

Ecomaps as Visual Tools for Deconstructing Reciprocal Influences: Triage with Disruptive Students at an Alternative School

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Abstract

Ecomaps are diagrams that depict an individual or a family within a societal context, demonstrating the energy, supports, and resources necessary to maintain specific relationships. Genograms are family trees that identify emotional relationships and intergenerational family patterns. When combined, practitioners can synthesize the information to demystify the intricate web of social systems and the tension and strain between families and other systems such as schools. For the purposes of this paper, ecomaps will portray genograms in the center to symbolize a family system, as a sort of snapshot in time. This paper illustrates six typical yet successful cases at an alternative school in which ecomaps were used as an interdisciplinary method of communication among systems when working with families in the school community. The ecomap provides a common language and understanding of problem-saturated families by depicting families and students as participating members of the school community who have feelings, emotions, and relationships that may influence the students' ability to perform in school and become productive citizens.

Key Words: complex families, family-school interventions, interdisciplinary, ecomap, alternative schools, community interventions

Introduction

“Chronically disruptive” students are among the most difficult people to serve in a school setting. The term “chronically disruptive students” (disruptive) was created by the Georgia State Legislature to identify students who “show a pattern of misbehavior that interrupts learning in the classroom” (Stateline, 2000, p. 12; Bailey, 1983). It is a broad and descriptive term that encompasses a variety of students. Being disruptive may mean being unavailable for participation either emotionally or because of a job or family responsibilities, being mentally or physically ill, without resources, discouraged, hopeless, angry, or tired (Foley, 1983; Harris, 1983; Kilpatrick & Holland, 1995). Specifically, students may be suspended frequently, disrespectful, confrontational, and self-absorbed (Abdul-Latif, 1998; Dupper, 1998). Their actions may include antisocial behaviors such as classroom disruption, defiance toward adults, disregard for school rules, and aggressive confrontations (Abdul-Latif; Karlin & Harnish, 1995a, 1995b; Smith, 1979a). Often the school’s response to such students is to isolate the student by suspension, expulsion, or assignment to an alternative school (Dupper; Kellmayer, 1995). Those options compromise a student’s ability to maximize their educational experience and, as a result, limit their employment potential.

Lack of resources and options for the chronically disruptive may be more harmful than for other students; moreover, changes in a child’s program of study will have little effect without major changes in the home (Areen, 1973; Macroockie & Jones, 1987; Smith, 1979a, 1979b). Working with disruptive students can be draining, time-consuming, and expensive in terms of human power and resources. Therefore, part of the difficulty in working with disruptive students is that schools prefer to work in isolation because they find it rather difficult to engage family members, teachers, probation officers, clergy, friends, mentors, and community members. A related issue is that involved parties may perceive the child in different ways and will attempt to intervene based on those perceptions. These complicated relationships and divided responsibilities increase the potential for the student to be disruptive. For this reason, working with the problem-saturated student and family demands using surprisingly similar, multi-systemic interventions with the family, school, and community, portrayed with ecomaps for a common understanding.

Ecomaps are diagrams that visually show family and external relationships. They are used by social workers, family therapists, nurses, and other professionals to “depict a variety of reciprocal influences between the client and those people related to the client, relevant social institutions, and environmental influences” (Barker, 2003, p. 136). This diagram of a family’s contact with others

is time-sensitive as it reflects the client’s family reality at a particular point in time, thus providing a snapshot in time. In effect, it illustrates family members’ relationships within a larger social context, such as schools, health systems, work, and spiritual communities (Olsen, Dudley-Brown, & McMullin, 2004). Lines are drawn between the family and outer circles to indicate the nature of the connections. Table 1 illustrates the symbols for the types of relationships that the client describes during the intake and exit interviews (Shearfor, Horejsi, & Horejsi, 2000). The ecomap portrays an overview of family connections and relationships between the family and external systems, thereby demonstrating the flow or lack of resources and supports. The validity of the information is based on the perceptions of the person(s) being interviewed, in this case, the student and family members (Olsen et al.). Further, the ecomap provides a picture of current relationships to cultural and ecological systems (Hodge, 2000; Hodge & Williams, 2002). In effect, the ecomap relays graphic images and technologies from the client’s viewpoint that can be very useful in practice by providing multiple systems a common understanding to effectively assess and intervene with clients (Mattaini, 1995).

Table 1. Ecomap Symbols of Construction: Lines and Types of Relationships

Indifferent/ Apathetic	Harmony	Hostile	Violence	Abuse	Manipulative
Distant/Poor	Friends/Close	Distant- Hostile	Distant- Violence	Physical Abuse	Controlling
Cutoff/ Estranged	Best friends/ Very close	Close- Hostile	Close- Violence	Emotional Abuse	Jealous
Discord/ Conflict	Love	Fused- Hostile	Fused- Violence	Sexual Abuse	Fan/Admirer
Hate	In Love	Distrust	Fused	Neglect	Infatuation

This paper is part of a larger study, which examined 599 disruptive students who were assigned to a mandatory alternative education program during the 1994-2000 school years. The setting was a “second chance” alternative educational program (AEP) established to provide social services (as shown in Table 2) for such students as a means of preventing academic failure and school dropout (Areen, 1973). Based on the Comer “lighthouse” concept (Comer, 1993), the AEP incorporated three phases: intake and assessment, intervention development and monitoring, and transition and follow-up (Anson &

Cook, 1991; Breen & Altepeter, 1990; Duke & Perry, 1978). The purpose of this paper is to examine how the ecomap may be useful in creating a common understanding in order to unravel complicated relationships and insure collaboration of all the required multi-systemic interventions for six typical case studies of problem-saturated families assigned to an alternative school. Further, this paper discusses the similarities of interventions and characteristics of families represented at the AEP displayed in Table 2.

Table 2. Common Family Characteristics, Interventions, and Outcomes of Case Studies as Reported by Families at Exit Interviews

Characteristics at Intake	Interventions During Assignment	Outcomes at Exit
Tired	ind. counseling family therapy family meetings	Increased support
Isolated	family therapy family meetings phone conference referrals staffing	Increased agency involvement
In Crisis	family therapy ind counseling staffings	Better manage anxiety
Resistant to Change	family meetings assessment evaluation	More informed choices
Distrust of the System	family therapy phone conferences	Decreased anxiety Increased advocacy skills
Unrealistic Expectations	assessment evaluation intake exit	More realistic expectations

The six case studies discussed in this paper were representative of the students assigned to the AEP. Specifically, each case study is identified by a first name (a pseudonym) and presenting problem: Winston, special education placement; Emma, medical concerns; Charles, oppositional defiance disorder; Jackson, conduct disorder; Kesia, family re-constellation; and Shameka, academic failure. Information presented in these case studies was based on the psychosocial and educational assessments, which identified both strengths and barriers to assist the family, school, and community in creating an individualized program of study for each student (Horne & Glaser, 1993; Kernberg & Chazen, 1991).

