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**A validity study of the control/nurture dimensions of the
Sale-Hendren Model of Structural Family Therapy**

Mahan, Robert George, Ed.D.

The College of William and Mary, 1992

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A VALIDITY STUDY OF THE CONTROL/NURTURE
DIMENSIONS OF THE SALE-HENDREN MODEL OF
STRUCTURAL 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
Robert George Mahan

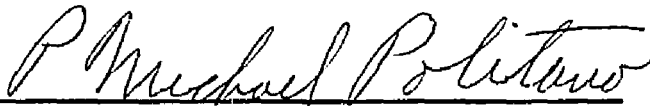
July 1992

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STRUCTURAL FAMILY THERAPY

by

Robert George Mahan

Approved July 1992 by



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Chair of Doctoral Committee



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Kevin E. Geoffroy, Ed.D.

DEDICATION

I would like to dedicate this volume to the memories of James W. Reilly, Psy.D. and to my cat Felix, both of whom died during the process of completing this volume. Although not a close friend, Jim was extremely helpful in teasing out the definitions used in this study and worked as my liaison with Family Resources, Inc. . Felix was a friend, a pest and a source of much pleasure and consternation (as most cats are) for thirteen years.

ACKNOWLEDGEMENTS

All those individuals who made contributions to this work would be impossible to list. I am deeply grateful to you all.

First and foremost are my parents, Charles E. and Doris R. Mahan without whose support and encouragement I would never have been molded into someone who could have completed the process. Thanks, Mom and Dad.

Dr. Michael Politano who served as the chairman of my committee taught me the value and methodology of a clear concise writing style and assisted tremendously with the demystification of SPSS-X on the college's computer.

Dr. Geoffroy assisted from the early stages of the preliminary proposal, through the changes in committee members, and by constantly encouraging me through each stage of the process. Dr. Adair is responsible for my interest in family therapy and psychometric instruments because he taught me those subjects in a manner that sparked further investigation.

The staff and clients of the Newport News Department of Social Services are the persons who made this research possible. Special thanks to Mr. Joel Kirsch and Ms. Linda Pletnik who acted as my liaisons with that agency and "kept the faith" even as the funding for and number of staff doing SFT dwindled during the course of this research.

Finally, I would like to acknowledge the encouragement and understanding of my colleagues and friends who would explain to others why I was not available due to "dissertating".

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A VALIDITY STUDY OF THE CONTROL/NURTURE
DIMENSIONS OF THE SALE-HENDREN MODEL OF
STRUCTURAL FAMILY THERAPY

ABSTRACT

The purpose of this study was to validate a model of Structural Family Therapy (SFT) promulgated by M. Q. Sale and Thomas Hendren and in use by many public agencies in the Commonwealths of Virginia and North Carolina since 1981.

The Newport News Department of Social Services was chosen as the main site for the investigation as this author had learned the model while working there, and at the time the research began, all social workers at the agency were being trained in the model. Many middle to lower class SES clients were receiving SFT at the time for a variety of referral reasons-- child abuse/neglect, marital or family issues, separation or divorce mediation, etc. .

Since the model's authors believed that change in the control/nurture dimension was the most important for clients to demonstrate success in therapy; measuring changes in that dimension was chosen as a way to validate the model. It was hypothesized that after 10 therapy sessions 1) pretest and posttest measures of control and nurture using the Firo-B and FES would not agree with the therapist's predictions of where the clients were functioning along that dimension and

2) pretest and posttest measures of control and nurture would not show any significant differences.

It was concluded that there was no significant agreement between the test predictions and the therapist predictions. Also concluded was that there was no significant difference between the pretest and posttest measures of control or nurture for either test.

Further study is needed to pre-validate the instruments, to increase the sample size, and to test the effect of increasing the number of sessions that clients receive between pretest and posttest.

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THE COLLEGE OF WILLIAM AND MARY IN VIRGINIA

x

**A VALIDITY STUDY OF THE CONTROL/NURTURE
DIMENSIONS OF THE SALE-HENDREN MODEL OF
STRUCTURAL FAMILY THERAPY**

Chapter 1: Introduction

This chapter will provide a brief description of the study. The following topics will be presented: justification for the study, statement of the problem, theoretical rationale, definition of terms, research questions, limitations of the study, and ethical considerations.

Justification For The Study

Aponte and VanDeusen (1981), in describing Structural Family Therapy (SFT), state that therapies that depend heavily on talking about rather than talking directly to problems, that are aimed toward understanding and insight rather than action, that seek the expression of feeling instead of the integration of feeling with behavior, and that aim to change attitudes about life rather than the conditions of life are too removed from the pressures of the everyday problems of poor people to be useful to them. They propose that the Minuchin group (Minuchin, Montalvo, Guerney, Rosman & Schumer, 1967) developed a treatment approach which focuses on immediacy of results (for the lower class SES population) to meet these needs. One may then conclude that SFT is an action-oriented problem-solving approach that seeks an integration of feeling with behavior aiming toward changing the conditions of life in a way that is useful to poor people.

Although SFT has never postulated that the theory or techniques are designed to induce measurable change in psychological

dimensions of individuals undergoing therapy, some research has been done to measure affective relations in families (Minuchin, et. al., 1967 ; Minuchin, Rosman, & Baker, 1978; Stanton, Todd, Steier, VanDeusen, Marder, Rosoff, Seaman, & Skibinski 1979). Most of this research, however, utilized researchers' ratings of the affective relations of the family members. Executive function has also been measured in the same studies, once again by judges' ratings. Little research has been done using the clients' subjective responses on these dimensions.

In the past, therapy has usually been assumed to have been completed when the therapist and clients have agreed that some change has taken place such that the presenting problem has been resolved. Frequently, there is no objective way to demonstrate that change has occurred, to what degree it has occurred, and which dimensions have been changed. This investigator proposes that instruments can be used to measure the clients' perceived change or lack thereof on the dimensions of control and nurture. In this way, there would be a more objective measurement of change resulting from therapy. In addition to the need to demonstrate that change has occurred, the administrators of various public agencies in Virginia have been spending significant amounts of their training budgets for staff training and supervision related to Structural Family Therapy. Little, if any, objective measurement is being done to help justify the dollars spent. In most cases, reports are being written showing how many families were seen and how many sessions were held (due

to the units-of-service approach used in many public service agencies). To gauge whether or not there was improvement some agencies have been able to demonstrate that the number of children in Foster Care has decreased and the administrative cost of the Foster Care program has decreased (M. Q. Sale, personal communication, May, 1988). Although this helps to support the efficacy of this model, further research is necessary to validate the model at the level of its application -- client and therapist.

Statement Of The Problem

This study will investigate the use of self-report inventories to investigate changes on specific scales that measure the control/nurture dimensions that are one foci of the Sale model of Structural Family Therapy as practiced in many court service, social service and community mental health agencies in Virginia, particularly with low SES families. This model has been in existence since 1980.

Since 1980 approximately 25 social service, court service and mental health agencies in Virginia have received training in the use of the Sale model and approximately 300 persons within those agencies have been trained (M. Q. Sale, personal communication, May 15, 1988). Formal training currently consists of a total of forty-eight contact hours (see Appendix D). Agencies in Norfolk, Virginia Beach, Hampton, Newport News, Suffolk, Isle of Wight County, James City County, and York County have received the training plus on site supervision/con-

sultation. Although the model has been utilized by many paraprofessionals at pre-licensable levels with low SES families, and by some professionals who were trained in public agencies and over time have moved on to private practice work, no validity study of the model has ever been done.

Theoretical Rationale

General Systems Theory (GST) is the work of Bertalanffy (1968) who, in 1945, based on his research in biology, presented a general theory valid for living as well as for non-living systems. The general goal of GST is to find the organization or structure of the various subsystems. Each subsystem is considered to be part of an integrated hierarchy of levels. Additionally, each subsystem has a boundary and a degree of autonomy but is interactive with, and dependent upon, general control by the suprasystem of which it is a part. SFT applies these tenets of GST to the family. The structural dimensions of transactions most often used in SFT are:

- 1) BOUNDARY
- 2) ALIGNMENT
- 3) POWER

Aponte (1976) defines power as "the relative influence of each family member on the outcome of an activity" (p.434). Power is seen not as an absolute but rather as relative to the operation. Power is generated by the way family members combine or fail to combine (alignment). In summary, in any set of operations, boundary and alignment define the members who are in or

out (boundary), and for or against (alignment), but do not account for the energy which activates the system and carries it through a transaction. These two structural dimensions depend on power for action and outcome.

Sale and Hendren (1981; see appendix A), who received training through Minuchin at the Philadelphia Child Guidance Clinic, have developed a model for transactions within the power dimension. They have postulated that there are two interactive polar dimensions that describe how parents apply their energy to activate the system, control/nurture and closeness/distance. Their model of parental behavior closely aligns with Aponte's definition of the power dimension and the energy that activates the family system and carries the family through a transaction. Sale and Hendren (personal communication, 1988) acknowledge that control/nurture is the more important of the two sets of dimensions in order to obtain change within families. For that reason this study will focus upon measurements related to the control/nurture dimension.

Definition Of Terms

Wood and Talmon (1983) refer to Minuchin's definition of family structure as "the invisible set of functional demands that organizes the ways in which family members interact," (Minuchin, 1974, p.51). They define boundaries as "the subsystem rules that define who participates," (p.347) (which agrees with Aponte's definition) but also add "when and how," (which Aponte has defined as the power dimension). So, their

definition takes into account a combination of what Aponte has labeled the boundary and power dimensions.

Boundary is further interrelated with a notion of territory. "A boundary is the limit of a particular territory (or the separation between two territories)" (Wood & Talmon, 1983, p.348) and territory is viewed as particularly helpful in describing interpersonal behavior. Wood and Talmon go on to distinguish between boundary and territory as logical versus physical concepts. "Boundary as a logical concept refers to the distinctions that emerge between two (or more) classes... The classes themselves are the territories... the classes may be classes of behavior (e.g. social roles, such as those assumed by parent, child, husband-wife)" (p.348). "Boundary as a physical concept refers to the relative barriers to the exchange of material, energy, or information. A territory is defined, then, as that body of material, energy, or information separated by a given boundary."(p.348). Wood and Talmon (1983) point out that this physical notion of boundary has been used by Minuchin and others interchangeably with the concepts of "distance" and "space" to characterize one aspect of family structure, specifically the physical and psychological interpersonal relatedness or "proximity" of family members.

Wood and Talmon (1983) differentiate Minuchin's concept of boundary into two types. The physical notion of boundary/territory they called "proximity", and the logical notion they called the concept of role and more specifically "generational

hierarchy." Proximity is defined as being related to the following six concepts:

1) Contact Time: The sheer amount of time spent together and the way time is spent (work, play, etc.). Over time a greater amount of contact yields a larger shared history. How the time is spent (work, play, T.V., fighting, dealing with crises, etc.) will color the family's history with its characteristic affective tone and will vary in complexity. Shared experience is a powerful determinant of bonding.

2) Personal Space: This is space immediately surrounding the body and including the body. It is one of the most private of preserves. Sharing personal space (i.e., touching the body or standing very close to a person) reflects a closeness not usually permitted to strangers or even acquaintances in our society unless there are extenuating circumstances, e.g., crowded elevators.

3) Emotional Space: There is great variation in the types of emotions experienced in families and also in the extent to which family members share emotions. In some families, if one member is sad, everybody is saddened to some degree (similarly for other emotions). In many families this does not occur. It is not clear whether the difference is one

of experience of affect or the extent to which, once experienced, the affect or mood spreads to other family members. The quality and quantity of shared feelings are also powerful determinants of family bonding.

4) Information Space: This is defined as the set of facts about the individual, including his thoughts, feelings, opinions, biographical facts and behavior. The amount of information space shared is probably highly correlated with the amount of and kind of 'contact time', but it is also possible for families to spend much time together in either goal-directed or play activity without sharing their thoughts, feelings, and opinions.

5) Conversation Space: may be defined as the sharing of private conversations apart from other family members. The extent to which these kinds of interactions take place reflects the differentiation of proximity within the family. For example, a mother and teenage daughter may spend more time talking about private thoughts than the father and daughter. The differentiation is probably importantly related to roles and subsystem functioning in the family.

6) Decision Space: Families differ in the extent to which decisions are made by the whole family, by

subsystems, and by individuals. This is of particular importance with regard to those decisions normally made by individuals or by generic subsystems. Some families characteristically open individual decisions (e.g., about hairstyle) to the whole family for the decision process. Similarly, husband-wife subsystem decisions (e.g., about whether to go out without the children) may be opened to the whole family. It should also be considered that family members may intrude upon one another's decision space (Wood, 1985, p.490).

"Generational Hierarchy may be defined as normative patterns of behavior placing parents in charge of children. The relative strength or weakness of generational hierarchy reflects subsystem boundary permeability that can be regarded as a continuum orthogonal to that of proximity," (Wood, 1985, p.491). The following are three categories of behavior in which generational hierarchy can be observed:

- 1) Nurturance: In normative generational roles, parents nurture children by protecting them and taking responsibility for their well-being and development. Children seek nurturance from their parents. If children begin to take on a primary nurturant role vis-a-vis their parents, hierarchy reversal occurs.

2) Control: It is the normative parental role to be in charge of the children. The parent guides, educates, and tells the children what to do. If the children are in control of their parents by guiding them, telling them what to do, or imposing their will on them by other means, this is described as hierarchy reversal.

3) Alliances: Parents are normatively in alliance, although disagreements may occur in certain domains. If parents become more in alliance with their children than they are with each other, this could weaken hierarchy. The most extreme form of this occurs when a parent and one or more children are in an alliance against the other parent, thus forming cross-generational alliances. If cross-generational, peer-type relationships are stronger than within generational peer relationships, generational hierarchy is weakened (Wood, 1985, p.491).

Appendix A provides a copy of Sale and Hendren's 1981 training handout which predates Wood and Talmon's 1983 article by two years. Appendix B is a copy of Sale and Hendren's current training handout. Wood's model of 1985 combines six factors to define proximity and uses low or high proximity as one continuum on her orthogonal model. Generational hierarchy (from low to

high) defined by the above three factors is the other. Certain aspects of each define Aponte's power dimension.

