ROUTLEDGE

SCHOOL-BASED FAMILY COUNSELING

An Interdisciplinary Practitioner's Guide

EDITED BY BRIAN A. GERRARD,
MICHAEL J. CARTER, AND DEBORAH RIBERA

School-Based Family Counseling

Written by experts in the field, *School-Based Family Counseling: An Interdisciplinary Practitioner's Guide* focuses on how to make integrated School-Based Family Counseling (SBFC) interventions, with a focus on integrating schools and family interventions, in an explicit step-by-step manner. Departing from the general language used in most texts to discuss a technique, this guide's concrete yet user-friendly chapters are structured using the SBFC metamodel as an organizing framework, covering background information, procedure, evidence-based support, multicultural counseling considerations, challenges and solutions, and resources.

Written in discipline-neutral language, this text benefits a wide variety of mental health professionals looking to implement SBFC in their work with children; professionals such as school counselors and social workers, school psychologists, family therapists, and psychiatrists. The book is accompanied by online video resources with lectures and simulations illustrating how to implement specific SBFC interventions. A decision tree is included to guide intervention.

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Foreword

Our age has been called the Age of Anxiety. Never before have as many people sought advanced training in psychology and never before have as many clients sought the services of counsellor/therapists, psychiatrists and social workers. Counselling/therapy is a burgeoning field of research, study, theory building and professional practice.

An index expressing the status of this profession is the number of registrants in the American Psychological Association. In 1918 there were only 318 members while today there are considerably over 60,000 registrants with many thousands attending the annual conventions. Many other professional associations have been formed including the American Counseling Association, the Oxford Symposium in School-Based Family Counseling and many others. Similarly, there are currently over 300 identifiable kinds of therapy in America. Each therapy has its own journals, research activities, adherents and supporting books and services.

This growth and need for counselling/psychotherapy arises during a time of immense social and cultural change. It is a time when society fails to provide its members with the myths, values and understandings to adequately address anxiety, stress, relationship disruptions and painful emotions. It is also a time with mounting problems of divorce, parenting, poverty, homelessness and finding meaningful employment.

This is also a time in history in which many people have experienced intense violence, verbal and physical abuse, and carry with them deeply troubling narratives of trauma, post-traumatic stress disorder (PTSD) and related symptoms. Current studies in epigenetics provide evidence that narratives of trauma are transmitted from generation to generation. I am well aware of such phenomena. In 1919, during the early phase of the communist revolution in Russia, unbelievable and gruesome atrocities occurred. While my family was living peacefully on an estate, roving bandits murdered my father's wife, mother, infants, several relatives, and brutally killed workers and estate management personnel. Many other estate owners in Russia experienced similar atrocities.

Father remarried and moved to Canada. He carried with him deeply troubling narratives of trauma which were transmitted from generation to

generation. My profound interest in psychology and psychological healing can undoubtedly be traced back to the often unconscious narratives associated with father's profound experience of trauma and abuse.

The book *School-Based Family Counseling: An Interdisciplinary Practitioner's Guide*, edited by Gerrard, Carter and Ribera, is a penetrating and sensitive work which speaks to the needs of a changing society. It makes important contributions to the literature on mental health in families and schools.

I am particularly proud of Brian Gerrard, a senior editor of this book who was my graduate student and research assistant in the early 1970s. Brian has made numerous contributions to the development of school-based family counselling in many parts of the world. He has provided outstanding leadership and unwavering support to this very important and innovative approach to mental health in families and schools. A vast literature, annual conferences, a journal and other publications are now available addressing the topic of school-based family counselling.

Perhaps the most unique feature of this book on school-based family counselling is the underlying theoretical framework of this work. Based on systemic formulations and hypotheses, the book addresses the key features of systemic thought including a focus on relationships, connections, interactions and healthy mental health functioning in families, schools, communities and the world. The book includes a vast array of worksheets, theoretical explanations, research findings, references, clinical case studies and audiovisual materials and practical advice on how to structure and practice school-based family counselling.

This book is important not only for students engaged in training for the profession of counselling/psychotherapy but also for all those interested in understanding the theory and research associated with school-based family counselling. The book is strongly oriented for use by practitioners of counselling/therapy and those interested in developing the skills and practices associated with this profession. The book could also be used by administrators in schools and other institutions focusing on the development of healthy mental health practices.

Whether we agree with the authors of this book in every detail is not important. The book provides a comprehensive understanding of the work of school-based family counselling. As a well-experienced professional counsellor/therapist, researcher, professor and former administrator who has worked with hundreds of troubled families and school systems, I am profoundly impressed with this book. It has the potential to make a significant contribution to the future well-being of individuals and families. It offers a rich learning experience to the reader and to those interested in the development of research hypotheses and theory building.

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1 School-Based Family Counseling

The Revolutionary Paradigm

Brian A. Gerrard and Marcel Soriano

Overview: *This chapter defines School-Based Family Counseling (SBFC), and explains its origins, scope of practice, and unique strengths. The SBFC metamodel is introduced with guidelines on how to use this book to make effective SBFC interventions.*

Background

School-Based Family Counseling (SBFC) is an integrative, systems approach to helping children succeed academically and personally through mental health approaches that link family and school. The earliest large-scale application of SBFC was made by the psychiatrist Alfred Adler who developed 30 guidance clinics attached to schools in Vienna in the 1920s. Adler believed that schools were a logical and constructive place to bring mental health services for children and families because schools and families are the two most important institutions affecting the lives of children. Adler frequently held demonstrations of interviews with children and their parents and teachers, before an audience of teachers and parents, as a way to demonstrate his approach to helping children and in order to educate parents and teachers in effective approaches to helping children with behavior problems. In recent years continued research into the importance of both school connectedness and family involvement for the promotion of children's academic success and mental health have underscored the value of mental health practitioners working with both schools and families (see Boxes 1.1 and 1.2). Although the idea of SBFC has been around since the time of Adler, the tendency of the mental health professions to focus on either school intervention or family intervention, makes SBFC still a revolutionary approach.

