

# Family Perspectives in Child and Youth Services

*Edited by*  
**David H. Olson**



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David H. Olson  
Editor

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## **ABOUT THE EDITOR**

**David H. Olson, PhD**, is Professor and former Director of the Graduate Program in Family Social Science at the University of Minnesota. He has extensive experience in the field of marital and family therapy and has published over ten books and 70 articles in this field. He developed the Circumplex Model of Marital and Family Systems and is committed to finding ways of integrating research, theory, and clinical practice. He is a Fellow in the American Association for Marriage and Family Therapy (AAMFT) and a Licensed Consulting Psychologist in the State of Minnesota. He is an associate editor or an editorial board member of eight professional family journals.



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## Foreword

This impressive collection of papers by David Olson and his colleagues provides additional form and substance to the effort, well under way, to extend the parameters of child and youth services to include families. Such a change is long overdue, and clinicians and administrators will find much of practical value here as they shift the orientation of their programs and services from child rescue to family support. Home visits, Parent training, and using child care workers as family workers are good ideas that are amply illustrated in the chapters to follow.

They constitute, however, but a portion of the many forms of family helping available to child and youth service practitioners. One hopes that these excellent papers will generate additional ideas and, hopefully, a few experiments on other formats for supporting and strengthening the diverse group of families that enter the child and youth services stream.

One hopes, finally, that more explicit ownership of the family work task in child and youth services will heighten the search for broader, more preventive interventions whose foci lie beyond the boundaries of individual families and extend to the wider community. It may just turn out that the most effective help and supports for at risk youth and families may come from the outside in, rather than the other way around.

*James K. Whittaker  
Seattle, Washington*

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# Family Perspectives: An Overview

David H. Olson

Problems with children either begin or end up in the family. Because the family is both affected by and affects other family members, it is important that they be involved in the treatment of problem children. There is increasing clinical and empirical evidence that parents can be a useful, if not critical, resource in educational and therapeutic programs for helping problem children. Because many problem children have parents with problems, it might be more accurate to talk about problem parents than problem children. For this reason, it is even more important to help them become more effective parents.

I first became very aware of the powerful impact parents can have on their children when I was working at a residential treatment center for emotionally disturbed children. After several weeks of intensive treatment in the residential setting, we could see considerable progress in improving the child's social skills and adjustment. However, after a one day visit with his/her parents, many of the children regressed to their earlier level of functioning. This consistent pattern clearly demonstrated the power of the parents and stimulated interest among the staff as to how to make parents a more positive influence on the children.

Seeking useful ways of actively involving the family in the treatment of problem children is a central theme of this volume. This collection of papers focuses on two domains: "Family Assessment and Intervention Approaches" and "Parent Training and Prevention Approaches."

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## **FAMILY ASSESSMENT AND INTERVENTION APPROACHES**

This section focuses on how family assessment and family intervention can be successfully utilized to treat problems with children and adolescents. First, a family model is presented which can be used for assessing family dynamics and for planning intervention. Secondly, a highly successful skill-building program is described which can improve parent-child relationships. Third, the value of home visits for motivating and involving family members is discussed and a study is summarized which supports their use. Lastly, the challenges and procedures of integrating family therapy into a traditional residential treatment center for children is clearly described.

In order to effectively help families, professionals need theoretical models that will help provide a framework for understanding and describing family dynamics. In the article, "Family Assessment and Intervention: The Circumplex Model of Family Systems," David Olson describes how systematic assessment and families can be accomplished. The Circumplex Model is described, which focuses on the three central dimensions of family cohesion, change (adaptability), and communication. Hypotheses have been derived from this model which have been systematically tested and validated. Clinical assessment can be done with either the self-report scale called FACES III or the Clinical Rating Scale, which an interviewer can use to summarize their evaluations. Education programs and therapeutic intervention can also be based on the Circumplex Model. In other words, the Circumplex Model provides a comprehensive understanding of a family system and enables practitioners to more adequately tailor their specific programs and interventions for families.

One of the most highly successful and effective skill building programs is called, Relationship Enhancement (RE) and it is described by their developers, Bernard Guerney and Louise Guerney. In their article entitled, "Building Relationship Skills in Families and Para-Family Teams," they contrast their educational skill-building model with the traditional medical model. Their program emphasizes communication and problem-solving skills, i.e., ex-

pressiveness, empathy, negotiation, conflict resolution and maintenance skills. Participants can both be family members where the child is either living or not living at home and para-family teams. Para-family teams include professionals who work together with the child and function as a pseudofamily. The children can be in foster care settings, residential treatment settings or in other placements outside the home. A variety of training formats can be adapted to the specific requirements demands of diverse settings. Built on systematic studies, this program has been demonstrated to be one of the most effective for building relationship skills in parent-child and other interpersonal relationships.