To increase clarity and to reduce confusion, the following definitions are offered:

CONTROL: See Wood and Talmon, 1983, and Wood, 1985 above.

NURTURANCE: See Wood and Talmon, 1983, and Wood, 1985 above.

FAMILY THERAPY: the practice of seeing most if not all members of a nuclear family unit that live together, and members who live apart if that member affects family interactional patterns.

MORPHOGENESIS: delineates the system-enhancing behavior that allows for growth, creativity, innovation and change, which are all characteristic of functional families (Becvar and Becvar, 1982).

MORPHOSTASIS: a system's tendency toward stability or steady state. Maintained by negative feedback, this state of dynamic equilibrium, or homeostatic balance, refers to the system's capacity to be stable. (Becvar and Becvar, 1982)

CLOSENESS: see Wood and Talmon, 1983; Wood, 1985, above.

DISTANCE: see Wood and Talmon, 1983; Wood, 1985, above.

Research Question

The present study will investigate the validity of the Sale and Hendren model of the power dimension of Structural Family Therapy as applied by para-professionals working in public service agencies with predominantly low SES families. If the model is correct and the therapists move the parental behavior in the desired direction(s), then these changes should

be measurable by perceived behavioral differences on self-report instruments administered pre- and post-therapy. The research question then becomes, does the Sale and Hendren model produce measurable change in the family along the control/nurture dimension with predominantly low SES families?

Limitations Of The Study

Several limitations as to the generalizability of the findings come from the procedures of this research. The most important limitations are as follows.

The Fundamental Interpersonal Relations Orientation - Behavior (FIRO-B) is a reliable and well validated instrument, and although most previous applications have been to group work, recent research has been related to family work (Colangelo & Doherty, 1988; Doherty, Colangelo, Green & Hoffman, 1985; Doherty & Colangelo, 1984). Even though some of the scale names are either very similar or identical to the concepts attempting to be measured, there is no guarantee that Schutz's model for the test will measure the Sale and Hendren model of family interactions. Similar limitations about direct applicability to the model being measured may apply to Moos's Family Environment Scale (FES).

All of the measurement devices are of the paper and pencil self-report type and rely on the client's reading level, perceptions and world view for both reliability and validity of responses. Low SES populations may experience more difficulty with these instruments.

Since the population will be primarily low SES clients of public service agencies in Virginia the generalizability of the results will be limited.

Ethical Considerations

The ethical guidelines established by the American Psychological Association, the American Association for Counseling and Development, the Association for Measurement in Education, Counseling and Development and the Virginia Boards of Professional Counselors and Social Work were strictly followed. The study was approved by the William and Mary Committee for the Protection of Human Subjects. Confidentiality and appropriate informed consent were the responsibility of the researcher. The liaison person at the agency assigned control numbers to each volunteer family and to each therapist. The demographic and consent forms (see Appendix E) were forwarded separately from the data so that the researcher did not know which names and control numbers corresponded to whom.

Chapter 2: Review of the Literature

In this section, the following topics will be presented: general systems theory, Bowen's family systems theory, structural family therapy, the Sale-Hendren model, and a summary of previous research.

Over the past thirty years, much therapeutic emphasis has been placed on effecting change in family systems rather than treating individuals when the factors maintaining the presenting problem have been assessed to be related to the family's interactional patterns rather than to just the identified or index patient (IP). Such an approach is based upon a General Systems Model.

General Systems Theory

General Systems Theory was formulated by Bertalanffy (1968) in 1945, based on his work in biology, as a general scientific theory whose principles are valid for living as well as non-living systems. Systems are defined as "a grouping of elements (biome) that possess a wholeness and in which the various levels or subsystems (abiotic elements) stand in relation to one another." The aim of general systems theory is to find general isomorphisms in systems, i.e., to look for the general organization or structure of the various subsystems. Each subsystem is part of an integrated hierarchy of levels. Each subsystem has a boundary and a degree of autonomy but is

interactive with, and dependent upon, general control by the suprasystem of which it is a part.

A number of different approaches to therapy have evolved using systems theory as a general model. Bowen (1966) was one of the first to formulate his tenets into a systems theory for families. He defined systems and subsystems within the nuclear family context. The family became the biome for Bowen and the individual family members became the abiotic elements.

Bowenien Theory

Bowen, working independently as a clinician-trainer, noticed that his trainees who learned how to, and were more successful at, "detriangling" themselves from their own families of origin did better clinical work with families than did those clinicians who had not. His research into this at first confusing finding led him to the conclusion that the clinician-trainees' experiences with their own families made it possible for them to help families avoid doing things that were nonproductive and hurtful when they (the clinicians) had worked through similar problems in their own families (Bowen, 1976). Bowen saw this "detriangling" as a developmental process of differentiating the self from parents.

This "Differentiation of Self" concept is a primary element of Bowen's theory. In a broad sense, the child is physically separated from the mother at birth, but the process of emotional separation is slow and complicated and, at best, incomplete (Bowen, 1976). Here one sees the similarity of Bowen's

theory to Object Relations Theory (Kernberg, 1967). Bowen continues by stating that initially differentiation has more to do with factors in the mother and her ability to permit the child to grow away from her than with the infant. A number of other factors come into play including the degree to which the mother has been able to "differentiate" herself from her parents, the quality of her relationships with her husband and her parents and all other significant others, and the number of, and her ability to cope with, stressors in her life at the time. The degree of the child's involvement with the father has to do with the quality of the mother's relationship with the father. If the child is physically removed from the mother, the child's emotional attachment shifts to the person who becomes the new caretaker for the child. Bowen (1966) defines "differentiation of self" as the term chosen that most accurately describes this long-term process in which the child slowly disengages from the original fusion with his mother and moves toward his own emotional autonomy. Bowen also states that the basic degree of differentiation of self is a rather fixed quantity that is usually determined early in childhood by the degree of differentiation of the parents and by the prevailing emotional climate in the family of origin.

Thus far, Bowen's theory has postulated that a key factor is the degree of differentiation of self and that the degree is determined by a process that begins at birth and continues through early childhood. The amount of differentiation is fixed

for that child based upon factors primarily related to the parents' degrees of differentiation and upon the emotional climate within the family of origin. Bowen also postulates that the degree of differentiation determines the life style of the person and that, thereafter, change is difficult. He points to the transgenerational nature of the effects by stating that one's own level of differentiation is replicated in marriage during which the individual is emotionally interlocked with parents in the past generation, the spouse in the present generation, and the children in the future generation.

The thesis of how this applies to families in therapy is Bowen's statement that any change in this degree of differentiation of self is difficult and accomplished only by changes in the others [other generations]. This is a clear example of how Bowen's theory is shown to have borrowed from General Systems Theory. This transactional interaction between family members (abiotic elements) within the family biome is an interdependent process. Although he acknowledges shifts in the functional levels of self, Bowen believes that they are misinterpreted as shifts in the basic levels of self, which he believes do not change so easily. An example of this might be a person who functions very well in their job but, when faced with problems at home, has difficulty resolving them due to the emotional factors involved.

As with other developmental theories (Freud, 1909; Kernberg, 1967; Mahler, 1971), Bowen believes that persons and

families reach a certain level of differentiation and that level remains the same fixed amount for the rest of their lives [without therapeutic help]. How facile one is at detriangling is based upon the level of differentiation of self. A triangle is created when there is conflict between two members (abiotic elements) within a family (biome) and they do not process the conflict directly but involve a third family member to process their conflict in an indirect manner. An example of this could be a couple having marital problems within the spousal subsystem involving a child indirectly in their conflict. This involving of the third family member is what led Bowen to name the process triangling or triangle moves. Triangle moves may be so toned down that they are barely observable in calm emotional fields. As anxiety and tension increase the triangle moves increase in frequency and intensity. Bowen speculates that better differentiated people are less vulnerable to this tension and therefore less vulnerable to being involved in triangulation. This perception also ties in with General Systems Theory when Bowen shows how the supra- and subsystems are interrelated. Boundaries between subsystems and suprasystems become more permeable and the preexisting isomorphisms (rules for interactions) become blurred.

Using these key concepts, Bowen (1970,1976) delineates how his theory applies to families in conflict. He states that there are a variety of ways that people deal with their unresolved emotional attachments to parents. It is necessary to keep

in mind that such attachments exist in all degrees of intensity. The degree of unresolved emotional attachment is equivalent to the degree of undifferentiation. The lower the level of differentiation and the greater the amount of unresolved emotional attachment to parents, the more intense are the mechanisms to deal with the undifferentiation (triangle moves or triangulation). At one extreme are people who use emotional distance from parents to isolate themselves emotionally while living physically close to the parents. These are mechanisms that operate within the person. When emotional stress is low, such people can relate to each other more spontaneously and freely. When anxiety is higher, they become more reserved and more isolated from each other. These mechanisms are necessary for maintaining the emotional equilibrium of the family unit." To regard such mechanisms as pathological and to attempt to remove the symptom without regard to the total family unit can increase anxiety and maladjustment within the family" (Bowen, 1976, p.6).

In summary, then, it can be seen that two key components of Bowen's theory are emotional distance and emotional closeness. Based on the level of differentiation of self and through the process of detriangulation one learns how to operate more effectively within the emotional field of the family. Emotional distancing and closeness which Bowen describes as factors operating within and between each member (abiotic element) of the family (biome) and within and between spousal, parental,

and sibling supra- and subsystems, describes the process of how families are viewed within a General Systems Theory framework.

Structural Family Therapy

In tracing Structural Family Therapy (SFT), one sees that it has drawn heavily from General Systems Theory and the ideas of emotional closeness and distance initially advanced by Bowen. However, Minuchin moved from an intrapsychic approach to one that was much more behaviorally oriented.

Minuchin (1967) and his colleagues were working at a residential treatment center primarily serving Black and Puerto Rican youth from New York City's ghettos. Aponte and VanDeusen (1981) state that the Minuchin group made the treatment approach one for families rather than just for the boys. Since the families were grappling with day-to-day survival by seeking real solutions to real problems of poverty, they approached psychotherapy as a practical means for solving those problems. In treatment they evaluated what was being done that had a tangible relationship to their problem and whether or not results were forthcoming from their efforts. " Therapies that depend heavily on talking about rather than speaking directly to problems, that are aimed toward understanding and insight rather than action, that seek the expression of feeling instead of the integration of feeling with behavior, that aim to change attitudes about life rather than the conditions of life were too removed from the pressures of the everyday problems of poor people to be useful to them" (Aponte & VanDeusen, 1981, p 310).

Minuchin and his co-workers developed a therapeutic approach that was founded on the immediacy of the present reality, was oriented to solving problems, and was above all contextual, referring to the social environment that is both a part of and the setting for an event. The structural orientation itself was shaped by the exigencies of the social conditions of these boys at the Wiltwyck School (Aponte & VanDeusen, 1981, p.310).

Later, when Minuchin moved to the Philadelphia Child Guidance Clinic, located in the city's lower SES area, similar populations continued to be served. At that time the additional focus of psychosomatic problems was addressed by SFT (Liebman, Minuchin & Baker, 1974; Minuchin, Baker, Rosman, Liebman, Milman & Todd, 1975). Diabetes mellitus, anorexia nervosa, and asthma were treated with the clients, once again, coming from lower level SES families.

During the seventies and into the eighties, some from the structural school maintained a focus on the poor and expanded the approach to increase the inclusion of the community in assessment and interventions with these families (Haley, 1976). During the same time-frame, several of the structural therapists became involved in the treatment of, and research with, the so-called psychosomatic family (Aponte & Hoffman, 1973; Minuchin, et. al. 1975). Unlike most therapies which developed a treatment for the middle class and then adapted it for use

with the lower class, SFT was created from work with the poor and then expanded to the other socio-economic classes. This unique approach of starting with low SES families has been examined for effectiveness with just such families with the idea that it is these families that provide the most challenge to therapeutic access and gain.

Nulman (1983) shares that SFT and other family system based approaches can be very helpful for social workers who work with agency clients. He sees the roles of therapist and advocate for the family as not being mutually exclusive. By a careful blend of both the advocacy role outside of treatment and the therapist role within the treatment session, the social worker can be perceived by social service clients as both on their side versus the court and as one who helps them resolve their interpersonal and interfamilial problems.

Scheimer, Musetto and Cordier (1982) showed that a number of lower SES families who seek custody and divorce mediation resolution through juvenile and domestic relations courts are amenable to family systems based treatment. In fact, better custody and visitation arrangements are made vis-a-vis the use of therapy.

Berger and Jurkovic (1984) document the successful use of family therapy in settings such as community mental health centers, private practices, psychiatric inpatient units, child welfare agencies, schools, special education settings, juvenile justice units, hospitals, churches and synagogues.

The theoretical foundation of SFT rests upon the belief that, "the whole and the parts can be properly explained only in terms of the relations that exist between the parts," (Lane, 1970, p.15) [note the similarity to Bowen and to abiotic elements]. Lane continues by stating that SFT's point of focus is the link that connects one part of the whole to another. Since all human social phenomena are considered expressions of these linkages, all human interactions essentially communicate a social relation. "Structuralism approaches all human phenomena with the intent of identifying the 'codes' that regulate the human relationship" (Aponte & VanDeusen, 1981, p.311). This is the structuralist method of observing and explaining human phenomena. Lane states that their method assumes that there is in man an innate, genetically transmitted and determined mechanism that acts as the structuring force. Following this assumption, man and society are seen as containing within them certain predetermined dynamics that strongly influence the choices and limits of the rules that govern human interaction. SFT represents a theoretical and methodological approach to treatment that is consistent with the views of general structuralist thinking. "Good" and "bad" functioning are seen in terms of family structure. The psychological structure of the individual is viewed as interdependent with the person's social structure, and that social structure is seen as the medium through which the individual functions and expresses himself. Since the family is the social system that produces the social-

ization of the individual, SFT has been implemented primarily through family interventions. Aponte and VanDeusen (1981) point out that the eco-structural approach to therapy, which is part of this structural therapy movement, is "an attempt to include, along with the family, other social systems as contributors to the structure of human behavior, and to work through all these systems to achieve change" (p.312).

