning. Circular questioning has since been adapted to many models of therapy. The development of circular questioning emerged from the Milan Associates' application of Bateson's ideas about circularity to their behaviour as therapists. They state that their research was directed at '... the most correct and fruitful procedure for interviewing the family' (Selvini Palazzoli, Boscolo, Cecchin and Prata, 1980: 3). Circular questioning draws connections and distinctions between family members or people within the larger client system. For example, the behaviour of one person is shown by implication to be connected to the behaviour of another in a circular manner rather than in the usual lineal or causal way that has been the basis of much of our thinking about human problems. Thus, instead of asking why someone is depressed, a circular form of questioning would inquire about when someone shows depression and what other people do when this is happening.

This interviewing style stimulates the release of information into the system in a manner that encourages new ways of viewing the problem. The premise behind circular questioning is that information comes from difference and that difference implies a relationship, through

connections or distinctions in the surrounding environment. For example, if I state that she is happy, I am stating this in relation to other people I have seen who were less happy. Thus, the noted difference in happiness has information value. The questioning is aimed at creating or maximising difference and then drawing connections in order to provide information that frames problems in new ways. A number of writers have subsequently devoted considerable effort to the task of delineating uses for circular questioning, in the process of facilitating the release into the system of new information about the problem and its context (Penn, 1982; Fleuridas, Nelson and Rosenthal, 1986; Tomm, 1987; MacKinnon, 1988). This paper examines a two factor model of questioning which aims to help therapists to broaden the family's focus when it is too narrow, and narrow the focus when it is too general. It is particularly useful as a framework for family therapy students attempting to construct their own circular questions.

#### THE DEVELOPMENT AND ELABORATION OF CIRCULAR QUESTIONING

The Milan Associates do not say a great deal about actual interviewing in their seminal 1980 paper (Selvini Palazzoli, Boscolo, Cecchin and Prata, 1980). However, what they do say is extremely significant and has stimulated extensive thinking and subsequent delineation. Citing Bateson, they work within the framework that information is a difference and that difference is a relationship or a change in the relationship. They highlight the benefits of investigating a dyadic relationship by asking a third person for his or her perceptions on that other

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\* The author wishes to thank Kerrie James, Director of Clinical Services at Relationships Australia (NSW) for her helpful comments.

\*\* Jac Brown is Director, Australian Institute for Relationship Studies, which is affiliated with Relationships Australia (NSW), 135 New South Head Road, Edgecliff NSW 2027.

cations of current behaviour and ideas, and a consideration of new options.

Tomm's notions about therapist intent and assumptions in questioning are very useful for experienced clinicians, who are thus encouraged to monitor the effect of their questions during the interview, and to ask different questions if their intentions are not realised. Tomm also emphasises the idea of creating a balance between questions and statements. If there are too many questions, clients may feel interrogated, while if there are too few, therapists may experience restrictions in the information available. Tomm's emphasis on the statement/question balance is particularly useful when training therapists who come from client centred therapies that emphasise reflecting client statements, as opposed to asking questions. However, as student therapists grapple with learning circular questioning, the new model presented by Tomm is often overwhelming.

MacKinnon (1988) focuses on the Milan questioning process as a way of exploring the 'openings' presented during a session. Openings are indicated by key words and utterances that signify emotionally laden areas. The therapist uses questioning to explore these areas and facilitate increased intensity and emotional openness. Questioning is also used to explore and shift premises that constrain family members' relationships and ability to resolve conflictual or painful issues.

## THE TWO FACTOR MODEL: CREATING DIFFERENCES AND CONNECTIONS

Most of the other models of questioning focus on *types* of questions as a way of teaching student therapists. Such an approach requires students to learn a classification system and the specific questions in each category, in order to apply them when conducting therapy. By contrast the two factor model emphasises a *process* for asking questions, rather than relying on students to memorise specific categories of questions. While both approaches are valid, I would argue that learning how to *construct* questions may be more appropriate for the beginning therapist than memorising categories of questions. Following a period of constructing their own questions, it may then be useful for new therapists to reflect on the categories of questions that exist in various models. This approach encourages students to draw questions from a range of models.