Psychosocial variables measured included self-esteem (Rosenburg, 1979), depression (Birlson, 1980, 1981), locus of control (Nowicki-Strickland, 1973), and life skills (Darden, Gazda, & Ginter, 1996). Similarly, educational outcomes were grade point average and attendance. At intake, part of the psychosocial assessment was the creation of an ecomap, a multi-systemic tool for assessment and intervention (Christophersen & Finney, 1993; Cross & Hunter, 1984). This tool examined support, strengths, areas of tension and conflict, relationships, energy expended, and potential for change. The ecomap serves as a snapshot of the client's perception of his or her functioning and resources at a given time (Shearfor, Horejsi, & Horejsi, 2000). Following the intake and assessment, an ecomap was used to summarize the information for all involved parties to develop a specific program of study (intervention) outlining goals and objectives.

The program of study focused on the temporary, although mandatory, assignment. The social worker coordinated the program which included individual counseling, group work, family therapy, case management, and also brokered social services necessary to maximize academic success for the student's program of study (Sedlak, 1997; Steel & Raider, 1991; Weiss & Edwards, 1992). Part of the program included an ongoing assessment by teachers, families, probation officers, social service agencies, and the students themselves with referral forms. Each report generated a review and update of the ecomap to coordinate opportunities for educational interventions. Furthermore, the ecomap helped to define the relationship between all involved parties; no single system, such as the teachers or parents, had to bear total responsibility for the psychosocial and academic success of the student. Additionally, family members were trained as advocates to network and broker social services and community resources. Lastly, the social worker coordinated the transition and adjustment services from the alternative school to the transition destination and provided support services during the follow-up period. Thus, each report was an educational opportunity to assist the family to help the student.

In summary, disruptive students often share the common characteristic of belonging to a problem-saturated family. Often, multiple systems are involved with such families, but problems may be exacerbated by those systems working in isolation, unaware that other systems are also trying to intervene. Schools are often unprepared to intervene with disruptive students and their families. Further complicating the issues, community agencies (other than school) influence the family and may have a different perspective regarding interventions and outcomes. The ecomap is a visual tool for all interested parties to join in deconstructing reciprocal influences so that interdisciplinary assessment and intervention may coordinate.

Case Studies

The following case studies represent the authors' attempt to honor families' perspectives and give voice to their circumstances and decisions regarding their involvement with the school system. As a measure to maintain confidentiality, school social work files were kept in locked cabinets with limited access; only the principal or social worker was allowed to retrieve files. Families could request a meeting with either the principal or the social worker to review their files. For use in this paper, fictional names were used in the case so that students and families could remain anonymous and maintain their privacy.

The authors themed the 599 cases that completed an intake and an exit. Five themes emerged: (1) special education placement (case one); (2) medication compliance and medical issues (case two); (3) student and family parallels (cases three and four); (4) family re-constellations such as deaths, births, divorces or couple break-ups, estrangements, prisons, or illnesses (case 5); (5) "at-risk" for school dropout issues such as academic, social, environmental, psychological issues that influence student success (case 6). Six composite cases were selected to demonstrate the linkages among assessments, interventions, and on-going evaluation. The themes and cases were reviewed by the principal and selected teachers to assure that families were appropriately represented.

For clarity, the authors used GenoPro (www.genopro.com) to create the ecomaps because of its utility and variations of emotional relationships. The original ecomaps were hand drawn at intake and exit by the social worker. A rough genogram was drawn to indicate who was in the household. Using the strengths perspective, extended family and other systems (e.g., Department of Social Services, court, Social Security, and the school system) were drawn to reflect where the family could expect supports and resources. Likewise, family members were asked to describe their emotional relationships to the teachers and other school employees, community agencies, neighbors, and church members, or anyone with whom the family interacted. Circles and squares represent genders (female and male, respectively). Immediate family members are within the spheres. Arrows indicate the direction of the energy flow. The different types of lines represent specific relationships from the families' perspectives (see the legend shown in Table 1 on p. 47).

Case Study One: Winston – Special Education Placement

Students with special education needs met the state criteria for those services in the areas of behavior disordered (BD), emotional behavior disordered (EBD), mildly and moderately intellectually impaired (MI or MO), learning disabled (LD), and other health impaired (OHI). These services were afforded

based on an individualized educational plan (IEP) developed by the special education team at the home school and were continued at the AEP in special education classes taught by the third author.

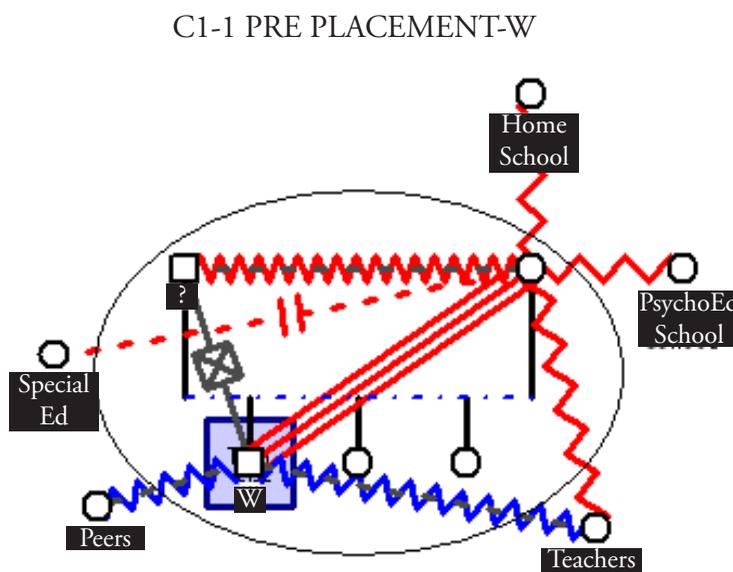
Winston was a 12-year-old sixth grade African American boy who met criteria for special education in emotionally behavior disordered classes (EBD). Of students assigned to the AEP from 1994-99, 33% were eligible for special education services (Carpenter-Aeby & Aeby, 2001). According to Keirse (1998), like 18.8% of students assigned to AEP, Winston was an “Idealist” relational learner (ENFP-The Champion or INFP-The Healer) who either adored teachers or went to war with them if he felt they did not respect or value him.

Winston was assigned to the alternative school for 90 days for fighting (as were 21.3% of the students) and interference with school personnel. Prior to his assignment to AEP, Winston was involved with the county mental health department (as were 3.8% of the students) and Juvenile Court (as were 21.2% of the students). His self-esteem was poor when he entered (4 of 10 / 23 of 40 – Note: These are scores on the Rosenberg Self-Esteem Scale, part of the assessment package collected at intake and exit to create the bio-psycho-social assessments for intervention development) and showed slight improvement when he left (4 of 10 / 25 of 40). He exhibited signs of depression (sadness, anger, frustration, and melancholy) when he entered (14 of 36). At exit, those symptoms had increased (18 of 36). His locus of control was external prior to assignment (23) and internal at exit (17). His focus on taking responsibility for his actions along with his improved life skills may have contributed to his increase in depressive symptoms. In a sense, Winston had a more realistic view of himself and his situation when exiting the program.

