

# FAMILY COUNSELLING — A NEW FRONTIER FOR SCHOOL COUNSELLORS

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## Abstract

The opportunities for school counsellor involvement with the family have been briefly reviewed. Several theoretical orientations to family counselling were proposed and some ideas advanced underlying public and professional acceptance of school counsellor work with the family. Based upon this perspective, family counselling procedures were identified, some directions formulated relative to health and pathology in the family, family instability and related symptomatology. In the light of these conceptions, a brief analysis of three family programs was undertaken as a means of promoting growth, enrichment and change in the family.

## Résumé

Cet article présente une brève revue des occasions qui permettent au conseiller de travailler avec la famille. On propose plusieurs démarches théoriques relatives à la consultation familiale, tout en mettant en lumière certaines idées qui témoignent d'une acceptation, tant du secteur public que professionnel, du travail du conseiller scolaire avec la famille. S'appuyant sur cette perspective on procède à identifier les procédures pour la consultation auprès d'une famille. On relève également certaines orientations formulées par rapport à la santé et à la pathologie dans la famille, à l'instabilité dans une famille et à la symptomatologie connexe. À la lumière de ces idées, on entreprend une brève analyse des trois démarches visant à promouvoir la croissance, l'épanouissement et le changement dans une famille.

Family counselling represents a new and exciting opportunity for school counsellors. Traditionally, school counsellors have been primarily engaged in individual counselling in which the child, adolescent or adult were the functional units. In the last 10 years, however, group counselling has come into vogue and today, school boards and the progressive segments of society are seeking counsellors who have the necessary skills and understandings which enable them to intervene meaningfully at the family level. Whether or not school counsellors will rise to this new challenge remains to be seen. Not to act constructively on this opportunity, however, will inevitably lead to a growing public disenchantment with counselling in the schools. In the following sections, I wish to present my current views on the opportunities for school counsellor involvement with the family.

### *Theoretical Orientations to Family Counselling*

Several different theoretical orientations are available to counsellors who work with families.

Perhaps the Adlerian orientation has received the greatest support from school counsellors to date. Parent, teacher and minister study groups, family counselling demonstration activities and other similar public education programs have wide appeal in urban centres such as Vancouver, Saskatoon and Ottawa. In these group sessions, the writings of Rudolf Dreikurs (1958, 1964), Alfred Adler (1964) and Vicki Soltz (1967) are discussed.

The group members are stimulated to re-examine their concepts and at the same time given an opportunity to exchange ideas. In addition, the group acts as an encouraging agent for the members. Many parents feel lonely with no one available to discuss their problems with. They may feel greatly relieved to discover that other parents have similar concerns. The study group then becomes a common endeavor with the group members reinforcing each other.

An orientation often closely associated with the Adlerian model is Parent Effectiveness Training. This approach was developed by Thomas Gordon

(1970) who was a colleague of both Carl Rogers and Rudolf Dreikurs. Gordon's major thesis is that parents and their children can develop a warm, intimate relationship based on mutual respect and love, and that the "generation gap" need not exist in families. The antidote for adolescent rebellion is the use of a non-destructive approach to discipline; namely, the "no-lose" method. As in the Adlerian model, the parents meet in groups and benefit from the group interaction and support.

A third theoretical orientation to family counselling has been developed within the Transactional Analysis framework. Beginning with the early writings of Eric Berne (1964), the T.A. orientation has continued to develop with publications released by such authors as Muriel James and D. Jongeward (1971), C. Steiner (1971, 1974), T. A. Harris (1967) and others. A major purpose of T.A. is to help the individual free himself from the enslavement associated with the dysfunctional family through a diagnosis of the pathological system, and by the teaching of a new process of relating. T.A. procedures include structural, transactional, game and script analysis, and use of individual and group egograms to identify relative strength of adult, parent or child functioning. T.A. is oriented towards healthy functioning — the capacity to learn to make judgments, to benefit from experience, and to promote adaptation to changing conditions in the life of the individual.

Behaviour modification represents a fourth major approach to family counselling. Traditionally, learning theorists were primarily concerned with laboratory behaviours but more recently have developed an awareness for the need and the techniques of meaningful interpersonal intervention. Four major qualities characterize the behaviour modification approach with families. First, there has been a predominant concern with families in which there is an identified problem. Second, the focus is on the child whose behaviour is targeted for change. Third, the emphasis is on teaching contingency management rather than stimulus control and/or self-controlling strategies. Fourth, the unit focused upon in the family is the dyad. That is to say, learning theory has only a dyadic framework. Conditioners do not describe a child in a triangle with his parents or in terms of a larger ecology. They think of the way the mother reinforces the child and the way the father does, but do not describe the conflict between all three. Despite these constraints, considerable empirical evidence (Csapo and Friesen, 1975) supports the effectiveness of learning

theory, principles and procedures in working with families.