Structure is defined by Minuchin (1974) as the regulating codes as manifested in the operational patterns through which people relate to one another in order to carry out functions. These functions are defined as the modes of action by which the system fulfills its purpose, and the operations are defined as those functions actualized in specific activities. He continues by showing how members of a system structure their relationships in accordance with the requirements of each operation. An example of the parenting function of discipline is carried out in operations as specific as a mother telling her daughter by what time to come home from a date.

The structural dimensions of transactions most often used in SFT are BOUNDARY, ALIGNMENT and POWER. Minuchin (1974) states, "The boundary of a subsystem are the rules defining who participates and how," (p.3). These rules dictate who is in and who is out of an operation and define the roles those who are in will have vis-a-vis each other and the world outside in carrying out that activity. Parents, for example, have roles in relation to their children that they choose for themselves

and that society will define. These roles determine what tasks the parents themselves will do for the children, what they will share with others, and what they will hand over to others completely.

Aponte (1976) speaks of alignment as the "joining or opposition of one member of a system to another in carrying out an operation," (p.434). Therefore, one sees that within the family boundaries the members have patterns of working together, or in mutual opposition, around many activities they must do as family members.

Aponte (1976) defines power as "the relative influence of each family member on the outcome of an activity," (p.434). Power is seen not as an absolute but rather as relative to the operation. Power is generated by the way family members combine or fail to combine.

Nichols and Everett (1986) state that "Structural family therapy focuses on the here and now and on altering the power structure, functioning, and communication of the family" (p. 44).

Understanding the power arrangement and distribution within a family enables a therapist to explain not only the hierarchical organization but also certain of the structural patterns of triangles and coalitions that exist within the system. A distinction between power and authority ... Authority refers to the legitimate right to do

something. Power refers to the ability to use force in order to accomplish whatever tasks or reach whatever goals one is seeking to achieve. ... for example, the roles of a parentified or scapegoated child carry great power within a family helping to maintain its balance and survival. Such power has been given to an individual who does not have the normative authority to function in a parental role (Nichols & Everett, 1986, p.140) .

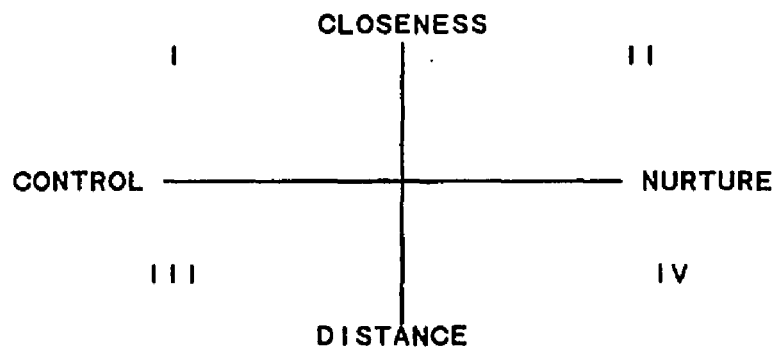
In summary, in any set of operations, boundary and alignment define the members who are in or out (boundary), and for or against (alignment), but do not account for the energy which activates the system and carries it through a transaction. These two structural dimensions depend on power for action and outcome. Sale and Hendren have developed a model which attempts to explain the mechanisms of the power dimension within a framework of control and nurturance behaviors and upon closeness and distance.

Sale and Hendren's Model

Sale and Hendren, who received training through Minuchin at the Philadelphia Child Guidance Clinic, have developed a circumplex model for transactions within this power dimension (Sale & Hendren, 1981)(for other circumplex models, see Bronfenbrenner, 1961; Carson, 1969; Guttman, 1954; Leary, 1957; Olson, Sprenkle & Russell, 1979; Schaeffer, 1959, 1961; Strauss, 1964). Sale and Hendren have postulated that there

are two interactive dimensions that describe how parents apply their energy to activate the system.

The following model outlines the dimensions of the power system: (quadrant #s added by this author)



The vertical dimension is that of closeness/distance representing a continuum from closeness to distance. The horizontal dimension is that of control/nurture and, likewise, it represents a continuum from one extreme to another. The dimensions are best defined by Wood and Talmon (1983) and Wood (1985)(M. Q. Sale, personal communication, Sept., 1988). Sale and Hendren, in observing the power dimension operating within families in therapy, noticed that families became "stuck" (experienced morphostasis) in the parents' methods of exerting their power to activate the system to complete a task. For example, a parental subsystem which could be labelled "overcontrolling" might tend to be stuck in Quadrant I because their method of exerting their power is controlling from closeness. To help them get "unstuck" (achieve morphogenesis) the

therapeutic goal will be to help them learn to respond as in Quadrant III, nurturing from a distance, as well as in Quadrants II & IV.

Summary Of Previous Research

General systems theory, Bowen's theory, SFT and the Sale and Hendren model have been explored. There has been no research on the effectiveness of the Sale and Hendren model. However, there is research examining the effectiveness of SFT from which the Sale and Hendren model is derived. A considerable amount of research has examined the impact of SFT on family systems. In particular, research has focused on two primary aspects of the impact of SFT: 1) Bringing significant family members into treatment and getting them actively involved; 2) Correcting behavioral processes within the family that maintain symptomatic behavior in the identified patient. The following research supports these aspects of SFT.

Supporting both aspects, Marmor (1982) states that "to see the locus of psychopathology only in the individual leads to an emphasis on techniques of adjusting the individual to his/her environment regardless of how distorted, intolerable, or irrational that environment might be" (p. 196). He found that SFT attempts not only to directly assess the interpersonal environment by bringing all significant family members into the treatment session but also attempts to influence all members of the family in order to correct the behavioral process which

maintains the symptomatological behavior in the identified patient (IP).

Similarly, Scheimer, Musato and Cordier (1982) report on the success of a custody and visitation mediation program which is also based upon SFT principles. By having the Juvenile and Domestic Court refer divorcing couples to the local community mental health center for therapy, family counseling is provided in order that the parents and children decide custody and visitation issues rather than the judge. By empowering the parents, supporting their competency, and reframing their views, this model usually leads to a more successful agreement for custody and visitation.

Russell, et. al., (1984) reported on research that used specific SFT and non-SFT techniques in family and marital therapy to assess their effects on measures of spouses' perceptions of both life and marital happiness. Those results showed that boundary marking interventions were associated with increases in husbands' reports of life and marital happiness. These intervention strategies (restructuring dysfunctional subsystem boundaries, firming up appropriate boundaries, and actualizing transactional patterns) typify an active structural approach to family therapy. They found that husbands/fathers often come into therapy appearing to be peripheral family members. Though not directly supported by the data, they concluded that the restructuring operations used in the study were often directed toward engaging the husband/father more actively in

marital and parental sub-systems. Having found a "way back into the family", husbands may have had a more positive evaluation of their marriages and of their lives in general.

Elliot and Saunders (1982) demonstrate the effectiveness of the family systems approach for couples in marriage enrichment programs. These authors developed the Systems Marriage Enrichment Program (SMEP) based on the principles of circular causality, on patterns of communication and interaction based on couples' rules or laws, and on morphogenic and morphostatic principles. The authors conclude that this family systems approach to marital enrichment, which is based upon the same principles as SFT, has shown equal success when compared to models based upon other theoretical positions, e.g., behavior theory or social exchange theory.

O'Sullivan, Berger and Foster (1984) demonstrated the efficacy of utilizing standardized SFT terms when assessing families in treatment. This was accomplished by having different clinicians, all using the terminology and conceptualizations of SFT, assess families in the initial interviews. The therapists' structural assessment was divided into: 1) general problem description, 2) triangular transaction patterns, 3) overall problem-focused structural map of the family, and 4) goals of treatment. Correlations for agreement on triangular transaction patterns was lowest in the study ($r=.20$, $p=.05$). However, interrater agreement on the overall pattern or structural map was higher ($r=.34$, $p=.05$) and dyadic scores by specific dyad and

by type of conflict had agreement rates of 72% and 67% respectively ($p = .05$). This research supports the view that an SFT approach to assessment can be made based upon prearranged terminology.

Along the same line of reasoning, the Sale and Hendren model was developed in an effort to provide clinicians with a morphostatic problem-focused structural map of the family that not only lends itself to much higher interrater agreement but also provides the clinician with a map for therapeutic interventions that lead the family from morphostasis to morphogenesis. Although this model has been used in various public agencies and in private practice settings since 1980, no research studies have been conducted to ascertain the validity of the model. The model has not yet been published but is promulgated by training and supervision offered by the authors to those agencies or persons who wish to purchase it (see Appendix D). This author would like to provide a validity study of the model to serve the welfare of clinicians and clients involved with the model.

Research Question

M. Q. Sale and T. Hendren have stated (personal communication, 1988) that the success of the model's application in treatment is most closely related to the parental ability to learn/demonstrate the effective application of behaviors along the control/nurture dimension. Although the closeness/distance dimension plays a part, Sale and Hendren state that once a

parental subsystem has learned to be equally facile along the control/nurture dimension, closeness/distance is relatively easy to learn. However, they also state that if the parental subsystem cannot/will not demonstrate the ability to both control and nurture, then there is a greatly reduced chance for success. Therefore, it follows that the best measure of success or failure of the model is whether or not it moves the parental subsystem in the desired direction along the control and nurture dimensions. The authors also state that since the model is primarily behavioral in nature, that the measures utilized should measure changes in behavior or perceived behavior along these two dimensions.

The research question can then be stated as:

Does the Sale and Hendren model of structural family therapy produce measurable changes in the parent's behavior along the nurture and control dimensions at a level which is significantly greater than chance?

Chapter 3: Methodology

Population and Sample

Families who were self-referred, referred by agency workers, and who may have been court ordered into therapy at public service agencies whose therapists have been trained in the Sale-Hendren model in the Commonwealth of Virginia participated in the study. The population was either single or two parent families and were a mixture of caucasian and black ethnic groups. Most were from the lower and middle SES; although some worked while others were welfare recipients. In order to appropriately validate the model for the generic SES population, heterogeneity of presenting problem, as well as source of referral and reason, were viewed as having expanded rather than contracted the applicability of the model.

The parents were assigned to therapists in the various agencies according to whatever process was already in place at that agency. In this way, the collecting of research data was hoped to be as nonreactive as possible and to have as little impact as possible on treatment. This should also have reduced the effect of measurement as a change agent on the therapists or agency policies or procedures (Webb, Campbell, Schwarz & Sechrest, 1970). The Newport News Department of Social Services was the site for data collection. Although several other public agencies were approached and two agreed to participate; no data was received from these other two sites.

Demographics

Twenty-eight participants provided pretest information and began therapy and 20 of the 28 participants completed 10 sessions of therapy and provided posttest data.

For the pretest group, $N = 28$, there were 18 female clients and 10 male clients; ages ranged from 21 to 62 with a mean age of 40.7 years; education ranged from grade 5 to a Master's degree with a mean highest grade completed of 12.5. There were 15 subjects of Afro-American ethnicity and 13 subjects of Caucasian ethnicity. Eight couples provided the data for 16 subjects from two parent families, nine were from single parent families, one subject was co-habiting with her paramour, and two subjects were in a parent and step-parent union. The socioeconomic status (SES) of 5 subjects was \$0-5000/yr., 3 subjects \$5001-10000/yr., 12 subjects \$10001-50000/yr., 1 subject \$20001-25000/yr., and 7 subjects above \$25000/yr. .

For the posttest group, $N = 20$, there were 13 female clients and 7 male clients; ages ranged from 21 to 45 with a mean age of 35.8 years; education ranged from grade 5 to a Master's degree with a mean highest grade completed of 12.8 . There were 9 subjects of Afro-American ethnicity and 11 subjects of Caucasian ethnicity. Five couples and one individual provided the data for 11 subjects from two parent families, seven were from single parent families, and two subjects were in a parent and step-parent union. The SES of 1 subject was \$0-5000/yr., 2

subjects \$5001-10000/yr., 11 subjects \$10001-15000/yr., 1 subject \$20001-25000/yr., and 5 subjects above \$25000/yr. .

A total of 7 para-professional therapists (social workers) from NNDSS participated in the study. They were recruited by the author and the agency liaison person at regularly scheduled meetings of the SFT staff or at training sessions for new staff who were learning how to use the SFT model. All of them volunteered to participate and signed forms to that effect (see Appendix E). Each filled out a demographic form at the time he/she saw his/her first family participating in research. For the pretest $N = 28$, all 7 gathered data. The highest degree completed for this group was that of a bachelor's level. Six had degrees in Social Work and one had a degree other than social work, psychology, or counseling. One was in an MSW program at the time. SFT experience for this group ranged from 6 years 5 months to 1 month with a Mean of 2 years 2.7 months. The number of SFT sessions completed prior to participating in the study ranged from 1600 to 1 with a Mean of 386.3 sessions. The number of contact hours of training received about the model ranged from 400 to 48 with a Mean of 145.7 hours. Only 2 of the 7 had received training about supervising the model. One had received 240 contact hours and the other had received 200 contact hours. Family and personal adjustment counseling (FPAC) is a term that social service agencies use for the casework or counseling that social workers do with individual clients and/or their fami-

lies. The range for FPAC was from 11 years 7 months to 1 month with a Mean of 3 years 10.7 months.

Five therapists participated in gathering data from the group of subjects with both pretests and posttests $N = 20$. The highest degree completed for this group was that of a bachelor's level and all had degrees in Social Work. None were currently enrolled in a graduate program. SFT experience for this group ranged from 6 years 5 months to 1 month with a Mean of 2 years 7.8 months. The number of SFT sessions completed prior to participating in the study ranged from 1600 to 1 with a Mean of 536.8 sessions. The number of contact hours of training received about the model ranged from 400 to 48 with a Mean of 184.8 hours. Only 2 of the 5 had received training about supervising the model. One had received 240 contact hours and the other had received 200 contact hours. Family and personal adjustment counseling (FPAC) is a term that social service agencies use for the casework or counseling that social workers do with individual clients and/or their families. The range for FPAC was from 11 years 7 months to 1 month with a Mean of 4 years 11.8 months.

