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## *Assessment of Families*

Assessment of risk and protective factors and their interaction is a key step in using a resiliency-based approach to counseling families. The counselor and the family are partners on a collaborative venture to understand the life space of the family, the distress experienced by family members, the potential resources and sources of resiliency for the family, and the barriers that might prevent the family from accessing these resources. The assessment process also sets the tone for the working partnership between the family and the counselor. As Walsh (1998) indicates, “a common approach regarding family resiliency is the conviction that there are strong advantages to working with family members in a collaborative manner and finding solutions to shared problems. Family therapy is most effective when it identifies key processes for resiliency and encourages a family’s own best efforts for recovery and growth. Such an approach is empowering and enables families not only to address the current problem but helps to prepare them to address the challenges of the future” (p. 16). The assessment process is a critical step in guiding decisions regarding the appropriate intervention strategies.

### ***RESILIENCY-BASED APPROACH TO ASSESSMENT***

Families are often discouraged and demoralized when they come for help. Before seeking help from a social worker or other professional counselor they have typically tried their usual coping strategies and turned to their informal support systems within their extended family, friends, and other sources of help without success. They might have been sent for counseling by organizations with authority in the community with a message that they need help because they were unable to handle the problem. These are clearly not the descriptions of families who feel empowered. This potential demoralization of families is important. It is not only painful for the individuals involved but also depletes the sense of coherence and self-efficacy that support resiliency. Rather than being strengthened by viewing themselves as successful in and capable of addressing life situations, families can become even less able to handle already difficult situations. Their family stories risk becoming problem saturated.

Assessment from a resiliency-based perspective thus seeks to support

the resiliency of families by explicitly identifying sources of resiliency within the family in ways that can engender hope to family members. The social worker searches for signs of strength within the family and protective factors within the life space of the family. Evidences of strength and tools for resiliency are not merely noted in charts but acknowledged as such with family members throughout the process. In so doing, the family's sense of self-efficacy and mastery is enhanced and the family becomes a more effective partner.

Assessment also identifies areas of family functioning that need to be strengthened or addressed as well as stressors within the environment. Problematic communication patterns, unresolved family conflicts, lack of effective parenting skills, and isolation from potential sources of community support represent several areas that can need strengthening. Community violence, lack of educational opportunities, and high levels of unemployment represent community stressors.

While a theoretical framework guides assessment and treatment decisions set within the resiliency framework, use of this framework does not limit the family counselor to a single treatment theoretical model. Based on the results of the assessment of the risk and protective factors at the individual, family, and contextual levels, a variety of treatment approaches might be appropriate depending on the areas of risk factors and sources of strength identified. As illustrations, the assessment process with the Anderson family might identify a family with good communication among family members but isolation from needed community supports due to their recent arrival in the community. An assessment of the Bowen family might reveal love of parents toward their children but ineffective parenting because the parents are overreacting to the abusive treatment they received from their own parents. The Cutler family might be struggling with health problems of a parent that have caused severe financial problems. They also have the potential strength of an extended family that might be willing to help if asked. The Dodge family has a teenage son who has begun to skip school and abuse substances despite concerned parents' frightened threats to punish him severely. The Eduardo family might be homeless because the house they had lived in for many years was destroyed in the recent hurricane. These abbreviated assessments identify specific risk and protective factors that require different intervention strategies. Based on the assessment, the counselor in partnership with the family identifies the appropriate and effective ways to help the family members cope with the current sources of distress and strengthen protective factors for the present and, hopefully, ones that will also serve them for the future. Use of a resiliency approach in this manner can facilitate clinical judgment regarding the selection of appropriate intervention strategies. Discussion of assessment and selection of intervention approaches must recognize that this is an ongoing process subject to revision based on new information and developments within the life space of the family.

Chapter 1 describes family and contextual characteristics that support

resiliency (see table 1). Family characteristics include belief systems that engender hope, a sense of mastery and self-efficacy; a sense of purpose and meaning; family organizational patterns that promote effective communication, a balance of flexibility and cohesion, and adequate leadership; positive interactions and trust; humor; problem-solving and coping skills to address the problem at hand; and appropriate support systems in the wider community. Risk factors can be contextual: poverty, community disorganization and violence, and lack of economic and educational opportunities. They can also reflect family patterns that lead to conflict, lack of leadership, poor coping skills, rigidity, or chaotic family patterns. Families can also be isolated from potential support systems or appropriate resources can be absent from the community.

### ***ASSESSMENT PROCESS***

The assessment process can use a variety of strategies, including formal assessment tools, visual devices, an interview format, observation, information obtained from others, and the social worker's general knowledge of the community context. Regardless of the tools used, assessment from a resiliency-based framework is organized around the following questions that reflect a risk and protective factors perspective as appraised by the family members.

What are the sources of distress in the lives of family members? (risk factors)

How do family members view these issues? (appraisal)

What aspects within the family and their extended world contribute to these sources of distress? (risk factors)

Are there additional factors that contribute to this distress? (additive factors)

What are the resources for coping and support possessed by family members, the family as an organization, and their external world? (protective factors)

How can family members use these resources? (access to resources)

How can these resources be enhanced? (strengthening of resources)

What barriers are preventing family members from using these resources? (barriers to resources)

The information used to answer these questions will come from information obtained from the family, other relevant sources (e.g., school, referring agency), and the counselor's understanding of the community and the broader context.

While assessment occurs at the beginning of work with families, it can take place throughout the entire process. New information can emerge as the social worker gains the trust of the family members. Life circumstances of families change due to circumstances within the family extended circle as

well as the larger community context. As a result, social workers need to be responsive to these changes and reflect these changes in their professional judgment regarding the appropriate intervention strategies.

Based on the recommendation of Fraser and Galinsky (2004) and Chazin, Kaplin, and Terio (2000), the following skills and principles are important in using a resiliency model in the assessment process.

1. Assess the risk and protective factors present within the family, the community, and the larger social context.
2. Demonstrate respect for the clients as possessing strengths and potential resources—listen for their survival strategies.
3. Help clients recognize their strengths.
4. Engage the family members as partners in the assessment process.
5. Identify the risk and protective factors that can be changed.
6. Engage the family in the selection of the interventions.
7. Be knowledgeable about practice interventions that can address the risk factors and support their protective factors.

Fraser and Galinsky (2004) stress the importance of practitioners identifying keystone risk factors—the family and social conditions that are important causal factors and can be changed through an intervention. Identifying the factors that are both causal and subject to change enables the social worker and the family to address the problem in an effective manner. Families bring to counseling sessions a variety of problems. One important task is to help family members identify where we can begin. What are the areas that are amenable to change and if changed would have an important impact on the family (and frequently on some of the other problems as well)? The concept of keystone risk factors can be helpful in answering this question. Efforts directed toward these factors can help create additional positive change because positive changes reverberate throughout the family system and thus encourage families to believe that they can make a difference.

### ***Assessment Tools***

Assessment tools have been developed to help understand the current functioning of the family unit. Several of these are relatively narrow in focus like the behavior of the children or the nature of conflict within the family, while others provide a wider picture of the functioning within the family.

### ***Measurement Instruments***

Some of these measures look at the wide range of family functioning and others target more specific aspects of the family. The following list of instru-

ments designed to look at a wide range of family functioning followed by those that target more specific areas.

The following three measures evaluate a wide range of family functioning.

The Self-Report Family Inventory (SFI) developed by Beavers & Hampson (1990) measures family functioning. It has been used with families from a wide range of socioeconomic groups (Thomlison, 2004).

The Multi-Problem Screening Inventory (MPSI) (Hudson & McMurtry, 1997) assesses family relationship problems, marital satisfaction, partner abuse, personal stress, and partner or child problems (Hudson & McMurtry, 1997).

The McMaster Family Assessment Devise (FAD) (Epstein, Baldwin, & Bishop, 1983) measures six areas of family functioning including problem solving, communication (verbal communication in terms of instrumental, affective, clear or masked, direct or indirect), roles, affective responsiveness, affective involvement, and behavior control. These dimensions are relevant to a resiliency perspective. The information obtained from this instrument can be used to identify transactional patterns within the family. Whether or not specific patterns are dysfunctional or adaptive is determined by the larger context of what emerges as helpful for the individual family in this setting (Miller, Ryan, Keitner, Bishop, & Epstein, 1999; Miller, Kabacoff, Bishop, Epstein, & Keitner, 1994).

The following two measures evaluate specific dimensions. McCubbin and colleagues have developed instruments designed to assess dimensions of families. These scales are based on their theoretical work on family coping discussed in chapter 2.

The Family Crisis Oriented Personal Evaluation Scale, developed by Hamilton McCubbin, David Olson, and Andrea Larsen, looks at family problem-solving strategies. It includes thirty items of different problem-solving strategies. There are also French and Hebrew versions of the scale (McCubbin, Thompson, & McCubbin, 1996).

The Family Coping Index, developed by Hamilton McCubbin, Ann Thompson, and Kelly Elver, examines how families cope with difficult life circumstances. It includes twenty-four possible coping strategies (McCubbin et al., 1996).

### ***Visual Devices***

The ecogram and genogram are two visual tools used widely in assessment with families. They are useful in identifying patterns within the families and the family's relationships to the larger environment. These tools provide

mechanisms by which the family counselor and the family can collaborate to identify sources of strain and distress and important resources for the family.

