1996

Multisystemic assessment and intervention: Effects of joining systems in the process of family therapy

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MULTI-SYSTEMIC ASSESSMENT AND INTERVENTION: EFFECTS OF JOINING SYSTEMS IN THE PROCESS OF FAMILY THERAPY

A Dissertation

Presented To

The Faculty of the School of Education

The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

by
Gail B. Hardinge

April 1996

MULTI-SYSTEMIC ASSESSMENT AND INTERVENTION: EFFECTS OF JOINING SYSTEMS IN THE PROCESS OF FAMILY THERAPY

by

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Approved April 1996

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DEDICATION

To the memory of my father, W.G. Bareford, for instructing me on the ways of the world, for listening on all those wonderful Sunday afternoons, for demonstrating generosity and patience and showing through deed that taking one step at a time can truly get you somewhere. Thank you, Dad, for holding my hand and knowing when to let go.

ACKNOWLEDGEMENTS

I would like to acknowledge those special people who provided me with the support, assistance and encouragement to complete this process. Without them, I would not have succeeded. With them I not only succeeded in the task, but learned valuable lessons along the way.

First, to the members of my committee, I extend my sincere gratitude. To Drs. Roger Ries and Sandy Ward for their academic guidance and knowledge of research practice. To Dr. Carol Beers for years of encouragement, thoughtful guidance and professional advice. To Dr. Victoria Foster for assisting me in implementing research within a naturalistic setting, for providing much needed support, and opening her home and heart in her own effortless way.

In addition, I would like to thank Nancy Wiseman and the New Horizon's staff for assisting me in the implementation of my study. Nancy provided me with useful advice and a listening ear as we planned the study around the activities of the Center. My gratitude also extends to Dr. Jim Schiess for his exceptional knowledge and patience in walking me through the statistical maze. Along those lines, I also wish to acknowledge Drs. Rip McAdams and Rick Gressard for showing an interest in my work when I needed it most.

In my many years of academic study, I have encountered a few exceptional teachers who blended knowledge, kindness and personal integrity,

bringing to the classroom a memorable educational experience. With that in mind, I thank Drs. Charles Matthews, John Lavach, Agnes Donovan and Ruth Mulliken. Each contributed, in their own way, more than any textbook could impart. I am grateful to have known them.

To my colleagues, Wade Lewis and Rick Richardson, I extend gratitude for assisting in the implementation of the study and providing advise along the way. To my friend, Steve Gallas, whose wisdom and support have served as frequent reminders of what is essential, I say "thank you" one more time. Rare is a colleague who shares his ideas, smiles when one takes them and runs, and offers to assist in expanding them along the way. I have yet another opportunity to extend gratitude to Gail Midgett whose friendship has allowed the "river to run" against all odds. I would like to extend a special thank you to my supervisor, Ethell Hill, for supporting my research efforts and creating a work climate that encouraged my academic pursuits. To Jackie Stewart, I express appreciation for our friendship and continuing respect for your energy and professionalism. In addition, I express my deepest gratitude to Cindy Catlett for typing, smiling, and serving as my computer genius.

Finally, I thank my family. To my mother for demonstrating strength, humor and love and for making home a refuge. To my children, Payton and Will, I am grateful for their adaptable spirit which has always been a grounding force, reminding me that fun business is just around the corner. To my husband, Baxter, I express love and gratitude for his gentle spirit, his optimism and for reminding me of the need for balance in all we do. You

succeeded in mothering and fathering our children. In many ways, I would not be closing this chapter and preparing for the next adventure if it had not been for you.

MULTI-SYSTEMIC ASSESSMENT AND INTERVENTION: EFFECTS OF JOINING SYSTEMS IN THE PROCESS OF FAMILY THERAPY

ABSTRACT

Gail B. Hardinge, Ed.D.
The College of William and Mary in Virginia, April 1996
Chairman: Dr. Roger Ries

The purpose of this study was to investigate multi-systemic training of counselors on families who participated in counseling to determine differences in the family's social functioning and in children's behaviors within home and school settings. The sample of counselors (n=10) and families (n=29) were from the New Horizon's Family Counseling Center, affiliated with the School of Education at the College of William and Mary.

Systemic theory as it relates to family therapy possesses two major tenets: the family is best understood as a system of mutually interacting and interdependent parts, and interventions should include the whole family (Minuchin & Fishman, 1979). A multi-systemic model asks counselors to view the family's behavior as a function of the family and its relationship with each other and with other systems (e.g. schools, social agencies, extracurricular groups and the workplace). Evaluating patterns which emerge between families and larger systems provides information regarding possible replication of unsatisfactory relationships and clarifies interactions among professionals (Imber-Black, 1988).

A non-equivalent, quasi-experimental design with pre and post tests was employed. The dependent measures included: Achenbach Child Behavior Checklist (CBCL) and Teacher Report Form (TRF) and Family Environment Scale(FES). Data was analyzed using multivariate and univariate repeated measures analysis of variance statistical procedures. To supplement the standard analyses, a multi-systemic orientation questionnaire and interviews were completed.

Results indicate that counseling in general resulted in improvement on the FES, CBCL and TRF, and on CBCL subscales Internal and External. However, there were no significant differences between families served by the experimental and comparison groups. In addition to a multitude of confounding variables, the outstanding factors which may have affected results include pretest differences between groups, and training which may not have provided a significant enough change to result in the anticipated hypotheses.

The author concluded that, despite statistical results, which reflect more upon numerous limitations in the design and implementation, the concept of a multi-systemic approach to assessment and intervention is one which possesses a practical significance and continues to warrant further investigation.

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CHAPTER 1

INTRODUCTION

The development and delivery of counseling services has evolved from theories based on individual, intrapsychic dysfunction to current practices involving more of a systemic, interactional focus. A common theme of traditional models for both theoreticians and clinicians was the belief that constructs such as personality and psychopathology resided within the individual. The development of a broader view of personality centered around the study of the individual within the context of his or her environment. No where is this more evident than in the growing research demonstrating the frequency and success of family therapy (Gurman & Kniskern, 1981). Review of the literature indicates that as early as the 1960's there has been a significant paradigm shift in addressing family dysfunction from a systemic orientation to family therapy (Apter, 1982; Walsh, 1982; Nichols & Everett, 1986; Atwood, 1992; Sherman, Shumsky & Rountree, 1994).

Systemic theory as it relates to family therapy possesses two major tenets: the family is best understood as a system of mutually interacting and interdependent parts, and interventions with individuals should include the whole family (Minuchin & Fishman, 1978). Accordingly, most family therapy models assume the following premises (Minuchin, 1974; Henggeler, Scott &

Borduin, 1990): (1) Problem behavior is related to patterns of interaction; (2) Problems occur as a reaction to life stressors and developmental transitions; and (3) Problems have a functional purpose for the family. Family therapy outcome studies have indicated that counseling which involves the family unit is more effective than traditional, individual therapy. However, even greater therapeutic gains may not have been realized due to limitations in a therapeutic approach which ignores other systems (e.g. schools, social agencies, extracurricular groups, and the workplace) which impact upon the family (Conoley, 1987; Henggeler et al., 1990; Cooper & Upton, 1991). Henggeler et al. (1990) suggest that systems thinking within the context of the family provides a narrow view of diagnosis and treatment. An essential factor in the process and outcome of therapy is the assumption that no one system is the cause of the problem or the target for intervention (Henggeler et al., 1990). Evaluating patterns that emerge between families and larger systems provides information regarding possible replication of unsatisfactory relationships as well as clarifies interactions among the professionals who provide services to the families (Imber-Black, 1988).

Beyond the use of a family system paradigm in the treatment of clients, a more inclusive multi-systemic model asks counselors to view the family's behavior as a function of the family and its relationship with each other as well as with other systems. Henggeler et al. (1990) offers four areas to consider

when using a multi-systemic model: (1) Individual characteristics such as personality, cognitive ability and physical characteristics; (2) Family variables including marital relationship, parent-child and sibling relationships; (3) Peer group characteristics relating to socialization, emotional security and the child's comprehension of social structures; and (4) Extra-familial system variables including the school system, parent friendships, employment, extended family and other social support networks such as church and civic groups.

Using a systemic framework to view the variety of settings which impacts upon a family encourages modification of systemic-ecological structures and patterns which have supported the problem. Apter (1982) indicates that as the complexity of a child's problems becomes increasingly evident, assessing and treating the troubled system is essential. While there has been an increasing number of researchers who have addressed problematic interaction between families and other systems, limited information has been available on training and assessment of multi-systemic intervention (Apter, 1982; Compher, 1982; Hansen & Okun, 1984; Lusterman, 1985; Schwartman, 1985; Henggeler et al., 1990; Cooper & Upton, 1991; Atwood, 1992; Fine & Carlson, 1992; Procidano & Fisher, 1992).

Children's maladaptive behaviors are often a result of the individual in relation to the various systems in which the child functions. This is particularly

relevant for a child in the context of the school system. Home and school systems often overlap with events in one setting affecting the child's behavior in another (Henggeler et al., 1990). When a child's behavior is identified as a problem, the solution seldom involves only the child's behavior. Every individual that interacts with the child is involved: parents, teachers, school administrators, siblings and peers all contribute to, inhibit, or reinforce the child's behaviors.

Family characteristics affect a child's experience in school (Anderson, 1983; Conoley, 1987; Procidano & Fisher, 1992). While a family's influence is seldom disputed, what is often neglected is the need for consistent communication between the families and schools. The recent work of Procidano and Fisher (1992) suggests that a lack of communication between schools and parents may create roadblocks to a child's education. Hansen and Okun (1984) introduce a number of ways in which a child's problems may be related to home and school interaction: a symptomatic child may play out his vulnerability in a peer network rather than at home; conflict may exist between the child and a school authority figure which is often related to conflict with one or both parents; the relationship between a child and his or her teacher may create tension for other classmates; or the child may be caught between a parent/school conflict. A child's poor performance at school is a potential signal of an already present stressor. Once a child's dysfunction results in

referral for counseling, contact between all involved parties is essential in developing a viable treatment plan. In Families and Other Systems, Schwartman (1985) is quoted as saying that the most successful intervention approaches provide "systemic linkages between agencies and services" (p. 9).

Often, as a youngster's maladaptive behavior escalates, the family is referred for counseling services through an outside agency. At this point the family is introduced to yet another system. Interestingly, the agencies which respond to the referral seldom establish an ongoing relationship with the school. Even more rare is the agency that recognizes not only the family's issues, but the broader multi-systemic factors which impact upon the child and his or her family. As counselors address the issues which resulted in the referral, the school's participation in the process provides a greater opportunity for growth. Improvement may be observed in not only first order change resulting in symptom relief for the identified patient, but in second order change involving an alteration in the overall systems in some structural or communicative way (Weeks & L'Abate, 1982).

While it has been emphasized in the literature that families and schools would benefit from working together, information has been based considerably more on theory than on practice (Cooper & Upton, 1990). Parents, teachers and counselors are not the only ones functioning in separate worlds; researchers do as well. Research tends to focus on children at home or at

school--seldom combining both domains (Ryan, Adams, Gullotta, Weissberg, & Hampton, 1995). There have been a number of studies addressing communication between families and court services, but no specific outcome research indicating that communication between schools and counselors result in different behaviors from the child, the family, or from the school (Fine & Carlson, 1992). The current study is one of the first to address multi-systemic intervention and provide outcome research regarding the effectiveness of alternative service delivery models for school-based counseling referrals.

Imber-Black (1988) has suggested that the skills required for systemic assessment and intervention are consistent with the work of family therapists. However, the development of multi-systemic theory and practice has been inhibited by a lack of description of intervention strategies and treatment guidelines. Therefore, the purpose of this study is to address this multi-systemic relationship between the families referred for treatment, the schools which made the referrals and the counselors who provide the treatment.

Theoretical Rationale

The belief that the environment impacts upon a child and that relationships are reciprocal and interactive is not new. In 1945, Von Bertalanffy, the biologist who coined the phrase "general system theory"

introduced general system laws which were applicable beyond biophysics (Atwood, 1992; Nichols & Everett, 1986). Principles of organization, including permeability of boundaries and hierarchical structure, were components of general system theory which linked Von Bertalanffy's work to that of family clinicians (Duhl, 1966; Nichols & Everett, 1986).

As early as 1952, Gregory Bateson began his study of patterns and paradoxes in communication and applied general systems theory to his work with families (Walsh & Thomas, 1980; Plas, 1986). Bateson's work paved the way for application of general system theory within the context of family therapy. The systemic model was further defined by such therapists as Murray Bowen, Salvador Minuchin and Jay Haley. Each contributed to the development of family system therapy in which individual behavior is considered to be "interactive communication in relationship to others" (O'Callaghan, 1993, p. 12).

Salvador Minuchin, often considered the father of structural therapy, was one of the first therapists to recognize the significance of the larger sociocultural factors which influence family organization (Minuchin, 1974; Atwood, 1992). Minuchin suggests that the family is constantly subject to changes which require some degree of realignment. Factors which contribute to change include both internal and external events. Internal variables include individual personality characteristics and structural aspects of the family such

as who holds the power and how members align with one another. External variables include socioeconomic and cultural factors as well as influences from systems other than the family. Minuchin has described three developmental stages which contribute to change within the family. The first and second stages, that of marriage and the birth of a child, relate to internal factors which define the family. The third stage involves the child's entry into school. It is at this point that the external world begins to have a consistent impact upon the child. Of the multitude of external factors, it is the school system which has the greatest impact on the child and his or her family (Fine, 1984; Cooper & Upton, 1991; Fine & Carlson, 1992).

Schools are organized systems complete with their own regulations and rules regarding what is expected. As the child enters school and experiences this new world, families are constantly required to adjust. Minuchin and Fishman (1978) describe this adjustment as a developmental crisis in which the family struggles to maintain homeostasis. A mismatch between home and school systems may result in imbalances, which in turn, create tension. Tension intensifies the family's efforts at homeostasis, or "maintenance of things as they are" (Bentovim, Barnes & Cooklin, 1982, p. 142). In addition to the family's struggle, it is not uncommon for schools and families to have differing opinions regarding how to manage a child's behavior. Apter (1982) points out that as the home and school attempt to solve problems the complex

variables involved require more comprehensive strategies.

Understanding how families and school operate can be organized in a structural manner. Marvin Fine in The Handbook of Family-School Intervention: A System's Perspective (Fine & Carlson, 1992) suggests that understanding a system from an ecological point of view is beneficial in working with across system problems. It aids in understanding the child's world as well as gaining additional information about interrelationships (Fine & Carlson, 1992). He points out that it is important for professionals working with children to begin to evaluate a child in view of the broad range of influences. Interactions between family, school and counselor allow for increased knowledge about interrelational roles. According to Atwood (1992) the joining of family and school in the therapeutic setting provides the counselor with the opportunity to observe "spontaneous behavioral sequences" that naturally reveal part of its structure (Atwood, 1992, p. 47). An agency can develop a collaborative relationship with a school, thereby opening the door for systemic intervention. Specifically, Fine and Holt (1983) propose that interactions may result in bringing to the forefront enactments of existing dysfunctional patterns. There is opportunity to effect change which allows for growth in the overall system, further supporting improvement for the identified patient. Anderson (1983) suggests that an ecological, developmental theory is the foundation for building a child's development in relation to numerous other

systems, the most important of which is the family and school.

The underlying assumption in system theory is that the child's behavior is symptomatic of some structural problem within the family. Therefore, a related conceptual framework might best be found from an ecological, multi-systemic perspective. One step beyond the individual is the family; one step further and the unit of intervention becomes the various systems which impact upon the individual and the family. Tucker and Dyson (1976) indicate that there is a continuing challenge in our complex society to bridge the gap that exists between various subsystems. Systemic thinking has not been a method of treatment; rather, it has been a frame of reference from which to build assessment and intervention strategies. Review of the literature reveals a paucity of outcome research investigating the merits of multi-systemic assessment (Hansen & Okun, 1984; Nichols & Everett, 1986; Fine & Carlson, 1992). However, if "the way in which we study children affects the kinds of programs we develop for them" (Apter, 1982, p. 59), it is appropriate that a study address the interaction between families and children experiencing problems and the schools and agencies which serve them.