Using the pre-assignment ecomap illustrated in Figure 1, conflict can be identified with two people, Winston and his mother, while their relationship could be seen as enmeshed. His mother described their relationship as “...my closest relationship. He is my son, my friend, and the man of the house. I would do anything for him.” Although Winston concurred with his mother’s assessment, he was feeling the limits of the relationship as well: “my mom is my best friend. I can’t do anything without her.” Not surprisingly, Winston had difficulty relating to his peers and rejected authority figures such as his teachers because, given his temperament style, he could not accept direction from people who did not respect or understand his moral perspective. Likewise, Winston’s mother had an “on-going feud” with the home school because she believed the teachers wanted to put her son “in the crazy school.” Her fear of the unknown in the psycho-educational school caused her to be uncooperative with the referral process and alienated personnel from special education. At intake, the mother was fearful, resentful, and untrusting of the school system.

Winston and his mother received 18 hours of intervention including 2 hours-intake, 4 hours-family meetings, 2 hours-staffing, 1 hour-referral, 2 hours-assessment, 2 hours each-evaluation, exit interview, 3 hours-family therapy. The social worker conducted family interventions focusing on reducing the mother's anxiety and increasing her trust in the school system. As a result, Winston's mother was able to reduce her anxiety about her son's school career and develop trust in the system as shown in the ecomap post-assignment in Figure 1. She was able to "let go of my son" (in her words) so that he could work on relationships with his peers and teachers. More importantly, the mother felt empowered enough to participate as an equal member of the committee. She was able to advocate for her son with the home school and special education department on developing an appropriate referral for her son to the psycho-educational school. In addition to the social work interventions, Winston worked on life skills with the health teacher/family coordinator and peer relationships with the special education teacher. Winston attended the psycho-educational school for his 7th grade year. His functioning was high enough for him to attend the program at the satellite class in 8th grade. In high school, Winston was scheduled to complete general curriculum classes toward earning a college preparatory diploma. The reduction in special education services and support resulted in increased disruptive behaviors. Currently, Winston attends the AEP.

Figure 1. Winston's Pre- and Post- Assignment Ecomaps



Pre-Notes: At intake, W does not have a relationship with his father, whom he has never met, and has an abnormally close relationship with his mother. These relationships prevent mother

medication may be a way of avoiding class, thus interrupting their academic progress. This interruption also creates a tentative, fragile web of opportunity for a students' behavioral control to fail. So much can happen on the way to the office, and then once the student arrives, remembering to use manners and communication skills to ask for the medication and wait one's turn may be asking a great deal from a student low on medication. The more often medication is needed, the more opportunities there are for something to go wrong either on the way to the office, in the office, or on the way back to the class.

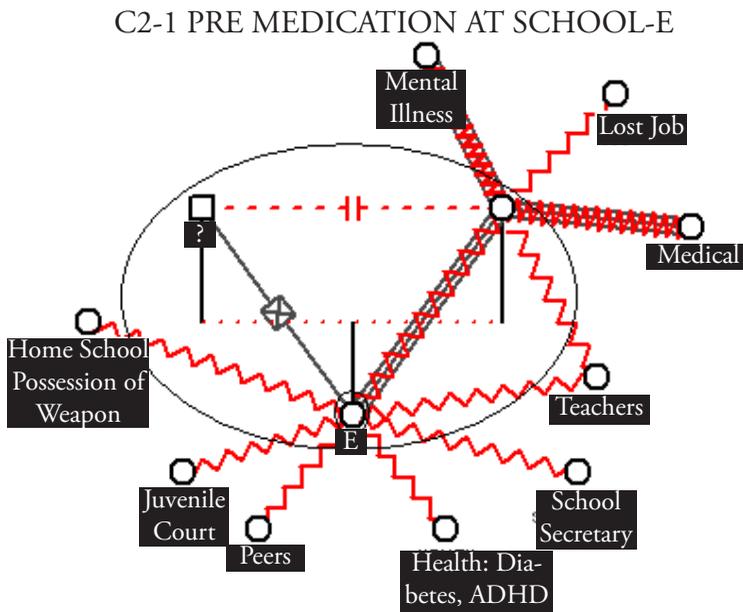
Emma was a 13-year-old European American girl in the seventh grade. Like many of the students at AEP including Winston, Emma was in the "Idealist" category INFP (The Healer), an introverted relational learner (Keirse, 1998). Belonging and harmony are paramount to "Idealists" like Emma. She was assigned to the AEP for 90 days for the possession of a weapon, as were 17.9% of the students. As a result, the school filed charges and Emma was on probation. Emma received special education services because she met the federal criteria for Behavior Disordered and Learning Disabled classes. She had very high self-esteem at intake (8 of 10 or 31 of 40) and even higher at exit (9 of 10 or 39 of 40). She was not depressed when she entered (4 of 36) or at exit (1 of 36). In addition, Emma had an internal locus of control at intake (7) and exit (8). Emma had two serious medical concerns for which she took medication twice at school, diabetes and Attention Deficient with Hyperactivity Disorder. It was suspected that lack of medication and difficulties with the opportunity to take the medication might have contributed to her assignment to AEP.

Emma's pre-assignment ecomap shown in Figure 2 illustrates multiple conflict lines indicating that the family was in crisis. Emma's mother had recently lost her job and was experiencing severe health problems such as high blood pressure and heart problems. As a result of the change in economic circumstances, Emma and her mother were evicted from their apartment and were living in their car. The strain of the job loss, health problems, and eviction along with the lack of resources exacerbated the mother's pre-existing mental illness. The mother had chosen to make sure that Emma had her medication, forgoing her own medication, thus sending the mother into mental and physical crisis mirroring the economic crisis. Unaware of the circumstance, the teachers were pressuring the mother to get Emma additional medication. In addition, the conflict lines between Emma and the school secretary indicated an ongoing difficulty with the school secretary who dispensed her medication at the school. Twice a day, Emma left class to go to the office to get her insulin and medication for ADHD. Cranky from lowered doses of medication, Emma did not use her manners or social skills when asking the secretary. Often there was conflict and Emma left without her medication, thus exacerbating her medical problems.

Intervention with Emma and her mother was intensive and multi-systemic with over 78 hours of intervention. The primary interventions centered on assisting the mother in stabilizing the home life and accessing social services to meet the family’s daily needs (3 hours each, intake, staffing, 1 hour-family meeting, 2 hours-referral, 2 hours-assessment, and 4 hours-evaluation). Secondary interventions were aimed at improving life skills for Emma (36 hours-individual counseling and 5 hours-group) and increasing communication and trust while lowering anxiety for the mother (12 hours-family therapy and 10 hours-phone conference).