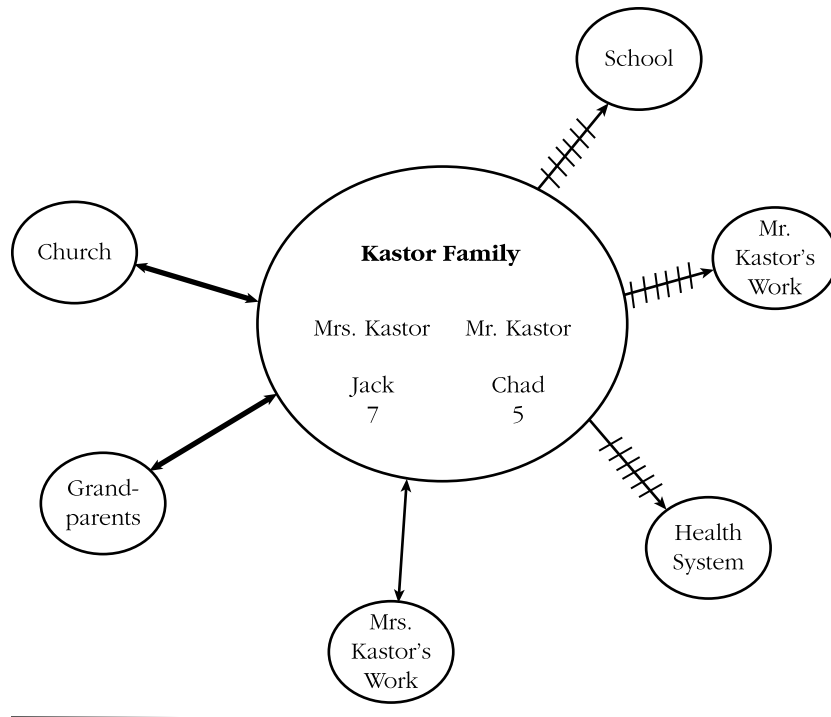
The eco map is a visual representation of the family's transactions with the wider environment. These transactions include those of individual family members as well as the family as a unit. Families can be asked to map out their relationships with important aspects of their external world. Some of the important dimensions that are typically included are schools (for families with school age children), extended family members, employment, health systems, and other social services that are part of the family life. Families can be encouraged to identify other entities that are relevant to their family life, for example, the church, and local recreation program. Arrows and lines are then used to describe the flow of energy from family members to aspects of the environment. Arrows describe direction and the width of the line indicates the degree of energy involved. Conflictual transactions can be delineated by cross hatching. This set of lines thus conveys to the family sources of support as well as possible exhaustion and tensions.

The eco map has the advantage of making visible the sources of support (external resources) and strains within the family in terms of its transaction with the wider world. While people often experience distress or feel nourished by other interactions, seeing such patterns on paper can be quite powerful in identifying the nature of them in their lives. Creation of the eco map sets the stage for discussion about what might possibly be done to reduce the stresses and to enhance the resources in ways that can promote the resiliency of the family.

The Kastor family consists of Mr. and Mrs. Kastor, their seven-year-old son Jack, and five-year-old son Chad. The family receives support from a grandparent who helps take care of the children when they are ill and cannot attend day care. One of the children has been having difficulty in school and the parents dread calls from the teacher. The parents have been pillars of their church for many years. They feel valued in this setting and experience their relationships with fellow church members as their main support system. Mr. Kastor is concerned about the stability of his job because there have been layoffs and people are worried about who will be next. As a result, there is pressure on everyone to work extra hours to prove their worth to the company so that they can escape the next round of layoffs. Mrs. Kastor is feeling satisfied with her employment situation. One of the children has some serious health problems and the parents have had problems in getting clear answers regarding the nature of these problems and possible effective remedies. The family's current health insurance is linked to the threatened employment situation of Mr. Kastor.

See figure 1, Kastor family eco map.

The genogram is a visual map of the family over time (McGolderick & Gerson, 1985). Families can use the genogram to describe the family story as

**FIGURE 1.** Kastor Family Eco Map

it emerges across several generations. Use of the genogram is based on recognition that family messages, loyalties, expectations, or tensions are communicated from one generation to the next. As one student said after doing a genogram of her family, "I realized I either had to marry a Lutheran pastor or become one." The genogram includes available information about the parties involved—names, brief personal descriptions, employment, health, and other relevant information. A history of substance abuse can represent a multigenerational risk factor. Several generations of substance abuse followed by lack of such problems in the current generation can be used to identify sources of strength and resiliency within the family. The genogram can reveal a history of physical problems, for example, early death caused by heart problems, which represent a legitimate health concern within the family or prompt unrealistic worry. The genogram can represent expectations in terms of education, religion, employment, and other areas. Names from one generation to the next can convey important messages.

The genogram can also describe relationships among people. Circles are used to describe close ties among groups of people, broad lines to indicate strong relationships, and jagged lines to describe conflict between

people. Lines can also be drawn to identify cutoffs that have occurred within the family.

The genogram enables family members to place family events within a cultural or historical context. The family might have emigrated to another country or lost family members due to war. Historical events also help explain why families made the choices that they did. People may discover the limited options that family members had due to war, political oppression, and community poverty when they made decisions that might appear puzzling or hurtful without this context. A social work student had felt abandoned by her parents who had placed her as a young child with relatives. Although she came from a Mexican family in which such relative placements are acceptable, she always felt hurt by the parents' actions. When she created her family genogram and placed the historical context in the background, she realized the terrible economic hardship to the point of the danger of starvation that was facing her family during these times. The visual image of the genogram helped her understand for the first time the social context of her parent's decision and to recognize that it was made to protect her rather than because her parents did not care enough for her.

The Loden family came to the session because Ted Loden feels that Sue Loden is too overprotective of their twelve-year-old son, Mark. Mark is resentful of his mother's overprotective ways, and the father and son have created a close alliance from which the mother feels excluded. As the family creates a genogram, a family pattern emerges that helps put some of her anxiety into perspective and enables the family to problem solve alternative solutions. The Lodens have one child because Sue had several miscarriages both prior to and following Mark's birth. Mark has been a healthy child but has seen more than his share of doctors' offices due to Sue's anxiety about his health. A genogram revealed a history of health problems on the maternal side of the family. Although the family was aware of some of this history, they had not fully recognized the extent and impact. Sue has a sister, Carol, who has been healthy, but her brother, Jim, died when he was eighteen. He had been playing basketball with a friend when he died suddenly of a previously undetected heart problem. Her father, Mark Matthews, died of a heart attack when he was in his forties leaving her mother, who has always been very healthy, to financially support and in other ways raise the family. Her uncle Peter had successful heart surgery for a birth defect when he was a child and has been able to live a relatively normal life. Another uncle, John, died in his fifties from heart disease. The genogram of the paternal side revealed no pattern of significant health problems for the Lodens, and the men in this family were described as very physically active.

Although Matthews family members were aware of health problems within the family, the genogram gave a vivid reality to the health problems facing the male members of Sue's family and the fear that had been deeply embedded into her. While it helped other family members appreciate her

worry, it also helped her begin to recognize the need to distinguish her son from other family members and to recognize their son's potential strengths from his father. Creation of the genogram contributed to a better understanding within the family of the situation facing the family currently and enabled family members to dialogue more effectively about ways to address it. See figure 2, Loden family genogram.