Procedures

All families received treatment based upon the Sale-Hendren model of SFT. Each family participated in one session per week which lasted 50-60 minutes. All parents took both instruments prior to or immediately following the first session. The Fundamental Interpersonal Relations Orientation--Behavior

(FIRO-B) and the Moos Family Environment Scale (FES) were used. The therapist assigned the parent/child interaction to being either more controlling or more nurturing immediately following the first session by marking the recording form (see appendix E). Following session 10 the adults retook the same instruments and the therapist once again assigned the parent/child interaction to being more controlling or more nurturing.

As there has been no previous research on this model, this research was a preliminary study of the model. The researcher hoped to validate whether or not the application of the model changed or moved parental family members in the desired direction(s) on the model.

Ethical Safeguards and Considerations

The ethical guidelines established by the American Psychological Association, the American Association for Counseling and Development, the Association for Measurement in Education, Counseling and Development and the Virginia Boards of Professional Counselors and Social Work were strictly followed. The study was submitted to the William and Mary Committee for the Protection of Research Subjects for approval. Confidentiality and appropriate informed consent was the responsibility of the researcher. The liaison person at each agency assigned control numbers to each family and to each therapist and forwarded the consent forms separately from the data so that the researcher did not know which names and control numbers corresponded to each other. All test scores remained confidential.

Instrumentation

Two instruments were used in this study: the Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B), and the Family Environment Scale (FES).

The Family Interpersonal Relations Orientation - Behavior

The FIRO-B was constructed by Schutz (1958) and is designed to measure and assess a person's characteristic behavior toward other persons (Lifton, 1981). The scales yielded subscores for the interpersonal dimensions of "inclusion" (the degree to which a person associates with others), "control" (the extent to which a person assumes responsibility or dominates others), and "affection" (the degree to which a person becomes emotionally involved with others). The control scale was used to measure the control dimension and the affection scale was used to measure the nurture dimension. The instrument consists of single statement items to which persons responded using a 6-point Guttman type scale. Raw scores ranged from 0 to 9 on the subscales of control or nurture and the person was assigned to the group for which he had obtained the higher score. A positive consequence of Guttman scaling was high internal consistency. A negative consequence was that only nomothetic comparisons of item responses were meaningful. Lifton (1981) stated that this, however, is more problematic for clinicians than researchers.

Gluck (1983) reported that the reliability of the scales was excellent with reproducibility coefficients at least .80,

and most exceeding .90. FIRO-B shows good stability over time with test-retest reliability coefficients for its subscales ranging from .71 to .82.

Content Validity: Schutz (1978) argues that because of the Guttman scaling technique and high reproducibility coefficients content validity for all the scales is implied if not established. Lifton (1981) points out, however, that since the scales are an operationalization of Schutz's model, the content validity is for Schutz's particular domain of interpersonal behavior and feelings.

Target Population: The FIRO-B scale has been administered to a wide variety of persons including students, educators, salespersons, business managers, architects, and medical and military personnel. The test manual provides norms for both combined and distinct subject populations. The instrument had been widely used with group therapy research, and Colangelo and Doherty (1988) have reported on its successful use in family therapy research.

Lifton (1981) concludes that Schutz's FIRO Awareness Scales provide useful information concerning the nature of interpersonal relationships and that of the seven FIRO scales, FIRO-B ranks best psychometrically.

Family Environment Scale

Busch-Rosnagel (1981) stated that the FES measures the social environment of the family. Ten subscales are grouped into three underlying domains: Relationship, Personal Growth

and System Maintenance. She also pointed out that the assumption behind the series of Social Climate Scales is that environments have unique personalities and that these personalities can be measured just as individual personalities can be measured. Busch-Rosnagel (1981) stated that the internal consistencies for the ten subscales ranged from .61 to .78, the corrected item-subscale correlations ranged from .27 to .44, the eight-week test-retest reliabilities ranged from .68 to .86, and the twelve-month stabilities ranged from .52 to .89. She summarized by stating that the internal psychometric properties of the FES make it one of the best measures available for assessing families.

The cohesion scale (C) of the Relationship dimension which Moos and Moos (1984) define as, "the degree of commitment, help, and support family members provide to one another," (p. 2) was utilized to measure nurture, and the control scale (Ct1) of the Systems Maintenance dimension which was defined as, "the extent to which set rules and procedures are used to run family life," (p. 2) was utilized to measure control. Raw scores were converted to z scores using the chart in the manual. The subject was assigned to either the control or nurture group based upon the higher of the two z scores.

Lambert (1981) stated that the results for the randomly selected subjects in San Francisco were not different from those of the remainder of the representative group, supporting the authors' contention that the representative sample truly

represents families in the country at large. Some of the distressed families were assessed in a psychiatrically-oriented family clinic, and others in a probation and parole department affiliated with a local correctional facility. These families appeared to have similar presenting problems as those which participated in this study. Moos, Insel and Humphry (1974), in the test manual, suggested that changes in family environments over time as a result of therapeutic interventions or reductions in crisis orientation were a useful application.

Research Design

A Pretest-Treatment-Posttest design (O1 X O2) was utilized in this study. Campbell and Stanley (1968) state that this design controls for the internal threats to validity of selection and mortality. It does not control for the internal threats of history, maturation, testing or instrumentation. Likewise, it does not control for the external threats to validity of interaction of testing and interaction of selection.

Specific Null Hypotheses

1) The parental pretest control/nurture results will not agree with the treatment team's assessment, immediately following the first therapy session, of whether the parent is located in the control or nurture dimension at a higher rate than chance ($p \leq .05$).

2) The parental posttest control/nurture results will not agree with the treatment team's assessment, immediately following the tenth therapy session, of whether the parent is lo-

cated in the control or nurture dimension at a higher rate than chance ($p \leq .05$).

3) There will be no significant difference ($p \leq .05$) between pretest and posttest self-reported levels of parental control.

4) There will be no significant difference ($p \leq .05$) between pretest and posttest self-reported levels of parental nurture.

Statistical Analysis

In this study, the independent variable was the treatment that the families received while the dependent variables were the scores for the dimensions of control and nurture and the therapists' assessment of where the parental behavior was located along the control/nurture dimension. For hypotheses 1 and 2 the Chi Square statistic was used. A T-test or Student's T was utilized to compare the pretest and posttest scores for hypotheses 3 and 4. Confidence levels were prescribed at the $p \leq .05$ level of significance.

Summary

This study was conducted to determine the validity of the Sale and Hendren model of Structural Family Therapy. This was achieved by measuring the pre- and post-treatment scores for the dimensions of control and nurture for each family to determine if the family was in fact located in the manner identified by the therapeutic team and if they moved in the desired direction on the model as a result of therapy. There was only

one treatment (the therapy model being validated) and the study attempted to detect significant pretest and posttest differences after 10 treatment sessions.

CHAPTER 4: RESULTS

The results of the statistical analysis are presented below by hypothesis.

The first two hypotheses utilized the Chi-Square statistic to analyze the results.

Hypothesis 1

The parental pretest control/nurture results will not agree with the treatment team's assessment, immediately following the first therapy session, of whether the parent is located in the control or nurture dimension at a higher rate than chance ($p \leq .05$).

Therapists' predictions for control/nurture and Firo-B predictions for control/nurture are presented in Table 1.

Table 1

Means of Firo-B Pretests and Therapist Predictions

	Control	Nurture
Firo-B	$\bar{X}=4.000$ ($N = 1$)	$\bar{X}=3.148$ ($N = 27$)
Therapist	$N = 13$	$N = 15$

$\chi^2 (1, N = 28) = 1.187, p = .274$

The Chi-Square statistic resulted in a $p > .05$ indicating that the Firo-B pretest results for control/nurture did not agree with the therapists' predictions for control/nurture at a rate significantly higher than chance and the null hypothesis was accepted.

Therapists' predictions for control/nurture and Family Environment Scale predictions for control/nurture are presented in Table 2.

Table 2

Means of FES Pretests and Therapist Predictions

	CONTROL	NURTURE
FES	$\bar{X} = 56.036$ ($N = 20$)	$\bar{X} = 46.929$ ($N = 8$)
Therapist	$N = 13$	$N = 15$
$\chi^2(1, N = 28) = 3.769, p = .052$		

Since $p > .05$, indicating that the therapists' predictions did not agree with the FES predictions at a level significantly higher than chance, the null hypothesis was accepted.

Hypothesis 2

The parental posttest control/nurture results will not agree with the therapists' assessment, immediately following the tenth therapy session, of whether the parent is located in

the control or nurture dimension at a higher rate than chance ($p \leq .05$).

Therapists' post-estimates for control/nurture and Firo-B post-estimates for control/nurture are presented in Table 3.

Table 3

Means of Firo-B Posttests and Therapist Predictions

	CONTROL	NURTURE
Firo-B	X= 1.20 (N = 4)	X= 2.8 (N = 16)
Therapist	N = 13	N = 7
$\chi^2 (1, N = 20) = .220, p = .639$		

Since $p > .05$, indicating that the therapists' predictions did not agree with the FES predictions at a level significantly higher than chance, the null hypothesis was accepted.

Therapists' post-estimates for control/nurture and Family Environment Scale post-estimates for control/nurture are presented in Table 4.

Table 4

Means of FES Posttests and Therapist Predictions

	CONTROL	NURTURE
FES	$\bar{X} = 57.65$ ($N = 14$)	$\bar{X} = 48.75$ ($N = 6$)
Therapist	$N = 13$	$N = 7$
$\chi^2 (1, N = 20) = .010, p = .919$		

Since $p > .05$, indicating that the therapists' predictions did not agree with the FES predictions at a level significantly higher than chance, the null hypothesis was accepted.

Hypothesis 3

There will be no significant difference ($p \leq .05$) between pretest and posttest self-reported levels of parental control.

The T-test results for the 20 cases which had Firo-B pre- and posttest control measures is presented in Table 5.

Table 5

Means and Standard Deviations for Firo-B Measures of Control

Firo-B Control	Mean	Standard Deviation
Pretest	4.00	0.0
Posttest	3.75	0.957
$t (19) = 1.314, p = .204$		

Since $p > .05$ indicating no significant difference between the Firo-B pretest and posttest measures of control, the null hypothesis was accepted.

The T-test results for the 20 cases which had pretest and posttest FES measures of control are presented in Table 6.

Table 6

Means and Standard Deviations for FES Measures of Control

FES Control	Mean	Standard Deviation
Pretest	56.036	8.307
Posttest	57.650	9.949
$t (19) = 1.696, p = .106$		

Since $p > .05$ indicating no significant difference between the FES pretest and posttest measures of control, the null hypothesis was accepted.

Hypothesis 4

There will be no significant difference ($p \leq .05$) between pretest and posttest self-reported levels of parental nurture.

The T-test results for the 20 cases which had pretest and posttest measures of nurture for the Firo-B, are presented in Table 7.

Table 7

Means and Standard Deviations for Firo-B Measures of Nurture

Firo-B Nurture	Mean	Standard Deviation
Pretest	3.148	2.214
Posttest	3.000	1.751
$t (19) = 1.072, p = .297$		

Since $p > .05$ indicating no significant difference between the Firo-B pretest and posttest measures of nurture, the null hypothesis was accepted.

The T-test results for the 20 cases which had pretest and posttest FES measures of nurture are presented in Table 8.

Table 8

Means and Standard Deviations for FES Measures of Nurture

FES Nurture	Mean	Standard Deviation
Pretest	46.929	9.737
Posttest	48.750	10.269
$t (19) = .334, p = .742$		

Since $p > .05$ indicating no significant difference between the FES pretest and posttest measures of nurture, the null hypothesis was accepted.

CHAPTER 5: SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study and interpretations of the results with relevant conclusions and implications. The limitations of the study are noted and recommendations for future research are made.

Summary

This study was conducted to determine the validity of the Sale and Hendren model of Structural Family Therapy. This was achieved by measuring the pre- and post-treatment scores for the dimensions of control and nurture for each family to determine if the family was in fact located in the manner identified by the therapeutic team and if they moved in the desired direction on the model as a result of therapy. There was only one treatment (the therapy model being validated) and the study attempted to detect significant differences between pretest and posttest measures of control and nurture after 10 treatment sessions.

The study attempted to determine if the treatment team, consisting of the therapist and his/her supervisor(s) who was providing live supervision during the therapy session were able to assign the parent(s) to either the control or nurture dimension in a manner that agreed with the results from either of two instruments which also measured the control and nurture dimensions. The other important comparison which took place was

that of analyzing whether or not the pretest and posttest measures by either instrument showed any significant movement along the control or nurture dimensions.

The sample for the study consisted of clients at a social service agency who were participating in that agency's Structural Family Therapy (SFT) program due to requesting help, as a result of child abuse or neglect complaints, or as a result of having been ordered to participate in treatment by one of the local juvenile judges and who had volunteered to participate in the study (pretest $N = 28$, posttest $N = 20$). Upon having volunteered, parental subjects filled out demographic information, were assigned numbers to protect their identities and completed the Firo-B and Family Environment Scale instruments either prior to or immediately following their first family therapy session. At this time, the treatment team filled out a form assigning the parent(s) to a position on the model. After having completed 10 therapy sessions, the process was repeated by retesting the subject(s) and having the treatment team assigning the parent(s) place on the model once more.

The therapists and treatment teams consisted of staff members at Newport News Department of Social Services (NNDSS) who had been trained in the Sale-Hendren model of SFT. Each therapist had received at least 64 contact hours of training in the model over a four month period. This consisted of didactic training, viewing video tapes of real sessions, and discussion about tapes that the trainees had made with their

own clients during the training. On the treatment teams were "supervisors" who had also received training in how to supervise the model. This supervisory training consisted of a minimum of 48 contact hours of discussion and reviewing video tape of their work with trainees.

It was hypothesized that if the model did what it predicted, provide a map for therapy by showing where the parent(s) were stuck or experiencing morphostasis either in the control or nurture dimension, that objective measures of the control and nurture dimensions should also predict in which dimension the parents resided and that the two predictions-- subjective treatment team and objective self-report tests-- should agree. It was also hypothesized that pretest and post-test objective measures of control and nurture should show a significant difference as a result of therapy if the model of therapy did what it predicted it would do-- change clients along the control and nurture continuum.

