



Brief Counseling Interventions

Systemic Work with Parents and Children



Meeting the Needs of the Family



Basic Needs:

- Physical
 - Emotional
 - Social
 - Intellectual
 - Spiritual
 - Creative
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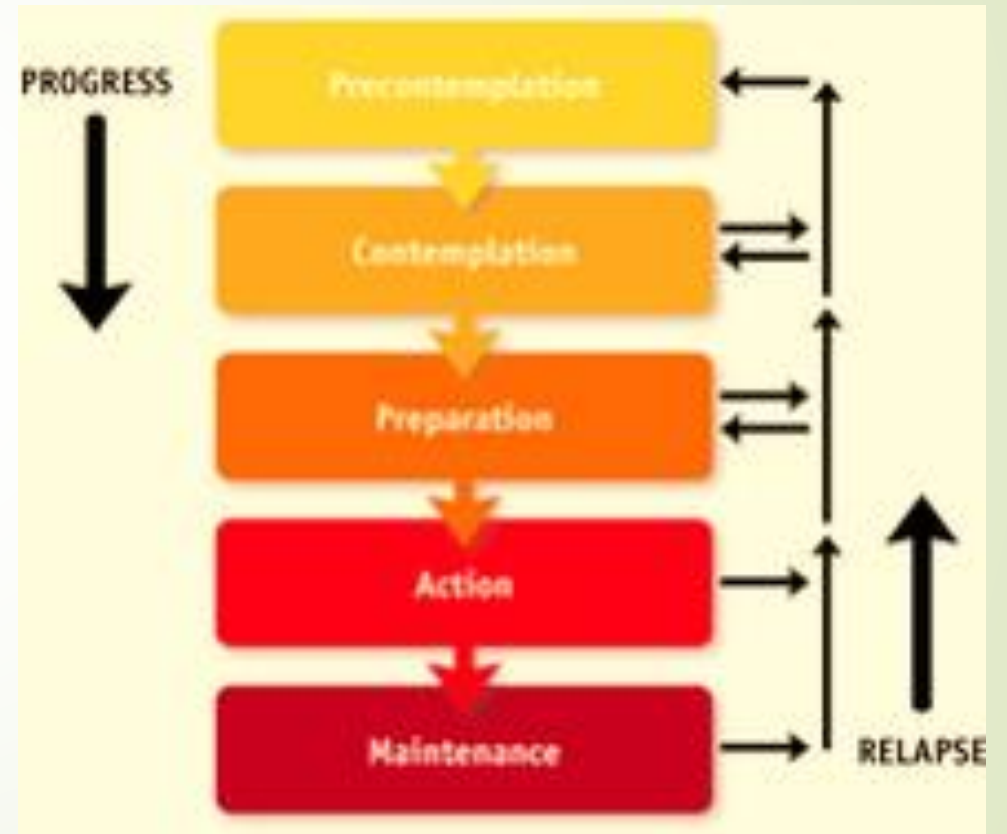


Considering Context

- Important to assess family beliefs, values, and patterns
- Get with a partner and discuss your family:
 - Was your family functional or dysfunctional? How do you know?
 - What does a “perfect family” look like?
- Describe your family roles: *caretakers and children....*
 - What were your family values?
 - How do those values influence who you are and how you think about other families?

Readiness for Change

- Awareness-oriented approaches
 - Stages 1-3
- Action-oriented approaches
 - Stages 3-5





Ordered Family Change

- **First Order** - Occurs within a system according to the rules of that system (compliance)
- **Second Order** - Reflects a change in the rules of the system, thus the change affects the functioning of the system (operating principles)
 - Utilization (using individual strengths to affect change)
 - Utilizing hierarchy as a means of changing patterns
 - Forcing changes in patterns through challenges
 - Reframing negative behavior into functional behavior



Lifestyle Assessment

- ▶ Narrative tool for assessing family roles, patterns, and interactions
 - Allows for the development of insight regarding role within the family
 - Insight related to family patterns
- ▶ Stories related to the functioning of the family from different member perspectives
- ▶ Develop and understanding of the functioning of the family through assessment
- ▶ Review information in packet provided
- ▶ Practice
 - With a partner discuss:
 - (1) Family Constellation
 - (2) Birth Story
 - (3) Sibling Traits



Assessing Family Needs

- ▶ Focus on how family attributes, relationship patterns, systemic distress, and impaired functioning affect the individual
- ▶ Belief that the individual is inseparable from the system
- ▶ The system is the site of pathology
 - This perspective avoids diagnosis of an individual family member
 - Typically “identified client” is a child within in a family system
 - Children’s behavior can be reflective of the system (symptom)