Box 1.1 Evidence-Based Support for the Benefits of School Involvement for Children

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Box 1.2 Evidence-Based Support for the Effect of Parent Involvement on School Achievement

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The Strengths of School-Based Family Counseling

SBFC has eight strengths:

- School and Family Focus
- Systems Orientation

- Educational Focus
- Parent Partnership
- Multicultural Sensitivity
- Child Advocacy
- Promotion of School Transformation
- Interdisciplinary Focus

School and Family Focus

In the lives of children, especially young children, family and school are the two most important social institutions affecting their development. In an SBFC approach an assessment is always made of the positive, as well as negative, influences school and family environments have on a particular child. Where negative family behaviors (e.g. family stress, child abuse, etc.) or negative school behaviors (e.g. bullying, poor teaching, etc.) affect a child, the SBFC practitioner will implement preventive and intervention techniques to remediate the situation and build positive connections. Where positive family behaviors (e.g. family members who are supportive of a child, or who maintain positive discipline, etc.) or positive school behaviors (e.g. a supportive teacher or students, the presence of engaging after-school programs, etc.) exist, the SBFC practitioner will mobilize these resources in the service of a child needing additional support. In SBFC building family and school strengths is as important as remedying deficits. The hallmark of the SBFC approach is that the SBFC practitioner will work with both the family and the school to help the student.

Systems Orientation

SBFC is a systems approach, drawing from ecological theories like Bronfenbrenner (1979) and from family systems theory.

> The problems in schools are but a reflection of the problems in society. The solution to those problems lies in understanding the systemic nature and interdependence of school, families and communities.
>
> (Dear, 1995)

A core assumption in systems theory is that the "identified patient" or client is embedded in a matrix of relationships and that the problem to be dealt with does not solely reside in the individual client. The SBFC practitioner strives to facilitate change in the client's various relationship systems (family, school, peer, community) in order to reduce dysfunctional behavior affecting the client and bring about improved support and more positive communication in the client's contacts with others. When a mental health practitioner lacking a systems focus deals with a client who is being bullied at school, he or she may only work with the child. An SBFC practitioner will involve the child, the child's family, the bully and the bully's family, and the teacher, classroom, and

possibly the entire school. This is because the SBFC practitioner conceptualizes "individual" problems as being maintained by relationships in the child's family and school system.

Educational Focus

In SBFC there is an explicit focus on promoting children's school success. This educational focus has the effect of de-stigmatizing the SBFC practitioner's use of mental health intervention. Consider how a parent might feel receiving these two phone calls from a principal, teacher, or school mental health professional:

> "Hello Mrs. Jones, I am the school mental health professional at Meadow Middle School and I am calling about your daughter Alicia. Alicia has been crying in class and seems very depressed. My impression is that she is disturbed about stress in the family. I think that Alicia and your family would benefit from seeing a therapist at a community counseling center. Would you be willing to meet with me about getting psychological help for your daughter?"
>
> "Hello Mrs. Jones, I am the school mental health professional at Meadow Middle School and I am calling about your daughter Alicia. I had the pleasure of meeting Alicia the other day. I learned from Alicia's teacher, Miss Smith, that Alicia is experiencing some challenges with her schoolwork. It is my role at the school to work with teachers and parents to help children do well at school. Because you as her parents know much more about Alicia, would you be willing to meet with me to discuss ways we can help Alicia be more comfortable at school? I would really appreciate having your advice on how we can help Alicia."

As you can see, these are very different ways of approaching a parent about her child. The first approach communicates to the mother that the family is deficient and needs remediation. The suggestion that the family needs mental health counseling will be experienced by most families as an insult and a negative comment on their parenting. The second approach – which is typical of an SBFC approach – engages the parent as an equal who has wisdom and who would be an active collaborator in promoting her child's school success. What parent would not want her child to succeed at school? The SBFC approach engages the parent and family around an educational focus that does not make them feel deficient.

Parent Partnership

SBFC practitioners use a collaborative approach with parents and engage with them as sources of wisdom and important resources for their children. This represents a significant shift away from the "therapist-client" relationship which emphasizes hierarchy. While some families may be very

dysfunctional and some parents deficient in parenting skills, these families and parents can potentially engage with their children in more effective ways and this is something the SBFC practitioner never loses sight of. Indeed, by engaging with parents as partners with the SBFC practitioner, the parents feel respected and therefore more likely to engage with the SBFC practitioner. What SBFC holds in common with Narrative, Solution-focused and other strength-based approaches to mental health is an understanding of the importance of honoring the strengths that parents and families bring to the "table."

Multicultural Sensitivity

SBFC is a multiculturally sensitive approach because of its family and educational focus. Most mental health approaches are derived from a western individualistic model which considerable research has shown is inappropriate with many collectivist cultures, including Asian, Latino, African and Middle Eastern (Dana, 2000; Pope-Davis & Coleman, 2015, Sue & Sue, 2008).

> For example, a majority of Mexican immigrants do not share the Western assumptive set that when one has a family problem, one goes to a therapist. Instead, the assumptive set of most traditional Mexicans is to seek guidance from a family elder, from a priest or even a "curandero" (an indigenous healer). Thus counselors offering "therapy" or "counseling" meet with great resistance, even when the problems are significantly stressful. However, an SBFC counselor understands that while a Mexican client may resist "counseling" he/she would eagerly seek "educational help" for his/her child or adolescent. Thus the reframing of "counseling" into a psycho-educational model of service reaches both parents and their children.
>
> (Soriano & Gerrard, p. 10)

For many minority families, a visit to the community mental health clinic for therapy or counseling would be a sign the family is crazy or "loco." However, a visit by parents to the school to discuss with the school mental health professional educational matters relating to their child, is quite a different matter and one that most minority families are open to. The educational focus de-stigmatizes the mental health context.

Child Advocacy

SBFC is a child advocacy approach. The central focus of SBFC is the child and advocating for the child in all the child's relevant social systems: family, school, peer, community. SBFC recognizes that children are embedded in

and deeply affected by their multiple social networks. By working with the child's family, school, peer group and community, the SBFC practitioner's goal is always empowerment of the child. The child, the family, and the school are all clients of the SBFC practitioner. However, because the child is more vulnerable than the family or the school, the SBFC practitioner gives primary advocacy emphasis to the child.

