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ABSTRACT

Just as counseling approaches designed for individuals have their theory-specific techniques, family counseling approaches also have theory-specific interventions and strategies. Whatever presenting problem the family brings to counseling, one or more of four essential components (communication, problem solving, roles and boundaries) is typically an issue. This chapter presents core family counseling strategies and interventions related to those four basis components. Although each technique is placed under the component for which it is most typically used, there is much overlap in the use of these techniques and, in practice, most of the interventions can be used for any of the four components. (Contains 60 references.) (GCP)

Selecting Family Interventions

by

Richard E. Watts

Chapter Six

Selecting Family Interventions

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Just as counseling approaches designed for individuals have their theory-specific techniques, family counseling approaches also have theory-specific interventions and strategies. Given the collaborative and eclectic climate of counseling at the beginning of the twenty-first century, we counselors tend not to be "theoretically loyal" when it comes to intervention selection; we select what appears most appropriate for each particular client or family. This seems appropriate given the four factors found in successful counseling outcomes: According to the research literature, 40% of clients' success is accounted for by the strengths they bring to counseling (attitudes, motivation, abilities, social support, etc.). The therapeutic alliance forged between the counselor and the client or clients accounts for another 30%. The hope and expectancy of success that is generated in counseling contributes another 15%, and 15% is attributable to the theory and techniques the counselor chooses (Hubble, Duncan, & Miller, 1999).

What should we make of the data indicating that theory or techniques account for only 15% of clients' progress? Does this mean techniques are not important? No, not at all. Effective use of counseling skills and techniques is necessary for building a strong

counselor-client relationship, for engendering hope and expectancy of success, and for discovering and helping clients access their personal growth-producing abilities, assets, strengths, and supports.

In chapter 2, David Kaplan discussed four essential components of family balance (homeostasis): communication, problem solving, roles, and boundaries. Whatever presenting problem the family brings to counseling (for example, childhood depression, family developmental issues, stepfamily issues, or substance abuse problems), one or more these four components is typically an issue. Therefore, this chapter presents core family counseling strategies and interventions related to these four basic components. Note that there is nothing hard and fast about my placement of the interventions under specific components; I have placed each technique under the component for which it is most typically used. In reality, however, there is much overlap in the use of these techniques and, in practice, most of the interventions could be used for any of the four components.

You Know More Than You Might Think

You might be thinking, "I don't know very many techniques for working with families." As pointed out in chapter 3, however, if you know the basic skills of counseling, you know some of the core skills required for working with families. Several family counseling experts (Carlson, Sperry, & Lewis, 1997; Fenell & Weinhold, 1997; Sayger & Horne, 2000) have identified these basic counseling skills:

- building rapport
- gathering information/assessment
- structuring sessions
- reflecting content and feelings
- summarizing
- asking for clarification
- asking open-ended questions
- tracking patterns, themes, and sequences
- providing information
- practicing self-disclosure
- confronting

- interpreting behavior
- relabeling or creating perceptual alternatives
- addressing resistance
- facilitating behavior change
- closing and terminating therapy

Regardless of your specialty area, you are probably familiar with these skills. All forms of counseling require competent use of these basic skills, and family counseling is no exception.

Encouragement: A Foundation for Effective Counseling

Before addressing specific interventions, I would like to discuss briefly the process of encouragement in counseling. Encouragement, both as an attitude and as a set of skills, is salient for every family you work with. Your effectiveness in using both basic skills and interventions specific to family counseling increases tremendously when you take an encouragement focus in your counseling.

Alfred Adler and subsequent Adlerian counselors consider encouragement a crucial aspect of human growth and development, especially in counseling families. Stressing the importance of encouragement in therapy, Adler (1956, p. 342) states, "Altogether, in every step of the treatment, we must not deviate from the path of encouragement." Dreikurs (1967, p. 35) agrees: "What is most important in every treatment is encouragement." Moreover, Dreikurs claims that therapeutic success is largely dependent upon the therapist's "ability to provide encouragement" and failure generally is "due to the inability of the therapist to encourage" (pp. 12–13). The following are key encouragement skills (Watts & Pietrzak, 2000):

- demonstrating concern for families through active listening and empathy
- communicating respect for and confidence in families
- focusing on families' strengths, assets, and resources
- helping families generate perceptual alternatives for discouraging fictional beliefs

- focusing on effort and progress
- helping families see the humor in life experiences

> Encouragement focuses on helping counselees become aware of their worth. By encouraging them, you help counselees recognize their own strengths and assets, so they become aware of the power they have to make decisions and choices. . . . Encouragement focuses on beliefs and self-perceptions. It searches intensely for assets and processes feedback so the client will become aware of her strengths. In a mistake-centered culture like ours, this approach violates norms by ignoring deficits and stressing assets. The counselor is concerned with changing the client's negative self-concept and anticipations. (Dinkmeyer, Dinkmeyer, & Sperry, 1987, p. 124)

Regardless of your theoretical orientation, you may find it useful to integrate the Adlerian perspective on encouragement into your approach to counseling. The assumptions, characteristics, and methods of encouragement help to create an optimistic, empowering, and growth-enhancing environment for clients; a place where they feel en-abled rather dis-abled (Watts & Pietrzak, 2000).

Family Interventions for Communication

Of the four basic components, I begin with interventions and strategies addressing family communication. Communication is the heart of a systemic perspective on family counseling. Honest and open communication is consistently listed as one of the foundational characteristics of healthy or well-functioning families. In fact, all the interventions presented in this chapter ultimately are communication techniques. Everything we say and do—or don't say and don't do—is communication; *we cannot not communicate.* Thus, no matter what concept we may discuss, we are ultimately addressing communication.

The following ideas and interventions are family counseling interventions whose purpose is to help families (especially the adults) improve their communication.

Satir (1983) stated that communication problems occur when communication is *incongruent;* that is, when verbal communications (report) and nonverbal communications (command or metacommunication) do not agree. Examples of nonverbal communications include body position, breathing rhythm, facial expression, muscle tone, and vocal tone and intensity. In healthy communication, there is agreement, or *congruence,* between the report and metacommunication levels. Satir (1988) described four patterns of dysfunctional communication within families: placating, blaming, computing, and distracting. These patterns allow distressed people to avoid their true feelings.