### Creating Differences

When clients generalise a particular problem situation to their entire life, it is often helpful to deconstruct the generalisation by asking questions that create difference. The concept of difference is crucial in all of the models of circular questioning discussed and in this model, is best introduced as the first factor for emphasis when teaching circular questioning. Penn's (1982) model is an example of one that has difference as a fundamental principle underlying *all* question types. Other models

conceptualise difference as a *type* of question (eg. Tomm, 1988; Fleuridas et al., 1986). When the purpose of an interview is to provide information, and information is difference, then having a category of *difference questions* is somewhat ambiguous, as all questions should have the goal of providing information through the creation of difference. As Selvini Palazzoli et al. point out, '1. Information is a difference. 2. Difference is a relationship (or a change in the relationship)' (1980: 8). Having a goal of creating difference in the information provided by clients through the subsequent questions asked in a therapy session is thus fundamental to the interviewing style. For example, clients often provide non-specific information such as 'The problem has always been present' or 'We all think the problem is caused by bad genes'. When a therapist operates from the underlying principle of creating difference in the session, he or she can watch for such comments and then turn them into more productive information, by asking questions such as 'Who most accepts the view that the problem has always been there?' or 'When has the problem been better/worse?'; 'Who most thinks that the problem is caused by bad genes?' or 'When did the family begin to think that the problem was caused by bad genes?' Thus, if the therapist has an underlying goal of creating difference and hence information, unhelpful statements from clients can easily be turned into useful information that uncovers subtle differences ignored by the family, providing an alternative view to a dominant one presented by clients in the interview.

As Tomm (1985) notes, difference can be created categorically (between people, relationships, perceptions and events) and temporally (between past, present and future). Differences across time, people and events are very useful categories to use for training therapists because there is little overlap between them, which creates less confusion than a more extensive list of specific difference question types might provide. When training students, I have used some of Tomm's categories, adding one of my own, and focusing on the following categories as the basic underlying principle for interviewing in a way that maximises difference:

#### 1. Across time

Difference over time highlights the changes that occur, which clients often fail to notice, possibly due to their subjective involvement, anxiety or beliefs about a problem. Contrasting past time with the present is a way of creating difference. For example, when asked about these differences over time, a client may note that a problem began at a particular point, or that a behaviour is more extreme during one week than another. Future time, which is always hypothetical, can also be used as a way of pointing to new possibilities and the creation of hope, as is well documented elsewhere (Penn, 1985). For example, when asked about differences in the future, a client may think that a problem will be resolved at some future date or that other changes will occur that will alter the nature of the problem.

Examples:

- When did the problem begin?
- When is the problem most difficult?
- When is the problem least evident?
- When might the problem be solved?
- Will the problem be solved more quickly by itself or more quickly if you have some assistance?
- How long will it take for this problem to go away?
- How might the problem change in the future?

### 2. *Between people*

Differences between people highlight unique behaviours, attitudes or beliefs that clients may fail to notice when wanting to create a greater sense of unity or cohesion. For example, clients may state that all family members are sad about the death of a grandparent, but fail to acknowledge, until questioned on this difference, that one family member is having a much stronger reaction to the death. On the other hand, using questions that rate family members on particular behaviours, attitudes or beliefs and thus creating difference, may draw out similarities that have been ignored by clients. For example, family members may see one person as being argumentative until asked to rank all members on their argumentativeness; then they realise that it is a common behaviour in the family.

Examples:

- Who is the most argumentative in the family? Who next?
- Who most believes that parents should make all the rules in the family? Who next?
- Who misses John the most when he is away at boarding school?
- Who between the two of you most thinks that women should have the major responsibility for the housework?
- Who is most committed to the relationship? How do they show it?
- Who most shows their concern about the problem?
- If the problem stays around for a long time, who will be most concerned about it?

### 3. *Between parts of a person*

Differences within a person highlight the multidimensional nature of behaviour, attitudes and beliefs and the absurdity of categorising a person with a particular label. When a person is seen to have a particularly strong behaviour, attitude or belief, it is useful to distinguish between the part of him or her that thinks or behaves one way and the part that thinks or behaves another way. This recognises the complexity of human nature, and the potential for tapping into the ambivalence that may be there.