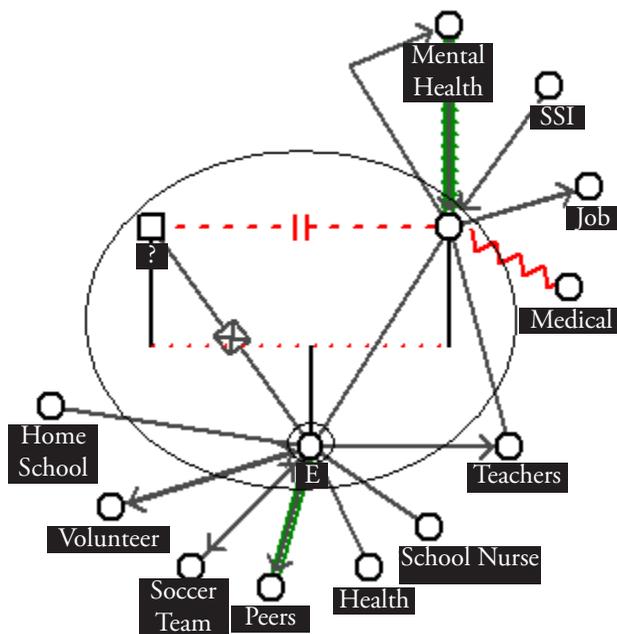
The post-assignment ecomap shown in Figure 2 illustrates the changes in support and resources for the family. The most significant changes for the family were getting the mother to seek treatment at Mental Health and helping the mother apply for Social Security Insurance, federal financial aid for people with disabilities. Although the mother’s medical issues continued to be problematic, they were stabilized enough so that she was able to look for a new job. As for Emma, her health and her relationships with teachers improved after the school nurse worked with the secretary. Emma joined a soccer team and became a volunteer at the Humane Society. These changes expanded her peer group and improved her relationships with her existing peers. Emma also learned new life skills that improved her social functioning and health concerns. Emma successfully completed high school, attends college, and hopes to graduate in Summer 2008 with a degree in biology. She continues with her volunteer work at the humane society and works part-time for a veterinarian.

Figure 2. Emma’s Pre- and Post- Assignment Ecomaps



Pre-Notes: E and her mother had multiple, complex medical conditions that required extensive medical attention, including mental illness (mother) and ADHD (E). Without medications, they were in conflict with all systems. Mother’s layoff from her adjunct teaching position at a university set off a chain reaction of consequences including loss of health insurance, eviction from apartment, loss of medications for mother and access to resources and supports. Through an act of sheer will, mother made E’s medications a priority and spent all of her time, energy, and resources on E’s medications so that she could attend school even though she herself did not have medications. Ironically, the school secretary and teachers withheld the medications as a means of “setting limits” and “socially regulating” E. At the time of alternative school assignment, E and mother were living in their car. When they could not afford gas, the mother stayed in the car all day crocheting.

C2-2 POST MEDICATION AT SCHOOL-E



Post-Notes: Mother focused on job search and obtained access to SSI for medications. Her medical issues would always be significant even when properly managed. E developed relationships with her peers and teachers, which allowed her enough energy for healthy outlets such as soccer, church, volunteering at the humane society, which in turn provided her mother with needed respite and time for vocational and medical services.

Case Study Three: Charles – Symptoms of Oppositional Defiance Disorder

Oppositional Defiance Disorder (ODD) and Conduct Disorder (CD) are usually diagnosed in early childhood or adolescence as listed in the Diagnostic and Statistical Manual IV (DSV-IV). Typically, such diagnoses are made by a social worker, psychologist, or physician as a result of a bio-psychosocial assessment to establish an ongoing, pervasive pattern of behaviors that are out of

the norm for children and adolescents given a particular stage of development. Students who are diagnosed with ODD or CD have demonstrated pervasive patterns of hostile, aggressive, defiant behaviors (ODD) or aggression to people and animals, destruction of property, theft, and serious violation of rules (CD). In some cases, students may require medication.

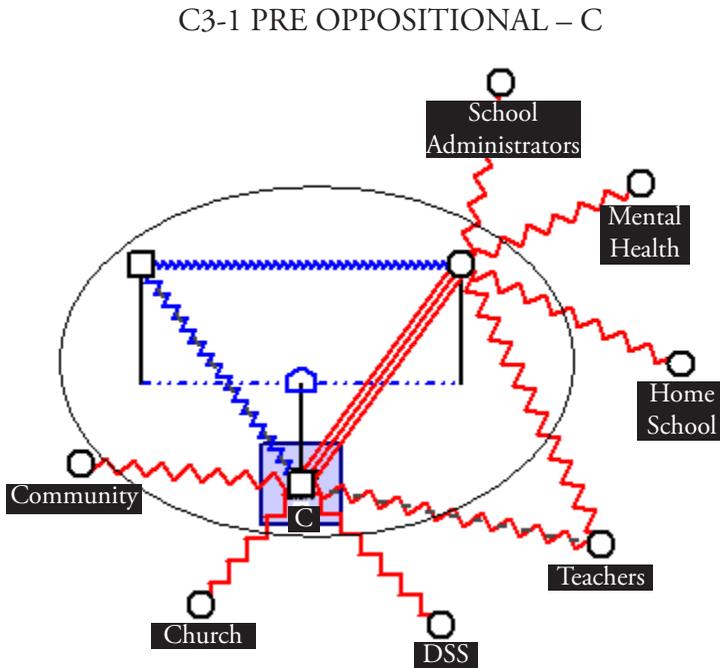
Charles was a 13-year-old African American boy in the eighth grade assigned to AEP for 45 days for fighting and insubordination. He was also an “Idealist” relational learner, ENFP-The Champion (Keirse, 1998). Charles had a probation officer who visited him regularly at the AEP and participated in the development of Charles’ program of study while at the AEP. Over 40% of the students assigned to the AEP had probation officers. Charles met the federal criteria for Behavior Disordered services, as did approximately 10% of the students at AEP. He had high self-esteem at intake (8 of 10 or 33 of 40) and exit (9 of 10 / 32 of 40). Charles showed symptoms of depression including hostility and irritability (11 of 36); those symptoms had subsided at exit (6 of 36). In addition, Charles had an internal locus of control for his age which remained unchanged following his assignment to AEP (18 pre- and post-assignment), and his life skills improved slightly.

Charles ecomap at intake (pre-assignment) seen in Figure 3 indicates that he and his family were in conflict with virtually everyone with whom they came into contact. There had been reports to Family and Children Services (DFCS) that the father had beaten both the mother and the son. The conflict in the family was mirrored with other systems outside the home. The teachers felt particularly isolated and helpless in working with Charles and his mother. According to the teachers, the mother assumed that Charles “could do no wrong” and refused to levy consequences for his bad behavior at school. In fact, the mother blamed the teachers for his disruptive behavior. The relationship was further strained when teachers reported suspected physical abuse to DFCS. According to his mother, Charles had trouble everywhere he went. Charles was wreaking havoc at school (“hitting other students,” “sassing the teachers,” “running around the classroom,” and “refusing to sit in his desk and finish his work”), in the community (“mostly nuisance stuff – snatching, sitting in other people’s cars, and mouthing off”), and even “in church” (“He would make fun of the preacher when no one was looking. Everybody would look at Charles, and he sat there like an angel. Then we would look at the preacher, and we could tell he was getting madder and madder, but we didn’t know why. He said Charles was making faces at him, to the preacher, if you can imagine that!”). “He never had this kind of trouble until he had these teachers,” the mother reported. In turn, the teachers were frustrated and felt that there was no consequence that would impact Charles.