Placating. Placating individuals "always talk in an ingratiating way, trying to please, apologizing, never disagreeing, no matter what." Placaters are "yes people." They talk as though they can do nothing for themselves; they must always get someone to approve of them. People with a placating style of communication do not consider themselves to be as important as others and try to get along by being agreeable (p. 85).

Blaming. Blaming individuals are fault finders. They act like dictators or bosses, as if they are superior, and seem to be saying, "If it weren't for you, everything would be all right." People with a blaming style of communication do not consider others to be very important. They are consistently critical of others and present themselves as always being right. Satir reports that the placater and the blamer are often interconnected (p. 87) in a relationship similar to that between narcissistic/borderline couples. One person strives to please (placater) and the other (blamer) is never satisfied. This cyclical "dance" is destructive for all family members, especially for the blamer and placater.

Computing. Computing persons are "very correct, very reasonable with no semblance of any feeling showing." They are "calm, cool, and collected." People with a computing style of communication do not consider either themselves or others to be very important. What

is important is "the facts" of any given situation. They tend to be intellectual, rigid, and objective, and to deny their own experience (p. 89).

Distracting. Whatever distracting persons do or say is "irrelevant to what anyone is saying or doing." Their responses are never to the point. People with a distracting style of communication do not consider themselves, others, or the present situation to be important. The only thing they consider important is to avoid or abate the stress and tension in the family through distraction. They present themselves in an erratic and purposeless manner (p. 91).

As noted previously, healthy communicators do not take one of these communication stances. Rather, they communicate using congruent—open and honest—communication. The following are two of many ways to use communication stances in family counseling:

1. Explain the various stances to family members, guide the family in a discussion of the stances, and use the discussion as a bridge to teaching family members effective communication skills.
2. Applying a technique known as sculpting, you could ask each family member to take a physical pose indicative of a certain stance—placating, blaming, computing, distracting, or congruent—and to respond to each other from these stances. After the activity, ask each person to share how it felt to listen and respond to each other in these ways, leading into a discussion of congruent communication.

Basic Communication Skills

Families often develop difficulties because they lack basic communication skills; that is, family members have difficulty expressing their thoughts and feelings to each other in relationship-enhancing ways. They may avoid open and honest communication by not taking responsibility or ownership for their feelings and actions. It is therefore useful to model basic relationship-building skills in the normal course of working with a family. Some family members

may also need explicit communication skills instruction, however. This is another area where you know more than you might think you do. The communication skills we teach families are very similar to the basic relationship-building attitudes and skills we all, regardless of our specialty area, use every day with clients. Using active, empathic listening and nonjudgmental acceptance; reflecting feeling and content; seeking clarification; providing feedback; asking open-ended questions; and offering affirmations are as important in building family relationships as they are in building strong counselor-client relationships. The following are communication skills we commonly teach to families.

Establishing Communication Rules

Sherman and Dinkmeyer (1987, p. 273) present some simple communication rules you can establish with a family early in the counseling process. These rules are crucial for improving communication and relationships.

- Speak only for yourself. Please don't suggest what somebody else believes or thinks.
- Speak directly to each other. Please do not try to speak to others through me or through another member of the family.
- Please do not scapegoat or blame.
- Please listen carefully and empathetically, trying to understand other people's thoughts, feelings, and experience.

Using "I" Messages

"I" messages are an effective way to help family members both express their own and hear others' feelings and thoughts. The focus of an "I" message is the expression of a feeling about someone else's behavior. The speaker addresses the actions of the other person, without attacking or belittling him or her. The process of constructing an "I" message has three steps:

1. Describe the person's behavior without assigning blame:

"When I come home from work and the garage is messy . . ."
2. Express how you feel about the behavior: "I feel angry and disrespected . . ."
3. Express the consequences of the behavior: "because I have to move all the stuff before I can park the car in the garage" (adapted from Friesen, 1985; Sherman, 1999).

Using Active, Reflective Listening

You can teach family members the same basic skills of active listening and reflection that you regularly use with your clients. You can explain that active listening involves listening with your entire person. As an active listener, you give the speaker your full attention, physically and emotionally, rather than focusing your energies on formulating a defense or making an excuse. Reflective listening involves attending to both the content of the person's message and the feelings underlying that message. In responding, you paraphrase the message the speaker has sent as well as the emotions embedded therein.

After explaining the active, reflective listening process to family members, demonstrate and model these skills. In addition, ask family members to practice these skills in a session so you can observe and provide feedback. It may be helpful to provide a list of "feeling words," because many clients have limited vocabularies to describe their emotions. Basic counseling texts contain many such lists (see, e.g., Carkhuff, 2000).

Using Phrases for Facilitating Communication

Allred (1976) provides some specific phrases and questions that clients can use to signal that they are open to what other family members have to say. Of course, ensuring that the client's tone of voice and nonverbal communication agree with the verbal message is always important. Allred's phrases and questions include the following:

- What is going on between us?
- What are you feeling now?
- What do you mean?
- Please, can you help me understand?
- Do I understand? This is what I think you mean. . . .
- Please go on. I am confused, will you help me understand what you mean?
- What do you think would happen if . . . ?
- Could this be what you're saying . . . ?
- What happened?
- How did you feel?
- Could you have said _____ differently?
- Could you have done _____ differently?
- What was he/she feeling when you said that?
- Could you have done anything that angered him/her?
- What is your responsibility in the relationship with him/her?
- What am I doing that angers you?
- What could I do differently to help you feel differently?
- What could I do differently to help you feel better toward me?

Processing Feedback

Sherman and Dinkmeyer (1987) recommend that when one family member provides feedback to another, the speaker should state what he or she is experiencing but make no demand for change. This strategy helps to create mutual awareness. Feedback may be either positive or negative, and the goal of giving feedback is to share what one is experiencing without criticizing or blaming. If given in a nondemanding and caring manner, feedback can make communication more open and honest. For example, a parent might state: "When you choose not to do your chores, I feel like you don't care about helping the family."