Examples:

- Is your dad's tender side or his gruff side easier for you to see? Where do you think the tender side is hidden?

- Thinking of your head and your heart, which part wants to stay in the relationship and which part wants to leave?
- How much of you is angry and how much of you is sad about your grandmother's death?
- Do you think he is ruled more by his feelings or by his thoughts when he stays out late? What do you think those thoughts are?
- When you feel angry with her, what part of you taps into your current feelings about the situation and what part taps into feelings from the past?
- When you argue with each other, which side is more likely to take over, your rational side or your emotional side?

### 4. *Between situations*

Differences between situations highlight differences in client behaviour, attitudes and beliefs, depending on the context. Client flexibility and control over behaviour, attitudes or beliefs are emphasised when questioning reveals these differences between the same person's behaviour in different contexts.

Examples:

- Is he more likely to be violent in public or private? Why do you think that is the case?
- Do you think her behaviour is better at home or at school?
- Do you think her attitude about you being the breadwinner is more evident when you are with friends or when you are with your family?
- In what situation is the problem most noticeable?
- Where are your religious beliefs most obvious to others?
- Where do you think you are most yourself, at work or at home?

These four categories provide a helpful framework for understanding how news of difference can be created in an interview, as a way of increasing the information value of the interview for therapist as well as client. Student therapists are able to practise asking questions that highlight difference on the above dimensions in response to client statements that normally mask any notion of difference. The skill in creating difference is an important task for students in the process of learning circular questioning.

### Drawing Connections

When clients are overwhelmed by a problem, they often see it as isolated from the context in which it exists. Their focus may be narrowed by the gravity of the situation. Explanations of the problem are frequently linear, with the problem being seen in a simplistic black and white way. Ruesch and Bateson note that '... all knowledge of external events is derived from the relationships between them ...' (1968: 173). Seeing the 'pattern that connects' that Bateson writes about puts the problem in a much broader context, changing its linear

focus to one that is systemic. This more complete picture of client problems is helpful for the therapist and client in creating understanding and facilitating change.

In teaching students to draw connections, I find it useful to use content categories in the first instance. The content categories selected have been delineated elsewhere (Brown, 1997), but will be discussed here briefly. The categories of content selected provide a trigger for students to stimulate questions within the broad category to use for drawing connections or links.

### 1. Behaviour

Questions focusing on behaviour are useful in getting a good understanding of exactly what is happening with clients. Often a vagueness in client report of problems can be clarified through emphasising specific behaviours. Behaviours can be linked to other behaviours, to feelings, to beliefs, to meaning and to relationships. Questions focusing on behaviour are also useful as a way of maintaining neutrality, as value laden categories are frequently avoided when the focus is on behaviour. For example 'Why do you spend the day in bed?' is more neutral than 'Why are you so lazy?'

Examples:

- What happened after you asked him to go to his room? What happened then? . . . How did it all end?
- When she stays out late without telling you where she is, what feelings come up for you?
- How does hitting your son relate to your beliefs about child rearing?
- How do the ways you fight relate to the ideas about how couples resolve arguments that you brought from your family?
- How do you make sense of the difference between his behaviour at home and at school?
- When the family argue, does it bring you all closer together or further apart?

### 2. Feelings

Questions about feelings are asked as a way of highlighting the emotional experience of family members, where there is often a tendency to focus on behaviour and meaning. While these questions are useful in increasing therapeutic understanding of the meaning and motivations of behaviour, they are also a way of increasing client self understanding, as well as stimulating increased empathy and understanding by other family members. The way that feeling questions are asked may unintentionally imply that clients have too little or too much control over their feelings. For example the well-known question 'How does that make you feel?' implies that a client has no control over how he or she feels. The question 'When did you decide to become depressed?' may imply so much control that the client feels misunderstood. Thus, feeling questions need to carefully weave a path between these two extremes, by maintaining therapeutic connection with the client while not inferring that she or he has no control over

personal feelings. This is particularly important early on in the therapeutic process, while later on, questions suggesting a greater control of feelings by the client may be more therapeutic. Feeling questions can be linked to behaviour, beliefs, meaning and relationships. Note the difference between these questions, which imply less control over feelings, and the more confronting 'how do you feel?' questions often asked by beginning therapists.