Adjustment to Stressor

- Interacting components that determine successful or unsuccessful family adjustment in the face of stress
 - The severity of the stressor
 - Family vulnerability (pile-up)
 - Family functioning
 - Family resilience/resources
 - Family appraisal of the stressor
 - Family problem solving and coping strategies

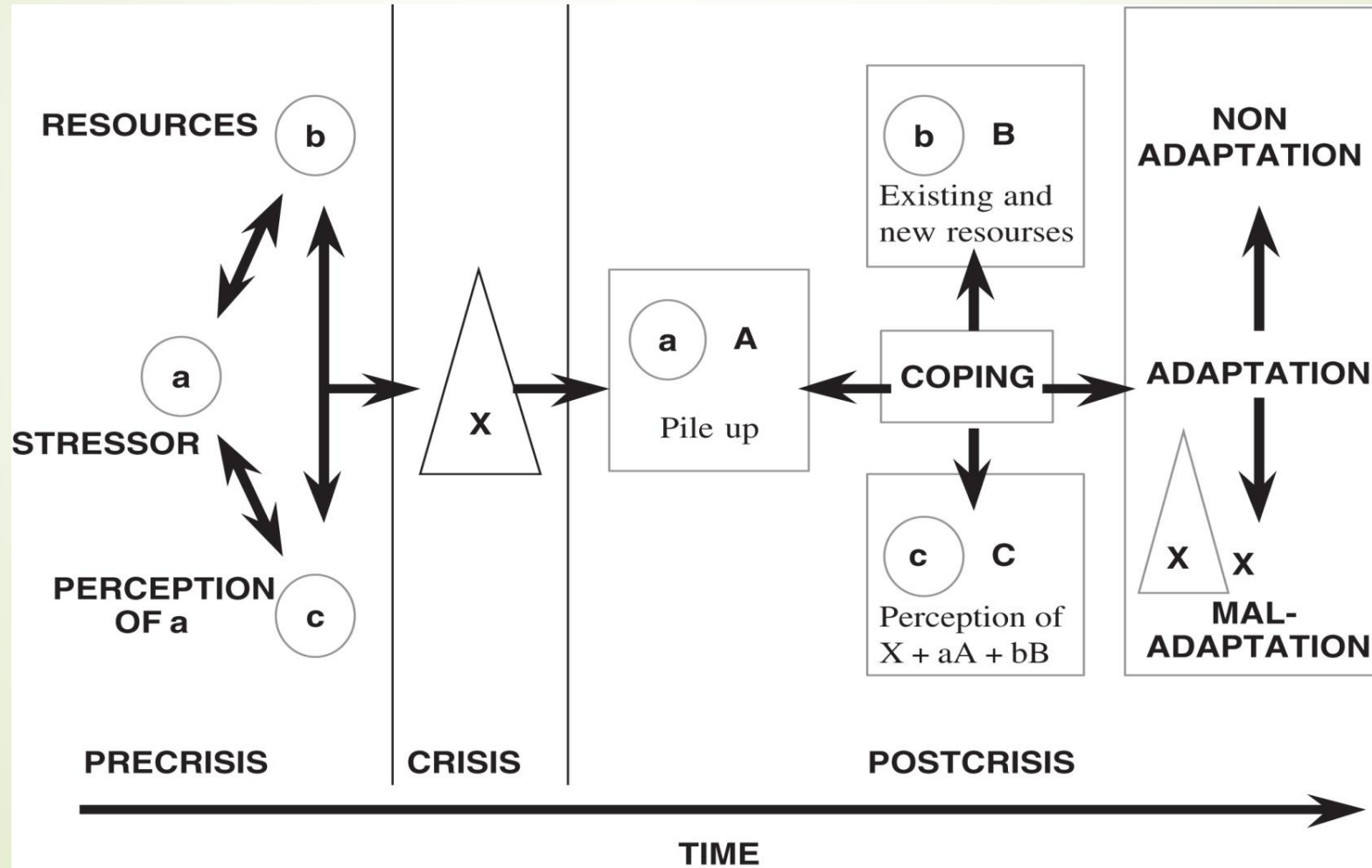


The Family System

Two Effects of Intervention:

- (1) Help the family to understand that whatever progress a person makes, there is a risk of regression and support is essential
- (2) Problems within the family may influence regression
 - Counselor must identify supports for the family
 - Assist in resolution of triggering issues among members and individually