Sharing Affirmations

Most people find it much easier to criticize than to affirm. This is as true in families as in any other area of life. On the other hand, affirming one another can increase family members' self-esteem and sense of belonging. When family members look for assets, strengths, and positive changes to affirm, they communicate acceptance and concern. Teaching family members to use affirmations purposefully helps them demonstrate that they value each other and the family as a whole. Sherman and Dinkmeyer (1987) offer some examples of affirmations:

- "I like your bringing your friends home. I can see why you enjoy them."
- "I appreciate your taking time to bring your dirty clothes to the laundry room. I know I can count on you to help."
- "I enjoyed your concert. Your solo was very well done."
- "I'm very pleased with how you are responsible for yourself."

In teaching this skill to family members, ask them to look for opportunities to "surprise" each other with affirmations, rather than merely affirming or expressing gratitude after a specific event or situation. Encourage parents to try to catch their children behaving appropriately and affirm them, rather than noticing only inappropriate behavior. You can also coach family members to share two affirmations before making a negative statement.

Review of Videotapes

Videotaping sessions is useful in helping families improve their communication skills. Videotaping then playing back all or part of a session allows family members to critique their own patterns of communication, identify specific interactions that need improvement, and identify interactions that are indicative of growth and improvement. You can use the videotape to discuss general communication skills or as a feedback tool regarding a specific intervention you are using.

In summary, Sherman, (1999) describes some useful ways to help families adjust their patterns of family communication:

- Identify problematic communication patterns and messages.
- Teach and coach good communication skills such as active and reflective listening, speaking for oneself, and making "I" statements.
- Teach the use of facilitative statements to check out what another family member said or intended, rather than assuming or projecting one's own meaning onto that person.
- Challenge messages that have incongruent meanings such as "yes, but."
- Change the clients' accustomed seating arrangements.
- Select which family members come to a particular counseling session.
- Request that family members speak to each other rather than through you.
- Suggest specific content for a family discussion.
- Teach clients to inform others of their needs or feelings rather than expecting them to know without being told.

Family Interventions for Problem Solving

Adaptability and the ability to solve problems constructively is a consistently cited characteristic of healthy families. When faced with a challenge or crisis, well-functioning families pull together rather than fall apart. Well-functioning families form a support system for each family member and respond by developing adaptive and constructive coping strategies. We may think that only so-called dysfunctional families have problems resulting from adaptation and problem-solving issues. However, even well-functioning families may encounter situations that tax their ability to adapt and problem solve. The following are selected family counseling interventions whose purpose is to help families enhance their problem-solving abilities.

Family members often have both individual and systemic beliefs, values, and assumptions that hinder the family's ability to adapt and solve problems. For example, a family may have a rule that no one outside of the family is to know that one of the parents has a substance abuse problem. This rule, in conjunction with potential ramifications of the substance abuse, may substantially impede the growth and development of the family system and the individuals comprising it. The following suggestions for challenging unproductive assumptions are adapted from Sherman (1999):

- Interpret the maladaptive assumptions to clients in the form of a hypothesis or an educated guess. Doing so allows clients to perceive the assumptions in context and understand the meaning and purpose of their behavior. For example, "Could it be that you avoid dealing with the problem because you have no idea what you could do differently?"
- Help clients see the consequences of their beliefs: "Is it possible that when you insist on everything being perfect, you often wind up with 0% instead of 80% of what you want?"
- Use hyperbole or exaggeration: "Wow, if you are always so indecisive, how do you manage to get dressed in the morning?"
- Confront discrepancies between clients' beliefs and their behavior: "I'm confused. You say that family closeness is a vital family value, yet when you are angry and critical you chase your family members away."
- Introduce a new, positive behavior to expand the family's perspective: "Now that you are older, wiser, bigger, and soon to start high school, what are some new things you might want to attend to?" or "In spite all of the fighting, the members of this family are extremely caring and protective of each other."
- Reframe an existing negative idea by giving it a positive perspective: "So, when your husband makes you angry, it

mobilizes you to practice your assertive abilities instead of being passive." Reframing, often called relabeling or positive connotation, is commonly used across all four components of family balance.

- Challenge an old, maladaptive belief. For example, if a father believes in beating his children, you might ask, "You said you were a bit wild growing up. Did you stop misbehaving when *your* father beat *you* regularly?"
- Other traditional cognitive-behavioral therapy techniques, such as examining the evidence for a belief, doing a cost-benefit analysis, or engaging the family in a Socratic dialogue may also be used to challenge maladaptive individual and systemic beliefs of family members.

Parent Education

Family problems often arise because parents lack effective parenting skills. Such parents need information, direction, and support. Numerous educational materials are available for helping parents, either in individual sessions or parenting groups. These materials address such issues as parenting children at various ages and the process of blending families after divorce and remarriage (see, e.g., Albert & Einstein, 1986; Bettner & Lew, 1996; Dinkmeyer & McKay, 1990, 1996; Dinkmeyer, McKay, & Dinkmeyer, 1997; Dinkmeyer, McKay, & McKay, 1987; Dinkmeyer, McKay, Dinkmeyer, Dinkmeyer, & McKay, 1997; Lew & Bettner, 1996; Lott & Nelsen, 1995; Nelsen, 1987; Nelsen, Erwin, & Delzer, 1993; Nelsen, Erwin, & Duffy, 1995; Nelsen, Intner, & Lott, 1995; Nelsen & Lott, 1994; Popkin, 1990, 1993; Popkin, Gard, & Montgomery, 1996). Although going into detail about specific parent education interventions is beyond the scope of this chapter, Lew (1999) notes that many parent education programs cover the following key concepts:

- democratic, as opposed to autocratic or permissive, parenting styles
- giving encouragement as opposed to using rewards and evaluative praise

- understanding the purpose and goals of children's misbehavior—e.g., attention, control, revenge, or demonstrating inadequacy—and the difference between behavior resulting from the child's age or developmental level and behavior resulting from a misguided goal
- using logical and natural consequences instead of punishment in disciplining children
- importance of providing structure and limits
- communication skills training
- family council meetings