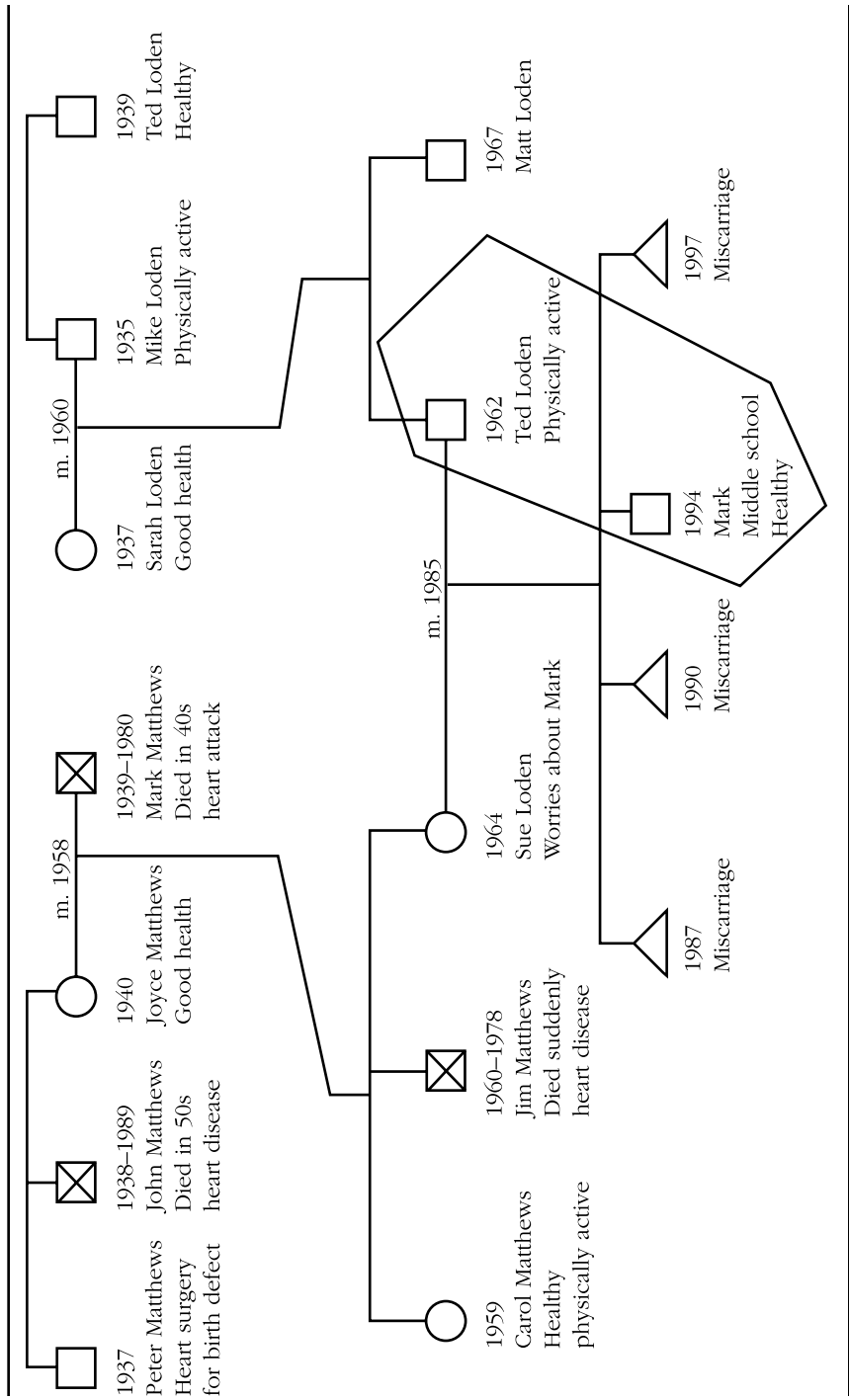
Creation of the genogram is a process that involves members of the family and the family counselor. Relationships among family members and between the family and the counselor can be critical in this process. As a result, one should not expect that a final genogram is accomplished during the first visit with a family or that it is always advisable to begin the process of a genogram during the first visit. Families frequently have secrets that they are protecting due to codes of family loyalty or a sense of shame. As families learn to trust, they may be more willing to include these aspects in the genogram and to incorporate them in ways that can promote healing within the family. Sometimes family members have kept secrets from each other and are reluctant to reveal them. An adult friend of mine who was involved in family genealogy was excited because he discovered some colorful characters in which had otherwise been a rather staid family background. When he shared his excitement with his mother, she was horrified at his discovery and responded that this was a family secret that he wasn't to learn about. As the genogram is created, the social worker and family members can explore themes that illumine the current situation.

Family legacies take many forms within families. Some of these legacies support people's ability to survive hardships while others contribute to vulnerability. A family in the Orlando, Florida, area was featured in the local paper as a result of their legacy that family members are still carrying out. Family members are caring for people with severe handicaps in their homes. Now adults, family members describe their home as a place in which their mother regularly cared for people with severe handicaps as members of the family. The children in this family grew up with the assumption that the presence of such individuals within the family circle was a normal way of life. After the death of their mother, the children have continued this tradition of caring for individuals with these severe handicaps as a way of honoring their mother and her legacy (Roen, 2004).

### ***Interview***

The interview is an essential assessment strategy for the family counselor. The assessment interview within the resiliency-based framework is guided by a search for risk and protective factors that provide the context for understanding the distress of the family and potential sources of healing. This search is carried out by asking key questions, requesting family members to enact family events, and by observing the family members in action. The

**FIGURE 2.** Loden Family Genogram



interview process thus includes both a directed conversation and observations of nonverbal behavior. The moving drama of the family is played out during the family interview and reveals much about the life of the family.

The social worker has access to a wealth of information conveyed by the interaction of family members in addition to the facts family members offer in response to the counselor's questions and comments. Everyone who has ever lived in a family knows the power of the verbal and nonverbal gestures of other family members during a conversation. When a family member rolls his or her eyes to the ceiling or leans forward attentively when another family member is expressing a concern, these gestures convey powerful messages. Silence can communicate volumes of multifaceted meanings within families. It is important for social workers and family counselors to inquire whether or not their interpretations of these silences fit with the meaning intended and experienced by the family members. For example, when one member of a family brings up an issue and there is marked and tense silence by the other members, the family counselor can ask "I am getting the impression that this is a topic that people find difficult to talk about—am I reading this situation right?" On the other hand, if people feel comfortable with the silence, the counselor could comment, "I am getting the impression that the rest of you feel comfortable with the way that (dad, mom) has described this issue—am I reading you right?" Comments such as these not only help the counselor understand the family accurately but also convey the message that the assessment process is a partnership endeavor. Observation of the family patterns gives access to the metamessages of communication within the family. Family members understand the subtext of comments made. Their verbal and nonverbal reactions in turn provide additional information to the social worker in the assessment process. Family members interact during the interview by adding their comments to statements made by other members or becoming obviously silent.

### ***Thematic Dimensions***

In addition to verbal and nonverbal messages, two major thematic dimensions relate to content and process and to linear and circular understandings of family interactions.

*Content and Process.* Content refers to the specific topic or events being discussed. Family members can be talking about a curfew for their adolescent daughter, financial struggles, decisions regarding employment, and a host of other specific topics. Process refers to the ways in which the family interacts in terms of communication, family roles, and issues related to family organization. While family members typically talk in terms of content, understanding process is critical in identifying the repetitive patterns that occur within families. Family members might be arguing about curfew, but this topic reveals the ways in which parents attempt to exert control over

their growing children, how parents deal with their own relationship, how parents and children communicate their differences. These process themes are likely to transcend specific topics in the family situation and reflect family system characteristics.

The family dance of process takes place as the family members deal with a variety of content issues. If the assessment and subsequent interventions are limited to content, important family patterns that maintain problematic interactions can remain unidentified, untouched and unchallenged. The struggle for growing independence by an adolescent family member, for example, can occur in the context of curfew, participation in family activities, use of money, and appearance. When the focus is on content, the family counselor can quickly become overwhelmed with the multitude of issues and begin to lose a focus with the family.

*Linear and Circular Questioning.* The assessment process is a good time to introduce the concepts of circularity rather than a merely linear perspective on what is occurring within the family. Families frequently come to the session with the mindset that A causes B. They do not consider the various circular loops that are occurring.

The family can view the tension in the family as due solely to thirteen-year-old Jim's problem behavior and, therefore, that this is the only change needed. Of course, from Jim's perspective the problem is that his parents are being too strict with him. Each party in this family is hoping that the social worker will accept his or her linear perspective of which of these themes is responsible for the family tension and the circle of blaming within the family that serves to increase the tension. A careful tracking of the sequence through questions such as, Who steps in first when there is tension? What has been happening with other family members? How have the parents changed in their reactions? How do other siblings react to what is going on? might reveal a more complex and circular pattern within the family. It might uncover tension between the parents regarding how to discipline Jimmy, or increase worry within the family because Jimmy's older brother has developed a substance-abuse problem and the frightened parents have created a very strict code for Jimmy because they are frightened that he will get in the same trouble. It might also reveal a boy who has not found ways to earn the praise of his parents for his academic or sports performance and has discovered a way to get his worried parents involved in this life. It might reveal a boy who is worried because he has overheard his parents talking about possible layoffs at his father's job. These concerns on the part of the parents have made them less attentive to the children and more impatient of the behavior of the children who in turn have reacted by adopting more difficult behavior. Such circular patterns of behavior frequently are a more realistic reflection of events within the family. Inclusion of these circular patterns in the assessment process also offers additional opportunities for addressing problems within families.

### ***Information From Other Family Members***

Eliciting information from various family members gives a broader and more systemic picture of the family story and relationship issues. Recognizing that individuals always come to situations with their own agendas and perceptual frameworks, differences in the family story that emerge can subsequently be explored as appropriate. Aside from personal differences within family members, there are several factors that contribute to these differing scripts.

*Life cycle issues* can be important contributors to these differences. Children and adults typically view life events from very different developmental perspectives. Teenagers and their parents, for example, frequently disagree on many issues. Young children can be limited in their understanding of complex situations and create a sense of meanings based on life as they see it. The following example illustrates how developmental issues influence perceptions in as they relate to the counseling process.

Five-year-old Anne was referred for counseling because she had become very frightened of bugs. She had also become very good but this change had not prompted the referral. Her family included her mother who had been recently widowed leaving her with the responsibility of the two teenage boys from her husband's previous marriage. Anne revealed that she felt that she had to be very good or her mother would kill herself. Apparently when her mother was feeling upset, she would say, "You boys will be the death of me yet." From the literal perspective of a five-year-old, Anne interpreted these words to mean that her mother would kill herself if she did not help by being good. Naturally the mother was astonished as her daughter explained what these words meant to her. Anne's mother quickly clarified that she was not going to kill herself and that these words were just an expression of her frustration. Anne's fear of bugs and her excessively good behavior went away almost immediately.