Examples:

- What feelings come up for you when she calls you incompetent?
- When he tells you that he doesn't love you any more, what emotions emerge?
- When she feels sad, what feelings do you have?
- How do you feel, knowing that he believes women should stay at home and raise the children?
- What sense do you make of his anger that you will not have sex with him?
- When you spend long periods of feeling angry with each other, how do you think that affects your relationship?

### 3. Beliefs

Questions about beliefs are asked to help understand some of the underlying ideas that clients have which influence the way they act, think and feel. Beliefs tend to emerge from past experience in situations with significant people such as family, friends and former lovers. They frequently result in clients accepting a certain way of acting, thinking and feeling as the unquestioned norm. Beliefs also may arise out of painful past experience and thus operate as a way of protecting the self. Beliefs are often attributed to participation in groups such as family of origin, culture, social class, gender, sexual orientation and religion. Beliefs can be linked with behaviour, feelings, meaning and relationships.

Examples:

- When he is reluctant to help out with the housework, what do you think he believes about the role of women?
- When she is sad about not having had a child, do you think it is more because she wants a child or because her family wants a grandchild?
- When you believe that conflict should be out in the open in any relationship, does he agree more or less with you?
- How do you make sense of her saying on the one hand that she believes men should be responsible for their own feelings and yet on the other hand continuing to seek out your deeper emotions?
- When you believe that there is a danger in expressing your anger at home, do you think that unites or separates the family?

### 4. Meaning

Meaning questions tap into the way that clients interpret their world through their interaction with others. These

interpretations are useful in helping to understand their behaviour in its interpersonal context. They are useful for understanding self as well as other family members. When they are linked to behaviour, feelings, beliefs and relationships, questions about meaning are powerful in creating change in family systems.

Examples:

- How do you understand it when he says that he loves you and he neglects to help you when you ask for assistance?
- When he is feeling sad, what do you think his sadness is about?
- When she thinks that your anger relates to unresolved issues with your mother rather than her, how do you think that she gets that idea?
- When you say that his behaviour shows he doesn't want to live at home any more, how do you think he sees that statement?
- When she says that she feels you do not love her any more, how do you think that affects your relationship?

### 5. Relationship

Relationship questions are used to allow family members to comment on the nature of their relationships with each other, as they experience them through their every day interaction. These comments are rarely made outside the therapy room. However, assumptions about the nature of relationships are frequently made and acted upon in the context of the family. Making these assumptions explicit through relationship questions that draw connections between relationships and behaviour, feelings, beliefs and meaning can create significant new understanding, and thus provide the impetus for change in the family.

Examples:

- When she says that she is coming home right after school is finished and does not do so, how do you think that affects the nature of your relationship?
- When he is angry and expresses that to you, does that make you feel closer together or further apart?
- When you believe that relationships should not have any conflict and conflict continues, what does that say about your relationship?
- When she is pessimistic about your willingness to be more involved in the family, how do you think that affects your relationship?
- When he feels that the family is working together well, are you more likely to feel closer to the family or more distant?

## CONCLUSION

While a number of models exist for teaching circular questioning, they are frequently difficult to understand for new therapists. Understanding that the major guid-

ing principle of circular questioning is a process of creating distinctions and connections can be a useful simplification of the process, allowing students to experiment. In this way, the usefulness of various questions will become apparent very quickly to students and they will thus become self motivating. Furthermore, linking questioning style to aspects of neutrality and hypothesising then creates a more complete context for conducting an interview in a circular style. As experience builds up at this level, it is possible for students to focus on some of the more complex models of questioning and integrate these into their repertoire.