Promotion of School Transformation

Schools, like families, can be very dysfunctional. Like families they can be classified using the Circumplex Model (see Chapter 2). There are Rigid classrooms in which the teacher is authoritarian and strict to a point that interferes with children's learning. There are also Chaotic classrooms in which the teacher exercises so little control that children are unfocused and undisciplined, and this too interferes with their learning. Principals who have an authoritarian or laissez-faire leadership style may instigate Rigid or Chaotic environments in their schools. When bullying of a student occurs in a school it is often not an isolated event, but reflective of classroom dynamics involving bystanders (Padgett & Notar, 2013). Similarly, there is research connecting school shootings with broader dynamics in school systems: for example, large schools that have low connectedness (Wike & Fraser, 2009). These are examples of some of the problems that emanate from the classroom and school social climates and affect individual students. They represent major detriments to students' learning and academic success and would need to be addressed by the SBFC practitioner.

Interdisciplinary Focus

SBFC is an approach that can be used by any of the mental health disciplines: social work, counseling, psychology, marital and family therapy, psychiatry, and by professions such as special education and teaching. The mental health approaches used include: consultation, advice-giving, therapy, psychotherapy, counseling, psycho-education, and prevention. The integrating discipline in SBFC is family therapy. Family therapy, as a discipline, developed alongside the other mental health disciplines, and as its efficacy became clearer to the other mental health disciplines family therapy became integrated with many of them (hence: family counseling, family social work, family psychology, and family psychiatry). The word "counseling" is used in the term "school-based family counseling," however, because it is more acceptable than the word "therapy" to school personnel, and does not detract from SBFC's educational focus. However, we regard counseling, therapy, and psychotherapy as synonyms. SBFC also draws on techniques from diverse theoretical orientations. For example, an SBFC practitioner might use a classroom meeting based on Reality therapy, a family council meeting based on Adlerian therapy, assessment using a genogram based on Bowen Family Systems

therapy, positive reinforcement drawn from Behavior therapy, cognitive restructuring based on Cognitive therapy, the empty chair technique based on Gestalt therapy, and community intervention based on the strategies from Social work or Community Psychology. To intervene in a school the SBFC practitioner needs to understand school and classroom organizational dynamics and how school cultures and school climates differ. To intervene in a family the SBFC practitioner needs to understand families from both systems and multicultural perspectives. The SBFC practitioner must also have skills in working with children of various ages, adolescents, and adults: teachers, principals, parents, and guardians, as well as with the elderly. This all requires that the SBFC practitioner have a broad rather than a narrow training – which is the essence of an interdisciplinary orientation.

How to Use This Book

This book is a "how to" manual on how to do SBFC. It is intended for practicing SBFC practitioners who wish to sharpen their skills, and for mental health practitioners, and mental health profession students, who wish to learn the skills of SBFC.

The SBFC Metamodel

This book is organized around the SBFC Metamodel. The SBFC Metamodel is a trans-disciplinary model for conceptualizing the skills needed for SBFC (see Figure 1.1).

The metamodel is organized around two axes: Family Focus vs. School Focus and Intervention Focus vs. Prevention Focus. The resulting matrix consists of four quadrants: School Intervention, School Prevention, Family Intervention, and Family prevention. Community is represented by a dotted line encompassing the family and school quadrants. School Intervention refers to remedial interventions that focus on modifying school environments: parent consultation, teacher consultation, group counseling, crisis intervention, student support groups. School Prevention refers to strategies used to prevent problems from occurring: guidance groups, classroom management, classroom meetings, stress management, anti-bullying programs. Family Intervention refers to remedial interventions that address serious family problems affecting children: parent consultation, conjoint family counseling, family counseling with individuals, couples counseling. Family Prevention refers to psycho-educational strategies to prevent problems from developing in families: parent education workshops, parent support groups. Community Intervention refers to interventions aimed at advocating for children, families, and schools through the mobilization of community resources.

The specific techniques chapters relating to the SBFC Metamodel (Chapters 3–10) are shown in Figure 1.2.

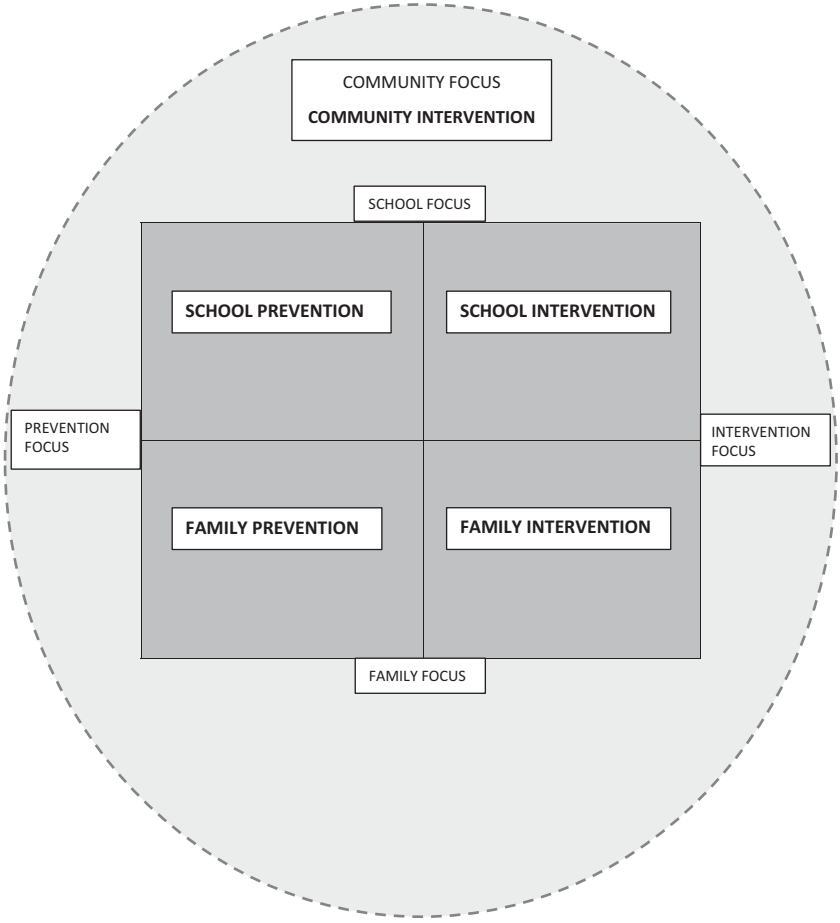

Figure 1.1 The SBFC Metamodel

This book does not cover all the skills that an SBFC practitioner might use, but it does describe in detail the basic techniques essential for SBFC practice. A description of the full range of SBFC competencies may be found in Gerrard & Soriano (2013) p. 7. To make the most effective use of this book, we recommend you begin with Chapter 2: How to Develop an SBFC Case Conceptualization. The importance of the SBFC practitioner developing a comprehensive SBFC case conceptualization is illustrated by the following story. A homeowner discovers during the winter that the furnace is not working. A furnace repair shop is quickly called. The repair person arrives with a bag of tools, removes a panel, and studies the furnace mechanism carefully for several minutes. Then the repair person takes out