Sarah, another five-year-old, was referred for counseling because of her serious behavior problems in school combined with excessive fears. She had been adopted at birth and had had no contact with her birth mother. When she was two her adoptive mother developed bone cancer and died within six months. Because of her mother's severe health problems, Sarah's aunt cared for her. Sarah was cared for by her aunt until her father remarried. In order to help the child bond with her stepmother and because her own health was problematic, the aunt then dropped out of the picture. During the counseling process, the child revealed that she believed two of her mothers had already died and she was thus afraid that her third mother would also die. From her perspective, the odds were against her stepmother living. Although her parents had never told her that her birth mother had died, the young child assumed that if she had been adopted, her mother must have died. While giving her the correct information did not affect the immediate change evident in the earlier situation, it represented a crucial step toward reducing her fears.

*Communication patterns* within the family can contribute to differences in perspectives because information might be shared selectively within the

family. Generational boundaries are frequently marked by the information that is shared. My husband was motivated to learn some Dutch because information that the children were not supposed to understand was spoken in Dutch when he was a child. When I interviewed youth in rural families that were experiencing financial problems, many described a pattern of generational boundaries that contributed to their anxiety. The parents would talk about the family's financial problems between themselves but would not discuss them openly with the children. The children of the family would join forces to elicit or overhear whatever information they could in order to piece together what was happening in their family. As one can imagine, such a situation is ripe for multiple interpretations and misunderstandings of a situation.

Problems in clear communication in the family can contribute to differences in perspective. People can communicate in oblique, ambivalent, or contradictory patterns. Even when parents believe that they have communicated with their children, the example of the Roberts family in which the children believed that their mopeds had caused the family's financial problems demonstrates that people can still not understand the larger picture. Sometimes situations are complex and parents assume that children understand this complexity or do not think that it is important to give detailed information.

Jim, a teenage boy, was referred to me because he had been stealing gas from the neighbors. He was frightened that the family would need to live on his mother's Avon earnings because the family was going into bankruptcy. What he did not understand was that the father was declaring Chapter 11 bankruptcy for the family business. His parents had not realized the importance of explaining to Jim the different types of bankruptcies and the implications of Chapter 11 for the family.

*Family alliances* based on gender, generations, or unique family circumstances can also influence communication patterns within families. Family members who are part of a specific family alliance are likely to communicate more with each other and perhaps exclude others. They can also share a similar perspective on family issues. Eliciting information about the situation and potential resources from different family members can help identify some of these issues. The patterns reflected in these differences can potentially reveal problematic communication patterns, family alliances, or other issues that potentially need to be addressed in the counseling situation.

### ***Social Worker's Reaction***

The social worker can also use her or his own reaction to the family as part of the assessment process. Since families enlist their counselor into the family dance, the social worker also begins to experience the family patterns. One can begin to experience the pressure to blame or ignore a specific

family member or to avoid certain topics because family members dodge around them. I have caught myself turning toward family members who engage me and in the process ignoring others until I realized that I was mirroring long-standing family patterns that tended to marginalize certain family members. Without intending to do so, I was reinforcing patterns that isolated family members. The family dance can be a very powerful one.

### ***COPING PROCESS***

In assessing the ability of family members to cope, it is important to recognize that coping does not occur within a vacuum. It is influenced by the nature of the challenge facing the family. Community and cultural expectations also create varying scripts regarding appropriate ways to cope. These scripts help family members learn coping skills as well as offer support or censure for differing behaviors.

The following represent key areas identified in the resiliency literature that influence how families are able to cope. As is evident from the discussion regarding family coping, these items form a circle as events are appraised and addressed. This circle sets in play yet a second circle in response and interacts with other ongoing patterns within the family and the community.

#### ***The Current Stressor***

This stressor is frequently the presenting problem. Questions such as, “What brought you here?” “Why did you contact our agency?” “What type of help are you looking for?” “How can we help you?” and “What changes do you wish to occur?” can be useful in eliciting this information. Given the complexities of family life such stressors can represent one of a wide variety of life circumstances. The current stressor may be a referral from the school because the thirteen-year-old son or daughter is skipping school or a major conflict between the parents on how to spend their limited money. It can be the discovery by parents that one of their teenagers has been abusing alcohol or other drugs, the sudden illness of the grandmother who had been the emotional mainstay of the family, the family’s eviction from their apartment, or pressure from the court due to neglect of a child. While this list contains only single items, families frequently seek help because several related problems are creating distress. This issue will be discussed subsequently in terms of additive sources of stress. The nature of this stressor can begin to shape the picture of the needs to be addressed in the counseling process.

#### ***Onset of Stressor***

It is valuable to identify the issues related to the onset of this stressor. Is the problem at hand a recent one with a sudden onset (an acute problem) or

a long-term problem that has in some way become more serious, or intolerable due to other life circumstances that make it difficult for the family to cope with it, or has now caused community members to insist that the family seek help? The exploration of these differences can help identify the context of the current stressor, the presence of additive stressful events, the meaning of this event in the life of the family (appraisal), and potential resources.

The following families are seeking help for housing with quite a different combination of onsets and accompanying situations. The Andrews family comes for help with housing because they were recently evicted from their apartment for nonpayment of rent. They have a long history of being evicted from apartments for failure to pay their rent. The employment pattern of both parents is sporadic. The Bowen family is also seeking housing help in response to eviction but their situation is quite different. One parent recently lost a steady job that had been held for several years due to downsizing at the plant. Loss of income combined with family health problems by the other parent resulted in the family being unable to pay their rent. The Conner family is also seeking housing because a major hurricane devastated their home. They returned from the shelter to discover that the storm had blown off their roof and a large tree had fallen on it and made the house unsafe for habitation. They had lived in this home for the last ten years following a move to the community after they retired. Their home was part of a neighborhood that had been devastated by the storm. While they had insurance, it was not adequate to cover their costs and they needed additional financial aid.

Based on this information, the Andrews family reveals a risk pattern of long-term financial instability and poor management coping strategies with possible problematic employment skills. While further information is needed before making a final assessment, it is likely that the situation will not be solved merely by referrals for a new low-rent housing option or job placement. On the protective side, family members have stayed together as a family despite all of these problems that might have driven them apart. This suggests a level of cohesion and sense of identity as a family. They have not become demoralized from their ongoing problem. The Bowen family demonstrates the coping strategies needed for long-term employment and generally adequate financial management coping abilities. Their family members also have retained a sense of family despite their current crisis. The Conner family was caught in the vortex of a natural disaster. Its ability to turn to neighbors is limited because they too were caught up in the storm but have been together as a couple for some time. Fortunately, the Connor family will be eligible for federal assistance because their community was declared a disaster area. Further exploration might reveal that the Andrews family appraises their current situation as part of their usual pattern of life while for the Bowen family it represents a major disruption in their pattern and family identity. The Conner family members are feeling the shock of

their long-term home and mementoes being destroyed and the destruction of their neighborhood but are grateful that they survived it together because others were killed in the storm.

### ***Impact on Family***

What has been the impact on the family of this stressor? Typically people do not seek help unless some event has either created distress for members of the family or on the part of people who have some power or influence over the family. The impact of the stressor of the family is a reflection of the potential disruption, the family appraisals of the problem and resources, and the family coping strategies and resources. The impact of life events of family members can vary widely depending on the appraisal of the situation and potential individual, family, and contextual resources. Assessment must include positive as well as negative changes. Some useful questions that elicit information regarding the impact of the event on the family include

How has this affected you as a family (as well as individual family members)?

How has this been difficult for you?

What was there about this event that led you to contact our agency?

What have been your concerns?

How has this changed your family and your way of thinking?

What do you think might help?

In what ways has this affected your relationships with people outside of your family?

The nature of this impact is influenced by various risk and resiliency factors. Exploration regarding the impact often opens the door to these issues. The impact of events on families is affected by additive factors, appraisals, coping strategies, as well as the risk and protective factors identified earlier and discussed in greater detail in this chapter.

### ***Additive Factors***

Resiliency research indicates that a series of difficult events is more stressful for families than even the summation of the individual situations. The question here relates to what are some of the other issues in the life of the family that are increasing the distress the family experiences. Such additive factors may be related to the following issues.

*Life cycle issues* within the family. Families go through a variety of changes during the ongoing life cycle and people enter and leave the family circle and change their roles within the family and the wider context. A child who had been the intermediary between the parents goes off to

college. A parent or grandparent dies. A much-awaited new baby creates time and energy demands on the couple who are now parents. A marriage brings together two very different families. Retirement changes roles within the family and the family's relationship within the wider community. A child moves into adolescence.

*Additional circumstances.* Families are frequently experiencing several difficult life circumstances at the same time. Family members can lose jobs, experience legal problems, or have substance abuse issues or other health problems. They can live in violent neighborhoods that impact in various ways in the family. These circumstances can interact in complex ways that increase the stress experienced by families.

*Unresolved issues* activated by current stressors. Family members can re-experience difficult times in their lives that are activated by current stressors. Divorce can reactivate the feelings of being rejected by parents. Absence of a partner who has been called to active duty can evoke feelings of being vulnerable due to an earlier experience with rape or fears of abandonment. Loss of a job can reactivate feelings of worthlessness. A child's difficulties in school can activate parental feelings of failure due to the parent's own educational problems in school.