The Family Council Meeting

A family council meeting is a useful problem-solving strategy whether presented in combination with comprehensive parent education or on its own. The goals of conducting a family council meeting are these (Sherman & Fredman, 1986, p. 231):

1. To allow free communication among family members
2. To avoid emotional showdowns and violence in the family
3. To teach children and parents democratic means of settling differences
4. To operate an orderly and peaceful home

When introducing the family council meeting, it is important to point out that the process will seem difficult to implement at first because it is different from the family's usual manner of discussing issues and solving problems. Council meetings may also seem unproductive initially, until all family members learn how to use them as an effective tool for expressing concerns. On the other hand, the benefit is that it will provide the family with new problem-solving options. The following guidelines for holding a family council are adapted from Sherman and Fredman (1986, pp. 153–154):

1. Establish a fixed, regular time and place for the meeting to prevent interference or interruptions.
2. The council includes the entire family, but no one is forced to attend. However, an absentee must agree to abide by

any decisions that are made. Every effort should be made to have everyone present at every meeting.

3. Any decisions made during the meeting cannot be unilaterally broken or ignored, although they may be renegotiated at a subsequent meeting.
4. Everyone may propose agenda items. Keeping a sign-up sheet in a high-traffic place such as the refrigerator door allows agenda items to be written down immediately when they come to mind. Anything that concerns the family as a unit may be added to the agenda.
5. Parents do not ask children to make developmentally inappropriate choices during family council meetings. For example, parents would not invite a six-year-old to help decide whether they should invest in real estate or a money market account or whether the child should go to school.
6. The role of chairperson of the meeting is rotated among the family members who are mature enough to take this role. The family follows the usual rules for conducting any democratic meeting, but it is preferable to achieve a unanimous, negotiated consensus rather than a majority vote.
7. All family members must participate in carrying out the decisions made, both in spirit and word. Hairsplitting is not acceptable.
8. All family members need to feel that they have a genuine voice and that what they express will be heard, accepted, and seriously considered. A certain degree of good humor and ability to laugh at human foibles rather than at people is helpful.
9. Family council meetings are held to resolve problems, not attack people.

Because it takes learning and practice to use the family council strategy effectively, ask family members to discuss their weekly council meeting at each counseling session. The information they share provides useful issues to work on during the session. In addition,

you can reinforce the rules of the family council, help families to work out implementation problems, and encourage them to continue holding meetings.

Conflict Management

Teaching families how to manage conflict is an important strategy. An in-depth discussion of conflict management training with families is not possible here, but the following guidelines, adapted from Allred (1976), Friesen (1985), and Sherman and Dinkmeyer (1987), provide a summary of key concepts. Use these guidelines as a starting point for helping families learn to manage conflict.

- Learn to recognize when a problem exists and deal with it quickly. Putting off proper conflict management often results in bitterness and resentment. One way or another, the conflict eventually will be expressed, either honestly and openly or dishonestly and indirectly.
- Identify the problem that exists. Identifying and defining the problem is crucial to setting goals and creating a plan of action.
- Stick to discussing and solving the problem at hand. Keep the focus on that one issue rather than bringing in others as a means to defend or attack each other.
- Use "I" messages to express your feelings rather than "you" messages that attack others. Expressing one's emotions, if done appropriately, is beneficial in managing conflict; unrestrained venting of anger is destructive.
- Separate the problem from the people involved. Keep the focus on behavior rather than attacking the character or personalities of other family members.
- Avoid retaliating against each other. Show mutual respect by neither fighting nor giving in. Managing conflict is based on understanding and respecting each person's point of view. Avoid responding to legitimate concerns with negative and attacking phrases such as, "Well, you're just as bad, look what you did when. . . ." "How can you be so selfish?" or

"That's a really dumb way of thinking." Respond graciously to appropriately expressed negative feedback.

- Explore the available alternatives in order to find a good solution to the conflict.
- Look for areas of agreement. Instead of looking to another member of the family to change, concentrate on what you are willing to do. Make no demands that others change. Agree to cooperate rather than bicker.
- Participate mutually and actively in selecting from among available alternatives. Managing conflict is not a contest to be won or lost. The goal should be to find a mutually acceptable solution to the problem at hand.
- Secure agreement on a solution and commit to making the selected alternative work for all family members.
- Communicate with other people in an open, spontaneous manner.

Strategic Directives

Directives are tasks you assign to family members in order to interrupt maladaptive behavior patterns. According to Haley (1976), directives are more about process than outcome. In other words, they are used more to increase motivation for change than to resolve a specific problem.

There are several guidelines to consider in designing directives:

- Whatever the task, it should be simple enough that family members can do it (unless you are using paradox and have a reason for wanting them to fail).
- The task should be appropriate to the family's financial situation and time constraints.
- Directives must be designed and delivered in ways that take into consideration the culture of the family and the personalities of individual family members.
- Although you are giving the family a task to do, completing the task may be less beneficial for the family than the process

of negotiating how to accomplish it. From this viewpoint, the directive becomes something for the family to talk about instead of their problems or their past. It also provides an issue for counselor-family discussion.

- If your goal in assigning a directive is to intensify your relationship with the family, give the family a relatively simple task. If your primary goal is to bring about organizational change, assign a task that requires more thought.

According to Haley (1976) and Keim (2000), directives may be straightforward or indirect. Straightforward directives are ones in which you act like a coach, asking clients to take specific actions and behave in a particular manner. Your influence is overt and clearly identifiable to the clients. It is clear that you expect the clients to follow your directive. Keim (2000) offers an example of a straightforward directive: A female counselor directs a male client to apologize to his wife in order to repair the marital relationship. Later, when the counselor asks the man why he apologized, the client says that the primary reason is that he realized he was wrong but adds that the counselor's suggestion that doing so would help his marriage was influential. The counselor's influence was overt and the goal of the directive was clear to the client.