Model of Family Crisis





Family Violence

- ▶ Nearly a quarter of all women report being victimized by an intimate current or former partner at some point in their lives
- ▶ While men are also victims of partner violence, women are much more likely to be victimized (Department of Justice, 2012)
 - 84% of spouse abuse victims
- ▶ 86% of victims of abuse by current/former boyfriend or girlfriend
- ▶ Women sustain more than two million injuries from domestic violence annually
- ▶ 15.5 million children in two-parent households live in families in which IPV occurred at least once in the previous year
 - 7 million live in homes where the violence is considered severe
 - 1/3 of adolescents aged 14-17 have seen a parent assaulted
 - 30-60% overlap of families with co-occurring child maltreatment



Protective Factors

- ▶ Research shows for prevention to be useful, it must be directed to multiple levels of society beyond the family – *public education and school-based programs to provide awareness and identification of family crisis processes*

- ▶ **Protective Factors:**

Social Connections	Knowledge of parenting/child development
Parent resilience	Caregiver nurturance and attachment
Concrete support in time of need	Effective problem solving/communication
Healthy partnerships	Social/emotional competence of children

- ▶ **Interventions shown to Prevent Child Maltreatment:**

- ▶ Facilitate community friendships and mutual support of parents
- ▶ Strengthen parenting skills through groups, home visits, and family counseling
- ▶ Offer extra crisis support within the community (place to go)
- ▶ Connect families to service opportunities (job training, education, health care)
- ▶ Facilitation if children's pro-social skills through groups and counseling
- ▶ Teach children safety skills which are reinforced by parents/community



Parenting Needs

- ▶ When physical reprimand is paired with multiple stressors, the interaction is more likely to evolve into abusive behavior
 - Parent training (effective, authoritative discipline)
 - Assessment of cultural and family values
 - Family, child, and parent-based counseling interventions
 - Identified client/parent groups



Consequences for Children

- When children are abused, their social, emotional, and intellectual development is often affected (normal developmental challenges heightened)
- As adults, children who were abused are more prone to depression and anxiety, are more likely to think about or attempt suicide, and are more likely to be abusers themselves
- Prevention:
 - Providing parents with better parenting and coping skills and social support
 - Early childhood intervention programs may help by encouraging parental involvement and providing support



At-Risk Families

- ▶ Families at-risk for child maltreatment tend to be isolated with few external support networks and parents tend to have poor relationships with their children – *hostile and non-nurturing* – families tend to move frequently
- ▶ Community factors: *low SES and resource level, high resident turnover, single parents with multiple children, and residence in close proximity to high poverty*
- ▶ Whether mandated or not, these families are under stress and readiness for change may be low – looking for a quick fix or getting *the state* out of the home may be the priority
- ▶ Children are typically identified as “the problem” (IC) rather than a symptom of the family problem – this is supported by mental health system diagnosis of a child as being “disordered” rather than a diagnosis of systemic family chaos, as that perspective does not exist in the DSM (new or upcoming)