*Contextual issues.* Community poverty with the attendant lack of opportunities can increase the pain of job loss. Discrimination can be experienced as oppressive and reducing hope for new opportunities. Violence and crime within the community can create realistic fears of safety or worries about the role models available to youth.

Additive factors can be explored in many ways. The following are useful questions or prompts for eliciting the family's perspective on additive factors that can increase the stress.

- Have you had your hands full with any other problems or difficulties?
- Has anything happened in your family that has made this more difficult to cope with?
- Are you having to contend with any other problems/or changes?
- Has anything been happening in your own family life or your community that has made this worse?
- Has this problem prompted any other difficulty in your life?
- Are there other worries you have that are making this problem worse?
- Has anything else been happening in your family that has influenced how you have been able to handle this?

Mr. Warren illustrates the power of several of these additive factors as well as the resiliency present within the family system.

Mr. Warren (a man in his late fifties) contacted the local mental health center at the urging of his wife due to his deepening depression. He was experiencing serious financial problems with his farm and was depressed and discouraged

about the future. He was also feeling that he had failed his family. As a boy he had grown up in the Netherlands during World War II. As the older brother, he felt that it was his responsibility to take care and protect his younger brother. But a ten-year-old boy was no match for the bombs, devastation, and near starvation experienced by the people in the community. Appraising this situation within the cognitive framework of a child, he believed that he was a failure. He was committed to protecting his family in the future. As an adult, Mr. Warren was true to his word. He worked hard, supported his family well, and provided his children with college educations. Now caught up in the economic major depression of the agriculture sector, his careful arrangement of care for his family was falling down around him. The depressed economic situation in his community had decreased other employment opportunities. He was worried that his age would also jeopardize these opportunities. As a result, additive factors due to life cycle, previously unresolved life issues, and contextual issues all interacted with the initial stressor to set in motion and intensify his depression. Fortunately for Mr. Warren, powerful resources were also present. His wife was a caring person who loved him deeply. When she learned of his feelings of guilt and sense of failure, she took steps to alter them with other sources of information. She contacted the adult children who in turn were quick to reach out to their father with words of thanks and appreciation for all that he had given him. The family mounted a campaign to change his view of himself from that of a failure to a hero who had created a viable business out of very little and had launched his children into successful adulthood through his efforts. They also indicated that they were now at a stage of life where they could and should help out their parents if the need should arise.

While the message of additive life events relates to the presence of increased risk factors, this part of the assessment process can also be used to highlight family resources. As family members describe the presence of multiple stressors that the family is experiencing, the social worker can highlight some of the signs of resources that have also emerged in this context. That the family has somehow or other managed to stay together as a family, or ensured that children continue to go to school, that no serious abuse has occurred, or that family members have not succumbed to the temptation of substance abuse or have been able to stop abusing drugs to escape the tension, are all signs of strength within the family. The counselor can comment that other families might have long ago given up and thrown in the towel, while they are still staying together trying as a family. This information provides the opportunity later to explore with the family what have been some of their sources of resiliency—how did they manage to cope, what gave them the strength to go on, what kept them from giving up, what enabled them to pick themselves up during these difficult times.

### ***FAMILY APPRAISALS OF THE SITUATION***

As described in the family strengths and family crisis literature, how family members interpret life events is critical in influencing how they will

experience and respond to stressors. These appraisals are influenced by the family's own unique paradigms as well as the schemes that are part of the cultural framework. The family therapy technique reframing in which events are placed within a new meaning system is based on recognition of the importance of the meaning that is attributed to an event. Mr. Warren interpreted his business financial problems as evidence that he had failed his family members yet again. His wife and children fortunately did not share his interpretation. The Lo family feared that their daughter's attempted suicide would cause the family to be deported. In the Roberts family, both the young people in the family felt guilty because they felt responsible for the family's problems. The family resiliency literature indicates that resilient families are able to recognize complex causes of situations instead of blaming and scapegoating family members. Understanding events within a developmental perspective can also be helpful because it permits family members to recognize the role that development plays and that change is possible.

Appraisals can include attributions of responsibility, views on what is the likely impact of the event, and ways to address it. As family members describe their current and past stressors, questions that evoke attributions of responsibility and meanings of events can be useful. This information can be elicited as part of the ongoing conversation with the family about the event. Patterns of blaming and scapegoating within the family can emerge.

Attributions can be powerfully influenced by cultural views of what is important or appropriate behavior. Families can also be influenced by the way in which community members view issues. HIV/AIDS is associated with stigma in many societies. This community definition can be a powerful influence on the nature of resources available to the family. Community appraisals that have been internalized by the family members will be reflected in the appraisals given by family members. The process of exploring other resources within the community often reveals other community perspectives on the issue. Questions such as the following can help prompt information in the areas of attribution and impact.

- What did you make of . . . ?
- What do you think helped make this happen?
- What have you told yourself about this event in your family?
- What has been your interpretation of this event?
- Have you ever asked why this happened?

Appraisals of how to address the problem are important in understanding the family's view of the nature of appropriate resources and ways to access them. Questions related to this issue are helpful in identifying information regarding several critical areas including the family's expectation of the counseling situation, the family's paradigms regarding how to address problems of this nature, the nature of the family's support system within the

larger community, and the family's previous attempts to address this problem. Some useful questions and probes in this realm include

- What have been your thoughts on ways to help this situation?
- Has anything been useful so far that would be valuable in trying to address this problem?
- What do you think would be helpful?
- What do you hope to get out of coming here?

## ***IDENTIFYING APPROPRIATE RESOURCES***

### ***Coping Efforts***

A repertoire of coping efforts is an important source of resiliency. While the nature of effective coping efforts varies depending on the situation, the ability of the family to pull together to address family issues is a consistent important family resource. Eliciting information about what the family has already done to try to solve this problem and the results can be valuable in assessing family coping as well as the nature of the resources available to family members.

- How have you tried to solve this problem and with what results?
- What have you already done to try to make this situation better (and with what results)?
- Have there been people in your family or community that you have turned to address this problem (with what results)? If not, what has kept you from seeking help from others about this problem?

These questions can be effective in identifying possible resources within the extended family and community as well as barriers in this process and views of the community regarding the stressor. One can elicit feelings of support as well as those of shame, alienation, and isolation.

### ***Belief Systems***

Exploring coping efforts gives valuable information about the belief systems of families.

### ***Self-Efficacy, Mastery, Hope***

In terms of beliefs of self-efficacy, mastery, and hope, families quickly reveal their sense of feeling defeated in their coping efforts or feeling that they can address the problem given a little extra help. These families seem hopeful that their problem can be solved. When families are demoralized about their

coping efforts, it is common for them to use words to convey that they are discouraged because they have tried everything and feel that nothing has helped. They project a sense of hopelessness about their situation.

The family's definition of appropriate and available resources and ways to access these resources are important. Cultural background, community definitions, the nature of the problem, and unique family circumstances all help shape these definitions. Questions that relate to whom they can turn for help and in what way are useful in eliciting this information. As discussed earlier, while one family in a community might view a resource as available and acceptable, this same potential resource can be reviewed as unavailable and unacceptable by others.

From a resiliency perspective, the social worker needs to be constantly surveying the situation for possible sources of resiliency. As a result, it can be valuable to extend the focus of the conversation beyond the immediate problem and situation. What evidence is there in the family history or current context that might have some parallels to the current situation that can be used to enhance the family's sense of self-efficacy and hopefulness regarding their ability to address this problem or to identify supports within their family or community?

Have you ever experienced a situation at all similar to the one that you are going through now? If so, how did you handle this?

What did you do as a family to try to make it better? (identification of coping strategies)

Were you able to turn to others to try to make it better? (with what effect)

A family can become so overwhelmed by its current situation that it loses sight of possible strengths within its family or support system. Information regarding effective coping with similar current or past events can be used to highlight the ability of the family to cope. Similarly, information about help received from others can be used to highlight possible resources.

### ***Family Trust, Loyalty, and Affection***

Family trust, loyalty, and affection are important sources of family resiliency. The counselor needs to be attentive to verbal and nonverbal signs of such traits within the family as they play out the family drama in the session. Beyond specific comments by family members that reveal concern and unity versus anger and mistrust, gestures such as posture and seating positions can be revealing. Tones of voice that express caring or protection in contrast to anger or disdain are important clues. Sometimes hurt can be an indirect sign that people in the family are important to each other—the people who are important to us have the power to hurt us. If family members are embroiled in a current situation and are unable to access feelings of affection and

caring, the social workers can probe for evidence that such feelings were present during the past. Explorations regarding potential sources of help within the extended family can elicit information about possible sources of affection and caring within this wider circle.

Once the family counselor has identified important supports within the family circle, the question arises as to how one can most effectively tap these sources of resiliency. On the principle that one wants to bring together the people who can help solve the problem, the assessment process will influence the nature of the cast of the family members invited to future sessions. Perhaps there are members of the extended family or other support systems that would be appropriate to include in the sessions and it can be useful to discuss this possibility with the family members.

### ***Patterns of Spirituality or Faith***

Spirituality and faith can emerge as resources in several ways. In describing the impact of life events on families, members can describe the meaning that events have had in terms of their growth in sense of meaning or purpose, or perhaps their deepening of faith in others or their religious life. Family members can describe coping efforts that involve turning to members of their religious community for emotional or instrumental health. Relationships with the divine (as viewed by the family and their spiritual tradition) can be important sources of support. While these represent positive responses that support resiliency, families can also feel alienated from their traditional faith or from members of their religious community. Individuals within the family can vary widely in terms in their experiences in the area of spirituality and religion and thus the assessment must incorporate these differences.