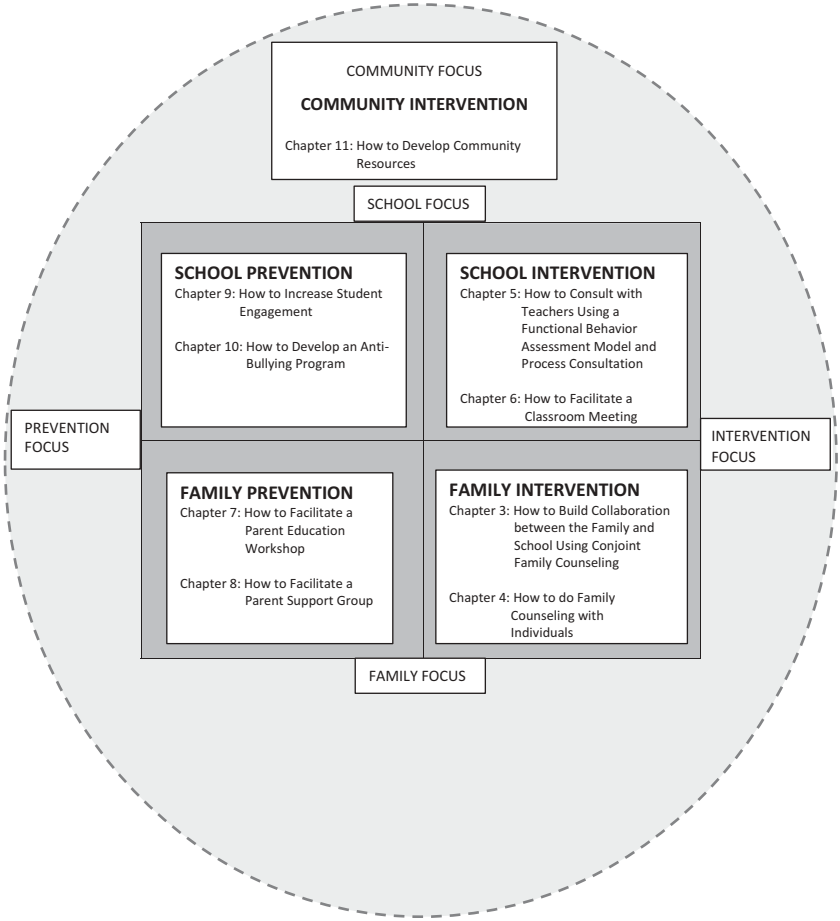

Figure 1.2 The SBFC Metamodel with Techniques Chapters

a small hammer and taps something. In a few minutes the furnace starts and runs fine. A week later the homeowner receives a bill for $100. The bill is itemized:

Tapping with hammer $1.
Knowing where to tap $99.

To be an effective SBFC practitioner you have to know where to "tap." This means having a solid grasp of the interpersonal and intrapersonal dynamics affecting a child and her social systems. Chapter 2 provides a starting point for thinking more systemically about interventions that link school and family. Chapters 3–11 deal with specific strategies in

intervention or prevention in school and family systems. Each of these chapters contains specific instructions an SBFC practitioner could use to implement SBFC techniques. The techniques chapters are also organized around the headings: Overview, Background, Evidence-Based Support, Procedure, Multicultural Counseling Considerations, Challenges and Solutions, Resources, and Bibliography. Chapter 11 describes strategies for mobilizing important community resources to aid children, families, and schools. Chapter 12 identifies common obstacles SBFC practitioners experience and suggests strategies for overcoming them. Chapters 13–15 describe examples of SBFC case studies. In addition, this book contains links to videos of role-played demonstrations of important techniques described in the chapters.

Resources

Literature Review on SBFC

Gerrard, B. (2008). School-based family counseling: Overview, trends, and recommendations for future research. *International Journal for School-Based Family Counseling*, 1, 1–30.

Books on SBFC

Boyd-Franklin, L. & Hafer Bry, B. (2000). *Reaching out in family therapy*. New York: The Guilford Press.

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Steele W. & Raider M. (1991). *Working with families in crisis: School-based intervention*. New York: Guilford.

Walsh, W. & Giblen, N. (Eds.) (1988). *Family counseling in school settings*. Springfield, IL: Charles C. Thomas.

Walsh, W. & Williams, G. (1997). *Schools and family therapy: Using systems theory and family therapy in the resolution of school problems.* New York: Charles C. Thomas.

Examples of SBFC Academic and Educational Programs

California State University, Los Angeles SBFC Master's Degree Program
This was the first master's degree program in SBFC in the USA. This Master of Science in Counseling School-Based Family Counseling Program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

Central Connecticut State University Certificate Program in School-Based Marriage and Family Therapy
"For post-graduate students of master's or doctoral programs in Marriage and Family Therapy who wish to complete requirements for a Provisional Educator Certificate in Marriage and Family Therapy through the State of CT Department of Education."

The Loyola University, Chicago Family-School Partnership Program
"*The Family and School Partnership Program (FSPP) was launched in 1996 to provide postmaster's training and consultation to school social workers and other school mental health professionals. To date, the FSPP has trained over 800 SBMHPs [school-based mental health professionals] via our Annual Summer Institutes and bi-monthly Consultation Groups.*"

The Loyola University Advanced School Mental Health Practice Certificate
"*This post-master's certificate program equips mental health professionals to better affect positive psychosocial development of their student clients. Primary takeaways from the program will include: fostering collaboration between schools and families, implementing strength-based interventions in schools, advocating for whole-school interventions, and becoming more data driven and evidence informed as School-Based Mental Health Practitioners (SBMHP).*"

Oxford Symposium in School-Based Family Counseling
Sponsored by the Institute for School-Based Family Counseling and co-sponsored by the University of San Francisco Center for Child and Family Development, the Oxford Symposium in SBFC is a small, invited, residential, international conference limited to around 25 members and their guests. The objective of the Oxford Symposium in SBFC is to make visible the "invisible college" of international experts in School-Based Family Counseling and to provide opportunity for information exchange, co-operation and collegial networking.