Treating Families in Crisis

➤ **Assessment**

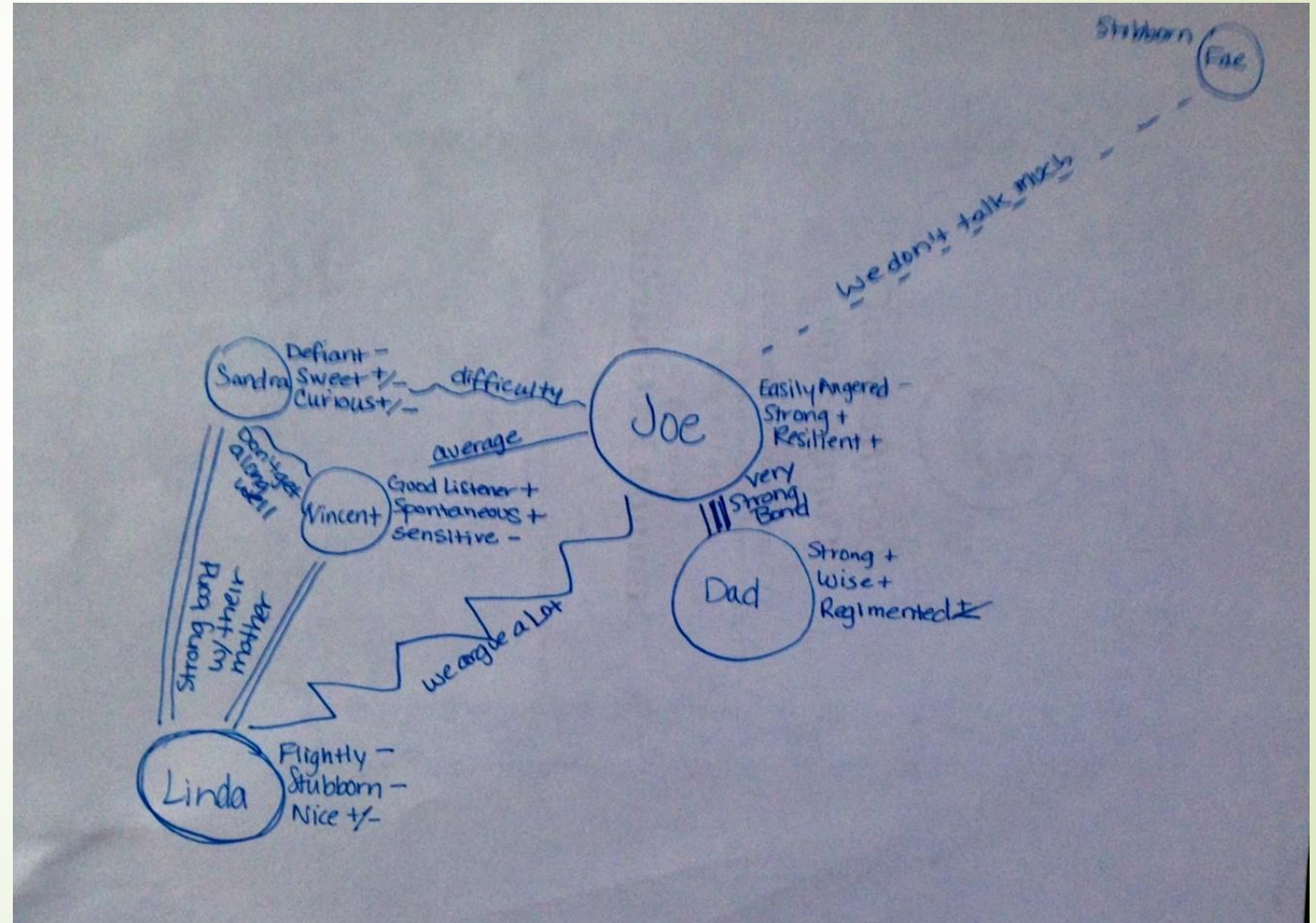
- Goal is to get a general picture of trauma event/crisis process and specific symptoms as well as their context
- Acute Crisis: Not a time to process a child's emotional experience (should occur after child has acquired emotion-regulation skills)

➤ **Counseling Process**: Empirically Supported Four Phases of Acute Crisis Treatment

1. Stabilization
2. Process trauma/crisis
3. Cognitive processing/meaning making
4. Consolidation of new learning

Assessing Family Relationships

- Art Activity - Children & Adults
 - Wheel of Influence
 - Used as Genogram
 - Highlight Family Relationships
 - Address Ongoing Stress
- Use your handout – PRACTICE





Goal: Build Resiliency

- How well an individual or family system *bounces back* from adversity
- Based on *psychological strengths, resourcefulness, and interpersonal skills*
- Allows some people to benefit from having successfully dealt with stress
- Considered protective – attribution, response, cognitive styles, as well as social and problem solving skills
 - Protective factors acquired through successful resolution



Understanding Dynamics

- ▶ Important to understand adult feelings and reactions to a child's process and feelings in order to build resiliency and develop second order change
- ▶ Adult can become locked into repetitive, useless interactions with children
 - ▶ Children can be powerful in both forming and shaping relationships
 - ▶ Adults who regularly interact with children also have goals and purposes that motivate their behavioral processes
 - ▶ Problem occurs when mistaken processes of adults with children are sustained over time

Mistaken Goals

Types of Behavior Patterns				Dreikur's Four Goals
Useful, Constructive		Useless, Destructive		
Active	Passive	Active	Passive	
Successful Model Child	Charming, Cute, Quiet	Pest/Nuisance	Lazy, Slow	Attention Getting
		Rebellious, Argues/Says "No"	Stubborn, Passive-Aggressive	Power Struggle
		Vicious, Mean, Violent	Violent Passivity	Revenge
			Hopeless	Demonstration of Inadequacy

Mistaken Goals

Identifying Mistaken Goals of Children's Misbehavior

Mistaken Goal	Observed Behavior	Adult Response	What Child Does
Attention	Model Child, cute, charming, pest, nuisance, lazy	Irritated, annoyed, frustrated	Stops for a short while when corrected – even just a few moments or minutes
Power	Rebellious, argues, fights, stubborn, passive-aggressive	Angry, challenged, defeated	Keeps going even when told to stop – may even intensify the misbehavior

Mistaken Goals

Identifying Mistaken Goals of Children's Misbehavior

Mistaken Goal	Observed Behavior	Adult Response	What Child Does
Revenge	Vicious, violent, vandalism, meanness	Hurt	Intensifies the misbehavior and becomes mean
Assumed Disability	Acts hopeless, gives up	Despair, hopelessness	Limited or no interaction, adults start to give up too and won't try