## ***Organizational Patterns***

### ***Family Cohesion***

A related and essential source of family resiliency is cohesion, the family's ability to band together as a group to address the problems of life. As described in the chapter regarding cultural issues, cultures vary in terms of what this means regarding codes of relatedness compared to individualism within families. Regardless of the continuum involved here, the ability of the family to view itself as a unit (we), for members to care about what happens to other family members and the family unit, to band together to address the problems facing the family is an essential aspect of family resiliency. Family patterns of cohesions can be identified by the family's descriptions of how they appraise the nature of the problem (especially, their concern for its impact on the family as a whole) and views of potential ways to address the problem or their history of coping efforts.

***Family Leadership***

Resilient families have an effective leadership structure within the family that can direct family efforts and ensure that family member needs are met within the resource constraints of the family. Ineffective leadership patterns can range from those in which leaders abuse their power in a dominating manner or where there is no sense of order within the family. Leadership patterns can be identified as family members describe how they have responded previously to the presenting situation or other events within the family. Communication patterns within the session can also reveal leadership patterns within the family. Do children evidence appropriate respect for the parents who are speaking or are there constant interruptions or disparaging comments made? On the other hand, is leadership by one of more of the parents so overbearing that other family members are reluctant to speak?

As described earlier, it can be useful to expand the discussion beyond the problem at hand to other situations currently or in the past to identify leadership patterns. There may be evidence that effective leadership was present in the past but some event or circumstances, for example, the demoralization of loss of a job, the onset of depression or illness, has diminished the ability of the parents to exercise leadership. Such circumstances suggest that the skills for leadership are potentially present and can be reactivated with appropriate help. Perhaps one of the parents had assumed the leadership role within the family and now this parent is no longer able to carryout this role due to separation or death. Families might have had leadership styles that were effective when the children were young but are no longer effective now that the children are adolescents and are challenging the previous leadership style. Cultural disjuncture can also play a role. Family members who have emigrated to other countries can sometimes have difficulties in establishing leadership styles that fit with the new culture and the change in roles in terms of the new community.

If gaps are identified, what are the possibilities for skill development or support for currently dormant leadership abilities? Identifying these aspects helps guide the treatment process.

***Family Communication***

Family communication patterns are important in terms of resiliency because effective communication is essential for problem solving and can contribute to the sense of trust within the family. Some of the issues of communication were identified in the earlier discussion regarding different perspectives of family issues.

The counselor can observe family communication patterns within the family interview. Are family members able to talk about difficult things? When sensitive topics arise, do they veer off, change the subject, and become overly

angry at one another? Who are the people who appear to influence what is talked about and by whom in the family? Can family members listen to each other? Are the comments of some family members valued while others are discounted? What patterns emerge as family members discuss the situation?

Social workers can also ask family members to enact in the family session some typical communication interaction patterns. When family members describe an ongoing disagreement or successful resolution, the family counselor can ask them to demonstrate in the session what occurs at home. This enactment permits the counselor to check with the family if the communication pattern present in the session reflects what occurs at home.

The social worker can use this information to identify effective and ineffective communication patterns to problems that need to be addressed in the counseling process. Assessment of family communication must, of course, consider cultural differences in communication. A social work student who had grown up in an urban community described her confusion in working with rural families who used terms such as “small problem” to refer to major events such as an impending eviction or serious health problems. A counselor accustomed to direct communication can be puzzled while working with a family from cultural groups that value indirection or understatement. What is critical here, of course, is how this family communication patterns work for the family members involved and their support systems.

### ***Flexibility of Family Roles***

Family resiliency is enhanced by the ability of family members to assume different responsibilities and roles within the family. As family members are called up to military duty, become ill, or lose jobs, other family members must be able and willing to carry out the roles of family members who are missing or are no longer able to meet the needs of the family in the previous manner.

Family flexibility can be assessed by using the information provided by family members regarding how they have attempted to cope with the current stressor and other issues within the family. Families can give evidence of parents who return to work, adolescent children who help out more with household tasks or grandparents who become more active in helping with the care of the children. On the other hand, they can reveal patterns that indicate that family members are locked into rigid family roles. A variety of these factors can contribute to this rigidity. Understanding the nature of these factors can be useful to identifying ways to increase flexibility within the family. Family members may be reluctant to take on new responsibilities because they lack these alternative coping skills or the needed self-confidence in their ability to take on new home or employment roles. Family and related community appraisal issues (strong family, community, or cultural prescriptions regarding family roles) may also deter flexibility.

When my son was going to be a father for the first time, his in-laws held a shower for them in which many of older members of the church were invited. When they received a set of diapers, the older men joked about how they had never touched these in a way that assumed that my son might try to change a diaper once but would leave changing diapers to his wife. Reflecting the generational shift of family roles, my son was quite insulted because he planned to parent equally in this area. He and his wife belong to a generation in which diapers, cooking, and employment are expected to be shared responsibilities by both parents and negotiated on an ongoing basis depending on needs and schedules.

### ***Humor***

Humor can be an essential family resource in dealing with some of the very tough circumstances of life. Humor might not emerge initially as family members are absorbed in their situation and pain. As family members become more relaxed with the family counselor and have had the opportunity share their pain, the family's gift of humor may begin to emerge.

### ***Community Context***

Cultural and community codes provide for a context for learning and reinforcing specific coping efforts. Families in transition can face a disjuncture between the coping strategies that they have learned and the current context in terms of the coping strategies that are viewed as appropriate. The following illustration highlights how cultural codes influence the appropriate ways to access potential resources.

Our family faced such a cultural juncture in an anxiety-producing manner several years ago when we visited our daughter in her village while she was serving in the Peace Corps in Chad. This experience has helped me appreciate the stress created by these situations and the need to recognize the influence of context. When we arrived in her village, our daughter informed us that while she had managed to get a ride for us into the village (a distance of a few hours), she had not yet found a ride out to catch our plane a week later (and planes only left twice a week). This was in a context in which there was absolutely no public transportation available. As Americans used to asking people in relatively direct ways we were operating in a cultural context in which it was viewed as inappropriate to do so and all conversations began with an hour asking about the health of immediate and extended family members. Culture mandated that one could tell others of one's situation but could not ask people if they could help you. Furthermore these conversations were taking place in French (a language we possessed only limited understanding). Our skills to cope with this situation were woefully ill-matched to our needs. As a result, we would visit the handful

of families who owned a vehicle and after an hour my husband anxiously asked our daughter if she had obtained a ride yet. She would whisper that she was still asking about the health of the uncle. After another hour, we would leave without an offer for a ride. Finally, someone was going to the city where the airport was located and came to our rescue.

The community context plays a vital role in terms of both risk and protective factors. Information regarding this context emerges in the interview as well as the eco map. Individuals can feel stressed as they handle two jobs as well as a family in order to meet ends meet or can have friends and family in the community to whom they can turn for help. The social worker also draws upon her or his knowledge of the community to identify potential and risk and resiliency factors. Understanding if the family lives in an area of the community noted for high crime and violence or is protected from these problems is valuable information. Some schools have strong financial and other types of volunteer support from educated parents while others seek to educate children whose parents are frequently too overwhelmed by their own struggles of life to contribute to their children's education. Some families live in areas of the community noted for their youth orchestras while others are on the news for the latest in gang violence.

Based on the resiliency perspective that there are potential resources within each environment, the social worker goes beyond these general descriptions to try to identify whatever resources might be available in the community. It might be a dedicated teacher; a youth leader at the church, mosque, temple, or synagogue; a concerned neighbor; or a community program for youth or adults.

The social worker collaborates with the family to use the information obtained through these various means to identify key aspects related to the nature of the distress experienced by the family, the relevant risk factors, the strengths, protective factors, and sources or resiliency that are either part of the family system or that can be accessed as resources. Such a complex picture helps the worker identify appropriate strategies for helping the family to address problems in ways that contribute to healing and empower them to cope in more effective ways.

### ***LEVELS OF FAMILY FUNCTIONING***

Kilpatrick (2003) organizes the risk and protective factors of families in terms of levels. These levels indicate the risk and protective factors that are in place in this context of family needs and strengths. She uses the metaphor of a house in which the different levels represent aspects of the building.

Level I represents the foundation (basic survival needs of the family in terms of food, shelter, protection, medical care, minimal nurturance). These families tend to move from crisis to crisis and become overwhelmed with the number of risk factors and problematic events facing them. There are

typically a number of contextual risk factors in the areas of housing, safe neighborhoods, access to health care, interpersonal support systems, steady employment along with problematic coping skills to address family needs. Family leadership is ineffective in meeting family needs (Kilpatrick, 2003).

Level II families represent the framing and the roof (structure and organization). These families have the protective factors that enable the family to meet the basic needs of members. There are risk factors in the area of effective family leadership along with difficulties in communication and coping skills needed to provide adequate family leadership (Kilpatrick, 2003).