For links to these programs see SBFC EResources.

Examples of SBFC Service Delivery Programs

Families and Schools Together, Inc. (FAST)
"FAST® is a prevention and early intervention program that helps children succeed by empowering parents, connecting families, improving the school climate and strengthening

community engagement." The FAST program has been in existence for 25 years and has strong evidence-based support in the form of randomized control group studies with diverse populations. Educators who wish to implement the FAST program in their schools are provided with grant-seeking assistance by the FAST program.

The Place2Be Program
Place2Be is an SBFC program in over 257 schools in the UK. "Place2Be is the leading national children's mental health charity. Our Patron is The Duchess of Cambridge. We provide in-school counselling support & expert training to improve the emotional wellbeing of pupils, families, teachers & school staff." Funding comes from the schools, grants, and donations.

University of San Francisco Center for Child and Family Development SBFC Program
The Center for Child and Family Development has managed an SBFC service delivery program for 34 years. Marital and Family Therapy trainees and interns practice SBFC in 20–30 San Francisco-Bay area public and private schools. Funding is provided by the schools and foundation grants.

For links to these programs see SBFC EResources.

Journals That Publish Articles on SBFC

Child & Family Behavior Therapy
Child & Family Social Work
International Journal for School-Based Family Counseling
International Journal of Child, Youth and Family Studies
International Journal of School and Educational Psychology
International Journal of School Social Work
Journal of Child and Family Studies
Journal of School-based Counseling Policy and Evaluation

Brief Videos on SBFC

Krause, R. (2016, May 4). *School-based family counseling: An overview*
Krause, R. (2017, July 23). *School-based family counseling: Strengths*
For links to these videos see SBFC EResources.

Internet Resources on SBFC

Child and Adolescent Psychological and Educational Resources
"This site has been active since 2001 and, over time, has built up a large information base, accessed internationally by students, teachers, researchers and other professionals interested in research and practical resources relating to children, adolescents and families. Particular focus is given to issues relating to peer relationships, including bullying, as well as stress and wellbeing."

Institute for School-Based Family Counseling
The Institute for School-Based Family Counseling exists to promote the development of SBFC as a discipline through multiculturally sensitive programs that educate mental health professionals, educators, and the general public on the nature and value of SBFC. The Institute's website contains SBFC resources for mental health professionals, teachers, and parents.

UCLA School Mental Health Project
"Stated simply, our mission is to improve outcomes for students by helping districts and their schools enhance how they address barriers to learning and teaching and re-engage disconnected students. One way we do this is by providing information and links for leaders and practitioners to access a range of no-cost resources developed by us and others that can be used for: school improvement, professional development, direct student/learning support."

Schoolsocialwork.net
"SchoolSocialWork.net is a free online resource and community dedicated to supporting the professional practice of school social workers and other school mental health professionals."

For links to these programs see SBFC EResources.

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Sue, D.W. & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th Edition). New York, NY: John Wiley & Sons.

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2 How to Develop an SBFC Case Conceptualization

Brian A. Gerrard

Overview: *This chapter shows how to develop a comprehensive SBFC case conceptualization based on the SBFC metamodel. The central relationship of case conceptualization to assessment, diagnosis, and the treatment plan is described.*

Background

Case conceptualization refers to the process by which an SBFC practitioner takes assessment information and makes sense of a client's situation in a way that facilitates the development of an effective treatment plan to resolve the client's presenting symptoms. A comprehensive SBFC case conceptualization involves a diagnosis of the individual client's functioning and a diagnosis of the family, peer, school, and community systems affecting the client. The individual client's view of the problem is typically very different from the SBFC practitioner's view of the client's problem. For example, a Hispanic student Kylie Gonzalez, age 14, has been cutting herself and seems depressed, according to her teacher and parents. When Kylie is asked about what is going on with her, the SBFC practitioner Ramona is told: "No one at school likes me. Nothing really interests me." After interviewing Kylie, Kylie's parents and teacher, and observing Kylie in the classroom and at recess, Ramona develops an initial case conceptualization, shown in Table 2.1.

What is missing from Kylie's conceptualization of her problems is the theoretical and systems thinking that Ramona brings. Ramona's analysis is that Kylie's cutting, low self-esteem, and weak friendship skills are related to problems in her family and in her classroom. Furthermore, the marital tension between Kylie's parents is compounded by institutional racism that is affecting Kylie's father at work. A comprehensive SBFC treatment plan to help Kylie will involve interventions at all four SBFC levels (see the SBFC metamodel in Figure 1.1). What is critical, however, is the ability of the SBFC practitioner to identify the challenges at each level. To intervene only at the individual level – with no understanding of how the family, school, and community levels are maintaining Kylie's problems – would be a mistake and represent only partial treatment.

Table 2.1 Case Conceptualization for Kylie

SBFC Focus	*Challenges*
Individual level	Kylie's unrealistic thinking about her self-worth
	Lack of friends
Family level	Marital discord between parents
	Tense home atmosphere
	Conflict between Kylie's mother and Kylie
School level	Kylie being cyber-bullied by a girls' clique
	Kylie's school having a disengaged, impersonal "climate"
Community level	Kylie's father experiencing discrimination at work

Procedure

To conduct a comprehensive SBFC case conceptualization there are six main steps:

Step 1: Collecting Assessment Information
Step 2: Developing the Case Conceptualization
Step 3: Developing a Treatment Plan Informed by the Case Conceptualization
Step 4: Using an Intervention with the Client
Step 5: Monitoring the Client's Response to the Intervention
Step 6: Modifying the Case Conceptualization, Treatment Plan, and Intervention depending on additional Information

As can be seen in Figure 2.1, case conceptualization occurs within a dynamic relationship with assessment, treatment planning, intervention, and client response to intervention. It is important to note that developing an accurate case conceptualization is a *process that undergoes modification* depending on the client's response to intervention and additional information that the SBFC practitioner may learn about the client.

The intervention may not work and may therefore require modification. Or the SBFC practitioner may learn some new information about the client, the family, or the school that requires a significant change in the case conceptualization or the treatment plan and intervention. That is, the final case conceptualization used by the SBFC practitioner could be quite different from the original case conceptualization, depending on important new information about the client's family, the school, or the intervention. If the SBFC practitioner is skilled, she/he will be open to modifying the case conceptualization, treatment plan, and intervention as necessary. This is because when you work with a client it is impossible to have every significant piece of information available at the first session. Because trust builds over time, clients – as they experience greater trust – feel more comfortable revealing information they withheld at the earlier sessions.