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*I had written him a letter which I had,  
for want of better  
Knowledge, sent to where I met him  
down the Lachlan, years ago,  
He was shearing when I knew him, so I  
sent the letter to him,  
Just 'on spec', addressed as follows,  
'Clancy, of the Overflow'*

Clancy was lucky. He received his letter. Mails were better then, perhaps. You may not be as lucky, unless you **advise Blackwells of your address changes.**

READ INSIDE FRONT COVER FOR  
DETAILS.

## ENACTMENTS

*Jorge Colapinto*

In Structural Family Therapy, the primary tool for bringing about change is the development of alternatives to the family's existing patterns of transaction. This is accomplished by having the family *experience* those alternatives in sessions. All other techniques of Structural Family Therapy lead to the creation of such in-session experiences –the **enactments**.

The premise that underlies the special position assigned to the enactment in Structural Family Therapy is that more change comes from *experiencing* different ways of dealing with problems, than from *talking* about them.

### **GUIDELINES FOR SETTING UP, FACILITATING, AND ENDING ENACTMENTS**<sup>4</sup>

#### **SETTING UP**

Setting up an enactment is simply to create a “scenario” where clients can experiment with different ways of dealing with their problems. To set up an enactment:

1. Pick a relevant topic, one that is meaningful to the clients. For instance, a conflict between a mother and a teenage daughter over curfew; or a family's claim that the mother cannot control her children and depends on her boyfriend for “law and order”.
2. Ask for permission (e.g., “Is it OK if I ask you to do things that you may not be accustomed to do?”) (*This may or not be necessary, depending on the state of your relation to the family*).
3. Direct clients to position themselves so as to be able to talk to each other (e.g., by turning their chairs to face each other).
4. Instruct the clients about the process that they should follow (speak up, listen to each other, find out what the other thinks or feels, etc.). For instance, “Explain to your mother why your curfew should be later; and you, mom, listen to what your daughter has to say and then explain your position to her”; or “Let's see how you organize the kids without the help of your boyfriend”).

Make sure that you DO NOT have or raise the expectation that the enactment should necessarily conclude in an agreement or compromise. The goal of the enactment is *not* to solve a problem *but* to experiment with a different way of relating that will eventually solve the problem.

5. Remove yourself from participating in the dialogue (lean back, move your chair back, or otherwise shift position).

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<sup>4</sup> Nichols, M.P. & Fallenberg, S. (2000) The effective use of enactments in family therapy: A discovery-oriented process study. *Journal of Marital and Family Therapy*.

## FACILITATING

Once the enactment is set up and running, think of yourself as an orchestra conductor. You are there *to help the clients practice talking to each other in a different way, not to talk to or for them.* As Michael Nichols (1997) put it, “It’s the difference between taking the bat out of people’s hands to give them a lecture on the science of hitting, versus just telling them to choke up, swing a little easier and then see what happens.” He gives the following example:

Consider the case of a family with a 16-year old boy on probation for selling marijuana. The therapist has encouraged the boy to talk with his parents about his plans for the future. When the boy says he wants to drop out of school to become a motorcycle mechanic, his parents argue forcefully against the idea, and the boy soon shuts up. At this point the therapist joins the conversation to support the importance of the boy staying in school. But if the pattern of their relationship is that the parents nag and the son withdraws, the clinical goal is not to keep the boy in school but to help him learn speak up –to put his feelings into words instead of into dangerous and risky forms of behavior. (Nichols, 1997, p.243)

To facilitate an enactment, you need to:

- (a) Not intervene when it is going well.
- (b) Intervene when it is not going well.

### Good enough enactments

Simply put, an enactment is going well when clients communicate. Improving the process of communication is more important than reaching agreement about the content.

Clients are communicating when they:

- a. Talk to each other, listen, respond directly to each other, acknowledge what each other says, ask questions if they don’t understand, restate or clarify their point view if the other does not understand.
- b. Speak up about what they want, express their points, make requests or complaints, without attacking or putting each other down.
- c. Have a balanced conversation (both speak and listen, take turns).
- d. Sustain their interaction for a while as opposed to than falling silent and/or looking at the therapist after a few exchanges.