The purpose of this study is to investigate the effects of multi-systemic training of counselors on families who participated in family counseling. The current study addressed questions regarding the outcome of counseling when counselors were asked to consider the various systems which impact upon the

family. Specifically, as counselors assessed the identified patient's behaviors, they were asked to explore not only family variables, but effects of the child's school experience, as well.

Research Questions

The specific questions which were investigated include:

1. Are there significant differences in children's classroom behaviors when they attend family counseling sessions compared to those who attend sessions in which the counselor has participated in a multi-systemic training program?
2. Are there significant differences in children's behaviors within the home when they attend family counseling sessions compared to those who attend sessions in which the counselor has participated in a multi-systemic training program.
3. Are there significant differences in family functioning when families participate in counseling sessions compared to those who participate in sessions in which the counselor has received multi-systemic training?

Sample Description and Data Gathering Procedures

Data for this research was obtained from families who were referred to the New Horizon's Family Counseling Center (NHFCC). The NHFCC, which is affiliated with the School of Education of The College of William and Mary, provides services for families of children who attend public school in seven area school divisions within the Tidewater region of Virginia. Referrals to the program are made by teachers, principals, guidance counselors, school psychologists, or school social workers due to a child's significant behavioral or emotional problems which warrant family intervention.

The NHFCC program provides family counseling which considers the contributions of individual members to the overall function of the family. Counselors, while trained in a variety of techniques based on different theoretical orientations (e.g. cognitive behavioral, structural, strategic, Adlerian), provide a family systems orientation to the counseling process.

The current intervention was conducted with families assigned to ten counselors at the NHFCC. Assignment to counselors was based on matching client and counselor schedule availability. A true random assignment was not utilized due to the limited number of counselors and the need to match appointment schedules.

The study assessed the effects of implementing a multi-systemic

approach to counseling and compared it to the counseling techniques utilized by the current NHFCC program. Counselors were divided into either an experimental or control group. Due to the limited number of counselors employed at the Center, random assignment was not feasible; rather assignment was made by the NHFCC Director and Faculty Director. Placement decisions were made independent of the current study. Two separate supervision groups were established, matching groups for counselor experience and appointment availability. The content of both supervision meetings followed a general format involving review of video tapes, case follow-ups, recommendations and discussion.

The counselors in the comparison group were expected to continue using a family systems approach with emphasis on improving communication skills among family members, providing a relatively brief, solution-oriented service. In contrast, the experimental group received multi-systemic training prior to or soon after initiating treatment to families. The program focused on basic system theory review, exploration of initial family interviews from a multi-systemic perspective, increase in school communication, and increased presentation of the counselor's role within the school setting. In addition to participation in the training program, counselors were asked to follow up in two areas: (1) initiate a conference with the referring school personnel and classroom teacher during the early stages of counseling; and (2) maintain

bimonthly contact with those individuals currently providing services within the school.

Counselors in both the experimental and comparison groups were instructed to distribute pre-test packets to families during one of the first four counseling sessions. The packets contained written instructions and copies of the Achenbach Child Behavior Checklist and the Family Environment Scale. The Achenbach Child Behavior Checklist, with one or two parents as respondent, provided data concerning the child's functioning within the home setting. The Family Environment Scale, which was completed by the parents and any child aged eleven or older, assessed the social-environmental characteristics of families. The Teacher Report Form, which teachers completed, provided information on the child's functioning within the classroom. Pre-and post-TRF packets were mailed directly to the school referral sources.

In addition to information obtained from rating scales, to supplement the standard analyses of data, a descriptive presentation of each group was conducted. Results of a multi-system orientation questionnaire were obtained for both the experimental and comparison groups prior to and after implementation of the training program. Finally, two representative cases from the experimental and comparison groups were studied in greater depth using a semi-structured interview.

Limitations of the Study

The scope of the study was limited in a number of ways which must be considered in interpretations and generalizations of results:

1. The study was restricted to counselors and their respective clients and school sites located in the Tidewater area. Therefore, care should be exercised in extrapolating the results of the study to other training sites and family population. The study was limited to counseling students only. Therefore, results of the present study may not be descriptive of more experienced counselors, or of those not engaged in an ongoing supervision program.

2. Participation in the study was voluntary. The use of volunteers has been reported to effect the external validity of the research results (Borg & Gall, 1989). In addition, because counseling services are free to clients, results of the proposed study may not represent fee-for-services clients.

3. The study was also restricted by the use of behavioral rating scales. Some caution in interpreting results is recommended due to limits on the validity and reliability of conclusions based on self-report measures.

4. A potential threat to internal validity exists due to the control and experimental groups interaction in settings other than the supervision meetings. Assigning counselors to two supervision groups controlled, to some degree, for

possible contamination. However, counselors were students who maintained contact through classes and college activities.

Ethical Considerations

All participants in the study were volunteers and were provided partial informed consent. Counselors and families were provided with a general description indicating that their participation would provide insight into the assessment and intervention strategies used by the NHFCC staff. Partial informed consent was deemed necessary to strengthen the validity of the research results. Debriefing was made available to counselors, school personnel and families.

Efforts were made to insure accurate interpretation of the research data. Approval was obtained from The College of William and Mary Human Subjects Research Committee.

CHAPTER 2

REVIEW OF THE LITERATURE

The review of the literature includes a historical overview of the development of system theory as well as the application of system theory as it relates to family therapy. Family therapy is then expanded to include a multi-systemic perspective. Finally, multi-systemic theory is applied to the school setting and is discussed from an assessment point of view. Methodological issues and critiques are provided.

Historical and Theoretical Development

Over the past three decades the trend in mental health intervention has moved through a series of paradigms in which an individual's problems were first based on intrapsychic factors; then interpersonal relationships were considered; finally, broader systemic issues were stressed. Through the development of personality and counseling theory, the locus of pathology has shifted from the individual to the dysfunctional system (Foley, 1984). Traditional models grounded in psychodynamic, humanistic and behavioral theory, stresses the importance of individual states. Psychoanalytic theory is based on biological drives and the need for discharge and conflict. The

therapeutic process involves a commitment on the part of the client to change through critical self-examination (Arlow, 1984). Humanism focuses on subjective perceptions and the importance of personal states. Behaviorism is largely based on cause-effect relationships and reinforcement theory. A common theme of these traditional models for both theoreticians as well as clinicians is the belief that constructs such as personality, deviance and psychopathology reside within the individual (Plas, 1986). Therefore, the practice of counseling begins with a focus on internal processes within the individual to explain dysfunction. Traditional techniques centered around covert internal events which were thought to be at the root of maladaptive behavior.

Development of a broader view of personality theory appears to have evolved within a variety of theoretical camps. During the later years of the 19th century sociology and anthropology emerged as distinct disciplines, lending credibility to the study of individuals within the context of their society (Hall & Lindzey, 1978). Influenced by these disciplines, psychoanalytic theorists such as H.S. Sullivan, Alfred Adler, Karen Horney and Eric Fromm began to recognize the importance of interpersonal relationships. Adler, in particular, was one of the more influential "social thinkers" considering the importance of the family constellation (Foley, 1984, p. 452).

The evolution of personality theory and psychotherapy coincided with

the development of social work and counseling, all of which began to study the individual as a product of the interaction between internal and external factors. Simultaneously theories based on physics, biology and chemistry contributed to the expanding development of people and their environment (Plas, 1986).

General system theory arose due to the biological science community's attempt at providing more appropriate explanations of natural phenomena which went unanswered in a linear cause-effect manner (Nichols & Everett, 1986). In 1945, Von Bertalanffy, the biologist who coined the turn "general system theory" (GST), introduced general system laws which possessed common characteristics applicable beyond biophysics (Atwood, 1992; Nichols & Everett, 1986). Von Bertalanffy connected his research in metabolism and growth to similar theoretical constructs of general system theory (Von Bertalanffy, 1968, 1969). Principles of organization, including permeability of boundaries and hierarchical structure, were components of GST which provided a link between Von Bertalanffy's work and that of researchers and family clinicians (Duhl, 1966; Nichols & Everett, 1986). Review of the literature reveals the following characteristics of GST (Duhl, 1966; Bentovim et al., 1982; Nichols & Everett, 1986; Plas, 1986; Henggeler et al., 1990; Atwood, 1992):

1. A system creates a whole of which the components are interdependent.

2. Patterns are circular, not linear. The result of circular reasoning can be seen in systemic imbalances effecting all components of the system.

3. There is a homeostatic feature within systems resulting in pattern stability. Effects of external events result in the system's adaptation or resistance. A system's survival depends upon its ability to adapt to external or internal tension.

4. Change is inherent in open systems. Change occurs as a result of the interaction between environmental feedback and the individual's internal structuring of the environment. Exchange of information with one's world results in a modification of internal rules. Systems can be open, characterized by a free exchange information and other material with the environment; or closed, characterized by no exchange of information.

5. Complex systems are comprised of subsystems.

6. Subsystems are divided by boundaries. There are patterns and rules which apply. There can exist overly rigid or lose boundaries between subsystems, both of which affect the way information is received.

The essence of general system theory is reflected in the concept that the "whole is different from the sum of its parts" (Nichols & Everett, 1986, p. 67). In other words, one cannot look at the component parts in order to understand the whole. Consideration of the whole person in context during

diagnosis and treatment is an example of applied system's thinking (Plas, 1986). System theory changed the way clinicians viewed their clients and delivered services to families. Indeed, general system theory paved the way for a systemic paradigm within the field of family therapy.

General System Theory and Family Therapy

Gregory Bateson, who was a pioneer in working with individuals from the perspective of the family unit, applied GST to his work with families (Walsh & Thomas, 1980; Plas, 1986). In 1952, Bateson began his study of patterns and paradoxes in communication (Atwood, 1992). Bateson's original hypothesis regarding treatment of schizophrenic individuals lead to family therapy aimed at interpreting the communication patterns of groups (Howe, 1989). Bateson was instrumental in the development of the "double bind" theory characteristic of schizophrenic families and focused on the importance of family members on the identified patient (Plas, 1986). Emphasis in communicational patterns continues to be central in interpreting structural aspects of the family.

Bateson, along with Don Jackson, John Weakland, Virginia Satir and Jay Haley, lay the groundwork for the Palo Alto Mental Research Institute (MRI)--an organization which continues to be influential in the family therapy

movement. (Cooper & Upton, 1991). In addition, the Milan associates reworked Bateson's ideas and coined the phrase "systemic family therapy" (Plas, 1986). The systemic model has been further defined by such therapists as Bowen, Haley, Minuchin and deShazer (O'Callaghan, 1993). Each contributed to the development of family system therapy in which individual behavior is considered to be "interactive communication in relationship to others" (O'Callaghan, 1993, p. 12).

In the 1950's, Murray Bowen developed family therapy which viewed triangles as a means of handling conflict. Bowen maintained that family members are born into complex systems destined for certain roles within that system (Bowen, 1978). In therapy individuals learn to be both themselves as well as members of a system (Foley, 1984).

It is in the areas of structural and strategic therapy that the strands of general system theory come together in what is currently the most widely accepted, most influential practices of family therapy (Plas, 1986; Atwood, 1992). Both structural and strategic therapy focuses on the therapist's way of intervening within the system. The general aim is to change the way a family views a particular problem or situation.

Strategic therapy originated out of the original Palo Alto (MRI) research and continues to focus, as the name implies, on strategies to address family problems. Techniques are often used in an attempt to break

interactional patterns. The overall focus is to eliminate the presenting problem by determining what is maintaining the condition within the family, then moving to alter the covert hierarchical structure (Nichols & Everett, 1986; Atwood, 1992). The critical issue is one of control. The role of the therapist is to reestablish family boundaries and restructure the system (Haley, 1980). In contrast, structural therapy emphasizes the order of the system itself. From a structural standpoint, assessment and treatment are based upon organizational dynamics such as hierarchy, boundaries, coalitions and alliances within the family system. (Minuchin, 1974; Atwood, 1992). The function of the structural therapist is to provide opportunity for the family to experience alternative patterns as accessible and possible (Colapinto, 1988). Attempts are made to modify behavior and create greater flexibility within the family. Coalitions develop when two or more people join in action against a third person. Alliances occur when two people share a common interest that does not belong to the third member of a system. Families are thought to be self-regulating in that new information presented to any member is modified during a feedback process.

Review of the literature indicates that as early as the 1960's there has been a significant paradigm shift resulting in a system's orientation to family therapy (Apter, 1982; Walsh, 1982; Nichols & Everett, 1986; Atwood, 1992; Estiada & Pinsof, 1995). Neill and Kniskern (1982) refer to this shift as

"psyche to system"- a time in which the child becomes conceptualized in the context of his or her world. According to Jay Haley, during this time people first looked at how individuals communicated, then at how they organized themselves (Nichols & Everett, 1986). Haley's work is based on communication theory; however, his strategic orientation combines communication theory with the paradoxical techniques of Milton Erickson (L'Abate, Ganahl, & Hansen, 1986). Treatment centers around defining the problem, then strategically redefining it from a more functional perspective and altering dysfunctional relationships. Borrowing from cybernetics, communication theory explains that all behavior is communication and that there exists four levels: intrapersonal, interpersonal, groups involving three or more, and societal (Ruesch & Kees, 1956). Consistent with communication theory, Henggeler and his colleagues cite research suggesting that such variables as individual characteristics, parent-child relationships, peer relationships and school performance all contribute to problem behavior (Henggeler et al., 1990). They go on to suggest that a narrow perspective of dysfunction might limit the efficacy of diagnosis and treatment of problem behavior.

Salvador Minuchin was one of the first therapists to recognize the significance of the larger sociocultural factors which influence family organization (Minuchin, 1974; Atwood, 1992). He suggested that the family

serves two purposes--the internal, psychosocial protection of its members; and the external accommodation to a culture. Characteristic of communication theory, children's behaviors are viewed as a combination of internal factors such as cognition, memory, motivation and drive, with outside factors such as parents, siblings, teachers, peers and sociological factors related to culture and socioeconomic status. Atwood (1992) brings to the forefront the focus on the sociocultural aspects of family structure, indicating that families attempt to integrate the demands of society with those of the internal family system.

While there are a broad range of theoretical assumptions related to the application of systems theory to family therapy, there also exists basic principles related to the significance of hierarchical organization of systems and the permeability of boundaries. Systemic theory as it applies to the process of family therapy possesses two major tenets: the family is best understood as a system of mutually interacting and interdependent parts, and second, intervention should involve the whole family (Minuchin & Fishman, 1978). Accordingly, family therapy is based on the following premises (Minuchin, 1974; Henggeler et al., 1990): (1) Problem behavior is related to patterns of family interaction; (2) Problems often occur as a reaction to life stressors and developmental transitions; and (3) Problems have a functional purpose for the family. Families operate within the context of larger society. There is a reciprocal influence of children and their families regarding how each interacts

with other social systems (Procidano & Fisher, 1992).

According to Bryant and Zayas (1986), families are living systems which constantly exchange information with its environment. Significant fluctuations often result in the family entering a crisis which leads to a transformation. Transformations lead to different levels of functioning, thereby making it possible to cope. As the system reorganizes itself there exists the opportunity for more adaptive functioning. As Conoley so clearly puts it "a child's behavior exists in and is determined by who they are, where they are, and with whom they are" (Conoley, 1987, p. 192). In "Patterns and Intervention" Barnes suggests that what a system is capable of doing or not doing is related to its organization, the surrounding environment and the input it receives (Bentovim et al., 1982). It is this practical consideration regarding how various systems interact that opens the door to an ecological, multi-systemic perspective.