Perhaps the approach to family counselling which has received the most professional support is the Systems approach. The impetus to this viewpoint came from the Mental Research Institute in Palo Alto, California. The major exponents include Virginia Satir (1972), John Howells (1971) and Jay Haley (1971).

Systems theorists view the family as an interacting communications network in which every member from the day-old baby to the seventy-year old grandmother influences the nature of the entire system and in turn is influenced by it. The individual is not an isolated entity but an integral functioning component of a family system.

Modern systems theory is a broad movement in the scientific world that at present is causing a major shift in scientific perspective. The shift has been from concentrating on separate substances to concentrating on the principles of their *organization*, from parts to their *interrelations*, from fragments to *wholes*, from structure to *process*, from one-way causality to *interaction*, from energy transmission to *information transmission*. This social systems approach to the family has significant appeal to me since it provides a theoretical and technical base for application to many areas of school and mental health intervention. Social system counselling represents a gradual evolution in counselling practices from a one-to-one interaction to a multi-person, multi-relational interaction. It assumes that behaviour is significantly determined by characteristics of the social field and counselling is thus achieved via a change in the social system. In many ways, however, it is complementary to more traditional counselling procedures and theory.

#### *Acceptance of Family Counselling in the School*

Family counselling is currently a somewhat unsystematized melange of theory and practice whose common denominator consists in regarding the family as the functional unit instead of the individual. Despite an intellectual comprehension of the significance and worth of the family approach to counselling, resistance to changing the present practice exists among those who received their training more than ten years ago and are interested in individual counselling. To practice family work requires a broadening of the theoretical orientation for the counsellor trained in methods of individual counselling. In family counselling, behaviour and symptoms are viewed as a product of family processes which have a

reciprocal relationship with each family member's intrapsychic dynamics. Changes in the system rather than insights alone are seen as the major agents of behaviour change.

Despite this necessary shift in orientation and the need for unlearning old practices, the reasons for the growing inclusion of the family in school counselling, particularly at the elementary level, may be seen to be the following: First, there is a growing recognition that emotional disturbance of the student may be symptomatic of an unhealthy home environment. Second, the theoretical concept that the family is ecologically the most crucial unit in society largely determining the development and functioning of the individual is attractive clinically. As such, it represents the ideal focus for prevention and therapeutic intervention. Third, with the development of the community school concept, there is a growing removal of the barriers between the school and community and, thus, the family is the natural focus for primary and secondary prevention and treatment.

#### *Family Counselling Procedures*

Family counselling procedures vary considerably from parent discussion groups through to family and multiple family therapy. Each procedure has a contribution to make in the development of healthy family functioning. Some are preventive, others crisis intervention procedures.

Various levels of professional skill are required in each of the procedures. It can be expected that counsellors in the schools should have the skills and understandings necessary to conduct parent discussion groups, provide consultation on behaviour disorders and child rearing and generally have considerable understanding of family and group dynamics. On the other hand, it is my view that family and multiple family therapy should remain the expertise of the counselling psychologist and others trained at the doctoral level.

#### *Health and Pathology in the Family*

As I work with families, it has become increasingly necessary for me to have a concept of family health and pathology. Such a definition of health cannot be merely the presence or absence of serious family or personal problems. Most families have problems due to the tempo and complexity of modern living, affluence, stress and increased freedom of choice in many aspects of life.

Speaking of the healthy family, for me, requires the development of some general characteristics

of such a family. I need a sense of direction — a purposeful movement. The following family characteristics seem important in gaining such movement toward family health:

1. The family members are mutually satisfied, have complimentary aims and support the functions and structure of the group.
2. The family can adapt and accommodate the mutually incompatible demands of its individual members. It uses a variety of patterns in handling the conflicts between individuals and conflict resolution leads to growth and tension reduction.
3. The family has a fluid, resilient capacity to adapt to change in its environment and in the growth patterns of individual members. It accommodates gradual individuation.
4. The family provides an interpersonal climate within which the value strivings of its members can be brought into harmony with the value strivings of the family as a group.
5. The family acts as an open system. Thus, it provides open avenues of transaction with the outer community. It fosters attitudes of trust and openness with the outside world rather than suspicion, fear and hostility.
6. The family has the means of repeatedly evaluating the consequences of its achievements of accommodation and change (e.g. by use of family council).