The experimental design was that of a pretest, experimental treatment, and posttest. Hypotheses 1 and 2 were evaluated using the Chi Square statistic and hypotheses 3 and 4 were evaluated using the T test or Student's T statistic. The independent variable was the therapy that the families received while the dependent variables were the test scores for the dimensions of control and nurture and the treatment team's assessment of where the families were functioning along the control/nurture dimension.

Statistical analysis resulted in no significant p values for null hypotheses 1 through 4 and all null hypotheses were accepted.

Conclusions

Conclusions regarding the validity of the Sale-Hendren model of Structural Family Therapy will be presented by hypothesis.

Hypothesis 1

The null hypothesis that the treatment team's pretest subjective evaluation and placement of the parent(s) on the control/nurture dimension would not agree with the instruments' pretest objective evaluation and placement of the parent(s) on the control/nurture dimension at a higher rate than chance ($p \leq .05$) was accepted for both instruments. Chi square analysis of the Firo-B predictions compared to the treatment team predictions resulted in a value of 1.197 with $DF = 1$ and $p = .274$. Chi square analysis of the FES predictions compared to the treatment team predictions resulted in a value of .359 with $DF = 1$ and $p = .549$.

Hypothesis 2

The null hypothesis that the treatment team's posttest subjective evaluation and placement of the parent(s) on the control/nurture dimension would not agree with the instruments' posttest objective evaluation and placement of the parent(s) on the control/nurture dimension at a higher rate than chance ($p \leq .05$) was accepted for both instruments. Chi square analy-

sis of the Firo-B predictions compared to the treatment team predictions resulted in a value of .220 with $DF = 1$ and $p = .639$. Chi square analysis of the FES predictions compared to the treatment team predictions resulted in a value of .010 with $DF = 1$ and $p = .919$.

These results would indicate that either the treatment team's assessments of where the parent was functioning was not valid or the tests' assessments of parental functioning was not valid or both were inaccurate. With an N of 28 and 20 for pretest and posttest respectively, no significant amounts of agreement could be detected.

Hypothesis 3

The null hypothesis that there would be no significant difference ($p \leq .05$) between pretest and posttest self-reported levels of parental control was accepted for both instruments. The T test for the Firo-B measures of pretest and posttest control resulted in Means of 4.000 and 3.148 respectively. $t(19) = 1.314$, $p = .204$. The T test for the FES measures of pretest and posttest control resulted in Means of 56.036 and 57.650 respectively. $t(19) = 1.696$, $p = .106$.

Hypothesis 4

The null hypothesis that there would be no significant difference ($p \leq .05$) between pretest and posttest self-reported levels of parental nurture was accepted for both instruments. The T test for the Firo-B measures of pretest and posttest nurture resulted in Means of 3.148 and 3.000 respectively.

$t(19) = 1.072, p = .297$. The T test for the FES measures of pretest and posttest nurture resulted in Means of 46.929 and 48.750 respectively. $t(19) = .334, p = .742$.

These results indicate that the tests could not detect a measurable change of significant value in either the control or nurture dimensions after the parents had received 10 therapy sessions.

Limitations

Several limitations as to the generalizability of the findings come from the procedures of this research. The most important limitations are as follows.

The FIRO-B is a reliable and well validated instrument, and although most previous applications have been to group work, recent research has been related to family work (Colangelo & Doherty, 1988; Doherty, Colangelo, Green & Hoffman, 1985; Doherty & Colangelo, 1984). Even though some of the scale names are either very similar or identical to the concepts attempting to be measured, there is no guarantee that Schutz's model measured the Sale and Hendren model of family interactions. Similar limitations about direct applicability to the model being measured may apply to Moos's Family Environment Scale.

All of the measurement devices were of the paper and pencil self-report type and relied on the client's reading level, perceptions and world view for both reliability and validity

of responses. Lower SES populations may experience more difficulty with these instruments.

Since the population was primarily low to middle SES clients of one public service agencies in Virginia the generalizability of the results are limited. It should also be noted that data collection began in the Fall of 1988 and was not completed until the Spring of 1992. This was due in part to the reluctance of many clients to volunteer to participate in the study. Also over that time span, the number of therapists participating in SFT at the NNDSS declined from over 60 to 4. This was due in part to reduced funding for training in all social service agencies in Virginia and also to increased caseloads per worker thus allowing less time to devote to structural family therapy.

It therefore is possible that this model is on its way out at some public service agencies due to the cost factor for training and ongoing supervision. The results of this study are only generalizable to one agency, Newport News Department of Social Services, as all data was gathered there. Even though therapists, who had received training in this model of therapy and who worked at the PACES Family Counseling Center at the College of William and Mary in Williamsburg and at the Riverside Psychiatric Center in Newport News, agreed to participate no data was received. Reluctance to voluntarily participate on the part of the subjects was the most frequently given reason. Other reasons given were the time it took to gather the demo-

graphic data and to administer the pretest and posttest instruments.

The research design itself (O1 X O2) had limitations. Campbell and Stanley (1968) state that this design controls for the internal threats to validity of selection and mortality. It does not control for the internal threats of history, maturation, testing or instrumentation. Likewise, it does not control for the external threats to validity of interaction of testing and interaction of selection.

Another significant limitation was that the number of sessions was limited to 10. This figure was reached as a compromise between the data site, the authors of the model and, the researcher and his committee. It is certainly possible that if this number had been increased to 15 or higher, the results could have been different as it would have given the therapy more time to effect change in the parents.

Recommendations

With the above mentioned limitations in mind the conclusions drawn from the data have implications as to the continuing feasibility of the Sale-Hendren model of structural family therapy at public service agencies. The economic situation alone has reduced the amount of funding the state is able to provide to agencies for training and supervision of this model of therapy. At the Newport News Department of Social Services, the number of social workers practicing SFT dropped from 60 to 4 during the data gathering phase of this study (1988-1992).

Although it is possible that the two tests utilized did not measure the constructs of the model it seems doubtful that neither of the instruments would fail to measure them.

The first recommendation for further study would be to pre-validate the instruments against the model. This would help tremendously when it came time to draw conclusions. It is this author's belief that these instruments did measure the control and nurture dimensions, but possibly not in the same manner that the treatment teams utilized to assign parents to those two dimensions.

Another important consideration would be to find sample populations that are less reluctant to participate in the research. Due to the fact that many of the social service clients were in treatment due to child abuse/neglect or had been court ordered into treatment due to domestic violence or the need for separation or divorce mediation; most were reluctant to participate due to their concern that the test results might be used against them in a court or social service procedure.

Finally, increasing the number of sessions would give the therapy more chance to induce change, but could increase the time it would take to gather data. Having a sample population that was eager and/or willing to participate would increase the likelihood that posttest data could be gathered even if the number of sessions was increased to 15 or 20. This increase in the number of sessions could also lead to more people dropping out of treatment prior to reaching the required number of ses-

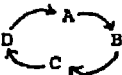
sions. This is due to the fact that some clients may be ordered by the court to participate in therapy for six months, but may only be required to participate in sessions once or twice per month.

Appendix

Appendix A

The following ten pages of information are a copy of the first training handout which this author received in September of 1981. The use of the term "proximity in space" is found on page one, and proximity is contrasted with distance on page two. In the second version (Appendix B) this term has changed to Closeness vs. Distant. The term "Nurturance" has been changed to "Nurture" in the second and more recent version.

TWO WAYS OF VIEWING PROBLEMS IN FAMILIES/INDIVIDUALS:

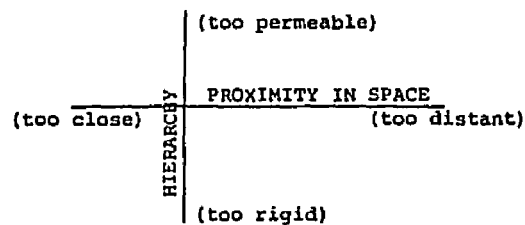
- | | | |
|---------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1. Linear - | A B C D | Concerned with "Why?" |
| 2. Systemic - |  | Concerned with what <u>maintains</u> problem - function of symptom in maintaining system. |

CHARACTERISTICS OF FAMILIES

- All families have a structure - Invisible set of rules that govern transactions among family members and form repetitive patterns that the therapist can "read."

How to read structure:

- Seating
 - Who talks to whom, for whom, interprets, interrupts, doesn't talk.
 - Eye contact or lack of.
 - Are there chores, routines, rules, consequences for their violation?
 - Who makes decisions? Kids, parents jointly, one parent?
 - Who fights with whom or don't they fight?
 - Who is close/affectionate with whom? Who spends time with whom? Who is left out?
 - Parental interaction - do they undermine each other? Disagree overtly or covertly? Align with child, own parent, someone else?
- a. Complementarity of system parts - Everyone is involved in maintaining the problem and any change in relationships yields change in the whole system.
- b. Two structural dimensions:



Hierarchical problems:

- Violation of generational boundaries (cross-generational coalitions).
- Inconsistent hierarchy
 - Inconsistency across time
 - Inconsistency among caretakers
- Rigid, impermeable generational boundary

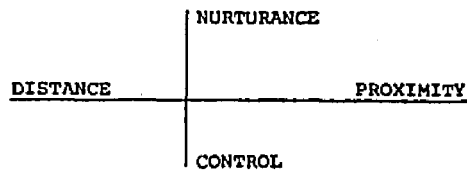
Proximity in Space - Interpersonal distance between family members:

- Enmeshment - too much closeness and involvement → experiencing separate identities is difficult.
 - Whole families may be overinvolved
 - Subsystems within families may be overinvolved (often to the exclusion of a third member)

- 2. Disengagement - Interpersonal distance; disconnected parts.
- c. Subsystems exist within the family structure and they must have clear boundaries around them:

- Individual
- Parental (generational boundary)

Two functions of parents:
 a. Nurture
 b. Control



- Spouse - problems may arise in child if martial conflict or distance - detouring through child (attacking vs. protective systems)
- Siblings
- Extended family
- Family within the larger community

- 2. All families have world views - way of justifying their family's reality in relation to the larger society. Includes societal, religious, ethnic, and subcultural values and family mores.
- 3. All families "frame" their members - FRAME = TRADEMARK (roles) - family stamps on each member - defines range of behavior each member has within family. Often detected by way family presents problem: who is symptomatic? How is he/she portrayed?
- 4. Families pass through developmental stages and must adapt and change over time.

Family Life Cycle

Conflict is normal as family struggles to new demands brough about by normal changes of growing.

Major Points. of Entry/Exit = Including Stress:

<u>Stage</u>	<u>Key Emotional Transition</u>	<u>Second Order or Structural Adjustments</u>
1. Between families - unattached.	1. Accept child-parent separation.	1. Differentiate self in relation to family of origin.
2. Marriage - Joining Families.	1. Commit to new system.	1. Form marital system. 2. Realign family/ friends to include spouse.

-3-

<u>Stage</u> (cont'd)	<u>Key Emotional Transition</u>	<u>Second Order or Structural Adjustments</u>
3. Young Children	1. Accept new members.	3. Haley "only humans have in-laws." 4. Adequate boundaries around couple - "he often visits his twin sister." 5. Dealing with affect and level of <u>intensity</u> and conflict. 6. Therapy focus on <u>complementarity</u> .
4. School-Aged Adolescence	1. Increase flex of boundaries.	1. Adjust dyad to make room. 2. Parenting roles. 3. Realign extended family to take on parenting and grandparenting roles. 4. Establishing new dyads. 5. Father disengages or expands capabilities as "father." 6. Possibility of cross-generational coalition.
5. Leaving Home	1. Exits and Entries in family system.	1. Incorporate permeability of boundaries. 2. Refocus on mid-life/career issues.
6. Later Life	2. Shift in generational roles.	1. Reorganize marital dyad. 2. Reorganize relationships with "adult" children. 3. Reorganize to include in-laws/grandchildren. 4. Death/disability of parents. 5. Realignment with younger children.

-4-

INITIAL INTERVIEWGoal: A second interview (joining is most important)

Preplanning - Consider:

1. Family composition
2. Intake information
3. Presenting problem
4. Developmental stage

Ingredients in Initial Interviews:

1. Entering the system and joining with members
 - a. "Touching" each family member - understanding his/her perspective and giving them a feeling you can help them change.
 - b. Search for and build on competence.
 - c. Formation of therapeutic system with therapist as leader/director/choreographer.
 - d. Develop first systemic hypothesis of structure.
2. Exploring the problem and dysfunctional transactional patterns
 - a. Tracking - get to know the family's problem through each member's eyes.
 - b. Interaction - bring problem into room through enactment to see how family usually functions.
3. Establish therapeutic contract

Ideally, initial interviews should also:

1. Change structure
 - a. Create restructuring enactment.
 - b. Assign task based on successful restructuring in enactment.
2. Challenge frame
 - a. Reframe the problem to give hope and direction for change.
 - b. Focus on one theme.
 - c. Establish complementarity of system.

JOINING INVOLVES:

1. Show interested in them as people outside the room.
2. Pick up on process in room and using it.

-5-

3. Allow yourself to be inducted - adopt/respond to their mood.
4. Connect an affective level.
5. Pick up on their language.
6. Genuineness.
7. Mimesis - use of body.
8. Draw from your personal experience.

ENACTMENT

An interpersonal scenario or inperactional task that brings the problem into the room, allowing the therapist to see dysfunctional structure and then suggest alternative transactions. ACTION, not words!

Advantages:

1. They lie.
2. Discern structure.
3. Test family's rigidity and tolerance limits.
4. Includes more than one person, therefore challenges family's linear frame.
5. Concrete - family can experiment with new behavior.
6. Can disengage therapist when inducted.

Actment - spontaneous transactions that therapist observes showing repetitive patterns.

Enactment - Transactions created at therapist's direction:

1. Do your usual waltz.
2. Try out my foxtrot (restructuring enactment - suggest new patterns of interaction).

Typical sequence in initial interview:

Therapist observes actments → develops hypothesis regarding dysfunctional structure → Therapist asks family to handle problem as usual → Therapist requests change in usual pattern through different interactional sequence → Therapist punctuates change.

Anatomy of a restructuring enactment:

1. Determine how family sees problem (frame)
2. Determine what behavioral transactions support problem maintenance (structure).