Multi-systemic Theory and Family Therapy

Currently there is a reemergence of systems theory which offers a broader lens from which to provide diagnosis and treatment of dysfunctional families. Family system theory teaches that the unit of intervention is not the individual, but the social context (Peeks, 1993). One step beyond the

individual is the family; one step further and the unit of intervention becomes the various systems which impact upon the individual and the family. While systems theory and family therapy have altered the way mental health professionals conceptualize problems, Henggeler et al. (1990) suggest that systems thinking within a family therapy context provides a narrow view of diagnosis and treatment. Family therapy outcome studies have indicated that a family therapy approach is more effective than traditional, individual therapy; however, the modest results achieved may be related to limitations in the therapeutic approach (Conoley, 1987; Henggeler et al., 1990; Cooper & Upton, 1991).

Tucker and Dyson (1976) suggest that there is a continuing challenge in our complex society to bridge the gaps that exist between various subsystems. One of the primary theoretical underpinnings of system theory is the belief that what goes on between people is more important than what goes on within them. If, according to Minuchin, interventions should focus on therapeutically relevant transactions, then a multi-systemic perspective in which there is the belief that therapists should interface between families and other social systems is one of merit (Apter, 1982). In fact, family systems theory teaches that the unit of intervention is not the individual, but the social context (Peeks, 1993). Minuchin (1974) points out that when a member of a family is stressed, others within the family need to adapt to the change. It can also be said that when

family members are stressed, any system of which the members belong also may feel the need to adapt.

Over the years an increasing number of researchers have addressed problematic interaction between families and those systems which are designed to help the family (e.g. counseling services, courts, social services). Imber-Black (1988) gives examples of work between families and psychiatric hospitals. Problems between schools have been addressed by both Imber-Black (1988) and Harry Aponte (1973). The Milan group addressed the "problem of the referring person", suggesting that counselor variables may be an important link in working with the client (Imber-Black, 1988, p. 8). Involvement with any outside service exists in a historical context which includes successes and failures (Imber-Black, 1988). Imber-Black (1988) suggests that one counselor fills the place of another in a serial pattern. Such patterns may involve the mother or father being the contact with outsiders, or an ongoing conflictual relationship whereby the parents feel coerced into receiving assistance. Over time outsiders may take on a positive role as facilitator or a more negative role inhibiting the family's movement through various stages.

Henggeler's et al. (1990) research, which revealed limited success of family therapy techniques, included a meta-analysis of twenty family therapy outcome studies. They cite three basic limitations in family therapy: (1) failure to consider extra familial systems in which family members are embedded, (2)

failure to address important individual developmental issues, and (3) rare use of interventions derived from other theoretical perspectives (Henggeler et al., 1990).

Review of Henggeler's et al. (1990) research reveals three controlled outcome studies involving multi-systemic theory. In a study of inner city delinquent adolescents, 57 offenders received multi-systemic treatment, 22 received alternative community based treatment and 44 normal adolescents served as controls. The average length of therapy for the multi-systemic group was twenty hours per case provided by doctoral students in clinical psychology. The alternative treatments received twenty four hours of individual therapy by practicing professionals. Pre and post treatment assessment of children and parents involved personality assessment, behavior rating scales, self report and observational measures of family relationships. Evaluation of various systemic levels included individual, parent-child, marital and peer relations. Results of a multivariate statistical analysis revealed children with multi-systemic intervention resulted in decreases in conduct problems, associations with delinquent peers and a decrease in anxious/withdrawn behaviors (Henggeler, Rodick, Borduin, Hanson, Watson & Urey, 1986).

The second outcome study was a replication and extension of the 1986 study involving 210 juvenile offenders who were randomly assigned to multi-

systemic or individual counseling focusing on personal, family and school-related issues. The multi-systemic group received an average of twenty-three hours of therapy with doctoral students and the individual counseling group received twenty-eight hours of treatment with experienced master's level therapists. Results of pre and post treatment and follow-up assessments revealed improved relationships with peers, fewer behavior problems, more cohesion and adaptable family relationships upon the group receiving the multi-systemic therapy (Henggeler et al., 1990).

The third study contrasted the effectiveness of multi-systemic therapy to that of group parent training of families referred for child abuse or neglect. Results of pre and post testing involved assessment of functioning in three systems: individual, family and community/school. Observations and standardized self-report measures were used. Results indicated that participation in the multi-systemic therapy revealed an increase in cohesion, parental effectiveness, decreased parental unresponsiveness and children's passive non-compliance.

Sherman et al. (1994) cite five examples of models which provide opportunities for multi-systemic consideration: The Ackerman Family Institute trains school teams; the Adlerian Consultation model provides collaboration among professionals serving as a link between home and school; the Eco-systemic Treatment model is based on Lusterman's research in which

therapists are viewed as change agents; the Family System model based on Murray Bowen's family system theory, addresses balance between individuality and the need for togetherness; and the Crisis Intervention model which is associated with crisis intervention.

In the development of any family intervention and assessment procedure, one might ask "what are the makings for success within the family?". In "Frameworks for Viewing the Family As a System" (Bentovim et al., 1982) it is suggested that a healthy family begins with a gradual decrease in egocentricity and narcissism, development of skills and interests coupled with the development of internal resources. L'Abate, Ganahl and Hansen, (1986) identify four basic dimensions of family functioning: anxiety, capacity for change, symptom carrier and power. Anxiety, while not unhealthy, can be used as a measure of stress within the family. Capacity for change relates to the families ability to adapt. The role of symptom carrier refers to the person who has been identified as having the problem and power refers to who controls all of the above: "A powerful person in the family is the one who decides who gets anxious, who must change, and who will be defined as the problem" (L'Abate et al., 1986, p. 19).

After twenty years of research Fisher (L'Abate et al., 1986) has identified five criteria to classify families: (1) style of adaptation - expressive, repressive, defensive, paranoid, anxious, hysterical; (2) the developmental

family stage - marriage, child birth, school age, empty nest; (3) initial problem or reason for referral; (4) family theme - uncontrolled, chaotic or disintegrated, rigid vs. flexible, with or without rules; and (5) types of marital relationships - power, conflict. Fisher later developed six major family patterns: constricted, internalized, objective-focused, impulsive, childlike and chaotic.

Constricted families are identified by excessive restriction in such areas as expression of emotion. Typically, children from constricted families are passive and depressed. Family members often want to protect the weak identified patient. The internalized family focuses internally and tends to be fearful, pessimistic or even hostile. Such families tend to be isolated and enmeshed. Object-focused families are characterized by excessive attention to children, self or community. Family cohesiveness and closeness are low and people are typically used for selfish purposes. Children in object-focused families tend to be used as a link between parents. The impulsive families typically use acting out teenagers as a way of displacing feelings from angry parents. Often adolescents are viewed as expressions of their parents aggressive, antisocial nature. The childlike family is characterized by young married couples who are not adequately separated from their family of origin. The chaotic family which is a relatively rare pattern is described as poorly structured with chronic psychosis or delinquency.

Fine's (1992) development of ecological systems theory is based on the importance of using a system framework to view the variety of settings or subsystems which impact upon a child. Fine indicates that intervention goals should involve modification of systemic-ecological structures and patterns which have supported the problem. Henggeler et al., (1990) offer a number of important features characteristic of a multi-systemic model. Consistent with the factors noted by Minuchin, they stress four essential elements including:

1. Individual characteristics such as personality, cognitive ability and physical characteristics.

2. Family variables based on the premise that a child's behaviors are related to family interaction. Variables include marital relationship, parent-child and sibling relationships.

3. Peer group characteristics relating to socialization, emotional security and the child's comprehension of social structures. Peer group issues become increasingly more important as the child ages.

4. Extra familial system variables including the school system where peer relationships as well as development of new relationships with adults occur. For parents, variables include friendships, employment, extended family, and other social support networks such as church and civic groups. This can also include additional structures such as legal, medical or social service agencies.

Throughout the literature there is a reoccurring theme addressing issues of system maintenance, quality of family relationships and personal growth (Minuchin, 1974; Bentovim et al., 1982; L'Abate et al., 1986). Apter (1982) stresses the need for a broader systemic perspective which can be seen in a growing dissatisfaction with inequities in current service delivery models, questionable effectiveness of therapeutic approaches and an increasing number of mental health referrals. The McMaster Family Therapy Outcome Study completed in 1979 revealed a significant relationship between changes in a family system which lead to changes in other areas such as school behavior (Fine & Carlson, 1992). While research does support the importance of family systemic intervention, there is a paucity of research on comparing outcomes of broader systemic interventions (Hansen & Okun, 1984). Agnes Donovan (1992) in "The Efficacy of Family Systems Intervention: A Critical Analysis of Research" indicates that much of the practice of family systems intervention is guided by theory (Fine & Carlson, 1992). In Donovan's review of the literature she stresses the need for controlled outcome studies to better define therapeutic success. Cantrell (Apter, 1982) points out that current research provides a rich analysis of human behavior as part of a complex system, but weak methodology for prediction or change.

Review of the literature consistently shows a lack of outcome on family system therapy in general and even less on multi-systemic assessment

(Sherman et al., 1994). Fisher's (L'Abate et al., 1986) classifications addressing criteria for healthy families were not designed to be utilized as a diagnostic tool, rather, his work reflects a qualitative description of different family types. Likewise, Minuchin's work is more qualitative, reflecting his theoretical beliefs and process of family therapy. Arriving at scientifically sound results for process-oriented research has not proven to be successful. However, the more measurable outcome directed studies continue to show promise. Evidence of this is the wealth of studies completed on the Family Environment Scale (Moos, 1990) which continues to suggest that how a family perceives its functioning is as valid as independent rater responses and task oriented, video-taped assessment measures. O'Sullivan, Berger and Foster's (1984) review of the utility of independent raters in describing family structure revealed a low level of agreement. The authors provided an appropriate explanation by quoting Frieda Fromm-Reichmann: "It may well be that diagnosis cannot be based upon purely objective data such as films or tape recordings, but must always have the additional data of personal experience" (L'Abate et al., 1986, p. 183). If diagnosis is related to personal experiences, perhaps assessment should be based on an ongoing diagnosis involving analysis of the systemic foundation upon which the family's experiences are, in part, based.

An often overlooked factor involves the counselor's mindset as he or

she goes about evaluating the origin of a family's problem. It is essential to the process and outcome of therapy that counselors not assume that any one system is the cause of the problem or the target for intervention (Henggeler et al., 1990). Imber-Black (1988) suggests that attention be paid to patterns that emerge between families and larger systems. The result of this can be seen in replication of unsatisfactory relationships. There is also the possibility of conflictual interaction among professionals. Colleagues may disagree regarding the problem as well as the solution, often leaving the clients caught somewhere in the middle. Aponte (1973) recommends that professionals collaborate (Aponte, 1973). He, too, suggests that the key component in working with families is realizing the importance of extra familial influences.

Over the years a growing number of researchers have addressed problematic interaction between families and helping systems. Imber-Black (1988) cites numerous examples of conflicts between families and psychiatric hospitals and found that there was a link between patient improvement and communication with families. Schwartman (1985) looked at families and child care systems, emphasizing the larger system patterns of boundary rigidity and flexibility which replicate the family's pattern. While the literature has noted the problems between systems from a descriptive nature, there has been a lack of information regarding methods of assessment and intervention.

Minuchin (1974) describes four events within the family which typically

lead to stress: (1) stressful contact with one family member from extra familial forces; (2) stressful contact with the entire family; (3) stress at transition points in the development of the family; and (4) stress around idiosyncratic problems. Any one of these variables can impact upon the child's integration into society--the most typical setting of which is the school. A mismatch between home and school systems may result in an imbalance. Imbalances create tension, resulting in efforts on the part of both systems to maintain homeostasis. Barnes describes homeostasis as a wish for "maintenance of things as they are" (Bentovim et al., 1982, p.142). He goes on to say that a counselors job should be to identify how attempts at homeostasis will disrupt the flow of new information, thereby inhibiting the opportunity for change to occur. Because change is uncomfortable, the family will struggle to maintain itself. Apter (1982) points out that as the complexity of children's problems become increasingly evident, assessing and treating a complex troubled system calls for more comprehensive strategies. Taking a broader systemic view of symptomatic behavior creates an opportunity for more permanent change in the family and school's interactional pattern (Hansen & Okun, 1984). Compher (1982) emphasizes the importance of looking beyond a child's behaviors by considering the behaviors of the adults in the system. He suggests that a systemic model of intervention can bring the significant adults in the child's life together.

Multi-systemic Theory and The Schools

Moving beyond the use of a systemic paradigm with which to view families in the context of family therapy, the more inclusive multi-systemic model asks the helper to view the family and their behavior as a function of the family and its relationship with each other as well as with other systems. Minuchin (1974) suggests a conceptual schema consisting of three basic principles which explain family functioning: (1) families are open systems which are in a constant state of change; (2) families go through a developmental sequence which requires some degree of restructuring of the family system; and (3) families adapt to life events in such a way as to maintain continuity of the system. According to Minuchin and Fishman (1978) the family is in a constant state of change and children are typically cast as the symptom bearers of the household.

While there are an endless supply of opportunities for the family to experience growing pains during the first two developmental stages of the family--marriage and child birth--it is the third of Minuchin's developmental stages, that of entry into school, which opens the door to a world of new challenges for parents. Any new structure creates instability for a system; however, it is often the school system which brings to life many of the issues which have been tolerated or laid dormant through the life span of the child.

Minuchin (1973, 1978) stresses the minor imbalances which occur at stage three, but focuses on the initial entry into school and the emerging adolescence of the child. Within this time frame rests ample time for imbalance within the home. Not only are children adapting to schools, but parents are expected to come to terms with loss of control over their children, conflicting rules from other adults, and resurfaced issues regarding their own school days. While a child's behavior is described as the problem, what is involved in identifying the problem and the solution almost never involves only the child's misbehavior (Bryant & Zayas, 1986; Sherman et al., 1994). Every individual that interacts with the child is involved; parents, teachers, school administrators, and family contribute to, inhibit, or reinforce the behavior of the child. Hansen and Okun (1984) indicate that families with children exhibiting school-related problems characteristically involve one or more of the following: a symptomatic child playing out his vulnerability in a peer network rather than home; conflict between the child and a school authority figure which is often related to conflict with one or both parents; child and teacher's relationship creates tension for other classmates; or the child is caught between a parent/school conflict. Aponte's (1973) study of family and school relationships suggests that children having trouble in school are not having trouble alone. While school problems are a major reason for families to seek counseling, Lusterman (1985) points out that a child's poor performance at

school is a potential signal of an already present home stressor. He goes on to describe a repetitive cycle in which the dysfunctional family is confronted with pressure from school which serves to put additional pressure on the child. If parents do not join with the school and pressure the child as well, there is the potential for the parent to side with the child, thereby creating a dysfunctional coalition.

Bryant and Zayas's (1986) work suggests a predictable process regarding how a youngster's problem is identified. A child's dysfunctional behavior initially results in a teacher's attempt to solve the problem herself. If unsuccessful, a counselor or principal and school psychologist are asked to intervene with the family. Typically, calls, notes and home visits occur over a period of weeks or even months. When a child's behavior does not change, there is first a tendency to look within the system for scapegoats or those responsible. At this point placing blame often occurs. Next, school personnel usually look to the family as the cause. However, the family thinks the same of the school with each side placing blame.