In contrast, the family that produces a disturbed individual has not been able to achieve the above patterns.

#### *Symptoms of Family Pathology*

In working with the family, I often observe one or more of the following conditions in the family, when chronic symptomatology is present in an individual member or members.

1. There is a reduced reception of messages through failure in listening, hearing and in the visual perception of gestures and facial expressions.
2. There is a diminution of symbolic communication. A particular form of impoverished communication is the contradictory or ambiguous message. An example of this is the "double bind" expressed by Jackson, Bateson, Haley and Weakland (1956). Reporting on their research, they define two levels in the exchange of messages. The first is the simple message conveyed by words. The second is the qualification of the message conveyed by the mode of speech and the accompanying motoric ele-

ments — movement, gesture, facial expression and tone of voice. The two messages can be congruent or incongruent. The schizophrenic problem in part can be explained by this form of communication in the family. In such an instance, one member imposes mutually inconsistent requirements on another member, thus, initially preventing movement in any direction. This may finally result in the person's inability to make socially appropriate decisions and to act congruently.

3. There is a breakdown in the evaluation process by which individuals attain and revise their perceptions of others, their awareness of who they are, their methods of responding to others and their personal and mutual aims.
4. The family is unable to change its value structures appropriately. For a family to be effective, a balance seems to be necessary between the aims of preserving tradition and accommodating for change. If the clinging to old ways is too strong, the family will probably face disruption. On the other hand, if change is overvalued, the uncertainty associated with rootlessness leads to family disunity, alienation, and personal insecurity.

#### *Family Counselling as a Mechanism for Change*

I wish now to consider some points of view about how the school counsellor can use family counselling as a mechanism for change. Basically, three types of programs could be developed. These are a family education program, a family consultation program and a family therapy program.

##### (1) Family Education Programs

As indicated earlier, family education programs are designed to assist parents in their child rearing procedures as well as in their interpersonal relationships. A variety of books, curricula and packaged materials are available using different theoretical orientations. Groups of parents could meet at schools, homes, community colleges and churches to study and discuss these materials. Groups could be led by counsellors or parents who have been trained in study group leadership. Demonstration family counselling sessions may also prove helpful.

##### (2) Family Consultation Program

This program is designed to assist parents in identifying and meeting the developmental needs of their children. By the effective use of parent-counsellor interviews, strategies may be developed to reduce inappropriate child be-

haviours and increase appropriate responses. In the consultation process, the judicious and creative use of the telephone may be particularly helpful in maintaining weekly contact with the home. In addition, parents from the community could be meaningfully involved in the vocational and educational planning of their children. Too often, educational and vocational decisions are made with insufficient parental consultation. Fathers and mothers could take their children to their offices or to their jobs and acquaint them with their work, union issues, and other interpersonal concerns. An effective consultation program in the school could prove extremely valuable.

##### (3) Family and Multiple Family Therapy

When I work in family counselling and therapy my activity is designed to strengthen social interaction by promoting communication within the family unit. This process allows the family to experience, appraise, define, reorder and restructure its relationships. I promote social action by use of methods of participation, control and analysis. I conduct relationships now with one, now with two, now with all members of the family in an attempt to understand and experience the relational process. I disrupt unsatisfactory patterns of relationships. I permit individuals to reaffirm old behaviours which have been blocked. I develop new behaviours based on clarified goals and aspirations. I encourage the family to identify its goals, to modify its expectations and to distinguish between group and individual goals. I demonstrate the nature of effective communication and changed behaviours by use of techniques such as psychodrama, role playing, role reversal, paradoxical intention, future projection, empty chair, doubling, mirroring, life style analysis, script and structural analysis, contingency management, midas technique and other insight oriented procedures. These techniques are designed to increase the fluidity of communication, provide greater flexibility in roles and functions and ensure greater discipline in the formation of relationships.

My "presence" in the interview is particularly important. My personal and social skills, my professional tactics and strategies, my inner assumptions and postulates, my unconscious life style and character structure enable the family to attain what it has been unable to achieve on its own — an ability to live for its own welfare, for the welfare of each of its members

and ultimately, for the betterment of the community.

#### Summary

New opportunities for school counsellors have been briefly reviewed. Various theoretical orientations to family counselling were proposed and some ideas advanced underlying public acceptance of school counsellor involvement with the family. Based upon this perspective, family counselling procedures were identified, some directions formulated relative to health and pathology in the family, family instability and related symptomology. In the light of these conceptions, a brief analysis of three programs was undertaken as a means of promoting growth, enrichment and change in the family.

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