Mistaken Goals

Attempt to Elicit Useful Behavior	Attempt to End Useless Behavior		Goals
<p>Promoting appearance of family values. Attempting to create ideal children. High use of rewards and praise. Letting children to what they want.</p>	<p>Excessive talking. Excessive Supervision. Worry, anxiety, punishments.</p>	<p>Overprotection, pampering, getting involved in children's fights, nagging, demanding, lecturing.</p>	<p>Demonstration of Adequacy</p>
	<p>Defensive Stonewalling, nagging, demanding, lecturing, disparagement, pleading, yelling, and anger outbursts. Announcing decisions for the child. Extreme overprotection or pampering.</p>		<p>To be in control of Children</p>
	<p>Contempt, striking back, name-calling, embarrassment, withdraw of love and neglect.</p>		<p>Revenge</p>
	<p>Avoiding, interaction, disowning responsibility, giving up.</p>		<p>Demonstration of Inadequacy.</p>



Parent Buy-In for Change: Motivational Interviewing

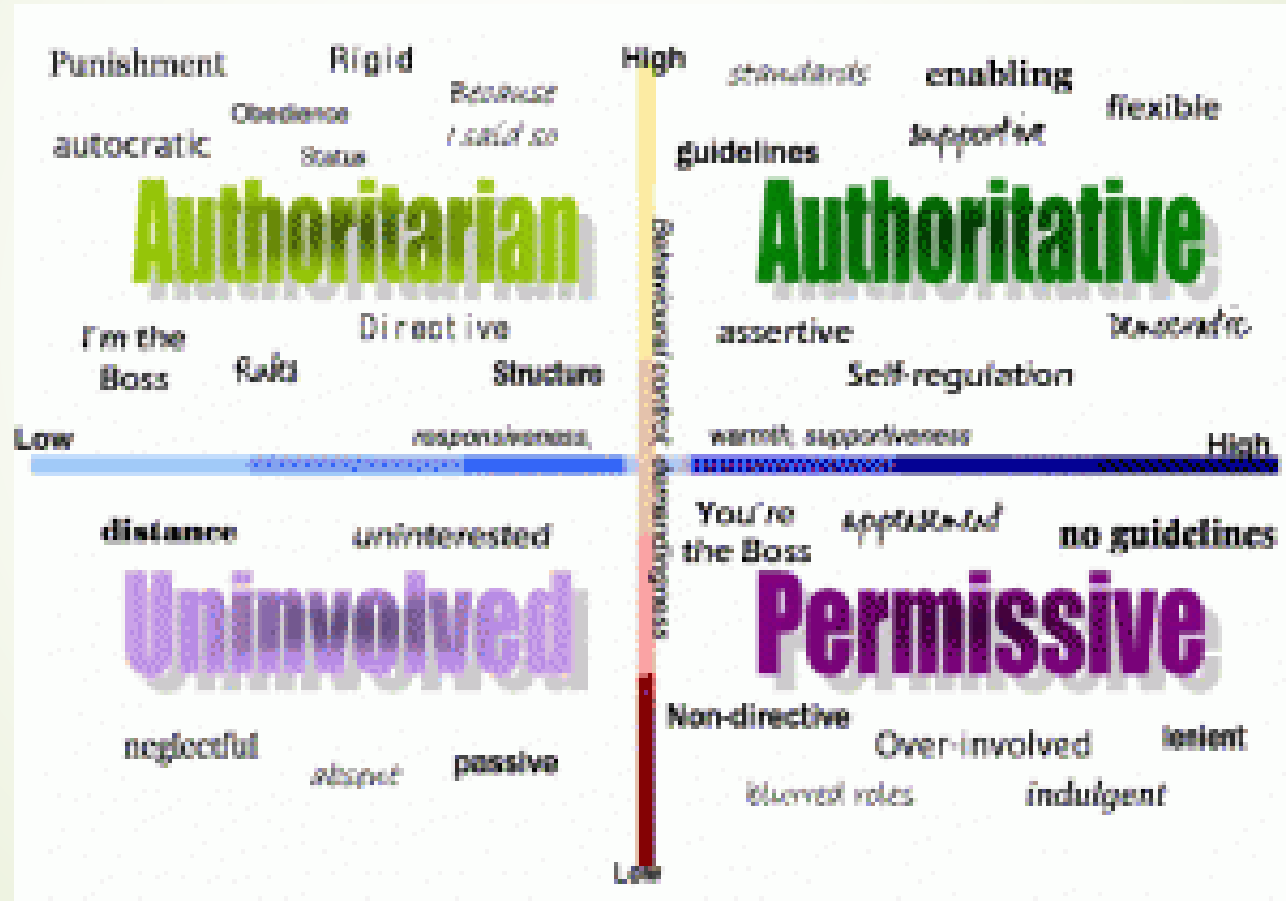
- ▶ Ask evocative, open-ended questions to elicit change talk: *desire, ability, reasons, need, commitment*
- ▶ Ask for elaboration when themes emerge
- ▶ Ask for examples
- ▶ Looking back: *how have things been better in the past?*
- ▶ Look forward: *what if it continues, how would things be different?*
- ▶ Query extremes: *ask about best and worst case scenarios*
- ▶ Use change rulers: *scaling about importance for change, desire, ability, commitment*
- ▶ Explore goals and values
- ▶ Come alongside: *side with the negative – perhaps drinking is so important to you that you won't give it up, no matter what the cost*