Compher (1982) studied the quality and style of relationships between parents and school personnel and discovered three different interactional typologies (aggressive entanglement, passive entanglement, and adaptive response) which serve to explain relationships. The aggressive-entanglement pattern is characterized by hostile behavior from both school and parents. In

addition, Compher described a "nondiscerning alliance" between parent and child (Compher, 1982, p. 416). Passive entanglement, on the other hand, has been characterized by passive parents who typically react to conflict by allowing their children to miss school. The third pattern is described as adaptive which reflects the more effective coping strategies of more cooperative, flexible parents. Compher concludes his study by discussing the various systemic interventions available: gaining entry into the situation, establishing rapport, and preparing for a family-school conference. If resolution of the problem cannot be reached through the three strategies, Compher suggests calling upon the school social worker to mediate. While it is true that bringing in another individual may reduce the likelihood of triangulation, there are a number of problems which go unanswered. There is limited information available, from a structured perspective, beyond the initial family-school interview. Likewise, utilization of school personnel such as social workers, guidance counselors, or school psychologists, may be unsuccessful due to internal systemic factors.

The literature suggests that school behavior is closely related to that of the home; however, research stemming from multi-systemic assessment is only recently beginning to address possibilities for intervention (Anderson, 1983; Conoley, 1987; Henggeler et al., 1990; Sherman et al., 1994). Fine (1992) recommends using family systems theory in conjunction with multi-systemic

considerations to enrich one's view of behavior in a school setting. Hansen and Okun (1984) point to systems incongruence, developmental and nondevelopmental disorders and external crises as the types of problems which occur within the family. According to system theory, people react in response to contextual cues. Individuals characteristically act differently in different settings. Children from the less traditional families often struggle with the opposing expectations and values of home and school. Developmental problems may occur when home or school are unable to adapt to elements of the family life cycle or school procedures. Minuchin (1974) and Hansen and Okun (1984) identify typical developmental stressors such as separation issues from the family, family power, and movement into adolescence.

While Minuchin (1974) does little to describe specific techniques or procedures for implementing family-school intervention, he does indicate that theories and techniques of family therapy lend themselves to contexts other than family therapy. Hansen and Okun (1984) go one step further in defining components of the assessment process. They stress the importance of obtaining individual perspectives of the presenting problem, observing the child in the context of family and school, and taking into account such information as: how each family member perceives his or her place, what each member would like to see changed or stay the same, what prompted the family to seek counseling at the given time, what are the member's strengths and weaknesses, how long

the problem has existed and what steps have been taken to deal with the problems. Hansen and Okun's (1984) research of family therapy within the school setting proves beneficial from the standpoint of developing a program to address multi-systemic issues. However, it falls short in providing specifics regarding when ecological, multi-systemic assessment is or is not warranted, how to handle specific developmental stages, and how to identify the intersystem imbalance. In addition, the pragmatic aspects of entering and joining with systems is not addressed.

The concept of reciprocity of influence between different parts of a system has been well established in the literature (Minuchin, 1974; Apter 1982; Anderson, 1983; Foster, 1984; Berger, Jurkovic & Associates, 1984; Nichols & Everett, 1986; Imber-Black, 1988; Henggeler et al., 1990; Bentovim et al., 1982; Fine & Carlson, 1992). Many issues in therapy involve the very sources that intervene to help the family; however, limited data is available addressing how this occurs and what can be done to alleviate the problem. While there is an abundance of research, past and present, to support the importance of a family's influence on academic, behavioral and emotional functioning there appears to be limited research investigating the relationship that significant systems have on the family system or the influence of larger systems within the context of family therapy (Anderson, 1983; Fine & Carlson, 1992; Sherman et al., 1994). In Compher's 1982 study involving the

development of triadic assessment and intervention programs within a child welfare agency, he investigated intersystem problems and the potential consequences on the child. He found that interactive intervention can remove the child from potentially triangulated positions which may have an adverse affect on the child (Compher, 1982). Compher's work suggests that an agency can develop a collaborative relationship with larger systems, thereby opening the door for systemic intervention. In support of this concept, Minuchin (1978) has suggested that individuals and families are viewed as changing in accordance with their social context. Berger et al. (1984) points out that there are predictable issues that occur when family members encounter various agencies and when counselors implement systemic interventions. He suggests that counselors acknowledge the interconnectedness of therapist, family and setting (Berger et al., 1984).

Fragmentation of services may actually create additional problems for families seeking treatment (Apter, 1982; Schwartman, 1985; Procidano & Fisher, 1992). It is not uncommon for a multiproblem family to be identified through multiple agencies. The risks inherent in receiving services through numerous systems involve the potential for the family to unconsciously manipulate agencies in order to maintain themselves and the risk of agencies to trap the family in their own dysfunctional patterns (Hansen & Okun, 1984; Schwartman, 1985). Kaplan suggests that miscommunication becomes part of

an agency's relationship and is created by the referral and acted out by the client (Schwartman, 1985).

Okun (1984) recommends that family therapists visit the schools in order to fully understand the meaning and implication of behaviors. This is particularly important if the referral for services was made from the school. From a multi-systemic standpoint, assessing the etiology of the complaint or referral reason is important in establishing lasting change. Furthermore, change can occur not only for the child and his or her family, but for the schools. Change across settings creates an opportunity for growth not realized in more traditional models of therapy.

School staff often feel that they receive little support in working through some of the more problematic situations which are often daily occurrences. Bentovim et al. (1982) suggests that family counselors should meet regularly with interested staff to discuss ways to assist. In addition to reducing staff feelings of helplessness, improved communication between all parties creates the opportunity for not only first order change or symptom relief, but second order change. First order change involves symptom relief while second order change represents a change in the overall system in some structural or communicative way (Weeks & L'Abate, 1982). An example of second order change might occur when alterations in an adult's perceptions result in a new perspective or reframe of a situation (Minuchin & Fishman,

1978). Reframing is an intervention strategy which involves changing the conceptual and/or emotional viewpoint in relation to which a situation is experienced (Watzlawick, Weakland & Fisch, 1974). In the case of a "bad" child, the youngster's behavior is reframed in a more positive way. A child's immature behavior may be viewed as reflective of energy or interest. Fine (1984) gives an example whereby a disruptive child is managed by some external modification (e.g. time out, contingent reinforcement). If those working with the child still view him as bad, then no lasting change has occurred and the child's behavior is likely to be different only under the specialized conditions. Second order change through an ecological-systemic perspective is a valuable tool that may be useful in enhancing a teacher's understanding of the interactional process (Cooper & Upton, 1991). Fine and Carlson (1992) suggest that home-school conferences are an excellent systemic approach which allows for second order change. Changes in the perceptions of both home and school provide one of the most intense opportunities of impacting upon the world of the child.

A school's participation in the counseling process serves to encourage the school to reframe problems. Having a school join in the therapeutic process allows for a broader paradigm shift. This is particularly important since a school's referral of a child suggests school based problems. As counseling addresses the issues which resulted in the referral, the school's

participation in the process provides a greater chance for growth. At the very least, a counselor can serve as a consultant to the school, helping to reframe the child's problem, empower the teacher and support open communication between home and school. At the more extreme end of involvement, counselors may intervene in a therapeutic manner. Apter (1982) points out that within the educational system rests a broad range of resources, including counselors, teachers, school psychologists, and social workers, each with his or her own idiosyncratic concerns. Apter suggests that changes in service delivery need to be across systems to allow for more efficient utilization of resources.

More recent research completed in 1992 by Procidano and Fisher suggests that lack of communication between schools and parents may create roadblocks to a child's education. Often, poor communication contributes to a cycle of misunderstanding between family and school. Procidano and Fisher (1992, p. 9) suggest that "the magnitude of disagreement between schools and parents may be proportional to that of the child's difficulties". Beyond the effects of a specific incident, a youngster's problems may affect him or her later in life. Foster (1984) points to evidence suggesting a correlation between maladjustment in schools and maladjustment later in life. Often maladjustment in schools are dealt with through referrals to outside agencies. Teachers, like parents, have learned to turn to outsiders for assistance, thereby perpetuating

feelings of helplessness in bringing about change. Often counselors are called upon to respond to problems that neither the school nor the parents have been able to solve. Interestingly, often the agencies responding to the referral seldom establish an ongoing relationship with the school. Even more rare is the agency that recognizes not only family system issues, but broader ecological factors which impact upon the child and his or her family.

Multi-systemic assessment and intervention allows for a variety of techniques to be used. Working in a collaborative relationship encourages participants to discover alternative ways to integrate psychotherapy and systemic theory. Minuchin (1974) suggests that a therapist may act as the family's ombudsman in an attempt to coordinate services. Byng-Hall (Bentovim et al., 1982) recommends the use of consultation as a means of establishing a collaborative relationship with school systems. The worker is somewhat of a mediator between warring factions and must appear neutral and willing to listen to all. Satir used the term "process model" to describe how therapists and families unite to promote wellness (Atwood, 1992). The term consultation is described as "giving away psychology" in order to broaden the range of services (Apter, 1992, p. 36). Foster (1984) uses the phrase "institutional symmetry" to describe a coequal existence between parents and school personnel.

Children's behaviors which are functional in one setting may be

dysfunctional in another. Minuchin stresses the point that intervention can focus on therapeutically relevant transactions and bring seemingly disconnected events into a well defined understanding thereby increasing family members experience (Minuchin, 1978). Relevant transactions between families, counselors and schools provide the opportunity for increased awareness and a broader understanding for participants. Therefore, without the opportunity to observe the family-school relationship, counselors are left with the family's one-sided view of the presenting problem.

The study of classroom behaviors within the context of school has been well reviewed in the literature (Aponte, 1973; Anderson, 1983; Fine & Holt, 1983; Conoley, 1987; Fine & Carlson, 1992). The paradigm shift within the schools has taken the same path traveled by family therapy. What was first viewed as personality and characterological flaws resulting in the child's problematic behavior later became a representation of familial dysfunction. The current interactionist's perspective is grounded in the belief that a child's negative behaviors are symptomatic of maladaptive sequences of behavior within the child's social world (Compher, 1982). Compher (1982), in his review of triadic assessment and intervention, refers to the study of the juvenile justice system and the school as an example of youth trapped in a complex system whereby they continue to manifest symptomatic behavior. Implicit in Compher's work is the notion that social systems, be they court

services or schools, by the very nature of their inconsistency, exacerbate and prolong problems. Review of both Compher's research and the more theoretically oriented work of Aponte (1973), Anderson (1983), and Fine and Holt (1983), suggest a growing dissatisfaction with the inconsistency of service delivery. Anderson (1983) recommends an ecological developmental model for serving families within the school setting. However, she warns that there must be a distinction made between family therapy and family-oriented school psychology (Anderson, 1983). The basis of her work centers around the need for more in-depth knowledge about cross-systems factors within the school. Aponte (1973) focuses on the initial family-school interview, suggesting that it is essential to address the dynamics of each system in an ecological context. While Aponte proposes that mental health professionals study the ecosystem of the child, limited information is available beyond the initial interview.

When parents work with schools the result enhances the probability that change will occur in the adults perceptions of their roles and relationships (Conoley, 1987). Conoley (1987) recommends working from a framework of similarities rather than adversarial differences. It is further suggested that collaboration between home and school strengthens the intervention. A teacher who communicates frequently with family is likely to feel more supported by parents. Likewise, school personnel who communicate with counselors may be more likely to feel supported by the counselors. It is essential that all

parties involved understand and agree upon the changes expected; that a workable communication system be established; and that consistent follow through be maintained (Conoley, 1987). While it has been emphasized in the literature that families and schools would benefit from working together, information is based considerably more on theory as opposed to practice. Additional information is needed on training and outcome research.

While Compher's (1982) terms of aggressive entanglement and passive entanglement reflect Minuchin's concepts of enmeshed and disengaged, Compher limits his work to the superficial aspects of the terms. To emphasize the degree of maladaptive functioning on the part of the parents without equal consideration for the same traits within the school suggests a lack of understanding of how the system's can interact and perpetuate the problems. Schools may very well play an equal part in allowing the child to demonstrate symptomatic behaviors. A school's role in the establishment or perpetuation of a problem should be taken into account when school personnel are communicating with family, or participating and evaluating intervention programs.

Assessment Procedures in Multi-systemic Therapy

Imber-Black (1988) suggests that the skills required for systemic assessment and intervention make the family therapist well suited for multi-systemic work. Initial assessment goals include: (1) affirmation of the parent's authority while obtaining each family member's perspective about the presenting problem; and (2) obtain an understanding of the problem within a systemic context (Henggeler et al., 1990). Factors to consider during the initial assessment period involve determining how the presenting problem is related to individual characteristics of family members (e.g. cognitive level, attitudes, social-emotional functioning) and extra familial variables (e.g. parent and children's social systems). Henggeler et al. (1990) suggest that a counselor's primary task is to develop interventions which build upon existing strengths within the system and/or assist in development of new strengths to encourage behavior change.

In Imber-Black's *Families and Larger Systems: A Family Therapist's Guide Through the Labyrinth* (1988) she reports four general purposes of assessment:

1. To determine viable points of entry that do not replicate previously unsuccessful patterns. For example, is there a parent who is typically omitted from therapy? Has there been previous contact with other helpers? If so,

examine the family's experience with previous helpers.

2. Establish a new and unanticipated relationship with larger systems. Appreciate the past relationships with helpers and plan a different relationship.

3. Maintain viable relationships with larger systems. Avoid a "who knows best" attitude and do not discount contributions from other professionals.

4. Account for systemic constraints such as factors that are currently unchangeable regardless of intervention. Become familiar with the "range of laws" (Imber-Black, 1988, p. 47) which impact upon the therapeutic process. Example of constraints include legal issues involving custody, visitation and finances.

Awareness of constraints assists the counselor in demystifying and dealing with issues and avoiding alliances or splits with other systems. There are numerous ways in which members within and between systems align themselves with each other that can be functional as well as potentially destructive (Gallas & Hardinge, 1993; Sherman et al., 1994). Examples of within system triangles include father/mother/child conflicts in which parents pull children into their own problems; parent/school/child conflicts that arise between parent and school, leaving a child often caught between two authorities; mother/father/teacher conflicts that occur when one parent

disagrees with a teacher over rules and expectations, resulting in a teacher inadvertently replicating a conflictual pattern between parents and children; and teacher/child/school conflicts which involve school personnel disagreeing, the result of which puts the child in the middle of a power struggle.

The situation between home and school in which fault, control, and who needs to change are not owned by either party replicates what often happens in family therapy in which two parents engage in a disagreement over how to handle their child's problem (Bryant & Zayas, 1986). Imber-Black (1988, p. 65) identifies three triadic patterns which were originally associated with family therapy, but applicable to a broader system analysis: "detour process" involves participants who submerge their differences regarding the family, resulting in scapegoating (e.g. family ignores their problems, but focuses on issues associated with outside systems); "cross-system coalitions" which are similar to Minuchin's (1978) cross-generational coalitions, involving family members forming an alliance with members outside the system while excluding other family members; and "triangulation" which involves the family functioning within two larger systems which are at conflict with each other. This latter pattern is a frequent occurrence among therapists who differ in therapeutic approach or when school and therapist disagree. The identified patient and problem, along with the larger system interact in a way which defines and supports each other. This is true not only for the child within the

family, but for the child and family within the larger system.

Between system conflicts include disagreement over presenting problems or solutions and related power struggles. Imber-Black (1988) points out that it is not uncommon for the paying system to expect to set goals for treatment and to receive regular reports. Likewise, the referring party, such as a school system, may expect information due to the perceived power attributed to being the referral source.

Components of multi-systemic assessment should, according to Imber-Black (1988) include the following: determine which systems are involved; define problems as they relate to systems; look at dyadic and triadic patterns; identify boundaries between families and other systems; identify myth/belief structures; look at past and current solutions attempts; review transitions within larger systems; and evaluate the predictions of family and other systems.