### “Very good” enactments

An enactment is going very well when in addition to the above, the clients:

- Show love and/or concern for each other.
- Acknowledge their role in problems and/or express willingness to take constructive action (change own behavior, work together).

### Remaining non-central

As long as the enactment is going well, you should stay mostly out of the way (exception at the end of this section):

- a. DO NOT emphasize your own role or your need to understand. Remember that the content of what they are discussing is not as important as the fact that they are having a discussion.
- b. DO NOT lean, move closer, make eye contact with the clients, or become physically central in any way that draws attention to you.
- c. DO NOT interrupt to make lengthy or frequent interpretations.
- d. DO NOT ask clients to talk nice, make “I-statements”, etc. To quote Nichols (1997) again: “Clients say mean things, get their feelings bruised and want to withdraw, but as long as they’re stuck in the consultation room for an hour, there’s opportunity and pressure for them to keep talking –unless the therapist interrupts and bails them out.”
- e. DO NOT just fill the silence when clients stop talking. (But see “Troubleshooting” below for what to do when that happens).

However, DO make brief positive comments here and there, even if the enactment is going well and does not require your assistance. For instance, “Now you are talking like a 16-year old; good, Mom, you got her to grow up right there”. This kind of intervention, called “punctuation,” serves two purposes: (1) It lets clients know that they are making progress); (2) It may open an opportunity to move the enactment a notch up (for instance, “Maybe now you can have a better discussion about those problems that you are having with the teachers in school”).

### Troubleshooting

The following are some examples of enactments not going well (left column), and of ways to deal with them (right column). You will notice that all the interventions start with a comment that acknowledges the difficulties faced by the clients and continues with suggestions on how to overcome them.

<i>Situation</i>	<i>Suggestion for dealing with it</i>
Client(s)  1. do not talk or talk minimally, do not listen to each other, look down, away, or at you  2. avoid conflict, e.g., change the subject, argue over details, address third parties present or discuss third parties not present; laugh, giggle, make jokes, or otherwise distract from the task at hand.	(a) Acknowledge that what you are asking them to do may be uncomfortable or unusual. Then:  (b) Remind them that they need to go beyond their “comfort zone” if they’re going to get somewhere. Then:  (c) As needed: <ul style="list-style-type: none"> <li>• Redirect them, repeating the “setting up” instructions</li> <li>• Ask one client either to find out what other thinks or feels or to respond to what the other has said</li> <li>• Encourage silent or reticent client to speak up, express their points of view more forcefully (e.g., “You didn’t make a very good case for extending your curfew, so it was easy for your mom to say, ‘no way’. I am sure that you have more convincing things to say.”)</li> <li>• Give suggestions for how to express selves in order to be better understood, e.g. “Maybe you should tell your mom how you plan to take care of yourself if you stay out later on Saturdays.”</li> </ul>



