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## The Use of Family Systems Approaches By School Counsellors

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### Abstract

The purpose of this study was to explore effective family systems interventions employed by school counsellors in their work with students. Five school counsellors who had some exposure to family systems approaches to counselling but were not family therapists participated in the study. They participated in three group meetings where family systems models were reviewed. Their task was then to conceptualize some of their cases within a family systems framework and report on the interventions they used that they perceived as effective. They were subsequently interviewed individually within a Critical Incidents format. Findings revealed six main categories of systemic interventions perceived as effective within schools. Examples of interventions to illustrate each of the categories are included in this paper. Also included, is a summation of the counsellors' reaction to working in this way.

### Résumé

Le but de cette étude était d'explorer les systèmes efficaces d'interventions familiales employés par les conseillers scolaires dans leur travail avec les étudiants. Cinq conseillers scolaires qui avaient été exposés, à l'occasion, à des approches du système familiale mais qui n'étaient pas des thérapeutes familiaux ont participé à cette étude. Ils ont participé à trois rencontres de groupe où les modèles des systèmes familiaux ont été révisés. Leur tâche était de conceptualiser quelques-uns de leurs cas à l'intérieur du cadre de référence d'un système familial et de faire un rapport des interventions qu'ils ont utilisées et perçues comme efficaces. Ils ont subséquemment été interviewés individuellement selon un format d'Incidents critiques (Critical Incidents). Les résultats ont démontré six catégories principales d'interventions systémiques perçues comme efficaces dans les écoles. Des exemples d'interventions sont inclus dans cet article pour illustrer chacune des catégories. Un résumé des réactions des conseillers face à ce mode de travail est présenté.

Although the family systems perspective has made significant inroads into the area of psychotherapy in the past three decades, its impact has been less pronounced in the area of school counselling. School counsellors have traditionally conceptualized change processes more intrapsychically than systemically (Amatea & Fabrick, 1981). Intrapsychic frameworks are based on the assumption that it is the individual client who has the problem and that it is his or her thinking or emotional reactions that need to be changed.

More recently, frameworks based on family systems theory have been recommended to counsellors for more effectively dealing with the problems of individual children in school contexts (Goldenberg & Golden-

berg, 1981; Paget, 1987; Carlson, 1987; Ryan & Sawatzky, 1989). A primary assumption of family systems theory as it is applied to school counselling is that the basic unit within which the child functions is the family. Although the school, as a system, is an important variable in the behaviour of the child, it is within the *family* system that his/her emotional needs are primarily met and in which behaviour patterns are formed. Consequently, in order to understand fully a child's behaviour in school and to intervene into that behaviour, it may be useful to relate it to interpersonal interaction patterns in his/her family. In recent years, several authors (Lusterman, 1985; Plas, 1986; Wilcoxon & Comas, 1987; Amatea, 1989) have adapted family systems interventions for use in schools in ways that do not require counsellors to be family therapists.

The basic question underlying the current study was to determine how experienced school counsellors who have some basic training in family therapy apply the family systems model to working in schools. The primary purpose of this paper is to describe categories of systemic interventions used effectively by school counsellors and to present concrete examples of each category. A secondary purpose is to present a summation of the counsellors' spontaneous discussions about issues that arose when systemic interventions were used.

#### METHOD

In keeping with the descriptive and exploratory character of this project, the Critical Incidents research approach (Woolsey, 1986; Flanagan, 1954) within the context of a focus group methodology (Morgan, 1988) was used, as it is well suited for generating a comprehensive description of the relevant content domain. In the present context, that domain was the use of a family systems framework in the school setting.

Five counsellor participants were chosen on the basis of two criteria. First, they had to be currently working within a school system, and to have worked as a counsellor for at least two years. Second, they had to possess at least a Masters level of education which included some training in family systems theory. Two of the counsellors selected were working in a K-6 school setting, two were in a K-9 school setting, and one was in a K-12 school setting.

The first step was to orient the counsellors to the purpose and approach of the study. In keeping with strongly guided focus group procedures (Morgan, 1988), three group meetings were arranged with the interviewer (the second author) and all five counsellors present. The meetings focused on a review of family systems theory, discussion of application procedures of various family systems interventions, and a presentation of guidelines for the observation and reporting of critical incidents. Counsellors were also informed about the kinds of experiences they might observe as a result of their interventions. A manual

based on a previous study done by Sawatzky and Lawrence (1989) was developed, and given to the participants as a basic reference.