Parent interviews have become increasingly popular identifying problem areas, with the Child Behavior Checklist backed by extensive research (Achenbach & Edelbrock, 1983). In addition to obtaining family information, Conoley (1987) stresses the importance of asking questions about the school organization, climate, policies and procedures. For the purposes of assessment of a child, the Achenbach Teacher Report Forms are widely used, providing comparative information on a youngster's behaviors within the classroom.

Lusterman (1985) suggests that schools and families should be viewed by considering factors of cohesion, communication and adaptability. From an assessment standpoint, the literature review by Waldron, Sabatelli and Anderson (1990) suggests that the Family Environment Scale is one of the most widely used instruments by family researchers. The Family Relationship dimension measures the respondent's perceptions of family cohesion, expressiveness, and conflict, all central components in the current study.

Gurman and Kniskern's (1981) extensive review of the literature reveals an increase in both quantity and quality of outcome research until the 1980's, at which point emphasis was placed on training and supervision. Results of their literature review indicate general improvement rates for clients receiving family therapy; however, numerous limitations were noted, including: lack of reliability and validity among measures of the dependent variable and outcome measures which provided both an insider (participant in therapy) and outsider (objective measure by observer) point of view. Particularly in family therapy, utilizing participant and observer ratings allow for a broader interpretation of behavior change.

Not only do parents and teachers function in separate worlds; researchers often do as well. Research tends to focus on children at home or at school--seldom combining both domains (Ryan et al., 1995). According to Ryan et al. (1995), prior to 1978 literature reviews revealed no family school

studies. After the late 1970's family/school connections were noted, but typically lacked integration. A more recent study completed by Horn, Ialongo, Greenberg, Packard and Smith-Winberry (Estiada & Pinsof, 1995) included a school consultation component to family therapy. Forty-two ADHD children were assigned to one of three types of therapy. School consultation was a component of two treatment conditions in which the child's teacher was contacted three times over the course of ten therapy sessions. The combined treatment resulted in a significant decrease in parent reports of child behavior problems. However, none of the treatments had a significant impact on the child's behavior at school. Estiada and Pinsof (1995) suggest that more intensive intervention was necessary.

Kazdin (1987) notes the limitations of multi-systemic theory and practice, stating that there has been a lack of description of intervention strategies and treatment guidelines. The current study attempts to address these concerns by development of a defined training component. While Colapinto (1988) suggests that research of systems cannot be successfully completed due to the fact that outcome research attempts to arrive at cause-effect relationships which are incongruent with systems thinking, Kazdin's noted limitations of research to date suggests a need for at least more structured study. Bryant and Zayas (1986) suggest that treatment plans should be incremental and that interventions should be made with both the child and with interactions

between school and family as well as with the counselor. Training counselors in multi-systemic work should focus on the theoretical base as well as practice of multi-systemic theory. Realizing that it may be difficult to arrive at an agreement on treatment decisions, focus might best be placed on providing clinicians with descriptions of alternative diagnostic and treatment strategies with emphasis on the initial sessions, bidirectionality of influences, and development of treatment plans which are problem focused, direct and pragmatic (Henggeler et al., 1990). The current study, by addressing the multi-systemic issues of families, and the schools which referred them, attempts to clarify the variables addressed in the literature and determine if increased awareness of multi-systemic factors results in the identified patient's improved performance within both school and family settings.

CHAPTER 3

METHODOLOGY

This chapter provides a description of the research design and methodology for the implementation of the present study. Included is a description of the population and sampling procedures as well as a review of the instrumentation employed in the research. In addition, the research design and proposed statistical analyses are included. Finally, a review of the ethical considerations and safeguards are provided.

Sample

Data for this research was obtained from families receiving counseling through the New Horizons Family Counseling Center (NHFCC). The Center is affiliated with the School of Education of The College of William and Mary, and provides services for families of children who attend public schools in seven schools within the Tidewater area. Referrals to the program are made by teachers, principals, guidance counselors, school psychologists or social workers and are based on emotional or behavioral problems either observed at school or reported by the family. The seven school divisions which fund the Counseling Center provide a diverse population, ranging from a large urban

setting to a smaller, more rural environment. Children range in age from six to eighteen. The size and diversity of the seven school systems provided for sample diversity. However, due to the no-fee status of the program, there was the possibility that the socioeconomic position of families would be lower than that of the general population.

The NHFCC program provides family counseling which considers the contributions of individual members to the overall function of the family. Counselors, while trained in a variety of techniques based on different theoretical orientations (e.g. cognitive-behavioral, structural, strategic, Adlerian), provide an overall family systems orientation to the counseling process. Maladaptive behaviors are often considered to be a result of faulty interaction among family members. During counseling sessions, communication skills are stressed and families are typically seen as a group.

The current intervention was conducted with families assigned to ten counselors at the New Horizons Family Counseling Center. Assignment of families to the counseling staff was based on matching client and counselor schedule availability. While a true random assignment was not utilized due to the limited number of counselors and the need to match appointment schedules, every effort was made to employ random assignment whenever possible. The Program Director coordinated family assignment with this in mind.

Counselors employed by the NHFCC program were advanced graduate students at either the master's or doctoral level. Degree of counseling experience varied from no experience to individuals eligible for licensure in the State of Virginia. Counselors were scheduled to see from three to twenty families weekly. All counselors were supervised by the program director, clinical director and faculty supervisor. Supervision meetings, involving video and audio tape review, were held two hours weekly. In addition, counselors participated in individual supervision meetings.

Counselors were divided into either an experimental or comparison group. Again, due to the limited number of counselors employed at the Center, random assignment was not feasible. Assignment was made independently by the NHFCC Director and faculty supervisor. Two separate supervision groups, one consisting of the experimental, the other the comparison group, met on a weekly basis, were established with the Director or Faculty Director leading each meeting. Care was taken during the planning to match groups for counselor experience and appointment availability. Matching for experience controlled, to some degree, for potential variability between the two groups. Evaluating appointment availability was a means of controlling for an equal number of new clients within the two groups. A sample size of thirty was anticipated, based on review of the Center's previous year's monthly client reports. Each supervision meeting followed a

general format which consisted of videotape review, case-study follow-ups discussion and recommendations.

The comparison group received counseling consistent with traditional NHFCC practices. Specifically, counselors offered a family systems approach, borrowing techniques from a variety of congruent theoretical orientations. The focus was on improving communication skills among family members and providing a relatively brief, solution-oriented service.

Training Program

Counselors who provided services to the experimental group attended a two hour training session prior to or within four weeks of their initial contact with families and attended a two-hour follow-up session four weeks after initiation of counseling. The comparison group received a two hour presentation on school related services with emphasis placed on special needs children (e.g. emotionally disturbed, learning disabled). Programs were scheduled during the counselor's weekly supervision meetings. Both training sessions were videotaped and made available to the comparison group upon completion of the study.

The training program was developed through a series of collaborative meetings with community based family counselors and school personnel. Two

trainers, each family counselors and school psychologists with a background in system's theory, provided the training component. The program reviewed basic system theory and provided detailed information on multi-systemic theory and practice. The initial family interview was explored and suggestions regarding future multi-systemic intervention were provided. Key components included guidelines regarding the initial interview, increased frequency of school contact and presentation of a counselor's role in the school setting (e.g. counselors as consultants, bridging between family and school, identification of subsystems and boundary violations). Training also addressed the process of change and the role of the counselor. Intake information obtained during sample initial interviews was analyzed, using a multi-systemic focus. Counselors were encouraged to give examples and participate actively in the discussion. Focus was placed on entering school systems, and listening and redefining the problem. Goals of the training included the development of a multi-systemic frame of reference and provision of alternative strategies for working across systems.

Counselors who served the experimental group were instructed to follow up in two areas. First, counselors were asked to conference with the referring school personnel (guidance counselor, principal, school social worker or psychologist) and the classroom teacher prior to, or within four sessions after the initial interview with the family. This contact was to be

communicated to family with the explanation that clarification regarding reason for referral and previous school attempts at intervention are helpful in working with the family. Secondly, counselors were asked to have bimonthly contact with the school. Contact was with those individuals who were actively involved in providing services to the child within a school context (e.g. guidance counselors, teachers, school social workers or psychologists). Focus was placed on obtaining additional information regarding the child's functioning and reframing the child's problems for the school system. In addition, the counselor obtained information in reference to potential school factors (e.g. parent/school problems such as differing views on child and family functioning and internal school issues) which might have inhibited the therapeutic process.

Data Collection Procedures

Counselors in both the experimental and comparison groups were given a brief description of the test packets to be distributed to the families. During the overview, the test instruments (FES, CBCL) were discussed, as well as responses to potential questions by family members. In addition, to assure consistency, each counselor was provided with written instructions. The packet of test materials containing the FES and CBCL, as well as a direction sheet,

was given to each counselor, with instructions to have clients complete items, seal the envelope and return to the counselor. Families were asked to complete the testing which required approximately forty-five minutes, during one of the first four counseling sessions. Packets were then collected by the NHFCC Director and forwarded to the researcher. Procedures were repeated for post-testing during the twentieth session or termination of counseling, whichever came first.

Packets containing the Teacher Report Form were mailed directly to the referral source, with a letter providing an introduction, rationale and instructions. Time of mailings coincided with distribution of family packets, allowing for a two to three week range. Post-test packets were mailed four weeks prior to the end of the school term.

Monthly Data Sheets

The demographic and monthly data sheets which are a routine component of the program, were completed by counselors and returned to the Director; however, information regarding amount of contact with outside agencies was added several months before implementation of the study. This information provided an opportunity to collect additional data regarding frequency of school contacts. Consistent with routine NHFCC practices, counselors continued to receive intake/data sheets on each family which contained basic information (e.g. reason for referral, marital status, school

grade, school contact, etc.). Once counselors received data sheets, they established contact and set up initial appointments with the family.

Descriptive Data Collection

In addition to pre- and post- testing, to supplement the standard analyses of data, a descriptive presentation of each group was conducted. Prior to the training, both the experimental and comparison groups were administered a multi-system orientation questionnaire. The purpose of the questionnaire was twofold. First, it was utilized to obtain the similarities between the two groups. The question, "Are the experimental and comparison groups similar in their understanding of multi-system theory?" was important in establishing potential between group differences prior to implementation of the study. Secondly, the readministration of the questionnaire at the conclusion of the study provided data regarding the changes that occurred within the groups. Asking the question, "Did the training result in differences in the experimental group?" and "Were there also changes in the comparison group?" provided insight into the growing knowledge base of both groups and was instrumental in clarifying questions which arose from the quantitative analysis.

In addition, using two representative cases, data was obtained from counselors during or immediately after the twentieth session with the family. Through a semi-structured interview, counselors were questioned regarding their awareness of multi-systemic theory and practice. Counselors were

interviewed in reference to his or her assessment of the family and of the identified patient's problematic behaviors and school concerns. Counselors were also asked to describe the extent and quality of their contact with school personnel.

To minimize demand characteristics during the weekly supervision meetings, the current study utilized recommendations of Rosnow and Davis (Borg & Gall, 1989) suggesting that measures be unobtrusive. The three questionnaires used were typical measures used in family and school assessment. In addition, attempts were made to restrict the researcher's communication with the subjects by developing two separate supervision groups, using the NHFCC Director as facilitator, and employing independent workshop trainers.

Description of Instrumentation

Three measures were used in the evaluation of the experimental and comparison group. Fine and Carlson (1992) suggest the use of multiple ratings with both parents and teachers to provide a better picture of what is occurring interactively. Jacobson (1985) and Kniskern (1985) suggest that the primary outcome measure is the most direct possible measure of the presenting problem. The Achenbach Behavior Rating Scales have become a standard

within school and clinical settings. According to John Bates' review in the National Survey of Problems on Competencies Among Children (Achenbach, 1991), the Achenbach is a well used rating scale which is preeminent in much of the world. It has been described as "state of the art in child behavior problem assessment", yielding similar scores between mother and father and test-retest ratings (Achenbach, 1991, p. 122). Both the Achenbach Teacher Report Form and the Child Behavior Checklist were normed on 1300 randomly selected nonreferred children. To adjust for sex and age differences, profiles are standardized separately for boys and girls at ages 4 to 5, 6 to 11, and 12 to 16. Normalized T scores and percentiles provide comparisons with the normative sample. Internal and External scores are computed by summing Scales I - III and VII - VIII respectively. T scores of 67-70 represent the borderline clinical range; T scores >70 are considered to be in the clinically significant range. The descriptions of both the parent and teacher rating scales follow:

Achenbach Teacher Report Form (TRF): a 113 item questionnaire completed by the classroom teacher. Information is gathered on the student, aged 4 through 16, regarding behaviors observed within the class setting. Each of the items are scored on a three-step response scale. Cluster scores are obtained in the following areas: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems,

delinquent behavior, aggressive behavior. Achenbach and Edelbrock (1983) report high inter-observer reliability for total behavior problem scores without extensive training of the observers. Within a residential treatment center for seriously disturbed children, results of a Pearson correlation were .96 ($p<$ .001) between the total behavior problem scores obtained by two research assistants across sixteen observation sessions. There were essentially no differences between the mean total scores obtained by the two observers (31.06 vs. 31.00, $t = .06$, ns). A Pearson correlation of .71 ($p<.001$) was found between on-task scores across the sixteen observation sessions. Achenbach and Edelbrock (1983) also report evidence of discriminative validity. Undergraduate observers rated children without information regarding status. Results indicate that the raters results were consistent with reports made by teachers in identifying problem behaviors vs. nonproblem behaviors, (Means = 41.5 vs. 27.0, $t = 4.3$, $p<.001$). The TRF is designed to be self-administered or completed by an interviewer.

Achenbach Child Behavior Checklist: (CBCL): a 113 item behavior rating scale completed by parents of children aged 4 through 16. The CBCL is scored in terms of raw scores for every item. Each of the items are scores on a three-step response scale. The social competence items report on the child's amount and quality of participation in sports, games, organizations, hobbies, jobs, chores, and friendships, as well as how well the child gets along with

others, functions in school and works independently. Test-Retest reliability of item scores, at one week intervals, yielded an overall internal correlation coefficient (ICC) of .952 for the 118 behavior problems and .996 for the twenty social competence items. Interparent agreement on item scores yielded an ICC of .985 for the 118 behavioral problems and .978 for the twenty social competency items. Inter-interviewer reliability data was based on comparing scores obtained by three interviewers on 241 matched triads of students, for a total sample of 723 children. The overall ICC was .959 for behavior problems and .927 for the social competency items. The Pearson correlations computed to obtain test-retest correlations between scale scores yielded a median correlation of .89.

The content validity, reflecting the degree to which the CBCL's content includes what it is intended to measure, identified clinically-referred children with higher scores ($p < .005$) than demographically similar nonreferred children on 116 of the 118 items. The only two items showing nonsignificant differences were Item 2. (Allergy) and Item 4. (Asthma) (Achenbach & Edelbrock, 1981). Relationships between the CBCL and other analogous instruments have been tested in several studies. The Pearson correlations between raw scores on the CBCL and the Conners Parent Questionnaire and the Quay-Peterson were similar with all correlations significant at $p = .05$ or better. The CBCL was designed to be self-administered, but can be completed

by an interviewer. For the purposes of the study, both the TRF and the CBCL were self-administered.

The Family Environment Scale (FES): is a 90 item true-false, self-report questionnaire which assesses the social-environmental characteristics of families. According to Fine and Carlson (1992) the FES possesses utility for school-related assessment. The FES has published studies differentiating families with children exhibiting school behavior problems. In addition, Kniskern (1985) indicates that the primary criterion for evaluating family therapy success should be change in family patterns of interaction. However, Kniskern also adds that because the presenting problem is the most significant sign of inappropriate family interaction, it is important to evaluate the change in this behavior. Therefore, the use of the FES in combination with behavior rating scales was an appropriate battery of assessment instruments for the study.