Level III families represent the placement of the walls and doors (space and boundaries). They have the protective factors to enable them to meet the basic needs of the family and to offer leadership within the family that can insure the safety and basic organization within the family. Risk factors here relate to family organizational patterns that prevent families from being appropriately flexible, creating appropriate boundaries within the family, and family members from developing close and supportive relationships that also permit family members from creating their own sense of identity (Kilpatrick, 2003).

Level IV families represent the furnishing and the decorations (elements of richness and quality). They have the protective factors that enable them to meet to meet the basic needs of survival as well as adequate leadership and organizational patterns that permit flexibility and appropriate family boundaries. Families have the communication and coping skills to meet these important family needs. At this level, families are looking for greater sense of intimacy and meaning within the family. Issues of meaning in current relationships and those over time assume greater importance (Kilpatrick, 2003).

The combination of risk and protective factors within this context offers guidelines for selection of the appropriate intervention strategies. The more families are contending with a number of basic risk factors, the greater their need for an explicitly strengths-based focus (Kilpatrick, 2003).

### ***ASSESSMENT AND TREATMENT PLANNING***

The concept of key factors discussed earlier is valuable at this point in identifying a sense of direction for the counseling process. What is amenable to change and can make a difference? What are the relevant risk factors that can be addressed in this regard? What supports do family members need? Do the family members lack specific coping skills (perhaps parenting or other family relationships, adjustment to a new culture)? How do the appraisals of the family influence how they are experiencing the problem and potential solutions? Is the problem one of a weak support system or problematic interpretations (that a teenage suicide attempt would cause a family to be deported)? Does the family lack crucial resources (homes damaged by

a storm, lack of income, major health problems without access to care) or some combination of these factors? What are the protective factors that can be supported or need to be enhanced? The answer to these questions can help formulate the goals and intervention strategies.

In this process, the counselor must never forget what Worden (2003) describes as the key rule of thumb with families: “Do not get ahead of the family. Address the members’ chief concerns first” (p. 129). The assessment process within this framework permits the counselor and the family to develop the appropriate intervention plans. The social worker can also maintain a focus on patterns and look at possible circularity in the process. The family counselor brings to this partnership knowledge of different interventions along with an understanding of the evidence of their effectiveness in addressing the present situation. The social worker also has information about potential community resources and ways to access them or at least ways to find out about such resources. The social worker’s information is shared with the family in a collaborative manner so that important decisions can be made in terms of the selection of intervention strategies.

From the perspective of resiliency theory, if families can be helped to address some of the issues facing them more effectively, they will also strengthen their sense of self-efficacy to address problems in the future. This process will strengthen their protective factors that can serve as tools for future concerns.

The following family vignettes illustrate several patterns of risk and resiliency factors and implications for treatment approaches. These illustrations are selective and do not do justice to the entire range of risk and resiliency patterns and potential intervention strategies. They do suggest ways in which the assessment process can influence the professional judgment process in terms of the nature of the interventions that are appropriate for specific families addressing their current life circumstances. Subsequent chapters will describe specific treatment approaches and their applications with families.

### ***Basic Needs***

The family contacted the crisis center for help to find housing after it had been evicted from their apartment for nonpayment of rent. The family consists of Mr. Alvarez (aged twenty-four), who does unskilled labor when he is able to get employment, and his partner Miss Colon (aged twenty-three), who does housekeeping at a local motel. They have a son, Jose, eighteen months old. Due to problems in the economy, Miss Colon’s work hours have periodically been reduced. When she does not work full time the family lacks medical insurance but they do have insurance for their son through the state insurance plan. The couple met when both moved to the area to find work. They have lived together on and off for three years but have been together steadily for the past year. Neither Mr. Alvarez nor Miss Colon graduated from high school.

Their relatively poor reading skills have posed employment problems for them but they work hard when they are able to find employment. One of their current problems now relates to their car that needs frequent repairs. Because they do not live near a bus line, they have problems getting to work when their car does not work. As a result, Mr. Alvarez lost his last job and the salary of Miss Colon was not enough to pay the rent. Their extended family members live out of the area and lack the financial resources to help out more than with occasional funds. They have some friends in the area but these friends are also struggling financially. Mr. Alvarez has been taking care of Jose while the mother works. Miss Colon has been worried about Mr. Alvarez's temper when he gets frustrated with situations like their present one. While he has never hit her or hurt Jose, she is afraid that his increasingly short fuse will cause him to hurt the boy. She is also worried that he will begin drinking again—a problem that he had earlier in their relationship. She has been afraid to say anything to Mr. Alvarez about it. While she is nervous about this situation, she is also worried that if she says too much that he will leave as he used to do in earlier times before Jose was born. As a result, she has been very tense and finds herself shouting at Jose when he makes too much noise. Despite the family's financial problems Jose is dressed very nicely in clothes that Miss Colon has found at garage sales. He is a friendly little boy who seems especially attached to his mother but appears to be comfortable with his father. He is beginning to use words and developmentally seems to be on track. In terms of the community, there are few housing options for families with low incomes or limited economic resources.

This family and its members demonstrate some key resiliency resources along with risk factors. In terms of resources, both parents have a good work ethic when they are able to find work that matches their skills. Despite recent pressures Mr. Alvarez has not relapsed in terms of drinking and has been able to handle life events without turning to alcohol. The parents have demonstrated some effective parenting skills as demonstrated in the way in which their son relates to people and is dressed. The family roles are flexible enough so that either parent can take care of Jose depending on their job commitments. Although Mr. Alvarez shouts when he is angry, he has not resorted to hitting either Jose or Miss Colon and Jose does not seem afraid of his father. Miss Colon is resourceful in terms of finding clothing at garage sales. Although the couple had an unstable relationship in the past, they have been together in recent months since the birth of their son. Jose demonstrates qualities of resilience in terms of a friendly personality, age-appropriate development, and good relationships with his parents, especially his mother. They have family members and friends who are interested in their well-being even if they cannot help financially.

The family is also struggling with contextual, organizational, and personal risk factors. At the community level, recent economic problems have limited their employment options and there is little in the way of low-income housing. Transportation is also a problem. This combination caused them to be evicted and is making it difficult for the couple to get back on their feet and provide an adequate living and stable housing for the family. Their support system cannot be of any consistent help financially. Although the parents have a good

work ethic, they lack some essential employment skills (especially in the area of reading) and have not graduated from high school. There is a history of instability in the relationship. There are also relationship and communication problems as reflected in Miss Colon's reluctance to express her concerns out of fear that Mr. Alvarez will leave. Mr. Alvarez has a history of substance abuse and tends to lose his temper when under pressure. Miss Colon has begun to shout at Jose as a result of her frustration. In addition to the specific problems cited, the combination of issues facing this family creates a situation of additive risk factors.

The family illustrates the need for a multisystems approach useful with families in a state of crisis and with complex needs. The family is in a crisis situation that needs to be addressed (safe housing). Family members would also benefit from some longer term efforts to strengthen their ability to meet the needs of family member and to reduce the likelihood of similar future crises. Recognizing the need to do a risk assessment process to ensure the safety of Jose in these circumstances, Grigsby (2003) emphasizes the need to take a strengths-based perspective with families like Mr. Alvarez and Miss Colon who are already overwhelmed with difficult circumstances. As described earlier in the summary of resources, this family does have some important resources that can be identified with the family. Family members can sometimes lose sight of these strengths because they risk being overshadowed by the difficulties facing them. As part of this strengths-based approach, it is important to create a situation in which family members identify the issues that are important to them. In this context Grigsby also discusses the need to provide emotional support to deal with the stresses involved as well as advocacy to identify and connect families to these needed resources. Such families can also need help in dealing with conflict and communicating in such a way to help resolve conflicts. Case management models (Greene & Knopf, 2003) can also be useful in helping these families connect with resources to address the immediate crisis and strengthen family coping.

This family could benefit from an improvement in their life skills. Addressing the needs of this family might involve linkages with community resources as well as counseling. Housing is clearly a pressing key issue here so that help in this area is critical. Employment issues are also important. The low reading levels of Mr. Alvarez and Miss Colon will continue to make this family economically vulnerable. Using a case management approach, they might be linked to community programs in which volunteers tutor people in their reading skills. Although their extended family members and friends are not in a position to offer any substantial financial help, they might be able provide some needed emotional support for the parents. The couple might be helped by some counseling focused on improving their communication skills to help provide needed support for each other and to strengthen their relationship. The parents might also benefit from some help in stress management as they are coping with a realistically difficult situation. This help

can reduce some of the strains in their relationship and between the parents and Jose. The counselor can identify ways in which Mr. Alvarez has managed to cope without drinking as support for his maintaining sobriety. With the pressure facing this family, such an assessment might identify further resources within the family that can be tapped. While this assessment identifies a variety of possible approaches, an essential part of the assessment process will involve the family in identifying their priorities.