Upon entering the AEP, the home school teachers and his mother were tired. The primary interventions were to increase supervision and allow multiple systems to be responsible for him. He received 18 hours of intervention by the social worker. In addition to the intake (3 hours) and exit interviews (2 hours), the interventions focused on accessing additional support and resources for the family (3 hours-family meeting, 1 hour-family teacher conference, 1 hour miscellaneous meeting, 1 hour-staffing, 1 hour-referral, 2 hours-assessment, 2 hours-evaluation). Charles also received individual counseling by the social worker (2 hours) and social skills and life skills as part of his educational program of study in his special education and health classes, respectively.

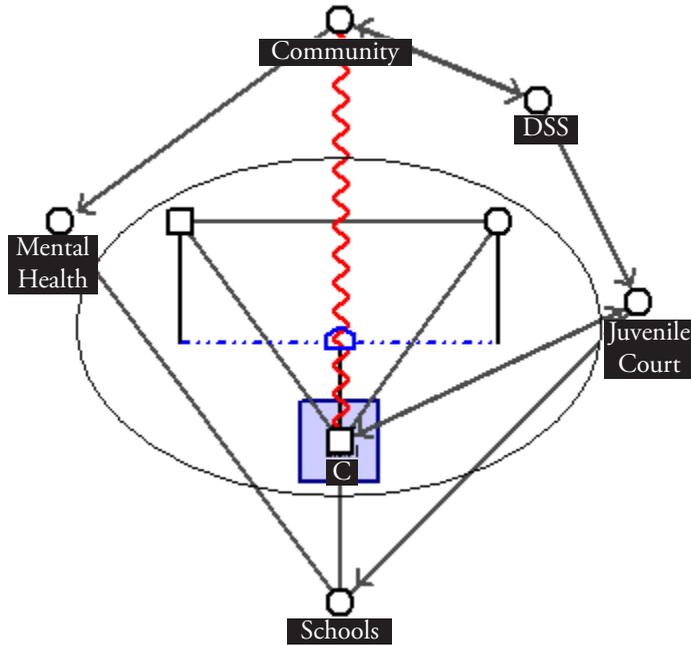
As a result, several changes were made in Charles' supervision and communication was increased among the systems responsible for his supervision, as shown in the post-assignment ecomap in Figure 3. The mother changed her work schedule so that she could work while Charles was in school instead of leaving him unattended at night. His probation officer, along with his DFCS case worker, monitored his home situation and provided some respite care for the family to reduce their stress. Juvenile Court provided counselors, mentors, and tutors to work with Charles after school and on weekends.

Figure 3. Charles' Pre- and Post-Assignment Ecomaps



Pre-Notes: C was in conflict with virtually everyone with whom he had contact, except his mother with whom he had a fused relationship, wherein two people subordinate self so that there is little space for their own identities. Note: DSS = Department of Social Services.

C3-2 POST OPPOSITIONAL – C



Post-Notes: Communication and supervision were coordinated by the social worker who worked with the family as a unit and in conjunction with juvenile court.

The community, through the church and Boys and Girls Club, provided after school supervision until the mother came home from work around 6:00 p.m. The local mental health agency provided counseling for the mother and an additional summer program for Charles. The increased supervision reduced conflict in all areas except the community. The community, specifically church and The Boys and Girls Club, continued to have difficulty in supervising Charles. As a result of his problems in the community, his primary educational setting is the Youth Detention Center (YDC).

Case Study Four: Jackson – Symptoms of Conduct Disorder

Families experiencing internal and external stress are often rigid and resistant to treatment. Domestic violence and isolation are common in these families. Children may violate the rights of others as a way of seizing their power when constantly victimized at home. As a result, these children may demonstrate characteristics of conduct disorder such as aggression to people (bullying and intimidating others, fighting, physical cruelty), destruction of property, deceitfulness or theft, or serious violation of the rules.

Jackson was a 16-year-old European American boy who was in the tenth grade and was assigned for less than 45 days for fighting (assault at a football

camp). He met the criteria for Emotional Behavior Disorder (EBD) special education services and received assistance through the program, as did 7% of students assigned to AEP from 1994-99. His learning style was categorized by Keirse (1998) as a type of "Artisan, The Crafter, introverted, sensing, thinking, perceiving" which meant that he had a low need for harmony and was likely to come across as impulsive. ISTPs represented over 9% of the students at AEP. Jackson had good self-esteem that remained virtually unchanged (8 of 10 or 33 of 40 at intake and 8 of 10 or 29 of 40 at exit). He did not display any symptoms of depression (3 of 36 at intake and exit). His locus of control remained internal; however it was more internal at intake (9 at intake and 14 at exit). All of his life skills improved during his assignment. In addition, home school teachers were in the process of reporting suspected physical abuse by the father to Children and Family Services (3.3% of the students at AEP); however, they were hesitant out of fear of retaliation by the father to Jackson and perhaps to them. Jackson's mother was also afraid of the father, saying that she "had thought about leaving him many times but could not find the courage."

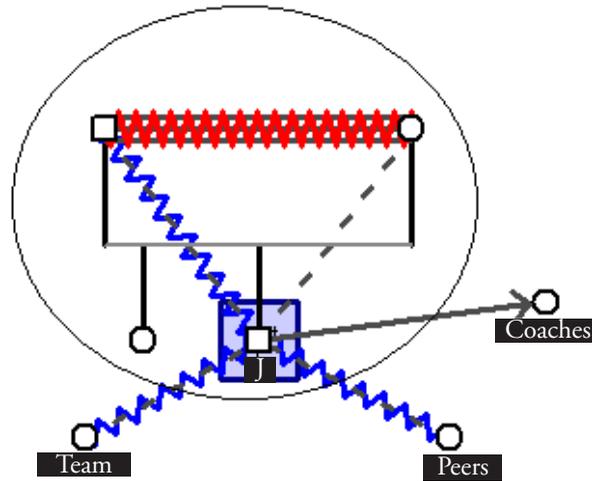
Jackson's ecomap reflects the conflict in his immediate family and how that plays out in his other relationships in the pre-assignment ecomap in Figure 4. "Jackson could be very charming when it suited him," according to teachers. He worked very hard at engaging his home school teachers so that he could get academic help to remain eligible for football. He also spent much energy trying to impress the coaches. Jackson's father had named him after a famous football player and expected him to perform at that level. These unrealistic expectations caused conflict in the family and with Jackson's teammates and peers.