After the focus group meetings, individual interviews were held with the counsellor participants. During these interviews, the basic question asked was: "Please describe an incident in which you used a family systems intervention with a student and which appeared to result in a positive change." A consistent style of follow-up probing focused on specificity, elaboration, and clarification of the incidents reported. All of the interviews were conducted within a two month period and were recorded on audiotape. Interviews were then transcribed and broken into units of meaning defined as interventions. From 15 reported cases, 123 interventions were identified. These interventions were then sorted into categories that seemed to group together naturally according to their purpose and context (Strauss & Corbin, 1990). In order to ensure reliability of sorting, two independent judges were asked to sort twelve interventions into the categories already established. Rater A agreed with nine out of twelve (75%) of the original classifications, while Rater B agreed with ten out of twelve (85%). Based on criteria established by Anderson and Nilsson (1964), this was considered to be satisfactory agreement.

## RESULTS

The analysis of the transcripts in the identification of six categories of interventions, each of which included 10% or more of the total interventions reported and in which there was a perceived impact. The categories identified are as follows: Joining; Reframing the Symptomatic Behaviour; Realigning the Organizational Structure of the Family; Suggesting Continued Symptomatic Behaviour; Teaching; and Behaviour Modification. Each of these categories will be defined, and descriptions and examples provided, in order to illustrate the use of specific intervention strategies within each category. Finally, a summation of the counsellors' spontaneous personal reactions to working systemically are included in a separate section.

### 1. *Joining*

All counsellor participants emphasized the importance of establishing a relationship with and understanding clients, and of letting them know that they are understood. They also talked about the importance of letting their clients know that they are working on their behalf. They saw joining as the glue that holds the "therapeutic system" together and makes other interventions possible. It was viewed as more than achieving rapport in that joining refers to the steps the counsellor takes to become an active and effective participant in the client's significant interpersonal system. Joining can involve the establishment of a productive "system"

with a client, and it can also involve the counsellor in becoming a temporary member of the client's family group.

Example 1: "I did a lot of bonding with her and empathizing because she really thought at times she was crazy."

Example 2: "It seemed important to establish a strong relationship and temporarily align myself with the mother."

## *2. Reframing the Symptomatic Behaviour*

One of the counsellors' most widely used interventions was to offer alternative perspectives for the problem behaviour. This approach, referred to as reframing, involves lifting a situation out of its old context and placing it in a new one which defines it equally well. This new context offers an alternative understanding, or a new meaning to which new and different responses are reasonable, logical, and possible (Becvar & Becvar, 1988). The goal of reframing is to encourage clients to take a more differentiated view of their reality. The following examples illustrate how reframing was used by the participants in this study.

Example 1: "To the parents of a boy whose family was being seen in counselling as a result of the boy's behaviour, I suggested that his behaviour was his way of getting the family the help they needed—that he brought the family in."

Example 2: "To a girl in grade six who complained of constant fights with her mother, I suggested the fighting may be positive in that it resulted in her spending intensive time with her mother. The challenge was to find ways to engage mom that were more satisfying."

## *3. Realigning the Organizational Structure of the Family*

In some instances, counsellors found it appropriate to focus on creating more or less emotional and/or physical space between family members or subsystems, such as parents or siblings. This often involved redefining, or more clearly delineating boundaries around subsystems. It also included a clearer delineation of the parental dyad at the top of the family hierarchy. In all cases, the interventions in this category were based on an interpretation of the relationship between the problematic behaviour and the way in which the family was organized. Most of the interventions in this category seemed to be based on those formulated within structural family therapy (Minuchin & Fishman, 1981). The following example is representative of "structural" interventions which were used by counsellors in this study and which they viewed as appropriate within their school settings.

**Example:** “A girl in grade four referred herself to me because she was upset with being constantly disciplined by her mother’s common-law partner. During the first session with the family, it was clear that the mother had abdicated her role as parent to her partner. The focus of the session was to encourage the mother to again assume a central role in the parental subsystem.”

#### 4. *Suggesting Continued Symptomatic Behaviour*

In some instances, the counsellor participants found it useful to point out to their clients the importance of a symptomatic behaviour in meeting a specific need. The implication was that it might be important for them to continue that behaviour until other ways were found of satisfying this need.