-6-

3. Develop new way of viewing problem (reframe).
4. Create a crisis in session or wait for problem to occur in room.
5. Suggest it be handled a new way (restructuring), throwing your weight on on one side (unbalancing).
6. Lay back and let them interact. Interrupt to:
 - a. support
 - b. intensify crisis
 - c. block old patterns
7. Stop at a successful point and punctuate new change.

Punctuation involves:

- a. Getting feedback from family on new experience.
 - b. Developing a theme that their difference dance created change
 - c. Suggesting this change must continue to correct the problem
 - d. Predict difficulty/resistance
8. Sometimes assign task related to changed transaction

Basic Types of Enactments:

1. Nurturance (heals disengagement by promoting intimacy).
2. Control (corrects enmeshment by promoting distance and correcting hierarchy).

REFRAMING

Families come to therapy a number of "frames" which indicate their views of the family's past interactions. More importantly, these frames guide, limit, and distort the families ability to move to more effective patterns of interaction. We tend to see and remember what we expect to see.

Frames are part of the family structure and have clear relations to other aspects of the structure - hierarchy, boundaries, subsystems.

Frames may come in assorted shapes as follows:

1. Labels - bad, sick, crazy, incompetent, delinquent, soft, hard
2. Causality - ". . . because she hates me."
". . . because of what happened last year."
". . . because of how his parents raised him."
3. View of Reality - Often with a clash of reality views between family members.
4. Roles in Family - Not only for the I.P. but other family members as well. "Clown" "Baby"

-7-

It is important to listen for various frames and gain a sense of how they are functional or dysfunctional within the family.

Reframing itself is the challenge of the family's dysfunctional frame(s). This may be gentle and subtle or intrusive and blunt. It often involves both giving and taking away, support and challenge, kick and stroke.

General possibilities for reframing:

1. Change Valence - i.e., reframe as more or less positive, depending on whether you are promoting distance or proximity.

Frame

Reframed As

a. "quiet, withdrawn"

Polite, respectful, but perhaps a little too much so.

"hyperactive"

Provides excitement and/or makes sure he gets your attention and/or he's the one who helps you decide on the rules.

b. "cute"

Doesn't take you seriously.

"all boy"

Disrespectful.

2. Realignment of relationships

- frequently parents present a frame for the child which implies his "problem" is beyond their role or skills.

Role realignment reframes parents into a "job" they can do. Example: make them "teachers," "guides," or "helpers"

Example: "sick" implies that to help one must be a doctor.

he's immature, confused; he doesn't know how to go about . . . he's going about things in a confused way.

3. Normalize

Convey developmental stage and/or transitional crisis.

4. Spread Problem

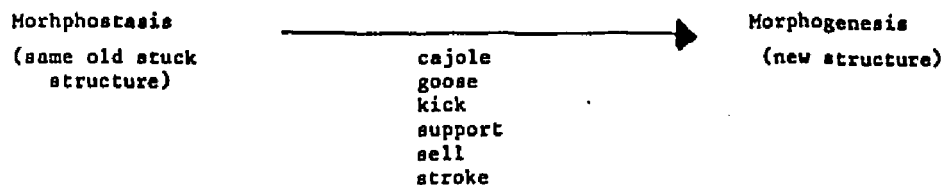
"he's the problem"

he has his part; he's better at it than you; he's doing a good job of taking the heat for the other kids.

5. Involve the third person

"I don't understand why your wife won't let you be the good guy for a while.

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GOAL OF STRUCTURAL FAMILY THERAPYPROCESS OF STRUCTURAL FAMILY THERAPY

Isomorphic Interventions (Iso = equal; morph = structure) - repeated statements to family that counter their frame and repeated interventions that push for structural change - change rules of system one thousand different ways.

Restructuring - take disconnected events in an outside room and who how they follow old system rules → develop themes that challenge these rules → repeat message that new rules must prevail to solve problem → AHA! Says family (insight)

+
reframing
+

Challenging New World

HOW TO CREATE MORPHOGENESIS

I. Construction of a therapeutic reality - cognitive component (reframing)

1. Focusing - screen out data not related to therapeutic goal and emphasize certain things that reflect how you want structure changed.
 - a. Selectively use content (what they say) to change process.
 - b. Pick upon process in room and push morphogenesis.
2. Constructs - themes that construct a new reality - repetitive metaphors that reflect changes in structure/frame. Metaphors are woven throughout therapy. Metaphor - use a small behavioral example of old or new system rules and jump to higher ("meta") level (connect one sequence as representative of bigger change).
3. Normalization - what family perceives as sick or in crisis, therapist calmly declares is normal at this stage of development or given these circumstances.
4. Working with complementarity - show how family members are interdependent - a form of punctuation that points out the reciprocity.
 - a. Challenge the problem - change it from individual to relationship issue.
 - b. Challenge notion that one person controls system or changes by self - credit parents for change in kid.

-9-

5. Searching for strengths - reframing to Health - help individuals to see other side of selves and each other.
 - a. Focus on healing capacity of family.
 - b. Help family see strengths in I.P.
 - c. Increase family's use of alternatives - challenge and broaden how they transact relations.

II. Active restructuring interventions

1. Creating Intensity - raising the affective threshold to create a change in family. Therapist uses power, concentration, force to deliver message to family - message must be delivered at high enough level to create change. SHOUT to the deaf family until they hear.
 - a. Not doing/silence
 - b. Changing affect/mood
 - c. Repeat message one thousand times
 - d. Repeat isomorphic transactions
 - e. Change time
 - f. Change distance among individuals/subsystems
 - g. Use self to make problem more serious; escalate crisis
2. Unbalancing - therapist sides with one subsystem over another you're right; they're wrong. Use self differentially to: Therapist asks one person to join with her → triangulates the person between systems (therapist's and family's) → family reacts with counter deviation → therapist and aligned family member insist they're right to induce change in whole system:
 - a. Attack one side.
 - b. Support one side.
3. Boundary-making - Drawing a boundary to change the psychological distance between members to disrupt coalitions, disengage overinvolved subsystems, draw generational boundary. Designed to:
 - change family subsystem membership
 - change distance between subsystems

Specific boundary-making techniques:

 - a. Cognitive constructs
 - b. Concrete spatial maneuvers
 - d. Tasks

-10-

4. Task Assignment - homework to reinforce/practice changes made in sessions. Must always be related to something that occurred in session. Includes:
 - a. Homework based on restructuring enactment
 - b. Prescribing the symptom.

TRANSITIONS IN THERAPY

Second order structural change - working within the subsystems after major structural changes related to correcting presenting problem have been made. Several types of transitions:

1. To individuals
2. To marital therapy
3. To extended family or inclusion of significant others
4. To other subsystems (ex: siblings of similar age)

Appendix B

In this appendix is found a second training handout, circa 1988, which by that time had been reduced to five pages in length.



FAMILY RESOURCES, INC. Mary Quinn Sale, M. Ed., Director

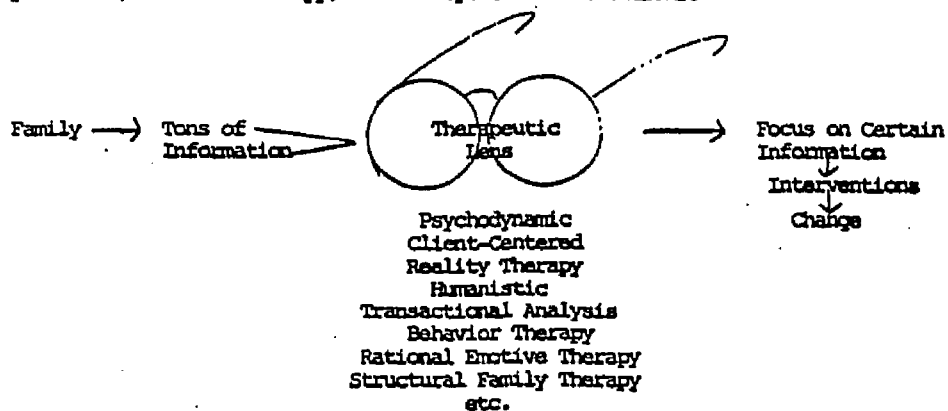
7142 Duffie Dr., Williamsburg, VA 23185 804/253-1459

INTRODUCTORY SERIES OF WORKSHOPS ON
STRUCTURAL FAMILY THERAPY

THINKING SYSTEMS: UNDERSTANDING THE THEORY SUPPORTING FAMILY THERAPY
AND THE BASIC CONCEPTS OF STRUCTURAL FAMILY THERAPY*

Theory of Therapeutic Change Process

Therapist's beliefs regarding what creates change in clients and how to effect it (i.e., theoretical perspective re: therapy) guide her/his organization of data presented, focus of therapy, and therapeutic interventions.



Two Ways of Viewing Problems in Families/Individuals

- I. **LINEAR CAUSALITY** (Newtonian) — Casuality in the physical world is linear and therefore predictable. Forces act unidirectionally upon objects. Cause → effect:

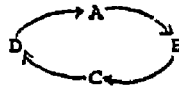
A → B → C → D

Implications for treatment:

- A. Treatment involves historical search for the origin of the problem ("why?").
- B. Etiology lies in the individual's body or psyche. Individual is therefore treated in isolation with an internal locus of evaluation.
- C. Focus is on pathology and illness.

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- II. SYSTEMIC (CIRCULAR) THINKING — Newtonian linear model does not explain the world of living things in which information and relationships, not just force, are important. A family functions as a cybernetic system in which patterns emerge as relationships evolve over time.



Implications for treatment:

- A. Maintenance vs. Etiology: Therapist is concerned with what is maintaining the problem today? (not how did it arise?) What function does the symptom serve in maintaining the family system? Therapy is present-focused.
- B. Locus of treatment shifts from individual to family as a system residing in a larger field—> patterns emerge in the organization.
- C. Goal of therapy: change the organization (restructure). Symptom reflects a malfunctioning organization, not individual pathology. Behavior is contextually determined, so the context needs to be changed.
- D. Family is assumed to have the capacity to change but is stuck in recursive patterns. Their proposition of the problem is failure-oriented; the therapist counters by redefining the problem in a more positive way centering on the family's competence and capacity to heal by adapting their patterns.
- E. Therapist forms a part of the system and can enter at any point of the organization to create change. Therefore, therapist uses self as an active change agent to challenge the organization.
- F. Focus is on solutions (not causes) and practicing new patterns in front of the therapist.

Characteristics of Families According To Structural Family Therapy

- I. All Families Have a Structure - Invisible set of rules that governs transactions among family members and forms repetitive patterns that the therapist can "read."

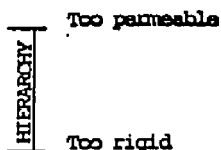
How to read structure:

 - Seating
 - Who talks to whom, for whom, interprets, interrupts, doesn't talk.
 - Eye contact or lack of.
 - Are there chores, routines, rules, consequences for their violation?
 - Who makes decisions? Kids, parents jointly, one parent?
 - Who fights with whom or don't they fight?
 - Who is close/affectionate with whom? Who spends time with whom? Who is left out?
 - Parental interaction - Do they undermine each other? Disagree overtly or covertly? Align with child, own parent, someone else?

A. Complementarity of System Parts - Everyone is involved in maintaining the problem and any change in relationships yields change in the whole system.

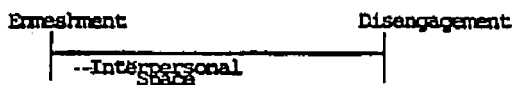
B. Two Structural Dimensions:

1. Hierarchical problems:



- a. Violation of generational boundaries (cross-generational coalitions)
- b. Inconsistent hierarchy
 - Inconsistency across time
 - Inconsistency among caretakers
- c. Rigid, impermeable generational boundary

2. Proximity in Space - Interpersonal distance between family members:



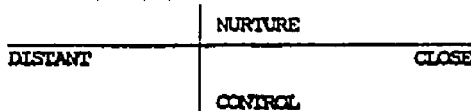
- a. Emmeshment - Too much closeness and involvement → experiencing separate identities is difficult.
 - Whole families may be overinvolved.
 - Subsystems within families may be overinvolved (often to the exclusion of a third member).
- b. Disengagement - Interpersonal distance; disconnected parts → intimacy problems.

C. Subsystems exist within the family, and they must have clear boundaries around them:

1. Individuals

2. Parental (generational boundary) - Includes two functions:

- a. Nurture
- b. Control



3. Spouse - Problems may arise in child if marital conflict or distance → detouring through child (attacking vs. protective systems).

4. Siblings

- 5. Extended family
 - 6. Family within the larger community
- II. All Families Have World Views - External beliefs that underpin their structure. Way of justifying their family's reality in relation to the larger society. Includes societal, religious, ethnic, and subcultural values and family mores.
- III. All Families "Frame" Their Members - FRAME = Trademark (roles) family stamps on each member - defines range of behavior each member has within family. Often detected by way family presents problem: Who is symptomatic? How is he/she portrayed?
- IV. Families Pass Through Developmental Stages and must adapt and change over time.

Family Life Cycle

Conflict is normal as family struggles to meet new demands brought about by normal changes of growing.

Major points of Entry-Exit necessitating changes in family patterns:

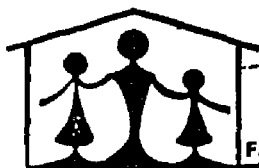
<u>Stage</u>	<u>Structural and Framing Adjustments</u>
1. Between families - Single young adult	<ul style="list-style-type: none"> 1. Differentiate self in relation to family of origin. 2. Form support system outside family. 3. Become financially self-sufficient.
2. Marriage - Forming a new family	<ul style="list-style-type: none"> 1. Commit to new marital system. 2. Realign family/friends to include new spouse. 3. Haley - "Only humans have in-laws." Accommodate to spouses's family of origin. 4. Establish adequate boundaries around couple, separating them from families of origin. 5. Deal with affect and level of intensity and conflict. 6. Therapy focus on complementarity.
3. Young children	<ul style="list-style-type: none"> 1. Adjust dyad to make room for third person. 2. Learn about and divide parenting roles. 3. Realign extended family to take on parenting and grand-parenting roles. 4. Establish new dyads. 5. Father disengages or expands capabilities as "father". 6. Possibility of cross-generational coalition.