The multiple advantages of using home visits to increase the attendance and effectiveness of abusive and negligent parents in a parent training program is amply demonstrated in the article, "Home Visits: An Effective Strategy for Engaging the Involuntary Client" by Pallassana Balgopal, Michael Patchner, and Charles Henderson. In the early history of social work, home visits were an integral part of their professional activity. However, when visits became seen as intrusive and nonsupportive, the field shifted away from them as a resource for individuals and families with problems. The authors review a variety of goals which can be achieved by reintroducing home visits into all types of child and youth services.

They also conducted a systematic study of 34 abusing and neglecting parents and they found that home visits increased the participation level and information gained from the program. The training program involved eight weeks of two-hour parenting skills sessions held in a group setting. Home visits were introduced every two weeks. Based on their pre- and post-assessment, they found that the clients' attitudes towards home visits and attitudes towards the parent training sessions significantly improved. The authors, therefore, recommended that home visits increasingly be used as a way to improve the effectiveness of social services to individuals and families.

An excellent example of how general system theory can be applied both therapeutically in family therapy but also programmatically in terms of change within an organization is described in the paper by William Matthews and Janine Roberts. In the article, "The Entrance of Systems Family Therapy into a Residential Treat-

ment Center” they review the successful step-by-step procedures which they used in introducing family system therapy into a traditional residential treatment center for adolescents.

They found that changing an organization like a residential treatment center has certain systematic similarities to trying to change a problem family. More specifically, both organizations and family systems resist change and have hierarchy and boundary issues which need to be understood and effectively dealt with. The paper describes how they systematically trained the staff and effectively integrated family therapy and system thinking into a residential treatment program.

### ***PARENT TRAINING AND PREVENTION APPROACHES***

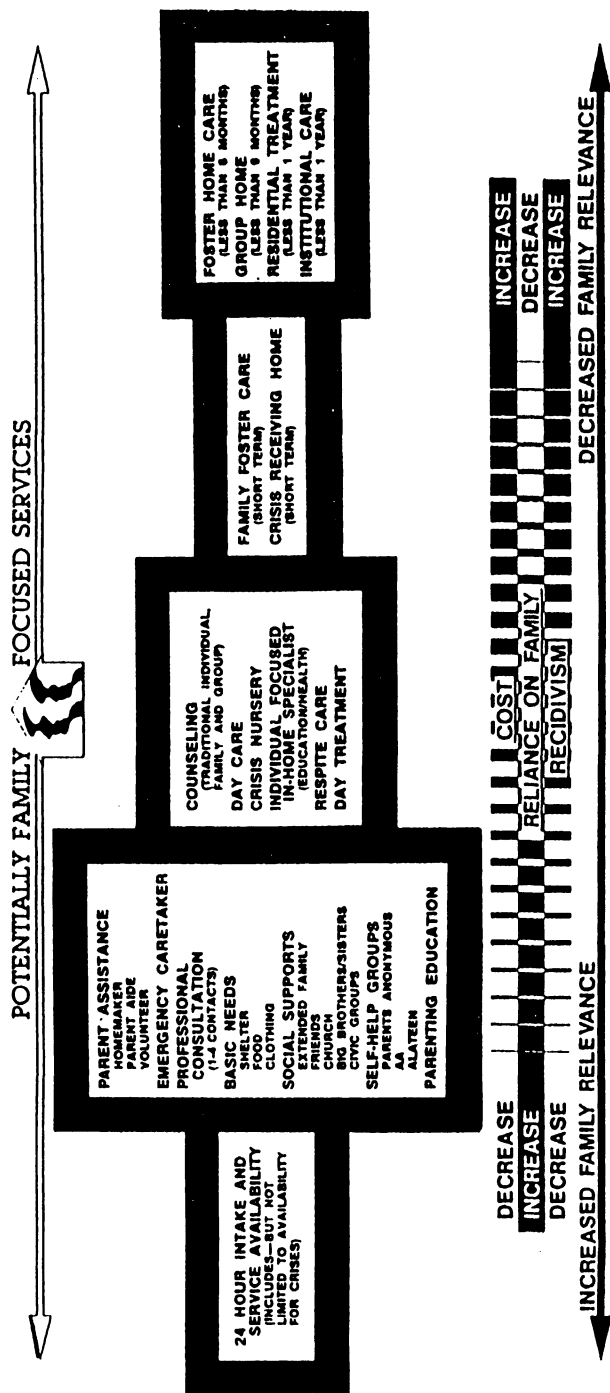
The central themes of this section focus on utilizing parent training and emphasizing intervention with a goal toward prevention. Parents are typically underutilized in terms of programmatic intervention with a range of problems with children and adolescents. Because parents are potentially the most powerful resource in working with their children, they need to be increasingly and actively involved in any intervention program.