Indirect directives are instances where you influence clients to take action but do not openly or directly ask them to do so. In this case, your influence is covert and not clearly identifiable, and your goal is not immediately clear to the family. Indirect directives do not put as much pressure on clients to follow through. They are useful when you want clients to consider an idea without being overly concerned that you will respond negatively if they reject it. Haley (1976) offers an example of an indirect directive: An overprotective mother is denying her child the opportunity to make choices or experience the consequences of his actions. The goal of counseling is to help Mom disengage from her son. Anticipating that she would not respond positively to a straightforward directive to stop overprotecting her son, the counselor asks her to spend the next week hovering over her child. To follow the directive would require Mom

to exhibit even more overprotective behavior than she already has been. The counselor's goal is that the mother will refuse to do more and state that the child should do more for himself.

Be aware that both directives and the paradoxical procedures discussed in the next section of this chapter are powerful and often intrusive interventions. The Ethical Code for the International Association of Marriage and Family Counselors clearly addresses this matter: "Due to the risk involved, members should not use intrusive interventions without a sound theoretical rationale and having thoroughly thought through the potential ramifications to the family and its members" (International Association of Marriage and Family Counselors Ethics Committee, 1993, p. 74). Thus, directives and paradoxical procedures must be used judiciously and carefully.

Paradoxical Interventions

According to Sayger and Horne (2000), the purpose of paradoxical interventions is to alter the current pattern of interaction in the family, to "block dysfunctional sequences by using indirect and seemingly illogical means" (p. 55). Friesen (1985) suggests that paradoxical interventions not be used as primary interventions for change, but rather "as a fallback when other methods have failed" (p. 106). Although paradoxical techniques can be powerful, they "are not as commonly used as many other types of interventions" (Keim, 2000, p.189), and many counselors have either abandoned paradoxical strategies entirely or "present them humorously and are honest about their intent" (Nichols & Schwartz, 2001, p. 361). Following are brief descriptions of three prominent paradoxical strategies:

Prescribing the symptom. Ask the clients to continue or expand the problem or symptom that brought the family to counseling. There are two ways to present this strategy. If you offer a *compliance-based prescription,* you want the family to comply and, in so doing, be forced to respond differently to the problem. For example, if the presenting problem is that one of the children is sad all the time, you might tell the child to try to feel depressed several times a day and

ask the family to encourage the child to be sad. The goal is that the family will stop their ineffective efforts to cheer up the child and the child won't feel guilty for not being happy. If you offer a *defiance-based prescription,* you hope the clients will rebel against it. In the example of the sad child, you might ask the child to continue being sad because it helps his brother (with whom the sad child is competitive) feel superior. Because you want the child to rebel against the prescription, you would present it in such a way as to encourage the child's defiance (Nichols & Schwartz, 2001, p. 360).

Restraining progress. In this defiance-based intervention, you caution the family about change and ask them not to change, to progress very slowly, or to worry about relapsing when improvement occurs. If the intervention is successful, the family responds by rebelling against the request and changing in ways that solve the presenting problem (Keim, 2000).

Pretending. When using this compliance-based intervention, you ask the identified patient (usually a child) to playfully act as if, or pretend, that he or she has symptoms. Other family members are instructed to pretend to help the "symptomatic" family member. The goal of pretending is that clients will demonstrate some control over behavior that they have labeled as uncontrollable (Madanes, 1981). For example, Madanes asked a child who complained of recurring stomachaches to pretend to have the problem. The child's grandmother was directed to pretend she believed the child and to do what she would normally do when the child had stomachache. She held the child, prayed the rosary, and put drops of oil in his nose. Madanes prescribed this pretense for one week, and by the end of the week, the stomachaches no longer occurred. The prescription enabled the child to receive the affection and attention he desired from his grandmother, which she enjoyed providing, but without the symptom (Thomas, 1992).

Keim (2000, p.190) provides the following wise counsel regarding the use of paradox in counseling:

> Paradoxical interventions should be used only by experienced [counselors] or by those under direct supervision of an experienced clinician. Paradox must not

be used with people who have difficulties understanding motivations of others or who have thought disturbances. It should be employed only in the context of a strong therapeutic relationship in which the benevolent intentions of the therapist are beyond question.

Solution-Focused Questions

Solution-focused counselors seek to change clients' behaviors and attitudes from a problem-and-failure focus to a focus on solutions and successes. In the process the clients discover and develop latent assets, resources, and strengths that they may have overlooked when they were focusing on problems and limitations. Here are brief explanations of some interventions or questions taken from selected solution-focused sources (Cade & O'Hanlon, 1993; DeJong & Berg, 1998; de Shazer, 1985, 1991; Littrell, 1998; Metcalf, 1995; Murphy, 1997; O'Hanlon & Weiner-Davis, 1989; Quick, 1996; Sklare, 1997; Walter & Peller, 1992).

Pre-session change question. Between the time they make an initial appointment and their arrival at the counseling session, the family often engages in a flurry of activity. To focus the family on the changes they have already made, you could ask, "Between the time you called to make the appointment and your arrival here today, have you made any movement toward a solution to your problem?" If movement has occurred, follow up by asking, "What do you need to do to keep this going?"

Miracle question. Ask the client to fantasize about a solution to the problem: "Suppose tonight while you are asleep a miracle happens and the problem is solved. When you awake in the morning, what will be different in your life that will let you know the miracle occurred and the problem is solved?" You can follow up with the *first sign question:* "What do you need to do to start implementing some of this miracle, not all but some of it?"

Exception-finding questions. Almost every problem has a solution. Exception-finding questions help identify times when the solution is

occurring. There are at least two ways to ask such questions: (1) "Are there times when the problem does not occur? How are things different at those times?" and (2) "Are there times, even now, when some of the solution, even a small part, is already occurring?" Only a small piece of the solution is needed. Take this small piece and expand, expand, expand.

Scaling questions. Solution-focused counselors use scaling questions in numerous ways. These questions are very adaptable and useful for obtaining various types of information, especially assessment and progress self-evaluations. Some examples include these:

- "How committed are you to solving this problem? If I were to talk to _____, how would he/she answer?"
- "What will this person need to see you do in order to recognize that you have moved up the scale [e.g., from a 3 to a 4]?"
- "How motivated are you to change?"
- "How hopeful are you that you can change?"
- "How ready are you to stop coming to counseling sessions?"