Clients engage in dialogue for a while and then stop and turn to you.	<ul style="list-style-type: none"> <li>• Emphasize what was going well until then (e.g., “You were doing a good job of holding your son accountable for what he did”).</li> <li>• Identify the “conversation stopper” (e.g., “He gave you that look again, and you stopped pushing for an answer”).</li> </ul>
Third party interferes (e.g., boyfriend moves to “help” mother in her discussion with son)	<ol style="list-style-type: none"> <li>1. Acknowledge good intention (e.g., “You are trying to help”)</li> <li>2. Remind third party of the need to respect boundaries (“But mother and son need to resolve this by themselves”).</li> <li>3. Help third party to be quiet (“Come and sit next to me and we’ll see how mother and son are doing”)</li> </ol>
One or both parties interrupts or shuts the other party off.	<ol style="list-style-type: none"> <li>1. Acknowledge need to interrupt or shut off (e.g., “It must be difficult to sit quietly when you disagree so much with what your daughter is saying”). But:</li> <li>2. Point out that the pattern breaks communication (e.g., “If you don’t let her finish, you don’t to get know how she think, and cannot have a conversation”. Or, “I notice that the way you two deal with this problem of truancy is that father nags and son clams up”). Then:</li> <li>3. Encourage them to listen, and to try harder to understand each other; and/or</li> <li>4. Go for some “softer,” unexpressed thought or feeling, e.g. “Maybe you Dad might talk to your son about your worries about his truancy”</li> </ol>
Clients fall into a mutual bickering pattern	<ol style="list-style-type: none"> <li>1. Acknowledge that it may be difficult for them to get out of the pattern that they are used to, but</li> <li>2. Remind them that the purpose of the exercise is to find different ways of talking to each other.</li> <li>3. If you have identified the pattern of how they prompt each other to bicker, describe it for them</li> <li>4. Ask them to reinitiate the conversation, this time following rules such as taking turns.</li> <li>5. Take the role of a “traffic cop”, stopping the action when either one of the participants start to bicker and asking for a different response. (E.g., “There she pushed your buttons again, don’t fall for that”).</li> </ol>
Client(s) reject own role in problems/solutions, or express inability or unwillingness to experiment with alternatives.	<ol style="list-style-type: none"> <li>1. Acknowledge the difficulty of getting a new perspective, e.g. “You have been dealing with this situation on your own for a long time, of course it must be hard to imagine that your son (or your mother) can be any different from who they are now”.</li> <li>2. But also highlight moments in the enactment, or in other sessions, where they have shown or talked about a different way of interacting with each other; e.g.: “You have shown that you can talk to your husband as a wife, as his equal, rather than as his child”.</li> </ol>
Conflict escalates out of your control	<ol style="list-style-type: none"> <li>1. Acknowledge difficulty and take the blame: “Maybe it was too much to ask, too soon”.</li> <li>2. “Rescue” something useful from the experience, e.g. “In the heat of the discussion you two said some important things that we should revisit next time”.</li> </ol>

## CLOSING

### When to end an enactment

An enactment should end a minimum of 15 minutes before the end of the session, to leave time for debriefing (part of ‘How to end an enactment’, below).

An obvious place to end an enactment is when the clients, having had a good conversation, reach an agreement or compromise. In that case, however, make sure that you frame the success as a step that may be reversed—that is, that it would be normal for the family to go back to their usual ways of interacting. This is important to prevent disappointments, because *a single enactment rarely brings about instant and durable change*. The family needs to repeat the experience of possible alternatives in many different forms before new patterns can be maintained. Each successful enactment contributes a bit to enlarging the experience of the possible, showing that change is possible and what it might look like.

Therefore, the right moment to end an enactment is not necessarily when an agreement is reached, but rather when you either:

1. Have observed a shift in the dynamics of the clients’ communication, for instance
  - The usually quiet client has spoken up, the usually dominant one has listened.
  - There has been a breakthrough in understanding of the respective positions.
  - Clients have shown love or concern for each other.

*Or:*

2. Have run out of ideas on how to make the enactment work (clients continue to exhibit their usual problematic way of relating without any shift or change).

### How to end an enactment

- (1) If the enactment has been successful,
  - Praise clients for their accomplishments (having a good dialogue, expressing themselves, listening)
  - Summarize or restate the improvements in communication that you have observed.
  - Remember to frame the progress as proof that change is possible, rather than it has already occurred (as explained in the introductory paragraph to this section).
- (2) If the enactment has been unsuccessful, you still can extract learning from it.
  - Do NOT end an enactment simply by changing the subject, with no debriefing.
  - Describe the nature of the problematic pattern in which the clients seem to be “stuck.”
  - As discussed in the “Troubleshooting” section (for when conflict escalates out of control): acknowledge the difficulty in changing the pattern, take the blame (“Maybe it was too much to ask, too soon”), and “rescue” something useful from the experience, e.g. “In the heat of the discussion you two said some important things that we should revisit next time”.

**After the enactment**

If there is time left in the session, discuss the implications of the experience –for instance, how the changes that the clients were able to enact can contribute to solving the problems that brought them to therapy.

You may also prescribe “homework” as a way of extending the client’s work on their communication or relationships.

**REFERENCES**

Nichols, M.P. & Fallenberg, S. (2000) The effective use of enactments in family therapy: A discovery-oriented process study. *Journal of Marital and Family Therapy*, 26(2) 143-152.

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