Family based services can not only help facilitate dealing with current child and adolescent problems, but training parents can also serve a critical preventive function. If parents are given useful communication and problem-solving skills, they can use these skills to deal with current parent-child issues. In addition, using these skills can also improve the quality of the parent-child relationship, thereby preventing future issues.

Family involvement can be integrated into all types of programs that work with and for children and adolescents. Marvin Bryce (1982) provides a useful model which illustrates the importance of family involvement in reducing cost and recidivism and how these dimensions vary across a range of services and programs (see Figure 1). In addition, Bryce (1982) has developed some useful principles regarding family involvement which are summarized in Table 1.

A comprehensive review of “Parent Training for Delinquency Prevention” by Mark Fraser, J. David Hawkins, and Matthew Howard describes the importance of parental training in increasing

FIGURE 1. A Model of Family-Based Programming



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TABLE 1. Principles of Placement Prevention and Family Reunification

1. A willingness to invest at least as much in a child's own family as society is willing to pay for out-of-home care for that child. This philosophy addresses the immense service vacuum which often exists between minimal services in the home and 24-hour care.
2. Service is as complete, comprehensive and intensive as necessary to reduce stress, increase constructive coping, assure safety, and to strengthen and maintain the family. Staff are available around the clock seven days a week.
3. The service setting is primarily the home, but includes problem solving efforts in the family's ecological system (where family interfaces with community).
4. Many of the programs provide help with any problem presented by the family or observed by the team. If the team does not have the expertise or resources needed, it arranges for or creates them.
5. Service agents are responsible for the family as the family is responsible for its members. There is maximum utilization of extended family, natural helping networks and other community resources.
6. The focus may be remedial and/or developmental. In programs with a developmental or primary prevention emphasis, rather than corrective, services are usually less intense.
7. Programs may be under social, health, or educational auspices.
8. The family is the service unit, the importance of cultural values to child development are recognized, and family priorities are respected.
9. Parents remain in charge of their family and participate in decision making, and family integrity is preserved.

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school achievement and decreasing disruptive and negative behaviors in adolescents. They describe family based educational programs for parents that emphasize the cognitive-behavioral orientation. These programs have consistently demonstrated to have short-term positive outcomes.

In their article, they provide a framework for evaluating parent training programs. They feel that there are four essential components that successful programs provide: (1) knowledge of parent-child relationships, (2) relationship and communication skills, (3) a system of rewards and mild punishment, (4) a verbal and written contract. Programs that build in these four components have tended to have the most success.

Problems in implementing parenting programs are also reviewed

and ways of dealing with these issues are discussed. The issues include attrition, using peers as adjunctive therapists, the length of the program, whether to involve individuals and/or groups, cost of the training, the use of various types of communication and problem solving skills. Their review demonstrates that it is still unclear how much of this specific training generalizes to other aspects of the parent-child relationship or to other children and family members. It is also unclear how long these changes last and there is increasing need to attempt to make these programs more successful with high risk populations. However, it is clear that if family based programs are properly designed, they can reduce adolescent delinquent behaviors and improve parent-child relationships.

In the article, "Parents: Intervention Agents for Character Disorder and Juvenile Offenders," Magda Stouthamer-Loeber and Rolf Loeber first review relevant research articles on this topic. There is increasing empirical evidence regarding the impact of negative family dynamics on child and adolescent development. Their review focuses on the dimensions of family neglect, family conflict, deviant family value and family disruption.