**Example:** “A girl in grade six had begun to skip school. In talking to her about this, I ‘hunched’ that one of the reasons she was doing this was that it made her mother very angry, and it was only when she was angry that there was an intensive interaction between them. The mother was recently divorced and appeared to have very little time or energy for her daughter. I decided to focus on the angry exchanges between mother and daughter, hypothesizing that the school skipping behaviour was a function of that dynamic. I suggested that it might be important for them to continue the angry exchanges about skipping school in that this appeared to give them the opportunity to spend intensive time together. The focus of subsequent sessions was on finding alternative ways in which they might spend close time together.”

Another rationale for suggesting the continuation of some aspect of a symptomatic behaviour related to the issue of control. In order to stop a symptom, it may be useful to experience deliberately initiating the onset of the symptom.

**Example:** “A six year old girl was having temper tantrums in school. The child’s family consisted of herself and her mother, with whom she was involved in frequent power struggles. I suggested that rather than having the temper tantrums intermittently, she have one every day and that she choose the time. She subsequently stopped the tantrums in school except when her mother was present. The family was referred elsewhere to deal with the continuing problem at home.”

The suggestion to continue the symptomatic behaviour may create a paradoxical effect in which the client defies the counsellor by stopping the behaviour altogether.

### 5. *Teaching*

It occasionally seemed appropriate for the counsellor to impart information to children and their parents in order to facilitate change. These interventions involve teaching parenting skills and encouraging students to adapt specific communication skills.

**Example:** "A teenage girl came to see me about the explosive and angry interactions she was having with her parents. It seemed to me that the girl had very few tools for dealing productively with conflict. The conflict with her parents seemed to be about issues related to individuation that are not uncommon for her stage of development. Consequently, I worked with her on using 'I' messages and an agreement was made whereby she would experiment with the use of this skill in her next interaction with her parents. She was well motivated to do so.

### 6. *Behaviour Modification*

It was found by the counsellors that more traditional interventions such as behaviour modification could be used to create change within the family system. In this form of intervention, the child may receive reinforcements such as points, stars, rewards, etc. for certain behaviour, which in turn would produce a change in family dynamics. Within the systems framework, the goal of behavioural interventions is not simply to remove the troublesome behaviour of a child client. The aim, instead, is often to cause a change in family interaction patterns through the use of a behavioural technique which becomes merely a device to focus interactions between and among family members.

**Example 1:** "A boy in kindergarten was referred by his teacher and his mother because of disruptive and defiant behaviour in class and at home. I discovered through talking to the boy and his mother that there had recently been quite a few changes in the boy's home life. He seemed to feel isolated from the other members of his family system. In order to create more closeness between the boy and the rest of his family we set up a system whereby if the boy behaved well that morning in school he got a happygram that went home, and when he collected five happygrams he could go off to Bullwinkles or something like that with his family."

It should be noted that although the family system is the primary focus of these interventions, the child is a part of a variety of systems involving the school and the community. Most of the interventions identified cannot be effective without enhanced communication between and among these various systems. The process of achieving this might be described as an intervention in itself. The most commonly reported vehicle for facilitating this communication was a case conference involving parents, representatives of the school and possibly representatives of other agencies.

#### COUNSELLOR OBSERVATIONS ON THEIR USE OF FAMILY SYSTEMS INTERVENTIONS

During the interviews and during the group meetings, counsellors frequently expressed opinions about various issues related to the use of systemic approaches with their students. Their comments often appeared to be their responses to questions they asked themselves. In some instances initial comments were followed by specific questions posed by the researcher. Their comments have been organized and summarized as responses to a series of questions.

1. *What criteria do you use in order to determine whether to use systemic interventions with a client?*

The counsellors interviewed indicated that after the focus group meetings they used a systemic framework with all of their cases, although specific interventions may have been developed within other frameworks. Although they clearly expressed a preference for working with the families, or at least the parents of the child, they also expressed comfort with working systemically with the child alone. When making a decision as to whether to work with a child alone or with the family, the counsellors noted that they look at the age of the child. With younger children they would tend to call in the parents, but with older students they were more likely to work with them individually, but from a family perspective. Even when working with students individually, the counsellors strongly felt that an assessment of the relationship of problematic behaviours to the family system could be arrived at much more quickly and easily when the family was seen at least once.