Respondents indicate whether each item is indicative of their family as a whole. The scale assesses three underlying dimensions: family relationships, personal growth, and system maintenance. Each is assessed by specific subscales. The Relationship dimension, which is central to the current study, measures the respondent's perceptions of family cohesion, expressiveness and conflict. Cohesion measures reflect the degree of commitment, help and support family members provide. Expressiveness scores reflect the extent to

which family members are encouraged to express their feelings directly, and Conflict measures the amount of openly expressed anger and conflict among family members.

A literature review by Waldron et al. (1990) indicates that the FES was cited in over 100 research articles from January 1983 to March, 1988. Of particular significance to the proposed study, the FES was used to detect differences between target and control populations and to determine differences in pre-and post-treatment studies. Halvorsen's (1991) review of eight self-report measures indicates that the FES possesses acceptable internal consistency and reliability, and moderate predictative validity. He suggests that its best use is as a pre-post therapy measure to monitor family change. Moos (1990) reports internal consistency reliability coefficients for the 10 subscales ranging from .61 to .78 (Roosa & Beals, 1990). The pattern of inconsistent reliability measures throughout the literature is, according to Roosa and Beals (1990) related to a complex interaction between the environment, measurement sensitivity, and the level of the variable being measured. The three most widely used dimensions, Cohesion, Expressiveness and Conflict, also yield the highest reliability's (.77, .63 and .74 respectively). For the purposes of the current study, the above three dimensions were utilized. With respect to construct validity, FES cohesion is positively related to measures of dyadic and marital adjustment. Furthermore, FES conflict is

positively associated with family arguments and FES organization and control are related to reliance on predictable and regular family routines.

In addition to the three commercial instruments (FES, CBCL, TRF) utilized to assess changes in the family and the identified patient, a multi-system orientation questionnaire was developed to assess the counselor's orientation and openness to multi-system theory and practice prior to and after training. Finally, a semi-structured interview was developed to assess the counselors extent and quality of school contact as well as their awareness of the intent of the research study.

Specific Research Hypotheses

The specific hypotheses to be investigated include:

1. Families receiving counseling services from counselors who have participated in a multi-systemic training program will show greater improvement in their family functioning compared to families participating in general family counseling. Improvement will be demonstrated by improved performance on the Family Environment Scale (FES) for families served by the experimental group.

2. Children receiving family counseling from counselors who have participated in a multi-systemic training program will show greater

improvement in their social and emotional functioning within the home than children who have participated in general family counseling. Improvement will be demonstrated by improved performance on the Achenbach Child Behavior Checklist (CBCL) for the families served by the experimental group.

3. Children receiving family counseling from counselors who have participated in a multi-systemic training program will show greater improvement in their social and emotional functioning within the classroom than children who have participated in general family counseling. Improvement will be demonstrated by improved performance on the Achenbach Teacher Report Form (TRF) for the children served by the experimental group.

Research Design

Statistical analyses for this nonequivalent comparison pre-post group design utilized a multivariate repeated measures analysis to evaluate the outcome of intervention with multiple family members at several points in time. Independent variables included the treatment group receiving training in multi-systemic training and intervention. The dependent variables included three measures: the Achenbach Child Behavior Checklist which measured the youngster's functioning within the home setting; the Achenbach Teacher

Report Form which was employed to measure the child's functioning within the classroom setting; and the Family Environment Scale which measured the family's overall functioning.

Ethical Considerations

In this final section, issues regarding potential ethical implications of the proposed study are considered. While the educational nature of the New Horizon's Family Counseling program controls for a number of ethical issues (e.g. confidentiality, informed consent) by requiring all families and counselors to sign permission for treatment, video/audio recording and observation by supervisors, efforts were made to respond to all potential ethical concerns.

Individual cases were coded to ensure confidentiality. Both the counselors who were providing treatment as well as the families who attended sessions were provided with the opportunity to withdraw from the study at any time. Both families and counselors were informed of the voluntary nature of their participation. At the conclusion of the study results were made available to counselors, families and school personnel.

The assessment process was designed to be as "user friendly" as possible. The assessment measures contained questions which were typically

addressed through the counseling process. Rating scales used in the study provided basic behavioral information that families were accustomed to providing to counselors. Likewise, school personnel often elicit assistance from outside agencies and were generally willing to assist in providing additional information. In addition, the rating scales selected were familiar to school personnel.

Although subjects were not fully informed regarding the research in which they participated, they were provided with a general description indicating that their participation provided the New Horizon's program and schools with additional information regarding assessment and intervention strategies. From a practical standpoint, counselors in particular could not be kept blind with regard to the treatment being offered. In addition, participants were provided specifics at the completion of the study. Partial informed consent was deemed necessary in order to not jeopardize the validity of the research results. Debriefing was made available to counselors, school personnel and families.

Approval was obtained from the William and Mary Human Subjects Research Committee.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to develop and evaluate a multi-systemic family counseling program which was based on expanding the concepts of family system theory to include the home and school setting in the process of therapy. In this chapter, the evaluation of the training program will be presented. The study employed a quasi-experimental nonequivalent comparison group design to evaluate the outcome of the intervention with multiple family members. To supplement the standard analyses of data, a descriptive presentation of each group was conducted, utilizing a multi-systemic orientation questionnaire and semi-structured interviews.

The first part of the chapter will describe the pretest analysis of the sample. Data will be presented as evidence that subjects assigned to the experimental and comparison groups did not differ on pretest measures. In order to answer the research questions, univariate and multivariate repeated measures analysis statistics were tabulated. To determine if differences in pre and post test scores were affected by type of therapy, a 2 x 2 (time x group) multivariate repeated measures analysis was performed for the FES Total, CBCL Total, TRF Total as well as FES subscales, Cohesion, Conflict and

Expressiveness, and CBCL and TRF subscales, Internalizing and Externalizing Behaviors. The $<.05$ level of significance was adopted for reporting purposes in this study. The software utilized for data analysis was SYSTAT (Wilkinson, 1990). Outcome data will be presented for the following measures:

1. Social climate of the family, utilizing the Family Environment Scale (FES).

2. Emotional and social behaviors of the identified patient within the context of the family environment, utilizing the Achenbach Child Behavior Checklist (CBCL).

3. Emotional and social behaviors of the identified patient within the school setting, utilizing the Achenbach Teacher Report Form (TRF).

Pretest Analysis

Pretests were administered to 29 families for the three measures used in the study: (a) the Family Environment Scale (FES), (b) the Achenbach Child Behavior Checklist, (CBCL) and (c) the Achenbach Teacher Report Form (TRF). The researcher and an assistant scored the FES by means of scoring keys. Scoring was implemented in accordance with manual instructions; therefore, reliability was assumed to be equivalent to the levels noted in Chapter 3.

The FES is composed of 10 subscales that measure the social environment of families. The Relationship dimension, which reflects internal family functioning, is made up of three factors: Cohesion (the degree of commitment, help and support family members provide); Expressiveness (the extent to which family members are encouraged to express their feelings directly); and Conflict (the amount of openly expressed anger and conflict among family members) (Moos, 1994). Raw scores were converted to standard scores, which have a mean of 50 and a standard deviation of 10. Interpretation of standard scores is dependent upon the subscale; for example, a higher score on Expressiveness is more favorable than a higher score on Conflict.

The CBCL and TRF were computer scored, utilizing reentry of data to assure reliability of scores. The computer scoring program automatically computed total scores and T scores for eight categories. Scores for Internalizing and Externalizing are computed by summing Scales I-III and VII-VIII, respectively, T scores of 67 - 70 represent the borderline clinical range; T scores > 70 are considered to be in the clinically significant range. As noted by Achenbach (1991) for statistical purposes a T score of 67 can be used to represent the bottom of the clinical range, as scores have been shown to discriminate between referred and nonreferred children.

Analysis of the experimental and comparison groups' pretest scores on

the FES, CBCL, and TRF are shown in Table 1. While the multivariate repeated measures analysis controlled for pretest differences, independent T tests were run on pretest groups to determine potential differences. Results indicate that there were no statistically significant pretest differences between the two groups in terms of their responses on the FES Total score and subscale scores (Conflict, Cohesion, Expressiveness), as well as on the CBCL Total score and subscale scores (Internal, External) and on the TRF Total score and subscale scores (Internal, External).

Outcome Measure Results

Hypothesis I: Families receiving counseling services from counselors who have participated in a multi-systemic training program will show greater improvement in their family functioning compared to families participating in general family counseling.

Results of a multivariate repeated measures analysis revealed no significant differences between the groups on the FES ($p=.647$) from pretest to posttest; therefore, the hypothesis was not supported (see Table 2). Likewise, univariate repeated measures analysis revealed no differences within the subscales, FES Cohesion ($p=.907$), FES Expressiveness ($p=.844$) and FES Conflict ($p=.645$) (see Tables 3, 4, 5).

Table 1

Independent Sample T-Tests on Pretest Data

Group	N	Mean	SD
FES Cohesiveness			
Control	29	41.48	14.48
Exp.	19	37.16	15.68
FES Expressiveness			
Control	29	45.31	13.10
Exp.	19	42.68	9.43
FES Conflict			
Control	29	55.97	13.61
Exp.	19	61.21	10.41
CBCL Total			
Control	18	69.17	10.41
Exp.	10	68.50	7.93
CBCL Internal			
Control	18	67.83	8.23
Exp.	10	63.80	9.24
CBCL External			
Control	18	67.56	13.04
Exp.	10	70.00	8.01
TRF Total			
Control	9	61.11	11.90
Exp.	9	67.44	7.88
TRF Internal			
Control	9	59.11	9.65
Exp.	9	59.33	6.02
TRF External			
Control	9	60.89	10.94
Exp.	9	65.56	9.28

Table 2

FES - Total

Multivariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	712.088	1	712.088	2.645	0.117
Error	6462.226	24	269.259		
WITHIN					
Time	9268.418	5	1853.684	11.825	0.001
Time*Group	524.571	5	104.914	0.669	0.647
Error	18810.845	120	156.757		

Note: Significant effect at $\alpha = 0.05$ for Time.

Table 3

FES - Cohesiveness

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	206.769	1	206.769	0.546	0.467
Error	9097.000	24	379.042		
WITHIN					
Time	1.875	1	1.875	0.014	0.907
Time*Group	120.029	1	120.029	0.885	0.356
Error	3254.048	24	135.585		

Note: None of the effects reached statistical significance at $\alpha = 0.05$.

Table 4

FES - Expressiveness

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	611.875	1	611.875	2.302	0.142
Error	6379.298	24	265.804		
WITHIN					
Time	2.374	1	2.374	0.039	0.844
Time*Group	48.066	1	48.066	0.798	0.380
Error	1445.107	24	60.213		

Note: None of the effects reached statistical significance at $\alpha = 0.05$.

Table 5

FES - Conflict

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	50.469	1	50.469	0.313	0.581
Error	3870.762	24	161.282		
WITHIN					
Time	11.143	1	11.143	0.218	0.645
Time*Group	199.451	1	199.451	3.902	0.060
Error	1226.857	24	51.119		

Note: None of the effects reached statistical significance at $\alpha = 0.05$.

Table 2 indicates that while there were no significant differences between the families served by the experimental and comparison groups over the period of counseling, therapy in general was significant (p=.001). The results indicate a significant effect for Time. In this analysis Time refers to change in the means over both the experimental and comparison groups between pre and post testing.

Hypothesis II: Children receiving family counseling from counselors who have participated in a multi-systemic training program will show greater improvement in their social and emotional functioning within the home than children who have participated in general family counseling.

Results of the multivariate repeated measures analysis revealed no significant differences between the groups on the CBCL (p=.136) from pretest to posttest; therefore, the hypothesis was not supported (see Table 6).

Analysis of the CBCL subscales, Internal (p=.613) and External (p=.855) indicate no significant difference between the groups as well (see Tables 7 and 8). However, therapy overall was significant (p=.001) as evidenced by the significant effect for Time.

Hypothesis III: Children receiving family counseling from counselors who have participated in a multi-systemic training program will show greater

improvement in their social and emotional functioning within the classroom than children who have participated in general family counseling.

Table 6

CBCL Total

Multivariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	168.858	1	168.858	0.599	0.450
Error	4510.225	16	281.889		
WITHIN					
Time	1541.474	5	308.295	9.299	0.001
Time*Group	287.548	5	57.510	1.735	0.136
Error	2652.424	80	33.155		

Note: Significant effect at $\alpha = 0.05$ for Time.

Table 7

CBCL - Internal

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	26.104	1	26.104	0.307	0.587
Error	1362.701	16	85.169		
WITHIN					
Time	573.637	1	573.637	21.896	0.001
Time*Group	6.970	1	6.970	0.266	0.613
Error	419.169	16	26.198		

Note: Significant effect at $\alpha = 0.05$ for Time.

Table 8

CBCL - External

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	331.775	1	331.775	2.001	0.176
Error	2652.364	16	165.773		
WITHIN					
Time	404.575	1	404.575	17.558	0.001
Time*Group	0.797	1	0.797	0.035	0.855
Error	368.675	16	23.042		

Note: Significant effect at $\alpha = 0.05$ for Time.

Results of the repeated measures analysis revealed no significant differences between the groups on the TRF (p=.635) from pretest to posttest; therefore, the hypothesis was not supported (see Table 9). Likewise, the TRF subscale score in External (p=.939) and Internal (p=.595) reflect no significant difference between pretest and posttest (see Tables 10 and 11). Consistent with the previous hypotheses, therapy in general appeared to be significant (p=.004) as it related to pretest compared to posttest measures.

Counseling overall appeared to be effective across all three of the dependent measures (FES, CBCL and TRF). Likewise, statistical significance was obtained on the CBCL Internal (p = .000) and External (p=.001) dimensions. Statistical significance for counseling in general was not reached for the TRF subscales, Internal (p=.251) and External (p=.059), nor for the FES domains, Cohesion (p=.907), Expressiveness (p=.844) and Conflict (p=.645).

Multi-systemic Orientation:

As described in Chapter 3, counselors in both the experimental (Group 1) and control (Group 2) groups completed a multi-system's orientation questionnaire. The Likert-type scale reported the counselors orientation

Table 9

TRF Total

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	512.000	1	512.000	1.133	0.312
Error	4517.333	10	451.733		
WITHIN					
Time	666.167	5	133.233	3.990	0.004
Time*Group	114.833	5	22.967	0.688	0.635
Error	1669.667	50	33.393		

Note: Significant effect at $\alpha = 0.05$ for Time.

Table 10

TRF - External

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	165.375	1	165.375	0.669	0.432
Error	2471.083	10	247.108		
WITHIN					
Time	30.375	1	30.375	4.528	0.059
Time*Group	0.042	1	0.042	0.006	0.939
Error	67.083	10	6.708		

Note: None of the effects reached statistical significance at $\alpha = 0.05$.

Table 11

TRF - Internal

Univariate Repeated Measures Analysis

Source	Sum of Sqs	df	Mean Sq	F-ratio	p
BETWEEN					
Group	37.500	1	37.500	0.374	0.555
Error	1003.500	10	100.350		
WITHIN					
Time	66.667	1	66.667	1.485	0.251
Time*Group	13.500	1	13.500	0.301	0.595
Error	448.833	10	44.883		

Note: None of the effects reached statistical significance at $\alpha = 0.05$.

towards school contact during the counseling process. Point values were assigned to responses on the scale as follows:

1. Strongly Agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

Question 9 contained three parts and were coded as:

Q9A = Eligibility Meetings

Q9B = School Conferences

Q9C = Child Study Team meetings

Each part of question 9 was coded in terms of number of school contacts. Number of contacts were coded using mid-range values, as follows: 0 contacts = 0; 1-3 contacts = 2; 4-6 contacts = 5; and 7+ contacts = 8.