4. School-aged children
 1. Increase flexibility of boundaries between family and outside world; encourage child to move away from family.
 2. Refocus on mid-life/career issues.
5. Adolescence
 1. Shift child's locus away from family to peers.
 2. Change view of parenting to allow for individuation and out-of-home interests.
 3. Nurture and control from more distant posture, encouraging increased responsibility in child for own actions/decisions.
6. Leaving home
 1. Reorganize marital dyad to focus more on coupling, less on parenting.
 2. Reorganize relationships with "adult" children.
 3. Reorganize to include in-laws/grandchildren.
 4. Death/disability of parents.
 5. Realignment with younger children.
7. Later life
 1. Shift generational roles as adult children assume responsibilities for failing elders.
 2. Negotiate conflict between spouses and siblings re: above role shifts.

Appendix C

In this appendix may be found one of the letters from Ms. Sale's colleague, Dr. Reilly which accompanied the corrected draft of Chapter One, which Ms. Sale and Dr. Reilly had reviewed.

The second sheet was provided in response to this author's request for specific examples of controlling and nurturing behaviors.



FAMILY RESOURCES, INC. Mary Quinn Sale, M. Ed., & James W. Reilly, Psy.D., Directors

7142 Duffie Dr., Williamsburg, VA 23185 804/253-1459

September 22, 1988

Bob Mahan
513 Woodfin Road
Newport News, VA 23601-4450

Dear Bob:

Enclosed please find Quinn and my list of "behaviors associated with parental nurturance/control". While this is certainly not an exhaustive listing of the behaviors that we look for in sessions to evaluate parents ability to nurture/control their children I think it will be helpful to you in trying to do your family assessment. We tried to describe only behaviors that one would see in the therapy session as opposed to dwelling on behavior that occurs at home which we could not necessarily corroborate.

I hope this is helpful to you.

Yours,

A handwritten signature in cursive script that reads "Reilly".

James W. Reilly, Psy.D.

JWR:s
enc.

BEHAVIORS ASSOCIATED WITH PARENTAL NURTURANCE/CONTROL

Nurture

Physical affection: Hugs, kisses, holding, holding hands, pats to the knee, shaking hands, sitting on lap.

Emotional affection: Saying "I love you"; looking at child lovingly; talking in soft voice; praising child's actions/achievements; verbally expressing care and concern for child's welfare;

Grooming: taking off or putting on coats, boots, gloves, etc.; wiping kid's nose; taking them to the bathroom; brushing hair.

Physical play: physical games (pat-a-cake for example); touching in a playful way (not tickling against the kid's wishes); wrestling;

Emotional play: joking; word games; reminiscing about humorous events (not laughing at children's expense); mild teasing.

Feeding: Giving food; giving gum/candy in room; giving soda or water.

Educating: Helping with homework; answering questions; teaching (but not about rules and consequences for misbehavior); giving advice in warm, caring manner.

Attention: Showing interest in school, activities, kid's interests;

Control

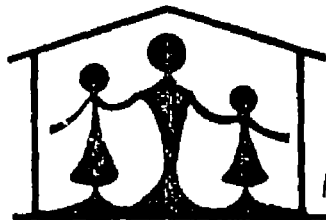
Physical limit setting: Physically placing child in chair, placing in time out; restraining; removing child from dangerous situation; "slap on hand or bottom; place hand on child to silence.

Verbal limit setting: Saying "no"; telling child to stop; telling child to sit down, not interrupt, be quiet, etc.; sending child from room; telling child what will happen at home if behavior continues (and following through); grounding; restriction.

Appendix D

This appendix contains a copy of the 1988-1989 Structural Family Therapy training program and consultation catalogue showing the training program format as being taught by Drs. Reilly and Hendren and Ms. Sale. Also included is a copy of the 1990-1991 catalogue.

**STRUCTURAL
FAMILY THERAPY
TRAINING PROGRAM
1988-1989**

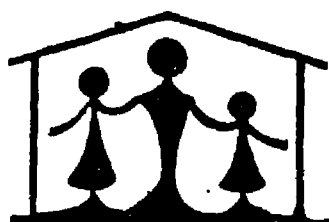


Mary Quinn Sale

James W. Reilly, Directors

FAMILY RESOURCES

TRAINING IN FAMILY THERAPY



FAMILY RESOURCES, INC.

7142 Duffie Dr., Williamsburg, VA 23185

804/253-1459

Mary Quinn Sale and James W. Reilly, Directors

Change occurs in a family by the therapist forming relationships and using her or himself to challenge the family's view of reality, or frame, and its transactional patterns, or structure. The evolution of a family therapy trainee parallels this therapeutic process of change with a family. Therapists learn family therapy by adopting a new systems frame for their work, refining skills and techniques through live or videotape supervision, and becoming aware of how to use themselves to choreograph change.

The 1988-1989 FAMILY RESOURCES Training Program reflects the agency's commitment to learning family therapy as an incremental process. Both systems thinking and practice are offered to mental health, social services, and court service professionals with varying levels of experience. The Introductory Workshop Series provides the frame, or cognitive component, for clinicians interested in an overview of systems theory and techniques of Structural Family Therapy.

To gain mastery of this approach, therapists must have ongoing guidance and feedback on their work. Videotape consultation groups provide an opportunity for therapists to have their work evaluated in a supportive setting. In addition, on-site consultation to agencies seeking to implement this model will be available on a limited basis.

FAMILY THERAPY CONSULTATION GROUPS

TEN FAMILY THERAPY CONSULTATION GROUPS will provide clinicians with videotape consultation of their work with families. Each group meets for ten days from September 1988 through June 1989. The format is review of videotapes by the consultant(s) relying heavily upon group members' input. Live supervision, role play, and topical presentations may be included in the learning experience. Participants must have completed a workshop series in Structural Family Therapy or its equivalent. Groups are at varying levels of expertise; applicants' family therapy background will be considered in group placement. Tuition for all groups is \$500.

- | | |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WILLIAMSBURG | <p>Steve Greenstein and Mary Quinn Sale
Fourth Wednesday and Thursday of alternating months beginning September 20.</p> <p>Mary Quinn Sale and James W. Reilly
Fourth Friday monthly beginning September 30.</p> <p>Mary Quinn Sale and James W. Reilly
First Wednesday monthly beginning September 7.</p> |
| RICHMOND | <p>Steve Greenstein and Mary QUinn Sale
Second Friday monthly beginning September 16.
Chesterfield Department of Social Services</p> |
| SALEM | <p>Mary Quinn Sale
Third Wednesday monthly beginning September 21.
Roanoke County Department of Social Services</p> |
| ROANOKE | <p>Mary Quinn Sale
Third Thursday monthly beginning September 22.
Roanoke Juvenile Court Service Unit</p> |
| CHARLOTTESVILLE | <p>Mary Quinn Sale
Second Wednesday monthly beginning September 14.
386 Wildwood Court</p> |
| GREENSVILLE-EMPORIA | <p>James W. Reilly
Second Friday monthly beginning September 16.
Greensville-Emporia Department of Social Services</p> |
| RALEIGH | <p>Thomas Hendren
Second Wednesday monthly beginning September 14.
Wake County Department of Social Services</p> |
| WINSTON-SALEM | <p>Thomas Hendren
Second Thursday monthly beginning September 15.
Family Center, 137 N. Spring Street</p> |

INTRODUCTORY WORKSHOPS ON STRUCTURAL FAMILY THERAPY

THIS SERIES OF FOUR WORKSHOPS will introduce the basic concepts, theory, and techniques of Structural Family Therapy. Sessions will combine didactic presentations with videotaped examples from live family interviews. Ample opportunity for audience participation will be provided.

Participants should enroll in the full eight-day series of workshops scheduled over a four-month period to permit incorporation of concepts and theory into their clinical practices.

Videotapes will reflect a wide variety of family problems, including:

- Children at risk for out-of-home placement*
- Acting-out adolescents*
- Child abuse and neglect; incest*
- Court-ordered clients*
- Low-income underorganized families*
- Multigenerational problems*
- Stepfamilies*
- Foster Children*

- FORMAT:**
- Days 1-2**
Thinking Systems: Understanding the Theory Supporting Family Therapy and the Basic Concepts of Structural Family Therapy
 - Days 3-4**
Ingredients of the Initial Interview: Joining, Reframing, and Enactment
 - Days 5-6**
The Middle Phases: Specific Techniques of Structural Family Therapy
 - Days 7-8**
Getting Unstuck: Transitions in Therapy, Countering Resistance, and Termination

- DATES:** Williamsburg, Virginia
September 8-9, 1988
October 6-7
November 3-4
December 1-2
- TIME:** 9:30 a.m. to 4:30 p.m. on Thursdays
9:00 a.m. to 4:00 p.m. on Fridays
- LOCATION:** Holiday Inn Patriot
Route 60 West
Williamsburg, Virginia
- TRAINERS:** Mary Quinn Sale, James W. Reilly and
Thomas E. Hendren
- TUITION:** \$350 for 8-day series; \$300 full-time student rate and group rate for 4 or more persons from the same agency. Fee for participant's cancellation is \$50.
- CEUs:** These workshops are eligible for 4.8 Continuing Education Units (CEUs) from the School of Social Work, Norfolk State University. CEUs are available for the additional cost of \$20. Make checks payable to Norfolk State University.
- REGISTRATION:** Since enrollment is limited to sixty participants, early registration is advised. These workshops will not be offered again at another site in Virginia until September 1989.
For more information contact Judy Stewart, Family Resources, Inc., 804-253-1459.

FACULTY

Mary Quinn Sale, M.Ed., Licensed Professional Counselor, Director

James W. Reilly, Psy.D., Licensed Clinical Psychologist, Director

Stephen Greenstein, Ph.D., Psychologist, Consultant and Supervisor

Thomas E. Hendren, Ph.D., Licensed Clinical Psychologist, Trainer and Supervisor

SPECIALIZED TRAINING PROGRAMS

FAMILY RESOURCES has assisted numerous mental health and human service agencies in implementing live supervision, adapting Structural Family Therapy to public agencies, and designing comprehensive training programs to meet an agency's or community's needs. On-site consultation is available on a contractual basis to agencies serving children and families.

Workshops on specialized topics related to families are also occasionally offered. Family Resources will co-sponsor topical workshops with agencies interested in obtaining training on a particular topic related to families or children. Recent offerings have included workshops on resistance in therapy, alcoholic family systems, family therapy supervision, custody mediation, incestuous families, foster and adoptive families, and family intervention with schizophrenics.

Mary Quinn Sale and James W. Reilly are approved supervisors for licensure as a Professional Counselor. They provide individual supervision to a limited number of students over a two-year period to acquire the requisite 200 supervisory hours. For more information, contact them directly.

REGISTRATION FORM

Name and Title: _____

Agency: _____

Business Address: _____

Business Phone: _____ Social Security No. _____

WORKSHOP SERIES

Fall 1988

Williamsburg

CONSULTATION GROUPS

Location: _____ Leader(s): _____

PAYMENT

WORKSHOP SERIES: Prepayment or agency letter of guarantee is required with registration. Deadline for registration is September 2. Early registration is suggested as group size is limited to 60. These workshops are eligible for 4.8 CEUs at the additional cost of \$20.00. To obtain CEU credit, make separate check payable to Norfolk State University and send with registration to Family Resources.

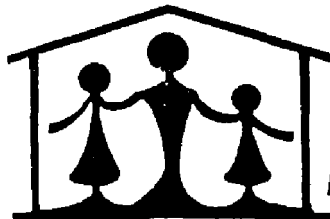
CONSULTATION GROUPS: Individuals selected for consultation groups will be billed prior to the first day of the sessions. Agencies must pay \$500 at that time; individuals paying themselves may pay \$50 per session. Deadline for applications is September 1, 1988.

Please make checks payable to **FAMILY RESOURCES, INC.**, and return form and check or agency letter of guarantee to:

Family Resources, Inc.
7142 Duffie Drive
Williamsburg, VA 23185

For more information, contact Family Resources, Inc., (804) 253-1459. Family Resources reserves the right to cancel any training offered due to insufficient registration. Payments will be refunded in full.

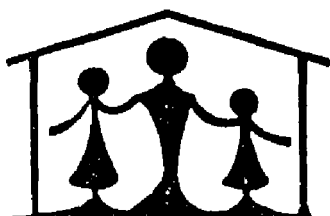
**STRUCTURAL
FAMILY THERAPY
TRAINING PROGRAM
1990-1991**



Mary Quinn Sale, Director

FAMILY RESOURCES

TRAINING IN FAMILY THERAPY



FAMILY RESOURCES, INC.

7142 Duffie Dr., Williamsburg, VA 23185
Mary Quinn Sale, M.Ed., Director

804/253-1459

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FAMILY THERAPY CONSULTATION GROUPS

EIGHT FAMILY THERAPY CONSULTATION GROUPS will provide clinicians with videotape consultation of their work with families. Each group meets for ten days from September 1990 through June 1991. The format is review of videotapes by the consultant(s) relying heavily upon group members' input. Live supervision, role play, and topical presentations may be included in the learning experience. Groups vary in size from twelve to twenty-five. Participants must have completed a workshop series in Structural Family Therapy or its equivalent. Groups are at varying levels of expertise; applicants' family therapy background will be considered in group placement. Tuition for all groups is \$500.

WILLIAMSBURG	<p>Steve Greenstein and Mary Quinn Sale Fourth Wednesday monthly beginning September 26 College of William and Mary</p> <p>Mary Quinn Sale Third Friday monthly beginning September 21 Family Resources, Inc.</p>
RICHMOND	<p>Steve Greenstein and Mary Quinn Sale Fourth Thursday monthly beginning September 27 Chesterfield-Colonial Heights Department of Social Services</p>
SALEM	<p>Mary Quinn Sale Third Wednesday monthly beginning September 19 Roanoke County Department of Social Services</p>
ROANOKE	<p>Mary Quinn Sale Third Thursday monthly beginning September 20 Roanoke Juvenile Court Service Unit</p>
CHARLOTTESVILLE	<p>Mary Quinn Sale Second Wednesday monthly beginning September 12 130-8 Ivy Drive</p>
RALEIGH	<p>Thomas Hendren Second Wednesday monthly beginning September 12 Wake County Department of Social Services</p>
WINSTON-SALEM	<p>Thomas Hendren Third Thursday monthly beginning September 18 Family Center, 137 N. Spring Street</p>

INTRODUCTORY WORKSHOPS ON STRUCTURAL FAMILY THERAPY

THIS SERIES OF FOUR WORKSHOPS will introduce the basic concepts, theory, and techniques of Structural Family Therapy. Sessions will combine didactic presentations with videotaped examples from live family interviews. Ample opportunity for audience participation will be provided.