Using an innovative evaluative approach entitled, "Relative Improvement Over Chance" (RIOC), they clearly demonstrate the significance of family dynamics over background on understanding and treating adolescent delinquent behaviors. They emphasize the value of family assessment in determining the specific issues and in developing an effective treatment plan. A variety of positive parental behaviors are described in terms of how they can help treat adolescent conduct disorders. Some of these interventions include parental supervision, improved communication skills, and increases in rewarding behaviors. They also provide some examples of how to use parents as change agents in the therapeutic process with adolescents for conduct disorders.

The paper, "Working with Families: Expanded Roles for Child Care Practitioners" by Karen Vander Ven provides a useful, three-level model of expertise in integrating the family into a variety of child care services. Level 1 involves direct work with children by younger people who are not yet parents. Services they can provide include information-giving, management by modeling, organized parent education and collaborator with parents. At Level 2, child

care practitioners would include more experienced practitioners who would integrate a systems and ecological perspective into the parent-child relationship. They would also be more involved in developing parent programs that are relevant and focused on parenting skills. At Level 3, the practitioner would receive some clinical training which would enable them to provide more dynamically orientation education, skill building programs for families and knowledge about family therapy. The article closes with a summary of recommendations for enhancing the role of child care practitioners so that they can work more effectively with parents.

In the final paper entitled, "Family Based Services: Preventive Intervention" by Marvin Bryce, the value of home based programs is emphasized. The child welfare policy of placing children outside the home is reviewed historically, politically and programmatically. Since the 1980s there has been an increasing interest in family based programs which has been stimulated by congressional mandates and increasing financial incentives for these types of programs. The family based preventive approach was initiated more in the private sector but is increasingly moving into publicly funded programs. He reviews numerous programs which have been successful in reducing the out-of-home placement and decreasing child institutionalization. He also describes problems which have limited the public agencies adopting family programs and illustrates how these problems can be effectively overcome. He emphasizes that family based programs will increase as financial incentives are built into legislative and agency programming.

## REFERENCE

- Bryce, M. (1982). Family based services: Relevance for prevention. *Prevention Report*. Oakdale, IA: National Resource Center on Family Based Services, University of Iowa.

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# *FAMILY ASSESSMENT AND INTERVENTION APPROACHES*

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## Family Assessment and Intervention: The Circumplex Model of Family Systems

David H. Olson

**ABSTRACT.** This paper describes how the Circumplex Model can be used for systematic assessment of a marital and family system. The three dimensions in the Circumplex are cohesion, change (adaptability) and communication. A variety of hypotheses have been derived and tested which validate the Circumplex Model. Clinical assessment and research can utilize the self-report scale, FACES III or the Clinical Rating Scale can be used to evaluate the family based on a clinical interview. A clinical evaluation of a problem family using FACES III and Clinical Rating Scale demonstrates the value of the tools for family assessment and treatment planning. The paper reflects the continuing attempt to further develop the Circumplex Model and more adequately bridge research, theory and practice.

The Circumplex Model of Marital and Family Systems was developed in an attempt to bridge the gap that typically exists between research, theory and practice. One major approach used to bridge

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this gap has been the systematic development of both a self-report and clinical rating scale based on the Circumplex Model. Both the self-report scale, called FACES III, and the Clinical Rating Scale have been revised several times to increase their reliability, validity and clinical utility.

A variety of hypotheses have been developed and tested using the Circumplex Model. Some of the research has focused on the relationship between family symptoms and types of family systems. Recent studies are investigating changes in family types before and after treatment and change during the treatment process.

In addition to its value in research projects, the Circumplex Model can also be used in clinical practice. Clinically, it can be used for assessing marital and family systems and for planning treatment intervention. In addition to identifying types of family systems, work is currently being done to describe the type of therapeutic techniques and interventions that are most and least effective with various types of systems.

### ***FAMILY COHESION, ADAPTABILITY (CHANGE), AND COMMUNICATION***

Family cohesion, adaptability, and communication are three dimensions of family behavior that emerge from a conceptual clustering of over 50 concepts developed to describe marital and family dynamics. Although some of these concepts have been used for decades (power and roles, for instance), many of the concepts have been developed recently by individuals observing problem families from a general systems perspective (pseudomutuality, double binds).

After reviewing the conceptual definitions of many of these concepts, it became apparent that despite the creative terminology, the terms were conceptually similar and dealt with highly related family processes. One family process had to do with the degree to which an individual was separated from or connected to his or her family system and was called family cohesion. The second dimension was family adaptability, which focused on the extent to which the family system was flexible and able to change. The third dimension focused on family communication between various members.