As in the previous case study (Providing Teacher Support for Oppositional Students – Charles), interventions with Jackson were two-fold: (1) life and social skills with the special education and health teachers, and (2) family support coordinated by the social worker (13 total hours: 2 hours each-family meetings, assessment, evaluation, and individual therapy, and 1 hour each-staffing, referral, exit interview, family therapy, and phone conferences). By providing the mother with support from the Domestic Violence Program and therapy from Mental Health, the mother was able to develop additional resources for herself and reduce some of the anxiety in the home as shown in the post-assignment ecomap on Figure 4. While at the AEP, Jackson's relationships with his peers and team improved, in part because of his isolation at the AEP. Jackson could not practice with the football team but continued to work out on his own, thus continuing to give much energy to the team. While at the AEP, Jackson and his family made good progress in reducing their anxiety and conflict. Jackson did not return to the team. The same attention he formerly gave football, he gave to cars and girls. He transferred to another school district

where he was expelled. Jackson then entered a local technical school and completed his Graduation Equivalency Diploma (GED).

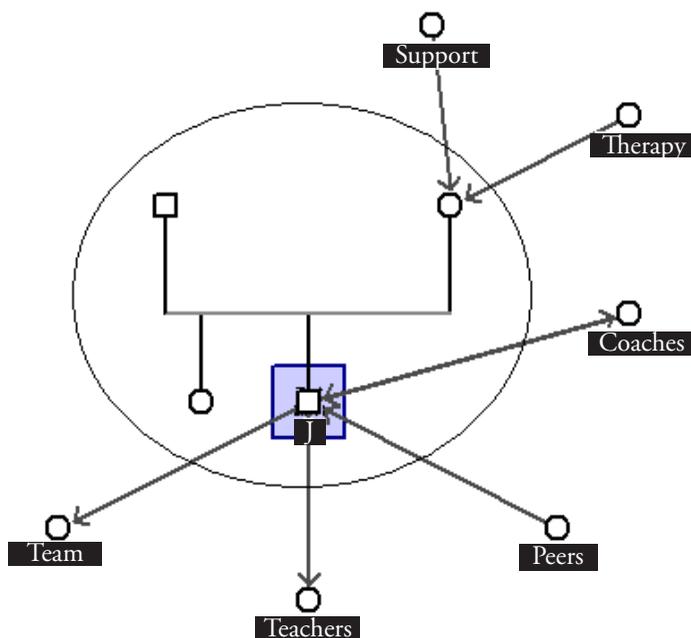
Figure 4. Jackson's Pre- and Post-Assignment Ecomaps

C4-1 PRE RESISTANT FAMILIES - J



Pre-Notes: The father has been reported for physical abuse of mother and son. The fused violence between father and mother maintains the relationship while compromising individual feelings, identities, and self-direction for each. Thus, instability remains. Violence, mirrored inside and out of the family, is an essential ingredient in relationships. The only exception is J's relationship with his football coaches, which consisted of J being focused on or obsessed with his coaches.

C4-2 POST RESISTANT FAMILIES – J



Post-Notes: With support and therapy, the family established communication without violence and began to develop appropriate, healthy boundaries. Father accepted a more realistic view of J, which, in turn, lessened the need for anxiety disguised as violence.

Case Study Five: Kesia – Family Re-constellation

Students who are in crisis (i.e., victim or witness to violence, death in the family, incarceration of parent or guardian) or have transition issues (i.e., change in home placement, divorce or remarriage, birth of sibling, change in school) may be classified as “troubled.” They may have temporary or ongoing stressors that prevent them from achieving academically and behaviorally.

Kesia was a 15-year-old African American girl in the tenth grade. Over 26% of the students at AEP were girls. Kesia’s learning style was an “Idealist” type, ENFP (The Champion), an extroverted, intuitive, feeling, perceiving person whose major value was to belong (Keirse, 1998). She was assigned to the AEP for 45 days as part of a transitioning program from a group home back to public school. Kesia had high self-esteem that improved during her assignment (8 of 10 or 29 of 40 at intake and 10 of 10 or 32 of 40 at exit). She was not showing signs of depression (8 of 36 at intake and 4 of 36 at exit). Her locus of control was external at intake (23) and became more internal by exit (19). All of her life skills except identity development/purpose in life improved. Unlike other cases, Kesia did not qualify for special education; therefore, the health teacher provided the necessary life and social skills.

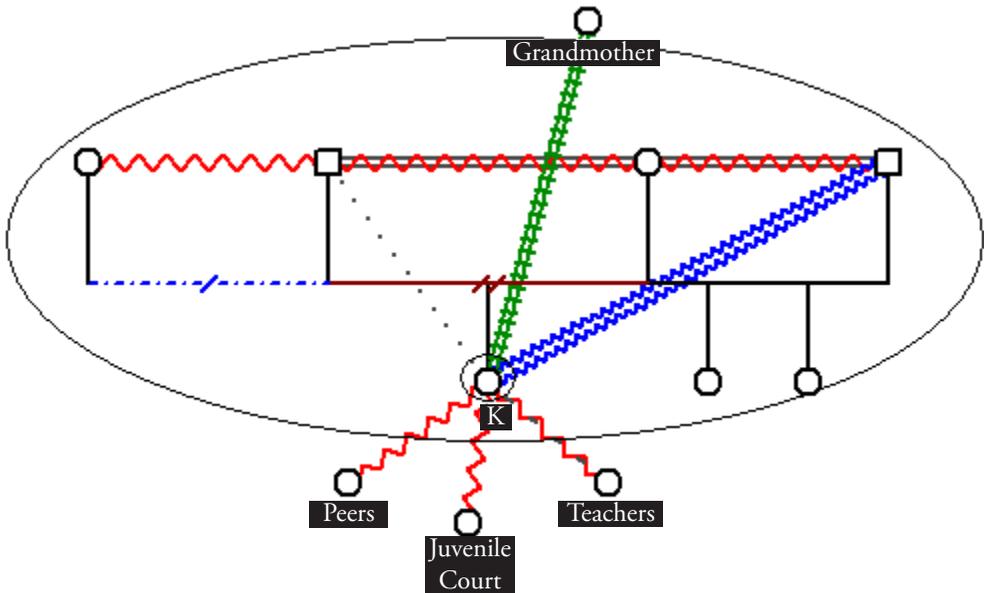
Kesia had been removed from her home and placed in a group home because of the conflict in her family. Prior to her removal from the home, her parents divorced, and her father moved in with a girlfriend. Her mother remarried and had two small children, ages 18 months and 6 months. These changes in her family constellation and the ensuing conflict were very hard for Kesia, and she began acting out (running away, disregarding curfew, drinking, being insubordinate) as a way of getting attention, according to her mother and father at the intake interview, as shown in the pre-assignment ecomap in Figure 5. Kesia's mother said her family's changes "struck her to the bone." "I don't think she'll ever get over it," she added. Upon return to the community, Kesia was placed in foster care with her paternal grandmother. Kesia and her mother were working toward reconciliation and eventually restoring the mother's custody. Despite the end of the father's relationship with the girlfriend, Kesia's relationship with her father continued to be strained. As with Charles and Jackson whose family relationships were repeated outside the family, Kesia also repeated her family conflict in other relationships.