Participants should enroll in the full eight-day series of workshops scheduled over a four-month period to permit incorporation of concepts and theory into their clinical practices.

Videotapes will reflect a wide variety of family problems, including:

- *Children at risk for out-of-home placement*
- *Multigenerational problems*
- *Child abuse and neglect; incest*
- *Low-income underorganized families*
- *Court-ordered clients*
- *Acting-out adolescents*
- *Blended families*
- *Foster children*

FORMAT: Days 1-2
Thinking Systems: Understanding the Theory Supporting Family Therapy and the Basic Concepts of Structural Family Therapy

Days 3-4
Ingredients of the Initial Interview: Joining, Reframing, and Enactment

Days 5-6
The Middle Phases: Specific Techniques of Structural Family Therapy

Days 7-8
Getting Unstuck: Countering Resistance, Transitions in Therapy, and Termination

TRAINERS: Mary Quinn Sale and Gene Kinnetz (Williamsburg); Thomas Hendren, Mickey Watkins, Karen Mayhew, and Gene Kinnetz (Raleigh)

TUITION: Williamsburg: \$400 for 8-day series; \$350 full-time student rate and group rate for 4 or more persons from the same agency. Raleigh: \$425. Fee for participant's cancellation is \$50.

WILLIAMSBURG, VIRGINIA

FALL DATES: September 6-7, 1990
October 4-5
November 1-2
December 6-7

LOCATION: Howard Johnson Lodge - Central
119 Bypass Road
Williamsburg, Virginia 23185

RALEIGH, NORTH CAROLINA

FALL DATES: September 6-7, 1990
October 4-5
November 1-2
December 6-7

SPRING DATES: March 7-8, 1991
(2 series) #1 April 4-5
May 2-3
June 6-7

#2 March 21-22, 1991
April 18-19
May 16-17
June 20-21

LOCATION: Ramada Inn - Blue Ridge
1520 Blue Ridge Road
Raleigh, NC 27607

TIME: 9:30 a.m. to 4:30 p.m. on Thursdays
9:00 a.m. to 4:00 p.m. on Fridays

CEUs: These workshops are eligible for 4.8 Continuing Education Units (CEUs) from the School of Social Work, Norfolk State University. CEUs are available for the additional cost of \$25. Make checks payable to Norfolk State University.

REGISTRATION: Since enrollment is limited to sixty participants, early registration is advised. A check for the total fee or agency letter of guarantee must accompany the registration form. For more information, contact Judy Stewart, Family Resources, Inc., 804/253-1459.

FACULTY

Mary Quinn Sale, L.P.C., Director
Stephen Greenstein, Ph.D., Consultant and Supervisor
Thomas E. Hendren, Ph.D., Trainer and Supervisor
Peter Barnett, L.C.S.W., Trainer and Supervisor
Diana Musick-Hybicki, M.Ed., Trainer
Mickey Watkins, M.Ed., Trainer
Gene Kinnetz, M.A., Trainer
Karen J. Mayhew, Trainer

SPECIALIZED TRAINING PROGRAMS

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Mary Quinn Sale is an approved supervisor for licensure as a Professional Counselor. She provides individual supervision to a limited number of students over a two-year period to acquire the requisite 200 supervisory hours. For more information, contact her directly.

REGISTRATION FORM

Name and Title: _____

Agency: _____

Business Address: _____

Business Phone: _____ Social Security No.: _____

WORKSHOP SERIES

- Fall 1990 - Williamsburg
- Fall 1990 - Raleigh

- Spring #1 - Raleigh
- Spring #2 - Raleigh

CONSULTATION GROUPS

Location: _____ Leader(s): _____

PAYMENT

WORKSHOP SERIES: Prepayment or agency letter of guarantee is required with registration. Deadline for registration is September 1 for Fall, and March 1 for Spring. Early registration is suggested as group size is limited to 60. These workshops are eligible for 4.8 CEUs at the additional cost of \$25.00. To obtain CEU credit, make separate check payable to Norfolk State University and send with registration to Family Resources.

CONSULTATION GROUPS: Individuals enrolling in consultation groups will be billed prior to the first day of the sessions. Agencies must pay \$500 at that time; individuals paying themselves may pay \$50 per session. Deadline for registration is September 1, 1990.

Please make checks payable to **FAMILY RESOURCES, INC.**, and return form and check or agency letter of guarantee to:

Family Resources, Inc.
7142 Duffie Drive
Williamsburg, VA 23185

For more information, contact Judy Stewart, Family Resources, Inc., (804) 253-1459. Family Resources reserves the right to cancel any training offered due to insufficient registration. Payments will be refunded in full.

Appendix E

In this appendix are copies of the Client Consent Form, Client Data Form, Therapist Consent Form, Therapist Data Form, Treatment Team Recording Form, and the standardized instructions used by the agency staff in the administration of the tests.

CLIENT CONSENT FORM

This research is being done by a doctoral student from the College of William and Mary in order to evaluate the counseling that you are receiving. Before beginning therapy each parent will be asked to fill out two questionnaires which should take about a total of 30 to 45 minutes. After you have received ten (10) sessions of counseling, those who filled out the questionnaires will be asked to fill out the questionnaires once again.

It is the researcher's belief that no harm can come to you from answering these questionnaires.

All information will be kept confidential. Your family will be assigned a number and your names will never be known to the researcher. All data will be evaluated looking at information from families all at once, so your family's specific responses will never be looked at by themselves.

YOUR PARTICIPATION IS COMPLETELY VOLUNTARY. You may stop participating in part or whole at any time. You may refuse to answer part of or all questions. Your refusal to participate will not result in any penalty, bias, or loss of benefits from the Newport News Department of Social Services.

If you believe that your participation has harmed you, you may contact the following who will provide for necessary treatment or intervention:

The supervising faculty member:

Dr. Michael Politano
Licensed Clinical Psychologist
College of William and Mary
Williamsburg, Virginia 23185
253-4434

The researcher:

Mr. Robert G. Mahan
Licensed Professional Counselor
2013 Cunningham Drive, Suite 241
Hampton, Virginia 23666
826-0593

I/we agree to voluntarily participate.

CLIENT DATA FORM

FAMILY # _____ THERAPIST # _____ DATE: _____

Family type: ___ 2 parent ___ Single parent (& Paramour) ___

___ 2 foster parent ___ Single foster parent

___ 2 adoptive parent ___ Single adoptive parent

Total number in family _____

Family Income Level per year:

0 to 5000 _____ 5000 to 10000 _____ 10000 to 15000 _____

15000 to 20000 _____ 20000 to 25000 _____ Over 25000 _____

Number of parents receiving Counseling _____

Number of children in family unit _____

Number of children receiving Counseling _____

Parent # 1: AGE _____ SEX _____ RACE _____

HIGHEST GRADE COMPLETED _____

Parent # 2: AGE _____ SEX _____ RACE _____

HIGHEST GRADE COMPLETED _____

Child # 1: AGE _____ SEX _____ RACE _____

CURRENT GRADE OR HIGHEST COMPLETED _____

Child # 2: AGE _____ SEX _____ RACE _____

CURRENT GRADE OR HIGHEST COMPLETED _____

Child # 3: AGE _____ SEX _____ RACE _____

CURRENT GRADE OR HIGHEST COMPLETED _____

Child # 4: AGE _____ SEX _____ RACE _____

CURRENT GRADE OR HIGHEST COMPLETED _____

Child # 5: AGE _____ SEX _____ RACE _____

CURRENT GRADE OR HIGHEST COMPLETED _____

THERAPIST CONSENT FORM

This research is being conducted by a doctoral student at the College of William and Mary in order to evaluate the model of therapy that has been in use at your agency since 1981. In order to ascertain the most data possible from the research you are being asked to voluntarily participate to the extent of providing your educational level and the amount of experience that you have using this model of therapy, as well as the amount of experience you have doing what is called in social work terms "Family and Personal Adjustment Counseling" which you have been doing in one form or another while you have been a social worker.

You will be asked to ascertain, along with your colleague/therapy supervisor or team, where each parent receiving therapy that you are providing is located according to the model: Controlling from proximity/closeness, Controlling from a distance, Nurturing from proximity/closeness, or Nurturing from a distance. This will take place at the conclusion of the first and tenth therapy sessions that you have with families who have volunteered to participate in the study. This should take no more than a few moments at the end of those particular sessions.

This information will be kept completely confidential and you will be assigned a therapist number to protect your confidentiality. There will be a group analysis of the data based upon all of the participants which further protects each person's individual confidentiality.

YOUR PARTICIPATION WILL BE VOLUNTARY. You may withdraw in part or whole at any time and/or refuse to answer part of or all questions. Any level of refusal to participate will not result in penalty, bias, or loss of benefits. The researcher believes that your participation will not put you at risk for any detrimental consequences.

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT:

The faculty supervisor:

Dr. Michael Politano
Licensed Clinical Psychologist
College of William and Mary
Williamsburg, Va. 23185
253-4434

The researcher:

Mr. Robert G. Mahan
Licensed Professional Counselor
2013 Cunningham Drive, Suite 241
Hampton, Va. 23666
826-0593

I AGREE TO VOLUNTARILY PARTICIPATE:

Name _____ Date _____

THERAPIST DATA FORM

THERAPIST # _____ DATE: _____

Highest level of education completed:

B.A. _____ B.S. _____ B.S.W. _____ MAJOR _____

M.A. _____ M.S. _____ M.Ed. _____ M.S.W. _____ MAJOR _____

C.A.G.S. _____ Ed.S. _____ MAJOR _____

Ph.D. _____ Ed.D. _____ DSW _____ Psy. D. _____ MAJOR _____

If you are attending a graduate program now, please identify the type of degree and major:

Type: _____ Major _____ # Grad. Hours completed _____.

Length of time using SFT therapy model _____ years _____ months.

Number of sessions when you were the therapist _____.

Contact hours of training about this model _____ hours.

Length of time supervising this therapy _____ years
_____ months.

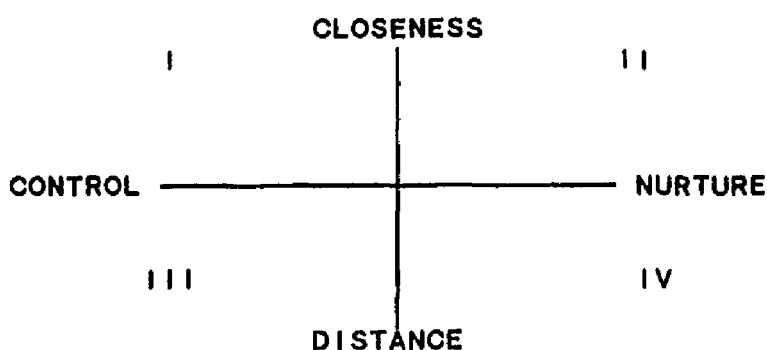
Approximate number of sessions you have supervised _____.

Contact hours of training re: supervising this model _____
hours.

Experience as a social worker/counselor providing "Family and personal adjustment counseling" prior to receiving training on this model of therapy _____ years _____ months.

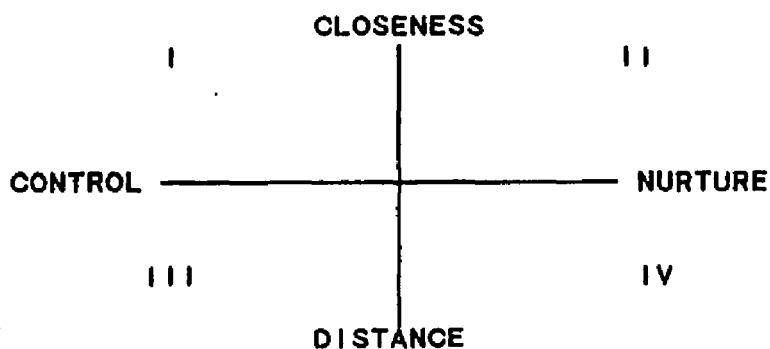
SFT: THERAPIST/TREATMENT TEAM RECORDING FORM

Please mark the model below to indicate where you believe the family was functioning at the end of the first session. For two parent families, please use an M and an F.



THERAPIST# _____ FAMILY # _____ DATE _____

Please mark the model below to indicate where you believe the family was functioning at the end of the tenth session. For two parent families use an M and an F.



THERAPIST# _____ FAMILY # _____ DATE _____

STANDARDIZED INSTRUCTIONS

In all cases, you may clarify or explain a word, concept or idea that a client doesn't understand, but do not prejudice their response or suggest a response to them. The tests should ideally be given prior to the 1st session and immediately following the tenth session.

FIRO-B: Have the adult place or you place the family's randomly assigned family # in the space marked " group ", have them place M or F (for male or female) in the section labelled " name ". Please fill in or have them fill in the date. Then have them read or read to them the DIRECTIONS on the back of the form and let them begin. THEY WILL MARK THEIR ANSWERS DIRECTLY ON THIS FORM.

Family Environment Scale: Inside each REUSABLE test booklet you will find an answer sheet. Have the adult family members put their randomly assigned family's number in the space for "name", then circle their sex (M or F), and indicate their family position by checking or xing the appropriate space. Have them fill in the date. Have them read or read to them the INSTRUCTIONS on the front of the test booklet. PLEASE REMIND THEM TO MARK ON THE ANSWER SHEET AND NOT IN THE TEST BOOKLET. Let them begin.

The MODEL: After your 1st and 10th sessions you will mark on your copy of the model where you believe each parent is functioning. Use M for male subjects and F for females.

Send all completed tests, consent forms, and marked models to Mr. Joel Kirsch, unless he directs otherwise.

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