Family cohesion is defined as the emotional bonding that family members have toward one another. Within the Circumplex Model, some of the specific concepts or variables that can be used to diagnose and measure the family cohesion dimensions are: emotional bonding, boundaries, coalitions, time, space, friends, decision making, and interests and recreation.

There are four levels of cohesion, ranging from disengaged (very low) to separated (low to moderate) to connected (moderate to high) to enmeshed (very high) (see Figure 1). It is hypothesized that the central levels of cohesion (separated and connected) make for optimal family functioning. The extremes (disengaged or enmeshed) are generally seen as problematic.

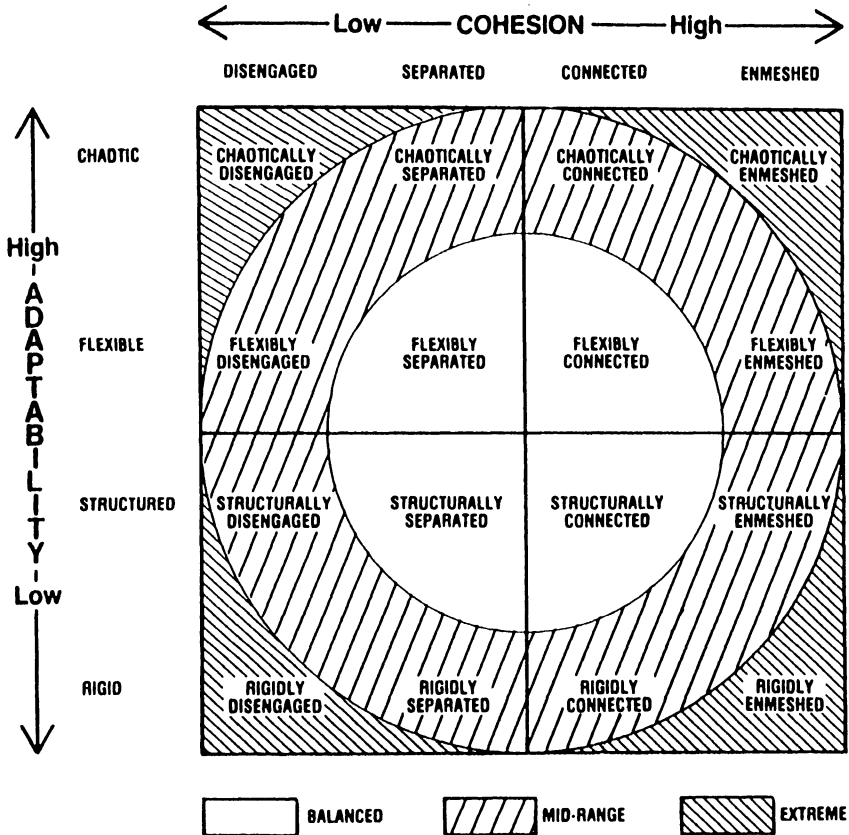
Many couples and families that come for treatment often fall into one of these extremes. When cohesion levels are high (enmeshed systems), there is too much consensus within the family and too little independence. At the other extreme (disengaged systems), family members “do their own thing,” with limited attachment or commitment to their family. In the model’s central area (separated and connected), individuals are able to experience and balance between these two extremes and are able to both be independent from and connected to their families.

Family adaptability is defined as the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. In order to describe, measure, and diagnose couples on this dimension, a variety of concepts have been taken from several social science disciplines, with heavy reliance on family sociology. These concepts include: family power (assertiveness, control, discipline), negotiation styles, role relationships and relationship rules.

The four levels of adaptability range from rigid (very low) to structured (low to moderate) to flexible (moderate to high) to chaotic (very high) (see Figure 1). As with cohesion, it is hypothesized that central levels of adaptability (structured and flexible) are more conducive to marital and family functioning, with the extremes (rigid and chaotic) being the most problematic for families as they move through the family life cycle.

Basically, adaptability focuses on the ability of the marital and family system to change. Much of the early application of systems

**FIGURE 1. CIRCUMPLEX MODEL: SIXTEEN TYPES OF MARITAL AND FAMILY SYSTEMS**



theory to families emphasized the rigidity of the family and its tendency to maintain the status quo. Until the work of theorists, the importance of potential for change was minimized. Couples and families need both stability and change and the ability to change when appropriate distinguishes functional couples and families from others.

Family communication is the third dimension in the Circumplex