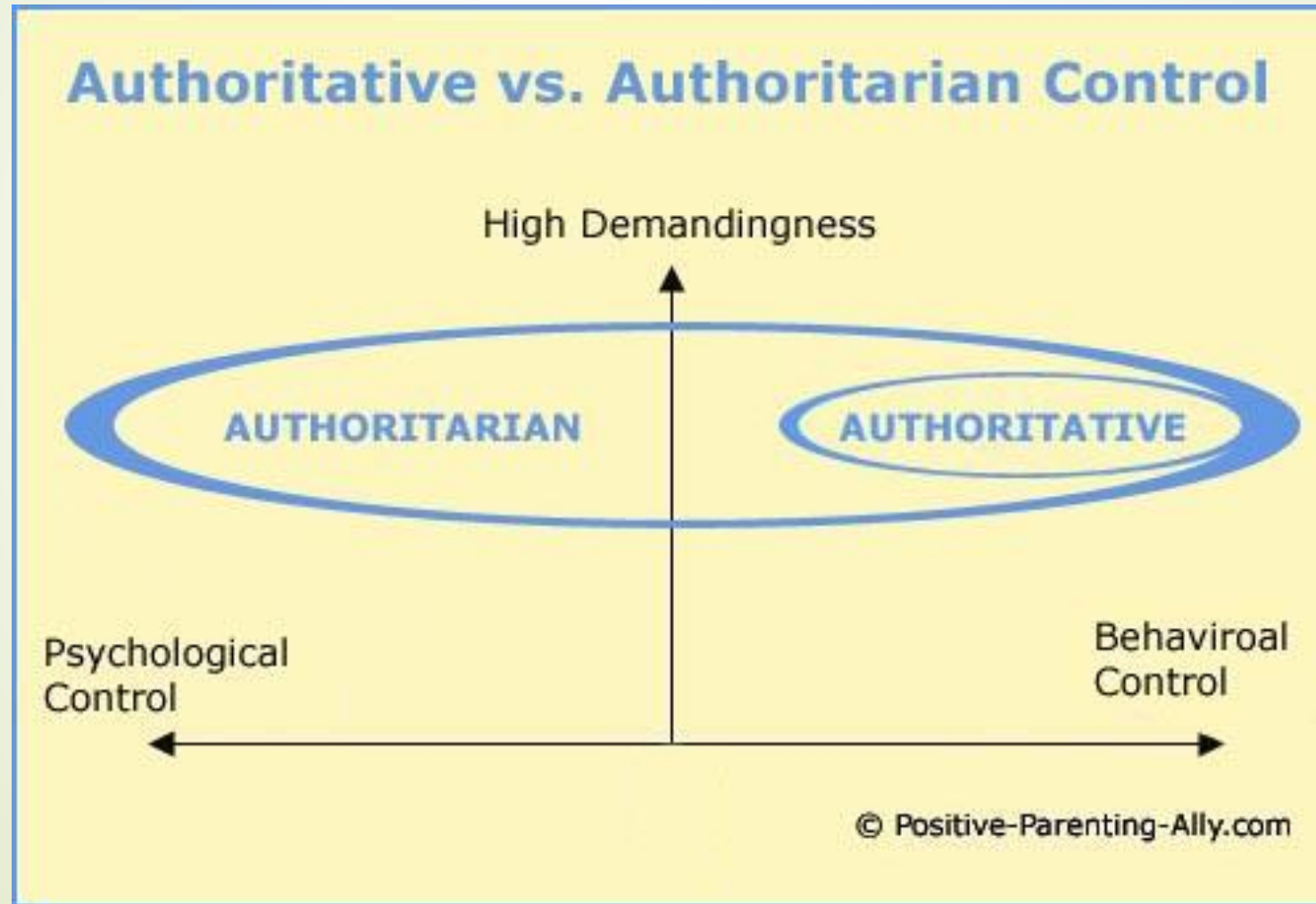
Cost/Benefit Analysis

	Advantages	Disadvantages
Not Change		
Change		

Parenting Styles



Democratic Parenting





Multidimensional Family Prevention

- Risk/Protection Domains: (Assessment of Family & Adolescents)
 1. Family Relations
 2. School Performance
 3. Pro-social Activities
 4. Peer Relations
 5. Attitudes About and Experiences with Drugs
 6. Racial/Cultural Themes
 7. Adolescent Health and Sexuality



MDFP Adolescent Intervention

- Adolescent Module:

- Status regarding normal developmental milestones
- Problem-Solving Skills
- Investment in Pro-Social Institutions
- Risky Behaviors (Drug Use, etc.)