Results of questionnaires should be reviewed with caution due to the limited number of counselors in the study. All counselors participating in the study (n = 10) completed the pretest questionnaires. Posttest responses included 4 control and 3 experimental. Questionnaires were a qualitative component of the study which were, as noted in Chapter 3, used to address the questions, "Are the experimental and comparison groups similar in their understanding of multi-systemic theory?" and "Did the training result in

differences in the experimental group?". The additional question, "Were there also changes in the comparison group?" provided insight into the knowledge base of both groups.

Review of the questionnaires, with regard to the initial question regarding the similarity of groups, suggests that groups in some aspects were similar in their orientation. However, the comparison group (total meetings - 13) reported that they had participated in more school meetings (Eligibility meetings, Child Study meetings or school conferences) than the experimental group (total meetings - 0). Both groups indicated that they did not understand school services available to families. Interestingly, on the pretest measure the comparison group indicated that they had used an ecological approach in their assessments, while the experimental group felt that they were unsure.

Results of the posttest questionnaires provide additional information with regards to changes over the course of the counseling. The comparison group compared to the experimental group, appeared to feel more uncertain of their roles within the schools and less comfortable talking to school personnel. They continued to be uncertain regarding the types of services schools provided their clients. While the comparison group indicated that they did think about what role the school might have played with regards to the reason for referral, they actually showed a slight decrease in their use of ecological assessment and treatment.

In contrast, the experimental group reported more certainty regarding their roles in the schools and better understanding of services available to them. In fact, results of Question 7 ("I understand the services available for families through the school system") reflected the most discrepancy between the comparison and experimental groups between pre and post test measures.

Another notable change over the course of the study was the amount of school contact. There was no change in the comparison group's school contact compared to a greater increase in contact for the experimental group.

Due to the lack of statistical significance between the experimental and comparison groups pre/post test results, no conclusive statements can be made regarding changes between the two groups over time. Responses on the multi-system orientation questionnaire shed a promising light over the potential for practical changes; however, they do not translate to statistical significance.

Semi-structured Interviews:

Additional data was obtained through semi-structured interviews completed after posttest packets were submitted. Interviews were completed with two counselors from both the experimental and comparison groups as well as with the NHFCC Director. Counselors in both groups indicated that they had implemented a variety of new techniques over the course of the semester. Each counselor provided examples which reflected influence from

college course work as well as workshop presentations.

All counselors indicated that schools should be contacted during the course of providing service to families. However, the reason for contact varied, ("multi-purpose", "to let school know there is follow-through on referral", "to gain additional information from school personnel") with no clear delineation reflecting differences in the experimental and comparison groups. When asked what theories of counseling were used in their delivery of services, all provided a broad range of theories; however, one counselor from the experimental group specifically suggested the need for contact with all parties impacting upon the family. She went on to suggest that getting more people involved "gets problems resolved faster" and that everyone can "play by the same game rules".

The interview with the NHFCC Director provided insight into the climate of the supervision groups. A particular emphasis was placed on the fact that the Center had been in a transition period with both a new Faculty Director as well as Center Director. In addition, new requirements existed involving increased record keeping, including treatment plans and a change from one to two supervision groups.

The NHFCC Director reported a qualitative difference in the flexibility of the staff, indicating that newer staff members were less independent and more likely to follow all of the rules. Review of the experimental and

comparison groups revealed the experimental group to include staff with somewhat less experience in terms of length of employment with the NHFCC program than the comparison group.

Finally, the Director was questioned regarding her interpretation of the supervision group's interaction with outside agencies, including schools. She indicated that the current study consolidated her ecological orientation, suggesting that the quality of services provided were enhanced by additional communication. She concluded by indicating that in the future she anticipated requiring counselors to contact the referring school systems during several points throughout therapy.

Summary

Analysis of the data for this study was conducted in accordance with methodology presented in Chapter 3. Since pretest analysis obtained no significant differences between the experimental and comparison groups' performance on the FES, CBCL, and TRF, an ANCOVA was not employed.

Multivariate and univariate repeated measures analysis revealed no significant differences between the experimental and comparison groups on the three outcome measures; therefore results failed to provide statistical support for the hypotheses. Because the obtained F-values were not significant,

additional follow-up tests were not conducted.

While no significant differences were noted between the experimental and comparison groups, counseling in general was significant. Specifically, outcome measures on the CBCL Total, FES Total and CBCL Total were found to be significant. Likewise, subscale domains (CBCL Internal and External) were significant for the combined groups. Results of outcome data suggest that counseling in general resulted in improvement in the family's overall functioning, as well as in improvement of the identified patient's social and emotional functioning within both the home and school setting.

CHAPTER 5

DISCUSSIONS AND CONCLUSIONS

Introduction

In this chapter a comprehensive discussion of the research findings will be provided. The chapter will begin with a brief overview of the hypotheses. Next, the outcome data will be discussed and an explanation for results will be proposed. Finally, the limitations of the study will be discussed and general conclusions will be drawn from the findings. Specific recommendations for future research will be discussed throughout the chapter.

Review of the Hypotheses

A summary of the research hypotheses presented in Chapter 2 is provided below:

1. Families receiving counseling services from counselors who have participated in a multi-systemic training program will show greater improvement in their family functioning compared to families participating in general family counseling. Improvement will be demonstrated by improved performance on the Family Environment Scale (FES) for families served by the experimental group.

2. Children receiving family counseling from counselors who have participated in a multi-systemic training program will show greater improvement in their social and emotional functioning within the home than children who have participated in general family counseling. Improvement will be demonstrated by improved performance on the Achenbach Child Behavior Checklist (CBCL) for the families served by the experimental group.

3. Children receiving family counseling from counselors who have participated in a multi-systemic training program will show greater improvement in their social and emotional functioning within the classroom than children who have participated in general family counseling. Improvement will be demonstrated by improved performance on the Achenbach Teacher Report Form (TRF) for the children served by the experimental group.

Discussion

This section will address the findings of the current study with regard to the dependent variables: the Family Environment Scale, which measures the social climate of the family; the Child Behavior Checklist, which reflects the emotional and social behaviors of the identified patient within the home setting; and the Teacher Report Form, which reflects the identified patients

emotional and social functioning within the classroom setting. Also discussed are the implications of the multi-systemic questionnaire and semi-structured interviews conducted with counselors from both the experimental and comparison groups.

Social Climate of the Family:

Results of the current study did not support the hypothesis that providing a multi-systemic counseling approach would result in significant improvement in the family's overall functioning. While both the experimental and comparison groups showed significant improvement with regard to the family's social climate, the gains for the experimental group were not superior to those of the comparison group.

While the FES was designed to evaluate the social climate within the family, the complexity of measuring the perceptions of family members through the use of self-report measures is further compounded by such factors as test effects, characteristics of individual family members, and the nature of the problematic behaviors which resulted in referral. Results of a 1995 multiproject examining the effects of marital and family therapy indicate that it is difficult to assess outcomes due to confounding variables such as characteristics of the study, as well as client and treatment variables (Shadish, Ragsdale, Glaser & Montgomery, 1995). Borg and Gall (1989) suggest that

"all elements in the situation are in a state of mutual simultaneous interaction". It is a challenging endeavor to attempt to evaluate "simultaneous interactions". For this reason a qualitative component is an essential addition to any quantitative measurement of family, particularly within a naturalistic setting. While qualitative features were present in the current study with regard to counselors, the current study did not interview family members or attempt to evaluate the family through any other means other than self report measures. Future research might include a qualitative component for families as well.

Emotional and Social Behaviors of the Identified Patient within the Home Environment:

Results of the study did not support the hypothesis that a multi-systemic counseling approach would result in significant improvement in the identified patient's behaviors within the home setting. However, both the experimental and comparison groups showed significant improvement over the course of therapy, suggesting that counseling in general proved beneficial for both groups.

Consistent with factors noted in assessing the social climate of the family with the FES, the CBCL also is a self-report measure designed to evaluate perceptions of family members. Concerns regarding self-report measures, test effects and client and treatment variables also may have affected

results of the study. Again, a qualitative component would provide needed depth to the study of the family.

Emotional and Social Behaviors of the Identified Patient within the School Setting:

The research hypothesis indicating that there would be significantly more improvement for the experimental as compared to the comparison group was not supported. Results indicated no significant difference for the two groups on the TRF measure. However, consistent with the FES and CBCL, counseling for both groups made significant gains over time, suggesting that counseling in general was effective.

In addition to the factors noted for the FES and CBCL, the use of the TRF created more of a challenge. Most significantly, the number of returns was quite low (n=12) suggesting the need to reevaluate the choice of instrument sent to school personnel. The TRF measure is typically a well known instrument within the schools. This was originally considered to be a benefit and was one of the reasons the instrument was selected. However, it may have been that teachers had previously completed TRF's on the identified children, particularly if interventions at school were first attempted before referral to NHFCC. Therefore, duplicating the process may have resulted in fewer returns. Also, the number of items (113) as well as the time of the year

for post testing (May, June) may have decreased the rate of return.

Beyond the selection of the instrument, there are additional factors which may have affected post testing. The current study did not evaluate the process of therapy to determine if, in fact, there was improved communication between counselors and schools. Counselor's awareness of school variables may not have been enough to effect significant change. Perhaps more focused training, with follow-up within the school setting would have allowed for a stronger treatment and reinforced not only the counselors, but the teachers as well.

Multi-systemic Orientation Questionnaires and Interviews:

While quantitative analysis of the three dependent measures reflects no statistically significant differences between the experimental and comparison groups, the review of questionnaires and interviews with counselors provides additional insight. Due to the small number of counselors participating in the study (n=10), care should be taken in evaluating the results.

Results of questionnaires revealed some similarities between the two groups; however, there were differences noted which suggest that the experimental and control groups differed in their amount of school contact prior to implementation of the study. The experimental group began the study with no previous contacts, while the comparison group reported thirteen

contacts. In addition, the comparison group indicated that they had used an ecological approach; the experimental group felt unsure. Perhaps the relative inexperience of the experimental group, noted by the NHFCC Director, had some effect on their contact and orientation. The counselor's inexperience may have resulted in increased flexibility, resulting in the experimental group's reported changes with regard to school contact and role identification.

Over the course of treatment the experimental group reported more certainty regarding their role within the schools and better understanding of services available to them and an increase in school contact. The experimental group showed more gains in the above noted areas, suggesting improvement in, at least, awareness of their potential connection with the school system. However, an alternative to the research hypothesis that increased school contact would result in improved family functioning, increased involvement with schools may result in confusion regarding the delivery of services. Increasing contact with schools without the benefit of a strong training components puts the counselor in a complex setting with limited resources. Further investigation into the nature of school contacts would be beneficial in better understanding school variables and the interaction between counselors and schools.

In light of the alternative training provided to the comparison group which involved a two hour presentation on the process, implementation and

delivery of special education services, it is interesting to note that the comparison group continued to feel less aware of school-related services and of their role in the delivery of services. It is hypothesized that the counselors who received multi-systemic training did, in fact, gain more knowledge regarding school services and their roles as counselors.

Additional information was provided through semi-structured interviews with two counselors from both the experimental and comparison groups and with the NHFCC Director. As noted in Chapter IV, counselors indicated that they had iinplemented a variety of new techniques related to information obtained from college course work as well as workshops. Because counselors were exposed to a variety of theories and techniques through their college studies there is the possibility that multi-systemic theory or ecological assessment was discussed in the context of class. This would support the idea that additional "training" occurred for the comparison group as well. There is also the likelihood that given a wealth of theories presented through classes, workshops and the training program, counselors were less impressed with the multi-systemic training program, particularly when limited follow-up was provided. Both implications suggest that the multi-systemic training program did not provide a significant enough change to result in the anticipated hypotheses.

Suggestions for future research include strengthening the training

component. In addition to developing a treatment manual, intensifying the intervention might include use of video taping, role playing and participation of school personnel in the training.

Finally, results of interviews with the NHFCC Director reflect a growing awareness of multi-systemic theory and practice. The impact of this presents negative as well as positive factors. The Director's interest in increasing school contact may have fostered communication between counselors and schools for both the experimental and comparison groups. The effect of this would, again, be to further decrease the power of the training program. However, there is also the possibility that the development and implementation of the multi-systemic training program influenced the Director. The presentation of alternative service delivery models which are perceived as beneficial creates the opportunity for practical changes in the NHFCC program.

Limitations of the Study

As noted in the previous section, there are a variety of potential explanations for the failure of the training program to have produced the hypothesized outcomes. Numerous limitations in the research design and methodology may have influenced the findings. They include: (a) sample

selection, (b) treatment variables, (c) the process of experimental manipulation, (d) the measurement instruments.

Sample Selection:

A quasi-experimental, as opposed to a true experimental design was employed. Counselors were not selected on a random basis nor were families assigned to counselors through random assignment. In addition, due to financial and time restrictions, the sample size for the current study was small. The combination of small sample size and lack of randomization resulted in the strong probability that the two groups were not equal. A 1995 meta-analysis of marriage and family therapy indicates that small sample sizes and non randomized studies produce more variable results (Shadish, Ragsdale, Glaser, & Montgomery, 1995).

In addition, the issue of differential selection was not sufficiently addressed. There may have been differences between the families as well as counselors in the experimental and comparison groups. As noted previously, results of questionnaires suggest that the groups began the study with somewhat different orientations which may have influenced their amount of school contact. While pretest scores were used to express similarities between the groups, there may have been additional variables, such as differences in reason for referral, or differences in the family's counseling experience prior

to NHFCC referral, which resulted in differences between the groups. Likewise, there may have been counselor factors, such as prior employment experience or communication style with families and schools, which served as confounding variables. These conclusions are consistent with research conducted by Shadish, Ragsdale, Glaser and Montgomery (1995) suggesting the equation of groups on scores may not be the same as equation of groups on expectations.

No attempt was made to obtain information regarding characteristics of families, counselors or school contacts. Family data (e.g. reason for referral, previous counseling experience) would have identified whether assignment to counselors approximated a random assignment. Likewise, counselor data (e.g. experience prior to NHFCC employment, theoretical orientation) may have provided insight into potential variables that rendered these groups unequal as well. Finally, exploring the relationship between the counselors and school contacts would have provided important information regarding the degree and quality of follow-up. While review of monthly statistics does reflect frequent school contact, with some differences between the experimental and comparison groups, there is no data reflecting the quality of contact.

Treatment Variables:

The restricted duration and intensity of the treatment may have

contributed to a weakness in the training program. As noted in Chapter 3, the training program consisted of one two-hour training session which was scheduled at the beginning of the college semester and a follow-up mid-way through the semester. There is the possibility that the training was not significant enough in terms of time to effect change.

Counselors who received training were, as previously noted, also taking college courses; the potential wealth of new information received by students suggests that the theories introduced in training may have competed with traditional theoretical orientations which received more attention through weekly classes.

In addition, one of the trainers deviated from the format by providing additional information regarding his perceptions of counselors who work within the school setting compared to those who do not. In general, a more defined training program may have strengthened the power of the intervention. Recent research (Shadish, Ragsdale, Glaser & Montgomery, 1995) suggests that the use of a training manual tends to yield higher effect sizes. Therefore, future research might be strengthened by more formal use of a training manual.

Process of Experimental Manipulation:

There is the possibility that significant outcomes were not achieved due

to experiences in the experimental and comparison groups which were not significantly different. No data is presented to verify that differences in the programs did, in fact, exist.

Care was taken to insure equal treatment of the two groups by providing training programs to both groups during supervision meetings. In addition to the NHFCC Director's ecological orientation which may have resulted in a multi-systemic focus for all staff members, there are factors affecting the external validity of the study. The volunteer status of the sample results in questionable population validity (Gall, Borg & Gall, 1996). Future research could evaluate the characteristics of the sample to better determine representative status.