Coping questions. In some chronic situations (e.g., terminal illness, permanent disability, HIV/AIDS), no resolution is possible. In these cases, asking coping questions may help clients become aware of strengths and abilities that can help them cope with the difficult situations. For example, "How do you cope with . . . ?" This question can be used to explore simple coping abilities (e.g., "How were you able to get out of bed?") and more advanced ones (e.g., "How were you able to get to the counseling appointment?").

Narrative Therapy Procedures

Narrative therapists seek to help clients rewrite the stories of their lives, to liberate themselves from their problem-saturated narratives and create new stories about themselves that re-envision their pasts, presents, and futures. The following brief explanations of narrative therapy interventions useful with families and individuals are taken from numerous sources (Eron & Lund, 1996; Freedman & Combs, 1996; Morgan, 2000; White & Epston, 1990; Zimmerman &

Dickerson, 1996).

Externalization. Narrative therapy emphasizes that people are not the problem; the problem is the problem. Externalizing questions are used to separate the problem from the people affected by it. Such questions begin the deconstruction of the "problem-saturated" narrative, in which clients cannot see themselves or their lives apart from the problem, by objectifying the problem as external to the people involved: "What does Depression whisper in your ear?" "What does Blame have you doing to each other?" "What conclusions about your relationship have you drawn because of [the externalized problem's] influence?"

Looking for unique outcomes. Similar to "exception-finding questions" used in solution-focused counseling, unique outcome questions seek to identify times when clients are able to avoid the effects of the problem, and ask them to elaborate on how they are able to do so. Within the clients' account of a unique outcome lies the text whereby alternative narratives or stories can be developed. Some examples of unique outcome questions include, "Can you remember a time when [the externalized problem] tried to take you over, but you didn't let it? What was that like for you? How did you do it?" Similar to the way you would use the miracle question in solution-focused counseling, you can also phrase unique outcomes in future tense: "What will be different when you are standing up to [the externalized problem]?"

Preference questions. Preference questions seek to make sure that the client indeed preferred the unique outcome over his or her typical experience: "Was the way you handled the situation better or worse?" "Was this more or less like the way you want things to be?" "Was that a positive development or a negative one?"

Landscape of action questions. When you discover an event, thought, action, belief, or the like that does not fit with the client's dominant story, asking landscape of action questions can help you explore the unique outcome in detail. These questions often begin with *who, what, where,* or *when* to help you explore the particular details of the unique outcome: "Where were you when this happened?" "When did it happen?" "How long did it last? "What

happened just before and after?" "How did you prepare yourself?" "Did you tell anyone about it? If so, what did he/she say?" "Have you done this before?" "What steps led up to this?"

Landscape of consciousness questions. These questions invite a client to reflect on the meaning of the event or unique outcome he or she has described. Together you and the client explore the meaning of the unique outcome in terms of the person's desires, intentions, preferences, beliefs, hopes, personal qualities, values, strengths, commitments, plans, characteristics, abilities, and purposes. Some examples include, "What do you think that says about the hopes you have for your relationship with your daughter?" "What personal values does the choice you made demonstrate?" "How would you describe your relationship with your wife at the time _____ happened?" "What did it take in order to do that at this point in your life?" "When you took this step what were you intending for your life?" "What does it say about you as a person that you would do this?" "Can you help me understand more about what that says you believe in or value?" "What do you think that says about your [abilities/skills/knowledge]?"

Circulation questions (thickening the alternative story). When you discover a unique outcome, you can develop it further via landscape of action questions. In discussing the unique outcomes, you invite clients to explore the meanings they give to these events, then to link these meanings into an *alternative* or *unique outcome story.* Circulation questions are helpful for exploring and describing the history of the alternative story by asking how the clients would "circulate" the new story among their friends and relatives. Some examples include, "Now that you have reached this point in your life, who else should know about it?" "Who would be least surprised to hear you say this?" "I guess there are a number of people who have outdated views of who you are as a person. What ideas do you have about updating these views?" "If I wanted to discover some more about this skill of yours, who (other than you) would be able to tell me about it?" "What do you predict will happen in the coming [months/years]?"

Consulting your consultants. This practice involves interviewing clients and eliciting and documenting their "alternative knowledge."

As an alternative model for closure, during the last session you can ask the clients, "If other people seek counseling for the same reasons you did, may I share with them the important discoveries you have made?" In this "consulting" process you (1) consult the clients as authorities on their own lives, (2) deem their pre-existing and newly acquired knowledge and abilities effective and worthy of respect, and (3) consider clients' ideas significant enough to be documented and circulated to others.

The following brief case example may be helpful in understanding how the narrative procedures fit together. Mary and Bill came to me for counseling, stating that "all we do is fight and blame each other for our problems." We agreed to explore the problem and then externalized it. They chose to name it "Blaming," and we explored what Blaming was doing to their relationship. We then looked for unique outcomes—times when they were able to keep Blaming from taking over their relationship—and discussed how things were different then. We also discussed how things would be different for them when they were consistently able to stand up to Blaming. They agreed that their preferred relationship would be one where they did not let Blaming take control. Next, we explored in detail, via landscape of action questions, those times when unique outcomes occurred and how they occurred. This led us to reflect on, via landscape of consciousness questions, the unique meanings that each partner gave the outcomes. The couple began to see that there were alternative perspectives and choices to the Blaming narrative that so dominated their relationship. We then began to create an alternative story of their relationship and, using circulation questions, discussed to whom they might want to circulate this new story, how these people would see the alternative story played out in the couple's relationship, and what the others' reactions might be. Through these discussions we strengthened the couple's alternative story and their concomitant choices and behaviors. Finally, as we neared the end of our sessions, I asked Mary and Bill if I could share with future clients the important discoveries they had made. As the experts of their lives, they felt good about recalling the knowledge and abilities they brought to bear in creating a new relationship story and agreed to allow me to

use their "counseling story" to help others.