### ***Structure and Rewards System***

Mr. and Mrs. King have been married for two years. Both were married before. Mrs. King has three children, aged eight, eleven, and fourteen, from her first marriage. She and her first husband were divorced five years ago. Mrs. King's first husband left the family for another woman. She was hesitant to become involved again but once Mr. King helped her overcome her doubts, she became committed to making this relationship work. She does not want to put the children or herself through yet another painful divorce. Mr. King has two children, aged seven and ten, from his first marriage that ended when his wife died four years ago. The couple met through their church group for single parents. Fortunately the family has adequate financial resources because Mr. King earns a good salary and there was life insurance money from his first wife. Mrs. King's first husband also helps pay some of the bills for the children. The maternal and paternal grandparents are supportive of this new family but do not live in the same geographic area. Mrs. King stays at home and has primary responsibility for the house. Mr. and Mrs. King have, however, been unable to work out an agreement regarding how to discipline the children. Mrs. King is relatively firm in her standards for the children and believes that children need structure and discipline. Mr. King believes that his children were traumatized by the death of their mother from cancer and is hesitant to exercise discipline. Prior to his marriage to Mrs. King the household was organized around the wishes of the children and the word "no" was seldom heard in the family. When Mrs. King seeks to discipline Mr. King's children they are quick to complain to their father about how unfairly they are being treated. Mr. King then caves in to their pleas. Mrs. King becomes angry because the children do not listen to her and she fears that her own children will also stop doing so. In fact, they are beginning to also turn to Mr. King as an ally during these times. Mr. and Mrs. King love each other and want a good family life for everyone but tension is rising between them as well as between Mrs. King and the children.

From a risk and resiliency perspective, the King family has a number of resources. Unlike Mr. Alvarez and Miss Colon, they have adequate financial resources that provide important stability in their lives. They are committed to each other (family cohesion) and to making their marriage work. They have a strong support base through their church. The grandparents are supportive of this family. Aside from the problem at hand, both parents are able to function effectively in their lives and have a sense of mastery in other areas.

The risk factors here relate to conflict between the parents regarding how to raise the children and problems in communication regarding this issue. This is a situation in which both parties brought to their marriage their own paradigms of child rearing shaped by a variety of factors. As a result, the children are being given mixed message from the parents in terms of appropriate behavior and the parental substructure is being weakened and pulled apart by this issue. The children are becoming quite adept at the “divide and conquer” strategy for getting their way.

Drawing upon a resiliency framework, the social worker can readily point out the strengths of this family in terms of sense of commitment to the family unit and concern for the welfare of the children. The counselor can recognize the good organizational skills of the parents as evidenced in the work setting and other aspects of the family.

Several counseling approaches can be used to help this family. From a social learning perspective, parents can be helped to understand how the children are receiving mixed messages from the two parents and the impact of this on the children. They can be helped to understand that the mixed messages create a different set of reinforcements from the two parents so that parental leadership has become compromised. They can be helped to recognize how their differing paradigms influence how they parenting the children. Recognizing the important role of belief systems in terms of behavior, parents can begin to examine their respective beliefs systems in terms of their appropriateness for the current situation. Parents can be helped to gain the needed communication skills required in blending their two different paradigms regarding parenting and in understanding how each party's approach was shaped by life experiences. Structural interventions can also be used to create more effective boundaries around the parental subsystem so that the parents can be united in their parenting efforts.

### ***Communication Patterns***

The Roberts family was discussed in chapter 1. In this family, the teenaged daughter was struggling with bulimia and the father was feeling very depressed. The setting for this family was the severe financial problem facing the family. Everyone in the family was experiencing the burden of these financial problems in their own way. In this situation, communication was a key to helping family members understand the situation and in supporting each other. Communication required the ability to explain complex factual phenomena as well as emotional affirmation. Communication was especially effective because information created new meaning systems within the family. The children were helped to understand that they were not to blame for the family's plight. The father was helped to recognize that his children loved him and were proud of him. Family members realized that they could contribute to the healing process within the family even if their financial situation could not be readily resolved.

### ***Interpersonal Relationship Issues***

Mr. and Mrs. Norris have been married for twenty-three years. Currently they are spending more and more time arguing. They argue about their teenage son who is not doing as well in school as they expect him to. They also argue about the maternal grandfather who needs more support from Mrs. Norris. His wife died a few months ago and he is having difficulty coping by himself. They have begun to view their relationship as marked by conflicts rather than appreciation for each other. They are committed to their marriage but are becoming discouraged about what their future will be like. They both work full time and have an adequate financial basis. Mrs. Norris has been under pressure at work because she has had to take time off to help her father. Mr. Norris thinks that she should be more willing to ask her siblings for help.

This family has important resources that support resiliency. They have a commitment to each other (cohesion) and their family. They demonstrate responsibility at work and in their family and have an adequate financial base.

At the same time, they are struggling with increased tension due to problems regarding their son and the Mrs. Nolan's father. These tensions have created discouragement within the couple that has diminished any previous sense of mastery regarding their family and relationship.

Several approaches might be appropriate for this set of risks and resiliency factors. Solution-focused treatment might address some of the risk factors and mobilize their strengths. The discouragement of Mr. and Mrs. Norris who have begun to view their family relationships as marked by tension and disagreements could suggest the value of a solution-focused approach. The couple has some realistic problems to address but have become discouraged by their disagreements. Their view of the situation has hindered their ability to problem solve effectively. Helping them to recognize the presence of exceptions and enabling them to identify the small steps they can make to improve their situation can reduce their discouragement and encourage them to enlist their resources to begin to make a positive difference.

### ***Meaning Systems***

Mrs. James sought counseling for her two children because they had been previously abused by their stepfather. She had been frightened when she learned from the children what was happening and confronted her husband with this information. She then decided to leave her husband. She had been supportive of the children during this time although it presented some major financial hardship when she had to leave the family and lose her employment. She worked cooperatively with the local child protection team. Currently the daughter is in high school and the son is in junior high. Mrs. James continues to worry that the scars of the past will make it difficult for her children to become healthy individuals and feels guilty that she brought Mr. James into

the family life. Both of the children are doing reasonably well in school but their personalities in other areas are quite different. The daughter, Marie (aged sixteen) is an outgoing sociable girl who is engaged in a variety of school activities. This pattern matches the mother's view of a well-adjusted child. The son, John (aged thirteen) is quiet and likes to spend time in his room listening to his music or playing computer games. While he will go out when friends call, he typically does not take the initiative. The teacher does not report any concerns about his behavior in school. Mrs. James worries that his behavior is a sign of the scars of the past because it does not fit with her view of how a well-adjusted child behaves. Mrs. James continues to pressure John to lead a more active social life. It has reached the point that John is beginning to feel that he is letting his mother down and that she does not accept him as he is. The family dance is a circular one. The more Mrs. James pressures him the more insecure he feels which in turn diminishes his confidence in the social realm. To make matters worse, his mother will ask him why he can't be more like his sister. Marie is usually too busy with her own life to say anything but will occasionally try to reassure her mother that John is going through a difficult time and her mother should stop worrying so much. Her mother does not really hear these words and continues to pressure John.

This family also has some key risk and resiliency elements. The family unit has successfully coped with a very difficult time. While the larger family unit separated, Mrs. James and her two children remained together and have developed into a very close unit. Mrs. James clearly loves her children dearly and wishes to protect them. There is evident family cohesion in the relationship between the mother and her two children. The two children are doing well in school. Maria demonstrates considerable social competence and has tried to reassure her mother about John. John will join his friends socially. Both of the children have received the support of counseling to help them deal with the abuse.

In terms of risk factors, both Marie and John were abused by their stepfather when they were younger. Mrs. James experienced the pain of having to deal with this difficult life event. Mrs. James is feeling guilty because she did not protect her children from being abused and is frightened that they might still be bearing scars as a result. As a result, she is pressuring John to act in a certain manner that will reassure her that he does not carry deep scars. Her actions only make John more insecure and he too feels that he is letting his mother down. The communication between the mother and John has become a circle by which the more the mother pressures John to be sociable, the more he retreats from her into his room which in turn only makes his mother more anxious and thus pressures him more. At thirteen, John is developmentally at a difficult age between childhood and adolescence.

From a resiliency perspective, addressing the meanings of these events can help this family. The mother has become so overwhelmed by her own sense of fear and guilt so that she can only see signs of pathology in John

(and thus in herself as a parent) rather than the abundant evidence that John has coped quite well. This in turn creates the vicious circle described earlier. Family counseling approaches that enable the mother to reduce her fear and to see signs of appropriate coping by John can be valuable. These signs can represent evidence of her own adequate care of the children and enable her to reduce the pressure that in turn is increasing behavior that intensifies her anxiety.

Solution-focused and narrative family interventions represent approaches that could help this family identify signs of coping and strength within the family. Both approaches help family members identify exceptions to the stated problem and ways in which family members can increase these positive outcomes. Narrative approaches stress reframing life events in terms of strengths. In helping to alter their family story from a problem saturated one to a more positive one, the James family can be helped to claim their identity in terms of survivors.

### ***SUMMARY***

Families bring to the counseling endeavor a variety of risk and protective factors that influence how they are able to cope with their current life circumstances. Using a partnership approach, the counselor helps the family identify their current sources of distress as well as the other factors that are contributing to the risk facing the family. The counselor also searches for protective factors in such a way to identify potential healing resources. Along with structured instruments and visual tools, the interview with the family provides a wealth of information regarding the family. The assessment process is also used to help the family members claim their resources in order to increase the sense of self-efficacy and hope experienced by family members. Based on the assessment process, the counselor identifies intervention models and specific intervention strategies that are appropriate to the family goals and the risk and protective factors facing the family. The assessment process is an ongoing one as new information about the family and their situation emerges or changes occur. The social worker and family members use this new information in the ongoing process of designing and implementing intervention strategies.