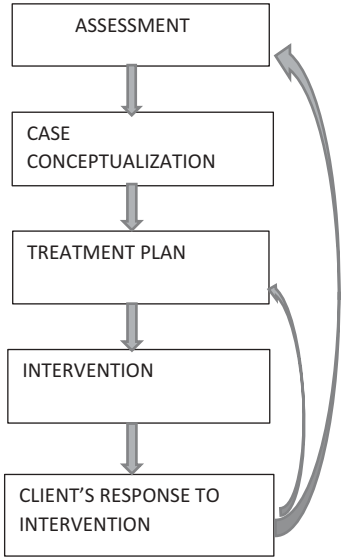

Figure 2.1 The Case Conceptualization – Intervention Cycle

It is very rare that an SBFC practitioner will meet with a student, their teacher, and parents for several sessions and only then formulate a case conceptualization. The more skilled an SBFC practitioner is the more likely that they will very quickly form a hypothesis (a guess) about what the psychological and systems nature of the client's problem is, and then ask questions and look for behavior that indicates whether the SBFC practitioner is on the right track. In Kylie's case, Ramona might think initially that Kylie's problem only has to do with bullies in her classroom. However, based on comments Kylie made during the end of their first meeting, Ramona realizes that a more critical piece has to do with martial stress between Kylie's parents that is causing Kylie to feel depressed and is making her more vulnerable to being bullied. Three sessions into working with Kylie and her family, Ramona next discovers from comments by students during recess that bullying is a problem throughout the school and that this systemic problem is underpinning Kylie's problems. It also becomes clear to Ramona that the counseling goal Kylie wants most to work on is improving her relationship with her mother.

Step 1: Collecting Assessment Information

Step 1A: Establishing a Reputation for Being Trustworthy with Students, Parents, and Families

In order to collect useful information about a client's situation, it is essential the SBFC practitioner have a relationship of trust with everyone

the SBFC practitioner interviews. Before any student, parent, or teacher meets with you, they will likely have some information about who you are and what sort of person you are. That is, you will have a "reputation" for acting a certain way with others. When you enter a school as the SBFC practitioner for the first time, you can establish a reputation for being a helpful (and therefore trustworthy) professional by following the strategies shown in Box 2.1 Tips for Joining with the School Community and Box 2.2 Tips for Joining with Families. These strategies establish you as an SBFC professional who is available, concerned, and friendly.

Box 2.1 Tips for Joining with the School Community

Set up a regular time to consult with the Principal, e.g. a weekly 15 minute meeting.

Familiarize yourself with the school's rules and procedures.

Make friends with the school secretary.

Be punctual in attending meetings.

Think of yourself as being part of the school staff.

Send a letter to the teachers and parents/guardians introducing yourself.

Emphasize that as a SBFC professional one of your primary goals is to help children succeed academically.

Participate actively in the school community. Show up at the school play, basketball game, etc.

Make yourself available before school starts and after it ends (e.g. for 30 minutes) to increase your accessibility to staff.

Have lunch with other school staff (rather than in your office).

Be visible to teachers, students and parents/guardians.

Introduce yourself and explain your role to teachers, students, and parents/guardians. If you are an introvert, consider this an important part of your personal growth.

If there are other mental health professionals working in the school who do not have an SBFC background, make friends with them. Let them know that you are there to collaborate with them.

Consult with the person referring a student.

Meet with student clients at a time that fits into their school schedule.

Remember that parents/guardians may not be able to meet with you during school hours because they are working.

Box 2.2 Tips for Joining with Families

Send a letter introducing yourself as a school mental health professional to all the parents/guardians in the school community.

Emphasize the importance of collaborating with parents/guardians in order to help their children succeed in school.

Be flexible in scheduling meetings with parents/guardians who are working.

During a first meeting, explain your role in collaborating with families to help children succeed academically.

Be sure to discuss confidentiality with the family.

Use empathy to show you understand each family member's point of view.

During the meeting be sure to hear from everyone, especially the adult who has the most influence in the family.

Remember that there is a power structure in every family and that if you alienate the person with the most authority, the family will be unlikely to return for counseling.

Use a strength-based approach to encourage the family members and give them hope.

As you speak with each family member, look for positives as well as things you may have in common with the family member. Briefly sharing a connection you may have (e.g. with sports, TV shows watched, etc.) with a family member facilitates the building of trust.

At the end of a first session, summarize what you understand to be the different family members' concerns and hopes.

Point out a strength you see in the family and indicate what you think you and the family working together could do to help their child.

After the first meeting, develop a beginning case conceptualization for the family that moves from a description of the "identified patient" to a broader systems conceptualization of how family and school strengths and challenges affect the behavior of the referred student.

When you ask to meet with a student, parent, or teacher, they will have heard good things about you. Your reputation "goes before" you and makes it easier for you to get an interview and build trust during the

interview. By actively involving yourself in the life of the school and by actively engaging with parents (e.g. by introducing yourself at a PTA meeting) you will be more likely to have access to information about: the social climate in the school, teachers who have challenges with their students, the principal's relationship with staff, how families feel about the school, and the presence of different student cliques and groupings within the school. The importance of this step cannot be emphasized enough.

Step 1B: Interview the Person who Made the Referral

This could be a teacher, principal, parent/guardian, or a self-referred student. Find out what their view of the problem is and their thoughts about what is causing the problem and what needs to be done to improve things. If the referring person is an adult, your interview might be brief as teachers and principals are busy persons, and a parent/guardian might initially only be available by phone.

Step 1C: Interview the Student

Irrespective of the approach you use to interview the student (e.g. client-centered, CBT, multimodal, narrative, strength-based, etc.) your goal should be to make friends with the student and earn enough trust so that you will be told the student's most important concerns. This early phase of intervention, called Stage 1: Preparing for Change, has two essential components: building rapport with the client and getting the client to tell her/his "story." The use of empathic listening ("It sounds like you felt really upset when your classmate made fun of you.") and open-ended questions ("What did it mean to you when she said that?") are useful responses for building trust. In a first interview, discussion of your role and confidentiality, as well as any need for parent permission, will be important to cover.