Interventions concentrated on developing life and social skills for Kesia and support and resources for the family. In addition to her educational program of study at AEP, she received a total of 34 hours of intervention by the social worker during her assignment (1 hour each-intake, family meeting, and exit interview, 4 hours each-group work, family therapy, 3 hours-evaluation, 4 hours-assessment, 5 hours each-individual counseling, phone conferences, 6 hours-referral).

As illustrated in the post-assignment ecomap in Figure 5, Kesia and her family were able to reduce their stress and anxiety so that she was able to improve her relationships with peers, juvenile court, teachers, and her family. The one relationship which remained unchanged was with her new stepfather. Her mother described the problem at the exit interview, "She will probably never accept him. She blames him for the divorce and all the other bad things that have happened. But Kesia has made so much progress that, who knows, maybe someday she will grow to tolerating him. Already she is less hateful to him. She is learning not everything has to be a war...maybe someday...she will change her mind." Kesia completed her high school education at a night school at a local high school, which was created at the same time as the mandatory AEP.

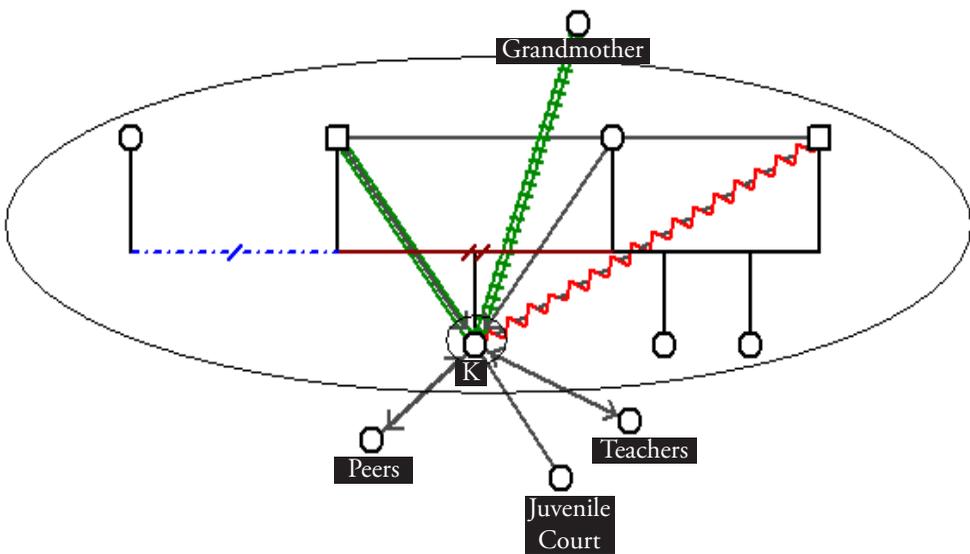
Figure 5. Kesia's Pre- and Post-Assignment Ecomaps

C5-1 - PRE TROUBLED – K



Pre-Notes: K lived with her paternal grandmother for most of her life but went to live with her mother, stepfather, and two young children, ages 18 and 6 months when grandmother had a heart attack. Failing that placement due in part to suspected sexual abuse by the stepfather, K was placed in a group home. K was unsuccessfully transitioning from a group home to her mother's second family when assigned to the alternative school.

C5-2 - POST TROUBLED – K



Post-Notes: Household re-constellation was important to give K consistency. Her father was already in the process of breaking up with his girlfriend and moved into his mother's house to care for his daughter and his mother. Stability, supervision, and consistency contributed to K's success.

Case Study Six: Shameka – At-Risk for Academic Failure

Students who have specific placement issues may be at-risk for academic failure and eventual dropping out. They may have been placed in classes in which they cannot experience success. In some cases, the curriculum does not distinguish levels of ability thus creating academic difficulty for those students who may not read or write on grade level due to speaking English as a second language or due to cognitive impairment. A common problem is that parents or guardians do not want their child given a special education label, or they may not understand their child's functioning level. They also may not understand the services that their child would receive in special education.

Shameka was a 15-year-old African American girl in the ninth grade that was assigned to the AEP for 180 days for fighting (battery). Fighting was the number one reason for referral to the AEP (21% of the students). She met the criteria for Mild Intellectually Disabled and Behavior Disordered classes, although she only received services through the Behavior Disordered classes at the request of her mother. Recently, Shameka had moved in with her mother and aunt after spending most of her life with her grandmother. Her grandmother was sick and could no longer supervise her. When she moved in with her mother and aunt, Shameka had difficulty following the house rules and was insubordinate. As a result, the mother filed an unruly child charge and Shameka acquired a probation officer. Her self-esteem was good and remained unchanged following the assignment to AEP (7 of 10 at intake and 6 of 10 at exit). She was exhibiting symptoms of depression such as irritability, moodiness, and melancholy at intake (13 of 40) and those had increased at exit (16 of 40). This may have occurred because her locus of control was external at intake (20) and less external at exit (18). All life skills improved except stress management. In addition, Shameka was a "Guardian" type (ESTJ-The Supervisor) as were approximately 10% of the students who were "take-charge" learners (Keirse, 1998). In times of stress, she became verbally abusive and profane.

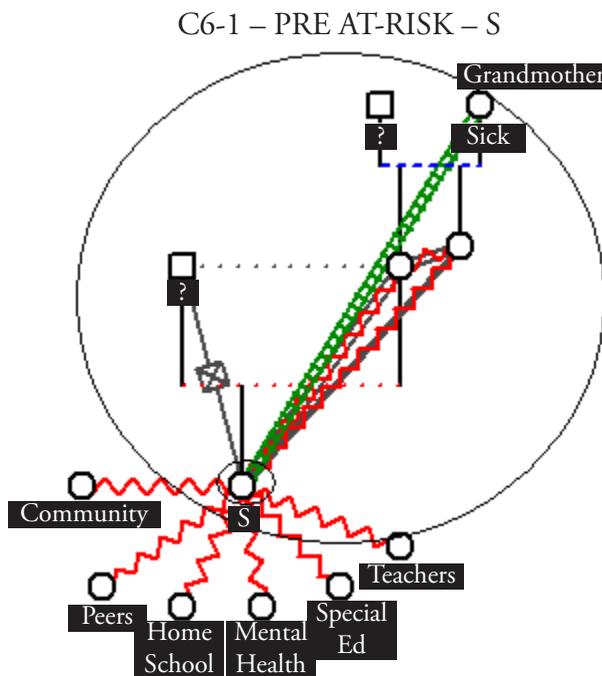
In Figure 6, the ecomap at intake (pre-assignment) showed conflict with every relationship but the grandmother who was sick. The 25 hours of intervention concentrated on life skills for Shameka and family education for her mother and aunt. As part of her educational plan at AEP, Shameka received social and job skills in her special education classes and life skills in her health class. The social worker provided support services with crisis intervention for Shameka (1 hour-group and 2 hours-individual counseling).