Finally, the potential threat to validity due to the Hawthorne Effect, whereby special attention paid to one group over another alters performance, was controlled for on numerous levels. First, both supervision groups maintained the same requirements regarding service delivery. The only exception was that the experimental group was asked to contact their client's school systems twice during the course of twelve counseling sessions. No additional paper work was required and no follow up was done in this area. While limited focus on this aspect of the treatment may have decreased the potential differences resulting in control for the Hawthorne Effect, the lack of attention to school contact may also have been a major drawback for important

follow through of the training.

Issues of best practices with NHFCC may have made school contact a reasonable concept for both groups. In addition, it is unknown whether college classes may have introduced an ecological model, further creating less differences between the experimental and control groups. Results of the semi-structured interviews with counselors indicate that a variety of new techniques were drawn from college course work as well as additional workshop presentations.

Review of monthly statistics further suggests that frequency of school contact varied over the course of the study. When counselors in general had the lowest case loads, the amount of school contact increased. Possible implications include, but are not limited to, the fact that school contacts increase in February and March each year; or school contacts increase when counselors have fewer cases resulting in more time to make contacts. There was no pattern suggesting that school contact increased for the experimental group after the training. Furthermore, the total contacts (experimental = 82; comparison = 77) over the ten month period of the study were fairly consistent.

While controlling for extraneous variables is a difficult aspect of experimental and quasi-experimental designs, Borg and Gall (1989) question whether rigorous control is possible in the behavioral sciences. In addition to

the above noted factors for which may have been better controlled, traditional extraneous variables such as history, and maturation take on particular significance in family therapy. It becomes increasingly more difficult to control for environmental conditions when an ecological perspective is evaluated. In addition, from a maturational standpoint, it is difficult to determine the extent to which change, or lack of change, is related to therapy or change that occurs naturally over time.

Measurement Instruments:

The use of self-reports limits the validity and reliability to those noted in the research, therefore, caution in interpretation of results is recommended. In addition, the potential existed for pretest sensitization, in suggesting that the pretest itself had therapeutic value. Borg and Gall (1989, p. 641) note that pretest sensitization is "more likely to occur when the pretest is a self-report measure of personality or attitude". All families in the current study completed identical pretest packets, therefore, it is possible that families gained insight through the completion of the questionnaires.

In addition, evaluating students and families with problems created the potential for testing of more extreme behavior, resulting in the potential for statistical regression. However, review of pretest scores suggest that there was not a disproportionate amount of clinically significant scores, decreasing the

probability of statistical regression.

Conclusions

In summary, the current study did not produce strong evidence that this multi-systemic training resulted in improved functioning on the part of families or the children referred for counseling services. However, counseling overall reflected significant gains in family functioning as well as in children's behaviors within the home and school setting. Evaluation of the results suggests that in addition to a multitude of confounding variables, there were two outstanding factors which may have affected the outcome. First, prior to implementation of the treatment, the experimental and comparison groups may not have been equal in terms of their communication with schools and orientation to ecological assessment and intervention. Second, the theoretical orientation presented during training may not have provided a significant enough change to result in the anticipated hypotheses. Findings are consistent with the recent multi-project meta-analysis by Shadish, Ragsdale, Glaser and Montgomery (1995) indicating that 81% of the comparisons revealed no orientation to be demonstrably superior to any other. They hypothesized that the reason there were no orientation differences in the research was due, in part, to confounding variables. The current research is clearly no exception.

However, the lack of statistical significance does not negate the potential practical significance regarding counselors contacting their referral sources.

Over the last decade counselors from individual, family and behavioral disciplines have integrated approaches to provide treatment to children and families which expand beyond their respective theoretical orientations. The blending together of therapeutic approaches creates, on one hand, new opportunities for alternative service delivery and, on the other hand, additional variables which adversely affect therapy outcome studies. While outcome research in family therapy continues to present a challenge to scientific inquiry, investigating the merits of a multi-systemic approach is just one example of the potential for new strategies in the assessment and treatment of families.

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APPENDIXES

New Horizons Counseling Center
INFORMED CONSENT

New Horizons Counseling Center is administered by the Counseling Program in the School of Education at the College of William and Mary. In addition to providing clinical services, New Horizons Family Counseling Center is a research and learning laboratory.

Audio and/or video recordings are used solely for the purposes of consultation and supervision related to treatment of the specific client/family, and for research, training and teaching, unless the client(s) grant permission for other such use. The client(s) shall have full knowledge of the purpose and use to be made of recorded interviews and shall be informed when each recording is made. A client may request that taped material be erased at any time.

Currently there is a research project underway at New Horizons which will be looking at the training and supervision of counselors.This is important to us because we want to provide families with the best possible service. Information will be confidential and will be used to evaluate general trends in the services we provide. No families will be identified on an individual basis; information will be coded by school and at no point will your name be used.

- *If you decide to participate in the study, please know that beyond the risk of going through counseling, there are no additional risks.*

- *Your counselor may be assigned to one of two groups receiving different kinds of supervision and training. Your decision to participate means that you understand that your counselor may be in either one of the groups. Both groups consist of trained counselors who are advanced graduate students at William and Mary.*

- *You may withdraw from participation at any time. Your participation is voluntary and your refusal will not result in any penalty. You may continue to receive services at New Horizons.*

- *The research study will last approximately four months. Results will be made available to you and your counselor. If you would like to meet with the researcher on an individual basis, or if you have questions or concerns at any time, please contact: Gail Hardinge (804-843-4019) or Dr. Roger Ries (221-2345).*

- *You will be asked to complete several papers. In addition to the usual forms which we ask families to complete (such as a general information sheet and exchange of information form) you are asked to sign an "informed consent" which means that you are aware, and agree to the use of information for the purposes of consultation with staff in the context of*

supervision, training and research. Information collected is completely confidential. Your participation will help us continue to provide the best possible services to families.

I hereby grant New Horizons Family Counseling Center my permission to use audio and/or visual tapes of me and/or my family and the above stated data collected for the purpose(s) of (circle and initial as appropriate):

_____ *Treatment consultation with other staff counselors and consultants.*

_____ *Training*

_____ *Supervision*

_____ *Research*

Name of Client _____

Signature _____ *Date* _____
(client or legal guardian)

Signature _____ *Date* _____

Informed Consent - Form C

As a counselor employed by the New Horizon's Family Counseling Center, I hereby grant permission for research to be conducted while I am providing counseling services to families. In granting permission, I understand the following:

- If I decide to participate in the study, beyond the risk of providing counseling services to families, there are no additional risks.
- I may withdraw from participation at any time. My participation is voluntary and my refusal will not result in any penalty.
- The research study will last approximately four months. Results will be made available to me and to the families I serve. If I would like to meet with the researcher on an individual basis, or if I have questions or concerns, I may contact: Gail Hardinge (804-843-4019) or Dr. Roger Ries (221-2345).
- Information will be kept confidential and will be coded, thereby protecting the privacy of both counselor and client.

Name of Counselor _____

Signature _____ Date _____

Witness Signature _____ Date _____

NEW HORIZON'S COUNSELING CENTER
PRE/POST TEST INFORMATION

Gail Hardinge
(H) 843-4019
(W) 229-8983

Tests to be used:
Child Behavior Checklist
Family Environment Scale
Teacher Report Form (mailed to schools)

- Testing should be completed on families who began counseling between the dates of November 1 and February 28.

- Inform families a week prior to handing out packets ("Next week you will be asked to complete several questionnaires..."). You may ask families to come early or stay late to complete forms. Testing takes approximately 45 minutes to 1 hour.

- Within each packet are: (1) Child Behavior Checklist; (1) FES Instruction Booklet; (3) FES answer sheets. Parents complete the CBCL together; parents complete the FES individually. In addition, any children eleven or older should complete the FES. If you need additional forms, see Nancy. Nancy has extra FES booklets. Per your suggestion, you may keep an extra booklet to speed up test-taking time.

- Once you receive packets from Nancy, allow no more than three weeks to return completed information. We need prompt returns in order to send packets to the I.P.'s classroom teacher. Until we receive signed inform consent, we cannot contact teacher.

- Return all materials to packets.

- On outside of envelope write: your name; client name; school district; beginning date of counseling.

- Post-testing will be completed on families who receive at least six sessions. If you plan on discontinuing services, let Nancy know so she can give you an exit packet. Plan ahead - you may have families complete exit packets at the next to last session to allow for closure during the final meeting.

- Post-testing will be completed on all families (who were pre-tested and have not already terminated) during the end of April/beginning of May. You will be notified well in advance of post-testing schedule in order to plan testing time with your families.

- Results of research will be made available at the conclusion of the study. Information on individual families will not be made available. To maintain confidentiality, data will be coded and communicated as general trends. However, counselors and families are encouraged to use the questionnaires as a means of directing communication and establishing goals during counseling sessions.
- *Thank you for your help!*

NEW HORIZONS FAMILY COUNSELING CENTER
The College of William and Mary
School of Education
Jones Hall, Room 318
Williamsburg, Virginia 23187

Enclosed are two rating scales - the Child Behavior Checklist (CBCL) and the Family Environment Scale (FES). Please complete both forms. Do not leave any items blank. You may use either a pen or pencil. If you have questions, please discuss them with your counselor.

Child Behavior Checklist *- It is important that the questionnaire on page 3 and 4 be complete. Do not leave any items blank. Please complete the questions on page 1 and 2, providing as much information as you can. If two parents are available, please work together to complete the CBCL.*

The Family Environment Scale *- Please do not write in the booklets; respond to the true/false questions on the answer sheet. If two parents are available, each parent should complete his or her own form. Children aged eleven or older should also complete the questions.*

Your child's classroom teacher will also be asked to complete a rating scale - The Teacher Report Form - to help us better understand classroom behavior.

Information from the rating scales will be used to assess progress during counseling. This information will be kept confidential and will be used for research and program development . You will be asked to complete these forms again at the conclusion of your counseling or within several months of receiving services. If you would like to receive results, please tell your counselor and information will be made available to you at the conclusion of the research study.

When you have completed the questionnaires, please put them in the envelope, seal it and return it to your counselor. In the upper left corner write the initials of your counselor.

NEW HORIZONS FAMILY COUNSELING CENTER
at
The College of William and Mary
School of Education
Jones Hall, Room 318
Williamsburg, Virginia 23187

This is the second set of tests which will be used to assess the services provided by the New Horizon's Counseling Center. The enclosed rating scales (The Child Behavior Checklist and the Family Environment Scale) are the same tests you completed several months ago. Please complete the rating scales again. Results will be compared to your previous responses. Information will be kept confidential and will be used for research and program development. Results will be made available at the conclusion of the study.

Child Behavior Checklist - It is important that pages 3 and 4 be complete. *Do not leave any items blank.* Please complete pages 1 and 2, providing as much information as you can. If two parents are available, please work together to complete the checklist.

The Family Environment Scale - Please do not write in the booklets; respond to the true/false questions on the answer sheet. If two parents are available, each parent should complete his or her own form. Children ages eleven or older should also complete questionnaires.

When you have completed the questionnaires, please put them in the envelope, seal it and return to your counselor. Thank you for participating in the current study.

New Horizon's Counseling Center
at
The College of William & Mary
School of Education
Jones Hall - Room 318
Williamsburg, Virginia 23187

Dear _____;

New Horizon's Counseling Center (formerly PACES) is conducting research on the training of counselors and the effects counseling has on families. This is important to us because we want to provide families with the best possible service.

Your school has referred _____for counseling. The family is currently receiving services and has granted permission for the classroom teacher to complete the enclosed Teacher Report Form.

You were designated as the contact/referring person; therefore, the Teacher Report Form is being sent to you. Please assist us by selecting a teacher to complete the rating scale and return promptly in the self-addressed, stamped envelope. We ask that information be returned within the next two weeks.

Follow-up testing will be conducted in early June on families who have remained in counseling for at least six sessions. The results of the research will be made available to you at the conclusion of the study. Confidentiality of families will be maintained. Information will be coded by school and will be reported as general trends in services provided by New Horizons.

We appreciate your assistance in our research efforts. If you have questions at any time, please contact: Gail Hardinge, Research Coordinator (804-229-8983) or Nancy Wiseman, New Horizon's Director (804-221-2363).

Sincerely yours,

Gail B. Hardinge

New Horizon's Counseling Center
at
The College of William & Mary
School of Education
Jones Hall - Room 318
Williamsburg, Virginia 23187

Dear _____;

New Horizon's Counseling Center is in the second and final stage of evaluating the services we provide. Previously you were sent a behavior rating scale (Teacher Report Form) on _____Thank you for asking the teacher to return this form. It has been received in our office.

We are now post-testing and ask that you continue your support by encouraging the teacher to promptly return the enclosed scale. Teachers need only complete pages 3 and 4 and return the form by June 12. A self-addressed, stamped envelope is enclosed.

We know this is a busy time of year and appreciate your follow-up on this final phase of our research. Without the second rating scale, the initial scale completed by the teacher cannot be used. Please help by emphasizing this to the teacher.

If you would like results of the current study, please complete the form below and return it with the completed Teacher Report Form. Again, your assistance is appreciated. If you have questions please contact: Gail Hardinge, Research Coordinator (804-229-8983) or Nancy Wiseman, New Horizon's Director (804-221-2363).

Sincerely yours,

Gail B. Hardinge

Please send research results to:

_____

_____

_____

New Horizon's Questionnaire-B

Please respond to the following questions by indicating:

1. Strongly agree 2. Agree 3. Uncertain
4. Disagree 5. Strongly disagree

1. ____ Within the context of providing family counseling, I have had questions or concerns regarding how to initiate contact with school personnel.
2. ____ I have had questions or concerns regarding how to maintain contact with school personnel.
3. ____ I have been certain of my role with the school.
4. ____ As I have worked with families I have thought about what role the school might have played in the development of the reason for referral.
5. ____ I feel comfortable talking to school personnel about the families I see at PACES.
6. ____ Schools play a part in the therapeutic process.
7. ____ I understand the services available for families through the school system.
8. ____ In the past, I have used an ecological approach in my assessment and treatment of families. (If you answered "agree" or "strongly agree" please describe in a few sentences.)
9. In the past year, as I have worked with families, I have attended:
(please indicate in numbers: 0; 1-3; 4-6; 7+)

_____Eligibility Meetings _____Child Study
_____School Conferences

10. ____ I have scheduled meetings for school representatives, family and myself to work together.

Appendix L

Counselor Questionnaire

1. Tell me about any new theories or techniques which you considered during your employment with NH last year.

2. What knowledge do you have of any research which was conducted last year? (give details)

3. Did you discuss with coworkers in either your supervision group or in the other supervision group any new theories, techniques, or ongoing research?

4. Were you aware of the nature of my research? (give details)

5. Experimental group:

   What was your opinion of the two workshops presented by Steve and Wade?

   Did it impact in any way on how you worked with families then or now?

   Were you aware that your group was being treated differently from the other?

   If so, what did you think was occurring?

6. Control group:

   Were you aware that your group was being treated differently from the other?

   If so, what did you think was occurring?

7. What do you consider to be the theory(ies) of counseling which you support?

VITA

Gail B. Hardinge
19200 Tidal Water Road
Barhamsville, Virginia 23011
(804) 843-4019

Education:

1996 College of William and Mary
Williamsburg, Virginia
Doctor of Education, Counseling/School Psychology

1989 College of William and Mary
Williamsburg, Virginia
Educational Specialist, Counseling/School Psychology

1985 College of William and Mary
Williamsburg, Virginia
Master of Education, School Psychology

1981 Virginia Commonwealth University
Richmond, Virginia
Bachelor of Science (Psychology)

Experience:

School Psychologist

Williamsburg-James City County Public Schools, 1992 to present
New Kent County Public Schools, 1987-1992
Gloucester County Public Schools (Internship), 1984-85

Family Counselor

Peninsula Area Cooperative Educational Services, 1992-1994

Research Assistant

Virginia Commonwealth University; Psychology, NIMH Grant,
1979-1981