Step 1D: Interview the Parents/Guardians

There are two reasons for interviewing the parents/guardians: a) they may be contributing to the student's problems and you will need to figure out how; and b) they may be able to provide positive resources to help support and empower the student. You should not be quick to assume that the family is a "problem." The problem affecting the student may be at the school level. Keep in mind that schools, like families, can be dysfunctional. Box 2.3 The First Interview with the Parents/Guardians contains sample model dialogue you can use in a first interview.

Box 2.3 The First SBFC Interview with the Parents/Guardians

Note: Step 4 of this interview guide is worded for a mental health trainee (e.g. school counselor, school social worker, school psychologist, marriage and family therapist, etc.).

Goal of the First Meeting:	– To make friends with the parents/guardians – To identify a counseling goal – To form a partnership with the parents/guardians
STEP	**DESCRIPTION**
1. Welcome (1 min.)	Hello My name is … I am the school mental health professional for (name agency/school) Thank you for coming …
2. Small Talk (1 min.)	Did you have any trouble parking?
3. Overview (0.5 min.)	I'd like to tell you a little bit about who I am and my role as the school mental health professional. Then I'd like to talk with you about how we can work together to help (Name of Child).
4. Explain Role (5 min.)	I am a mental health professional trainee. A trainee is … – not a licensed professional yet – a student in the Master's degree program at … – under the licensed supervision of … – my professors have determined that I am now qualified … – my traineeship placement is in this school until … – my role is to work in partnership with parents – to help students succeed at school – Everything we discuss is confidential with three exceptions: I have to discuss how I am doing with my supervisor and supervision group; I have to report any danger to self or others; with a court order I would have to share some of my counseling notes. – Do you have any questions?
5. Explain Reason for Meeting	As I indicated on the phone, the reason I wanted to meet with you is because_____. As the parents/

(1 min.)	guardians of (Name) you are experts on your child. It is therefore very important that I consult with you.
6. Introduce a Strength-Based Focus (5 min.)	What do you see as your child's greatest strengths? What are your wishes for your child's future? *Use Active Listening/ Validation*
7. Get the Parent's/ Guardian's View of the Situation (10 min.)	How do you feel (Name) is doing in school? How do you feel about (Name)'s teacher? How do you feel about the school? *Use Active Listening/ Validation*
8. Introduce a Counseling Goal (5 min.)	Are there any areas in which you would like (Name) to improve at school or at home? Would you like to see (Name): • get along better with_____? • do better at_____? • get better grades? If we work together there are some things we can do that would help (Name) to_____. *Use Active Listening/ Validation*
9. Secure a Commitment (2 min.)	Would you be willing to work with me to help (Name) do better at_____? This would mean our meeting to discuss how things are going. I recommend we meet three times and then review how things are going. (If resistance: phone check-in once a week)
10. Set Next Meeting/ Contact (1 min.)	Would this time work for you next week?
11. Thank Them for Coming (1 min.)	I just want to tell you how much I appreciate that you met with me today. (Name) is very lucky to have such caring parents/ guardians as you. I am very optimistic that together we can help (Name) do better at_____.

Step 2: Develop the Case Conceptualization

A comprehensive SBFC case conceptualization has seven components:

a) A *counseling readiness* assessment.
b) An assessment of the client's *individual and interpersonal functioning*.
c) An assessment of the client's *family system* as it affects the client.
d) An assessment of the client's *school system* as it affects the client.

e) An assessment of how *multicultural variables* (e.g. ethnicity, discrimination, etc.) affect the client
f) An assessment of how *other socio-demographic variables* (e.g. age, religion, sexual orientation, gender orientation, social class, etc.) affect the client.
g) An assessment of *family strengths*.

Step 2A: Make a Counseling Readiness Assessment

One of the signs of an inexperienced or incompetent mental health professional is the inability to recognize when a client is ready to participate in counseling. Between 20% and 57% of therapy clients do not return after their initial session and 37% to 45% attend therapy a total of only two times (Schwartz & Flowers, 2010). The Client Readiness for Change Model (see Table 2.2) developed by Prochasa, DiClemente, and Norcross (1992) is a useful guide to help you identify the stages many clients go through.

Strategic therapists sometimes describe the Precontemplation stage as one in which the potential client is deciding whether to become a "customer." During the Precontemplation and Contemplation stages, critical counseling skills to use are the client-centered therapy triad of empathy, warmth, and respect.

It is important to keep in mind the many reasons why some persons may not want to see you for counseling:

- They have an alternate source of support (friends, family, spiritual advisor).
- They fear being labelled as "crazy" for seeking mental health services.
- They may not be "psychological minded" and not understand how counseling can be helpful.
- They may be open to counseling but feel you are not the right person to help them (because you are a beginning SBFC practitioner, of a different ethnicity, gender, etc.).
- They may be affected by negative stereotypes of mental health professionals as portrayed on TV(often as "crazy").
- They may have had a prior experience with a mental health professional that did not go well.

If your "client" is in the Precontemplation or Contemplation stage, avoid assigning homework or implementing behavior change activities as this is

Table 2.2 The Client Readiness for Change Model

Readiness for Change Stage	*Description*
Precontemplation	Individual does not see the need for counseling
Contemplation	Client is open to seeing the need for counseling
Preparation	Client is open to planning for change
Action	Client implements change
Maintenance	Client takes steps to maintain change

likely to result in the "client" not returning. Keep your emphasis on making friends, making it easy for the "client" to tell you their story, and communicating that you have ways to assist them in dealing with their challenges when they are ready to do so.

Step 2B: Make an Assessment of the Client's Individual and Interpersonal Functioning

If you are successful in building trust with your client and they move into the Contemplation and Preparation stages, it is important to assess your client's emotional, cognitive, and interpersonal functioning. Assessing this involves taking a history that taps into the different ways the client deals with stress. A useful approach to obtaining this information is to conduct a **Multimodal assessment** of the client. This CBT approach, which was developed by Lazarus (2006), involves asking the client about their functioning across the seven basic personality modalities: Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal, and Drug/Physiological – what Lazarus refers to as the BASIC ID. Box 2.4 contains useful questions you can ask a client to obtain their BASIC ID.