Family Interventions for Boundaries

According to Minuchin (1974), boundaries within a family are the means by which members perceive their function within the system. A crucial task of the marital subsystem is the development of boundaries that allow the couple to satisfy their psychological needs and protect them from the intrusion of in-laws, children, and others. The clear functioning of the marital subsystem boundaries is crucial for the healthy functioning of the entire family. Boundaries between other subsystems within the family system are equally necessary. Parents must be in charge and lead the family as a united coalition. Parents must establish clear generational divisions and neither over-control their children nor relinquish their adult responsibilities as parents. In families with well-functioning boundaries, parents avoid interfering in sibling conflicts, children do not take on parental or spousal responsibilities, and extended family members (e.g., in-laws) are not involved in family conflicts.

Minuchin (1974) identified three basic types of boundary functioning: clear, enmeshed, and disengaged. Well-functioning families have clear boundaries. *Clear boundaries* are flexible and allow family members to experience both personal autonomy and belongingness and togetherness. There is a balance between closeness and separateness. With *enmeshment,* family members tend to become overdependent or overinvolved in each other's lives, and personal autonomy is sacrificed as the individuality of members is lost. The boundaries between subsystems become so blurred that there are no clear lines of responsibility and authority. Consequently, members do not properly and consistently understand their place and function in the family system. At the other end of the boundary continuum is *disengagement,* where the family has extremely rigid boundary functioning with a resultant lack of closeness. Thus, family members are isolated and appear unrelated. Although personal autonomy is high, family members receive little nurturing, support, and guidance.

Consequently, individuals from disengaged families often have difficulty forming significant relationships outside the family because they have not experienced the formation of significant relationships within the family. All families have some degree of enmeshment or disengagement, and these relational patterns do not necessarily imply dysfunction. When enmeshed or disengaged boundary functioning is continual or habitual, however, they become problematic. The following selected family counseling interventions can help families improve their boundary functioning.

Enactment

The enactment process enables you to observe and influence dysfunctional family interaction patterns. An enactment may occur as you observe typical family interaction patterns in a session or may be prompted by questions you ask. According to Minuchin and Fishman (1981), the enactment process involves three steps, or *movements:*

1. Observe spontaneous family transactions during a session and decide which maladaptive patterns to focus on.
2. Next ask the family to do what they would normally do to try to correct the problem. This leads the family to play out the maladaptive interactions more specifically as you observe. During the process you question, challenge, and nudge the family to "test the limits" of their functioning.
3. Then suggest alternative transactions (i.e., doing something different) and have the family act them out.

Enactments challenge the family's experience of reality. Colapinto (2000) notes that the enactment process typically challenges family members' explanations for their own and others' behavior, their perspectives, their role and function in the family, their view of problems, and their role in a solution.

An enactment may be dramatized or as simple as telling an underinvolved parent, "Talk to your son about your concerns; I don't know that he understands your position," while keeping the

overinvolved parent out of the interaction (Colapinto, 2000, p. 157). The real power of enactment resides not in the emotional content of the situation but rather in the very fact that family members are being directed to behave differently (i.e., change their function) in relation to each other. By prescribing and monitoring family transactions, you assume control of a crucial area—the rules that regulate who should interact with whom, about what, when, and for how long (Colapinto, 2000, p. 157).

Boundary Making

Colapinto (2000) describes boundary making as a special case of enactment in which you discover and engage areas of interaction that are open to certain members but closed to others. Several techniques address this area:

Cognitive constructs. Cognitive constructs are phrases or directions that make clear the boundary problem and indicate how to create a new boundary. For example, when a family member tends to speak for other members, you might comment, "You're helpful, aren't you? You take his memory" (Minuchin & Fishman, 1981, p. 147). Minuchin and Fishman suggest that counselors invent their own boundary-making phrases or metaphors and present a number of examples:

- You take his voice.
- If she answers for you, you don't have to talk.
- You are the ventriloquist and she is the puppet.
- If your father does things for you, you will always have ten thumbs.

Boundary intrusion: Early in the counseling process, you can introduce a rule about boundary intrusion: "In this room, I have only one rule. It is a small rule, but apparently a very difficult one for this family to follow. It is that no person should talk for another person or tell another person how he or she feels or thinks. People should tell their own story and own their own memories" (Minuchin & Fishman, 1981, 149). You can use variations of this rule to enforce boundaries and firmly remind family members that intrusion into other members'

psychological space is "disobeying the rule." Minuchin and Fishman note that many overt and covert forms of boundary encroachment can be blocked by this method.

Detourers, allies, and judges. Sometimes you may see boundary issues where a problematic relationship between two people is maintained by a third person who serves as "detourer, ally, or judge" (Minuchin & Fishman, 1981). The involvement of the third party prevents the two family members in conflict from addressing their problem. In such a case, you have several options: (1) You can arrange to see the original two family members without the third person in order to enable them to work on their issues without interruption; (2) you can direct the third person not to interrupt (using "the rule") or ask him or her to leave the room; (3) you can invite the third person to join you in observation of the dyad, thereby separating the third person from the two in conflict (Friesen, 1985).

Concrete spatial maneuvers. Minuchin and Fishman (1981) suggest the use of concrete spatial maneuvers to change boundary functioning. The use of space is indicative of psychological events or emotional transactions among people. By repositioning family members and yourself in a session, you can change the spatial relationship between family members or between yourself and the family. This technique has the advantage of being clear, intense, and nonverbal. Two examples from Minuchin and Fishman follow:

- **Moving family members to change boundaries.** If a husband and wife sit separated by a child, you might ask the child to exchange seats with a parent so the parents can talk directly instead of across the child. If you make the directive clear and explain the rationale, family members usually will comply. If necessary, you could move to lessen the distance between yourself and the person from whom you request the change, in order to make resistance more difficult (Minuchin & Fishman, 1981, p. 150).

- **Using yourself as a spatial boundary maker.** Minuchin and Fishman (1981) suggest the strategy of using your "arms

or body to interrupt eye contact in an overinvolved dyad," thus acting as a spatial boundary maker. They continue, "This maneuver can be accompanied by a change in the position of chairs so as to handicap the sending of signals, and it may be further reinforced by a statement like, "You are talking to your brother; you don't need your father's help," or, "Since you know this event better because you were there, consult your memory instead of using your mother's" (p. 150).