- Parent Module:

- Support consistency in limit setting and discipline
- Teaching age-appropriate behavior management techniques
- Encouraging regular monitoring of school attendance & behavior outside the home



MDFP

- ▶ Interactional Module: *Build Family Relationships*
 - ▶ Foster autonomy and relatedness between adolescent-parent(s)
 - ▶ Family Cohesion
 - ▶ Problem-Solving Skills
 - ▶ Clarity of Communication and Roles
 - ▶ Extended Family Encouraged to Take on Mentoring Role



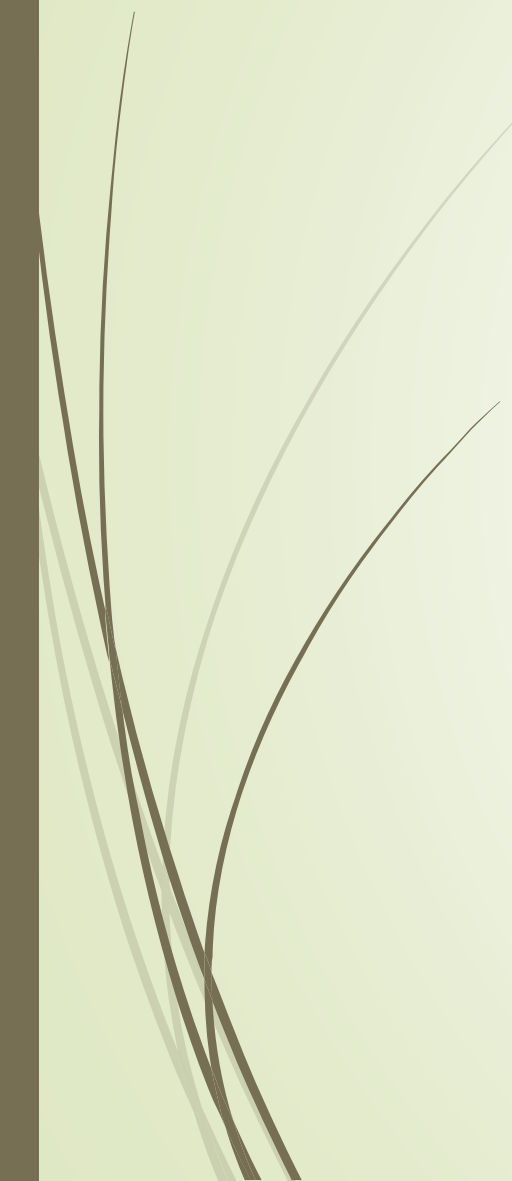
Running Parent-Child Groups

- ▶ Effective formats include practice time for parents (with both children and group leaders in the session)
- ▶ Parents should be taught to interact positively with the children (e.g. letting the child take the lead in play activities, showing enthusiasm/attention for good behaviors, etc.)
- ▶ Content should include ways of encouraging useful behaviors, understanding normal development, positive family communication skills, effective discipline
- ▶ Some components will be parent-only and child-only
- ▶ Children's content should focus on social skills
- ▶ Facilitation of practice in home or other social settings through assignments

(Kumpfer, Whiteside, & Greene, 2010)



Family Games

- ▶ Trained to improve family communication through Speaker/Listener/Coach role plays using active reflective listening, structured family meetings, and problems solving steps
 - ▶ Four game sessions
 - ▶ Two to three family members in each group – time for feedback from observers or process time if done as triadic activity
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Family Sculpting



- ▶ Can be done with parent-child groups, with parents, and with children regarding the family of origin.
- ▶ Family sculpting is the visual representation, as envisioned by one individual person (referred to as the identified client), of their present family situation as they experience it.
- ▶ Family sculpting is usually a very popular group activity that lends itself to adaptation to a wide variety of group settings.
- ▶ For the clinician the family sculpture is a powerful tool for assessment and intervention.
- ▶ The information allows a more accurate roadmap to be constructed for intervention: it is very useful for treatment planning.
- ▶ The family sculpture also promotes collaboration. (Perkins, 1999)