Box 2.4 Questions for Multimodal Assessment

Multimodal Assessment Questions for a Specific Issue

Behavior:	"What do you typically say or do with_____ (problematic situation or person)?" *SBFC example: "What do you typically do when other kids bully you?"*
Affect:	"What sort of emotions or feeling do you typically have with_____?" *SBFC example: "When the teacher ignores you how do you feel?"*
Sensation:	"What sensations or tensions do you experience when_____?" *SBFC example: "When the other girls send you a nasty text, do you feel tense anywhere in your body?"*
Imagery:	"What images or fantasies do you have when dealing with_____?" *SBFC example: "What images or fantasies do you have when the teacher asks the class to form work pairs and nobody chooses you?"*
Cognition:	"What does it mean to you when_____?" "What kinds of thoughts do you have about_____?" *SBFC example: "What does it mean to you when you get these text messages?"*
Interpersonal:	"What does (name person) typically do when_____?" "How does (name person) treat you when_____?"

	SBFC example: "What does the teacher do when she sees you don't have a work partner?"
Drug/ Physiological:	"When you are dealing with_____, how is your body affected?" (e.g. "Feel ill, sleep affected, need medication, etc"). *SBFC example: "When you get a nasty text message, how is your body affected?"*

General Multimodal Assessment Questions for Family

Behavior:	"What sort of things do you do during a typical weekend at home?" "What do you do in the morning? Afternoon? Evening?"
Affect:	"What feelings or emotions do you typically have when you are with your family? With your mother? With your father? With _____ (other family members)?"
Sensation:	"What sensations (for example: feeling tense or relaxed) do you experience when you are with your family?"
Imagery:	"What images or fantasies do you have when you are with your family? With your mother? With your father? With other family members?"
Cognition:	"When you are with your family, what sort of thoughts do you have about them? About yourself?" "What would be something your family does that you really like? When they do that what does it mean to you?" "What would be something you family does that you don't like? When they do that what does it mean to you?"
Interpersonal:	"How does your family generally treat you?" "Can you give me an example of that?" "What sort of things do they say to you?" "How does your mother generally treat you?" (repeat for father, other family members)
Drug/ Physiological:	"Sometimes families upset us and we can't sleep or even feel ill. Does that ever happen to you?" "Can you please tell me about a time that happened?"

General Multimodal Assessment Questions for School

Behavior:	"What sort of things do you do during a typical day at school?" "What do you do in the morning? At lunch? At recess? In the afternoon?"
Affect:	"What feelings or emotions do you typically have when you are at school?" "Can you please tell me about the last time you had those feelings at school?"
Sensation:	"What sensations (for example: feeling tense or relaxed) do you experience when you are at school?"
Imagery:	"What images or fantasies do you have when you are at school?"

Cognition:	"When you are at school, what sort of thoughts do you have? What sort of thoughts do you have about your teacher? About yourself?" "What would be something your teachers do that you really like? When they do that what does it mean to you?" "What would be something your teachers do that you don't like? When they do that what does it mean to you?" "What would be something students at school do that you really like? When they do that what does it mean to you?" "What would be something students at school do that you don't like? When they do that what does it mean to you?"
Interpersonal:	"How do students at school treat you?" "What sort of things do they say to you?" "How do teachers treat you?" "What sort of things do they say to you?"
Drug/ Physiological:	"Sometimes things at school upset us and we can't sleep or even feel ill later. Does that ever happen to you?" "Can you please tell me about a time that happened?"

General Multimodal Assessment Questions for Friends

Ask:	"Do you have any friends?" If client answers no, skip this section.
Behavior:	"What sort of things do you like to do with your friend(s)?" "Can you please give me an example of that?"
Affect:	"What feelings or emotions do you have when you are with your friend(s)?"
Sensation:	"What sensations (for example: feeling tense or relaxed) do you experience when you are with your friend(s)?"
Imagery:	"What images or fantasies do you have when you are with your friend(s)?"
Cognition:	"When you are with your friend(s), what sort of thoughts do you have? What sort of thoughts do you have about your friend(s)? About yourself?" "What would be something your friend(s) do that you really like? When they do that what does it mean to you?" "What would be something your friend(s) do that you don't like? When they do that what does it mean to you?"
Interpersonal:	"How do your friends treat you?" "What sort of things do they say to you?"
Drug/ Physiological:	"Sometimes things friends do upset us and we can't sleep or even feel ill later. Does that ever happen to you?" "Can you please tell me about a time that happened?"

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Tips for using Multimodal Assessment:

1. Begin by saying: "I'd like to ask you some questions to help me get a better understanding of how you experience_____ (e.g. school, your family, or specific incident)."

2. Use empathy/active listening statements between questions (e.g. "When your friend yelled at you that must have been upsetting.").
3. When asking questions about a specific incident, start with the Interpersonal modality.
4. Use bridging to link modalities, e.g. "When you felt angry [*Affect*] at what your friend said, what did you do [*Behavior*]?"; "When your father criticized you [*Interpersonal*], how did you feel [*Affect*]?"

With respect to Kylie described above, the BASIC ID assessment may be of Kylie's a) life situation in general, b) her relationship with a specific person or group, or c) a specific incident involving another person or group. As illustrated below for Behavior, the wording for specific levels of BASIC ID assessment will differ:

BASIC ID Assessment of Kylie's Life Situation:

"What do you generally do during a typical day at school?"

"What are some things you do at school that you would like to do more of?"

"What sort of behaviors would you like to do less of?"

BASIC ID of Relationship with a Specific Person or Group:

"What do you say and do when you are with_____(e.g your mother)?"

BASIC ID of Specific Incident Involving Another Person or Group:

"When_____occurred (e.g. your parents were arguing), what did you say or do?"

When doing a BASIC ID assessment, it is useful to use the multimodal assessment questions to map out all three levels: life situation, specific relationship, and specific incident. The value of conducting a multimodal assessment is that by identifying challenges the client is experiencing in specific BASIC ID areas, you can formulate a treatment plan that addresses each area.

This is illustrated in Table 2.3.

An alternative way to assess the client's individual and interpersonal functioning is to use a **Narrative Therapy** interview approach. This approach developed by White and Epston (1990) emphasizes asking the client questions that "externalize the problem." The client is invited to re-story their relationship with their problem from a story about deficiency and failure to a story about resilience and competence. The client is asked to give a name to their problem and then the SBFC practitioner conducts a client history asking the client about the renamed problem as though it were an entity separate from the client. In their book, Epston and White