2. *How did other professionals within the schools respond to the use of systemic interventions?*

Teachers were reported as being supportive of the approach. They particularly liked the way in which these approaches put them in a cooperative relationship with parents in working with children. When working between the two systems, or in one of them, the counsellors felt

their role was to be supportive of each system and each system member. They felt from that position they could best facilitate cooperation and change. With regard to administrative support, two of the counsellors indicated that their school administrators had a primary focus on testing, and wanted "family" cases referred elsewhere. These counsellors indicated that in order to deal with this, they agreed to not see families more than twice. Two visits typically gave them a good understanding of how the school problems were related to family dynamics. There was also consensus that as administrators became more aware of what counsellors were doing, they became more supportive.

3. *Is working within a family systems framework more time consuming than working more intrapsychically?*

Sometimes it appeared as though it took more time, organization, and energy to work with parents and families; sessions with parents/families could take from an hour to an hour and a half. On the other hand, it was also noted that in using systemic interventions, it is often not necessary to see the clients as frequently. When working previously with some intrapsychic frameworks, counsellors recalled seeing clients once a week for ten weeks or longer. Much of what they were providing was support, which they saw as more appropriately provided in the family. When working within a family systems framework, they reported an average of three sessions with the child and parents/family. The counsellors also indicated that when switching from an intrapsychic to a family systems perspective, change often happened very quickly. Two counsellors reported cases in which they had been working with individual children for long periods of time and perceived no impact. When they switched their framework to a systemic one, change came within a few weeks.

4. *Were the effects on you personally any different when you worked in a specifically systemic way as opposed to working more intrapsychically?*

All of the counsellor participants reported finding it more rewarding to work systemically. They said they felt a sense of accomplishment as they realized the changes they were facilitating were based in the family system as well as the school, and were therefore more likely to be lasting. They also found it "freeing" when they viewed their role in terms of facilitating changes within the systems, as opposed to becoming overly involved with individual students.

#### DISCUSSION

As discussed earlier, the focus of this qualitative study was to identify specific examples of how school counsellors were able to apply a family systems framework to their work with students that was clearly consistent



with their perceived mandate. Hopefully the intervention categories, as well as the specific examples, will be of benefit to other counsellors in conceptualizing and working with their own cases.

The study outcomes demonstrate that counsellors conceptualized many of their cases within a systemic framework and that they were able to draw on interventions developed within family systems frameworks as well as non-systemic interventions they had used previously. This implies that counsellors need not worry about having to discard previous approaches and techniques in order to integrate a family systems perspective into their work. The counsellors in this study were as comfortable working with students individually from a systemic perspective as they were in working with the families or parents of their clients. They saw no inconsistency in doing individual work while thinking within a family systems framework.

The systemic interventions used were drawn primarily from structural (Minuchin, 1981) and strategic (Watzlawick, Weakland & Fisch, 1974) family therapy models. Even though they were drawn from different "schools" of family therapy, counsellors had no apparent difficulty in using the interventions together. The notion of incorporating "intrapyschic" and even linear interventions within a systemic model of counselling is beginning to be supported in the literature. A number of recent publications (Held, 1986; Heitler, 1990; Nichols, 1987; Wachtel & Wachtel, 1986) have addressed the issue of integrating individual and systemic approaches, without compromising on conceptual underpinnings. Clearly, the lines of division that for many years have kept the field of psychotherapy unproductively divided into competing "schools" seem to be dissolving (Wachtel & Wachtel, 1986). The current authors believe that the innovations based on thinking and working systemically that have emerged within the past two decades, are among the most important the field has produced. However, they need to be viewed as complementing and not replacing the earlier approaches to working with troubled individuals and families.

The school counsellors in this study demonstrated ways of working successfully that involved both integrating systemic approaches with each other, and integrating non-systemic approaches into an overall systemic framework. They also demonstrated ways of utilizing systemic interventions without being family therapists—interventions consistent with their perceived mandate as school counsellors. Finally, they succeeded in bridging the gap between family and school that is frequently overlooked (Lightfoot, 1978).

It is the hope of the current authors that these results might be used at various levels. First, that further research might be stimulated in counsellors working more systemically in schools. Secondly, counsellor educators might consider further integration of systemic approaches in school

counsellor training programs. Finally, school counsellors might benefit from considering some of the interventions used for adaptation into their own frameworks for working with children in schools.

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