Family Interventions for Roles

The term *role* refers to the socially expected behavior for a person occupying a certain place in a particular family system. Both formal and informal roles exist in all families. Formal and traditional roles are assigned, and certain role-congruent behaviors are expected in conjunction with them. Examples of such roles are parents as caretakers or breadwinners and children as students or helpers. Norm expectations provide guidelines for thinking, feeling, and behaving in ways that are acceptable for a particular role. Informal roles, on the other hand, are assigned to members in order to meet the family's social and emotional needs.

Family roles are not necessarily dysfunctional. In fact, the performance of roles is a significant indicator of how well a family is functioning. The chief criterion in distinguishing between adaptive versus maladaptive role functioning is the flexibility and creativity of the family. In well-functioning families, roles are flexible and easily interchanged, and family stressors are handled creatively. Many families presenting for counseling, in contrast, have rigid and inflexible roles, and family stressors are handled by rigid, inflexible, and cyclical patterns of behavior. For example, when a family loses a parent due to death or divorce, the family roles must be adjusted to compensate. If the family roles are rigid and inflexible, the necessary adjustments to this developmental crisis are not typically forthcoming, and the family may develop more severe problems. Another reason

that family members take on roles in the family is to help them feel significant, but this may also contribute to the presenting problem. In the preceding example, one of the older children may begin taking on more responsibilities in the home to help the family adjust. If the situation is not carefully monitored by the remaining adult in the family, the child may take on far too much responsibility and assume the role of surrogate spouse or parent.

Troubled families consistently have members occupying maladaptive roles. Children may be assigned or choose to take on roles inappropriate to their age, sex, or personality characteristics. A child may take on a parenting role, a sexual role, or the role of the "family pet" (the child everyone takes care of and who has no responsibilities). Often a family member will be assigned the role of scapegoat, or identified patient. The person in this role is blamed for all the family's problems and is typically the reason the family seeks counseling; that is, the person the family wants "fixed." Children assigned to the scapegoat/identified patient role often recognize that they are supposed to be a problem child and act on this expectation, seeking to use it to their best advantage.

In addressing family roles during counseling, it is important to give due consideration to the influence of cultural and ethnic norms. Knowledge of diverse family customs, traditions, and values—and what these variables mean to a particular family—is crucial both for understanding family role functioning and for choosing appropriate interventions.

Interventions addressing communication, problem solving, and boundary functioning are often used to address role functioning as well. For example, Satir's communication stances have been adapted to address the roles family members take in dysfunctional families, especially ones with substance abuse issues (Friel & Friel, 1988). The family counseling interventions may be useful in enhancing family members' understanding of their roles and role functioning.

Family Photographs

Sharing family photographs in a counseling session can be uplifting as the pictures recall happier times for the family. They can also provide a springboard for discussing communication patterns, structure and boundaries, or roles within the family. Sherman and Fredman (1986) ask each family member to bring to the session a specific number of family photographs (perhaps six) that say something significant about family relationships, without giving any further instructions. During the session (or sessions if desired), they impose a time structure so that every family member gets an opportunity to share his or her pictures. Each member of the family in turn presents the chosen photographs and shares why they are significant. In guiding a discussion of the contents of each photograph, the counselor can ask process questions pertaining to communication patterns, family structure, and family members' roles. This technique can be a useful way to engage clients who may be reluctant to begin work in counseling.

Affirming Existing Roles

Discovering and affirming the strengths and abilities that families possess is crucial in creating a positive counseling environment. As noted earlier, roles are not necessarily problematic; certain roles may be functional and appropriate, even in families receiving counseling. It is important to affirm and strengthen existing roles that function well. For example, you might comment, "Mom and Dad, I appreciate the way you strive to be kind, fair, and firm when you discipline your children."

Role-Change Directives

Role-change directives assign or prescribe new positions or roles in the family in a direct manner. For example, "Jane [the over-responsible critic], can you this week accept being in charge of planning fun for the family? And Joe [the irresponsible fun lover], could you accept

being in charge of the work assignments this week?" (Sherman, 1999, p. 123).

Reframing Existing Roles

Reframing is used with all four components of family balance. In reframing existing role behavior, your goal is to help family members see the potentially positive aspects of role behavior they perceive as negative. For example, imagine that a couple complains that their daughter continually "butts into" their conversations. In exploring this issue, you discover that the parents often have hostile conversations and that the child typically intrudes when she begins to sense tension in the relationship. You might clarify, "It seems to me that Sherry is trying to be a peacemaker when battles break out between you two." After reframing the role more positively, you might work to help families improve their communication, problem solving, and boundaries.

Prescribing Role Reversals

There are at least two ways to use role reversals with families:

- Similar to the way you would use the reversal technique in Gestalt therapy, you can ask each family member to assume a role opposite to his or her typical one. This provides members with numerous new possibilities for behaving. For example, you might ask the peacemaker to become more assertive and the dominating personality to be more accommodating. Encourage family members to act as if they were that kind of person and have some fun exploring their new role (Sherman & Dinkmeyer, 1987).
- Ask family members to role-play being one another in a session, taking on another member's part. This experience can help clients to see how other family members perceive them and to understand each other better. Sherman (1999) also suggests that role reversals be done outside of sessions as an experiment. For example, "the overadequate parent

[mother] can be sent on 'vacation,' and the father and children, who are constantly berated for their lack of performance, can take charge of the household in mother's absence" (p. 123).

Blocking Maladaptive Role Behavior

This intervention is similar to aspects of boundary making. Here you interrupt, or "block," inappropriate roles or role behavior by prescribing or coaching new patterns of behaving. For example, you might say to a parent, "Rather than criticizing again, could you put your pointed finger behind your back and try something new?" or "Could you identify something that your son did right" (Sherman, 1999, p. 123).

Conclusion

Issues of communication, problem solving, boundaries, and roles regularly arise in counseling families. In this chapter I have presented several techniques related specifically to issues around these basic components of family balance. These are only a few of the many strategies and interventions used in family counseling, so I provide the following reading list to suggest other resources you may find useful in expanding your knowledge base.

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