Parent-Skills Training

- Group building
- Teaching resilience through support and development of goals/dreams
- Stress management
- Anger coping
- Supportive communication
- Encouraging desired behavior: humor, reasonable consequences, and positive attention/reinforcement
- Behavioral goal setting, differential/developmentally appropriate attention and boundaries, and positive communication



Rehearsal Technique

- ▶ Meichenbaum (1977) stated that stress management skills (and indeed any coping skills) are successfully learned and applied when clients are provided an opportunity to practice.
- ▶ According to Smith and Nye (1989) rehearsal is effective by:
 - (1) Consolidation of learning (knowing what one should do)
 - (2) Rehearsing how responses will be applied in realistic situations helps prepare the person mentally and emotionally – decreasing conditions of acquisition and application of responses
 - (3) Increase client appraisal of their resources (self-efficacy)



Rehearsal



- ▶ Classical CBT focus has been on imagining (inoculation training) and relaxation (anxiety management) techniques
- ▶ Additionally, there is a cognitive-relaxation combined approach:
 - ▶ Allow rehearsal of relaxation and cognitive coping responses when in presence of (a) imagined representation of external distress and (b) internal cues resulting from emotional arousal
 - ▶ In the cognitive-affective approach, a variant of Sippelle's (1967) induced affect technique is used in an attempt to elicit high levels of affective arousal in response to imagined stressful scenes so that the client can learn to control emotionality and generalize that control (Smith & Nye, 1989)



Brief Rehearsal Intervention

- Research has suggested that both narrative insight and attitudinal change must occur to facilitate long-term behavioral reorientation
- To elicit both processes, *Rehearsal* can be used both behaviorally and insightfully to elicit processing of emotional and cognitive responses within a realistic context (similar to Rehearsals for Growth and Psychodrama but more specific and designed by the client)



Activity for Children & Families

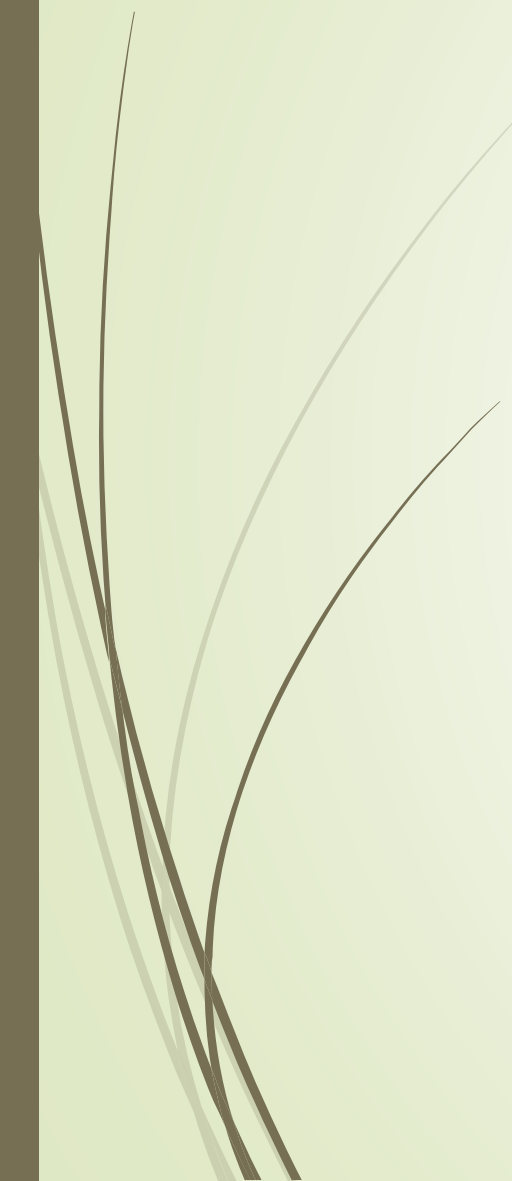
Fly Your Flag!

Materials: Paper, Markers, Colored Pencils, Crayons, Rulers, and other items of interest like stickers, etc.

Concept: Imagine you are ruler of your own country and will be able to develop a *perfect* society. People would live how you think they should live and you will develop the first laws used by the people. As you imagine this country, make a flag that represents your values, laws, and the expectations of your society. Be prepared to talk about your country to the group.



Final Thoughts...

- Parent-Child Groups are highly effective for intervening with cyclical family crisis and improving parent-child relationships
 - Assessment activities are critical to client success and facilitating insight in brief counseling settings
 - Parent training focused on developmentally appropriate parenting interventions helps to facilitate second order change
 - Families in crisis need support – know your community resources and referral sources
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Thank you!
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