The social worker worked more intensively with the mother and her sister to help them better understand Shameka's functioning level and to help them modify their performance expectations. At a family meeting, Shameka's mother expressed her frustration: "There's nothing wrong with her. She could do

her work if she would stop worrying about what everybody else is doing. She's not special ed material. Special ed is for slow kids. She could do it if she really tried." The social worker reviewed Shameka's criteria for special education, the services in special education, and her current IEP developed by the special education team at the home school with the family.

Specifically, the social worker worked with the mother and aunt for 22 hours of intervention (1-exit interview, 2 hours each-family meeting, assessment, evaluation, 3 hours each-staffing, phone conferences, family therapy, 6 hours-referral). The biggest obstacle was to help the family understand that Shameka learned at a slower rate and retained less than more traditional students; therefore, she needed more assistance, guidance, and supervision. Although she looked like a woman, Shameka was functioning as though she were 10 years old, according to her assessments. The aunt helped the mother to put into perspective Shameka's functioning, "it almost sounds like she is a little girl trapped in a grown woman's body. What is all this 'MI' stuff? It almost sounds like she is retarded. If she is retarded, we have to watch out for her, you know take care of her more."

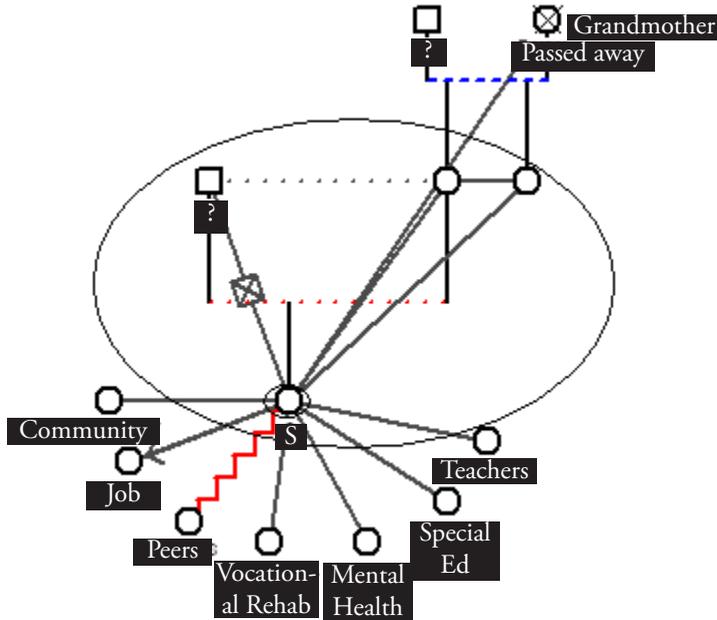
Figure 6. Shameka's Pre- and Post-Assignment Ecomaps



Pre-Notes: S's mother was raped at age 12. S's maternal grandmother reared her to age 18 when her grandmother got sick. S was developmentally delayed with an IQ of 65; therefore was eligible for special education services by state and federal laws including vocation rehabilitation services until she is 22. S's mother and aunt moved into the grandmother's house to assist S. All S's relationships were strained

when she was assigned to the alternative school. Her mother and aunt did not understand S's level of functioning as they were away as she grew up. Their expectations for S's transition from high school to job appeared to be unrealistic given her level of functioning, which caused additional hostility.

C6-2 – POST AT-RISK – S



Post-Notes: After meeting several times with the social worker and Mental Health, the mother and the aunt understood their roles in S's life for guidance and supervision. With the appropriate supports, S was able to find and keep a job. Job coaching and problem-solving from voc. rehab helped her learn to cope as a contributing citizen. S's relationship with her peers is, at times, hostile and conflictual in accordance with her developmental level. Her need for continued supervision is to protect her from being duped or taken advantage of by others regarding her money, house, and person.

Although Shameka had been in special education for seven years, the grandmother had been the school contact. Now that the grandmother was ill and the mother and aunt assumed guardianship, they were the new contacts. Not until Shameka's assignment to AEP were they ready to accept Shameka's mental disability and the implications for functioning that the classification posed. In addition to working directly with the family, the social worker aided the family in accessing job support services such as job coaching, vocational rehabilitation services, and Mental Health services. At exit, Shameka's ecomaps (post-assignment) in Figure 6 indicated that much of the conflict was alleviated with the exception of her peers. Shameka continued to work on her peer relationships through her special education services, job coaching, and Mental Health services. Shameka learned how to drive and earned her driver's license. She graduated from high school with a special education diploma and is working at the same job that she got while at the AEP.

Application to Practice

Problem-saturated families can overwhelm education and other workers and erode relationships quickly, depleting resources, patience, and good will. Therefore, it is impossible to work with problem-saturated people in isolation without exhausting all resources. The examples in this paper demonstrate that “working out of the box” and brainstorming with other invested agencies can enhance the students’ educational opportunities. Conducting multi-systemic assessments using the ecomaps and psychosocial instruments, each case was assessed on multiple levels pre- and post- assignment to the AEP. Although every client was different and complicated, the families in the case studies presented in this paper had six common characteristics. They were tired, isolated, in-crisis, resistant to change, distrusting of the system, and fostering unrealistic expectations regarding their children’s academic career. The families assigned to AEP were difficult to work with because of the combination of these six characteristics; thus, these characteristics created situations that required multi-systemic assessment and intervention. Singly, these situations could have been dealt with easily; however, their synergy created layers of complicated issues that required precise and sustained triage.

At intake, part of the psychosocial assessment was the creation of ecomaps. These ecomaps examined support, strengths, areas of tension and conflict, relationships, energy expended, and potential for change. Following the psychosocial assessment, a specific program of study outlining goals and objectives were developed with the family. The program of study was executed through interventions agreed upon at the intake interview. While every student received intake and exit interviews, family meetings, and assessments, the greatest number of social service hours were delivered through individual counseling and family therapy. The ecomaps demonstrated that these four categories of intervention were successful in ameliorating the six symptoms exhibited by the families in the case studies and may be useful with other troubled people. The first category, information, was established so that the family could make informed decisions. The AEP staff used intake and exit interviews, assessment, and evaluation to provide the family with information about student progress, school actions, agency support, and community resources. The second category, additional support, was developed through referrals and staffings. The third category, family interventions, included family therapy, family meetings, miscellaneous meetings, and phone conferences. The fourth category, counseling, focused on individual counseling and group work. Use of these four categories of interventions simplifies triage for the development of the program of study or treatment planning for troubled students with complicated lives.

Applying the four categories of intervention to the common characteristics of the families assigned to the AEP simplified planning interventions and resulted in positive outcomes illustrated in Table 2 (p. 48). Families shared the following six characteristics, which complicated interventions. One, families were tired. Therefore, two groups of social service interventions were used: counseling and family. Specifically, social service hours of intervention included individual counseling, family therapy, and family meetings. This resulted in the development of increased support for the tired family.

Two, families felt isolated and alone. Therefore, two groups were used for social service interventions: family and support. Explicitly, these included family therapy, referrals, family meetings, phone conferences, and staffings. The social service interventions produced increased agency involvement, which was established by coordinating information and services to the families.

Three, families assigned to AEP were in crisis. No one wanted to be at AEP; consequently, everyone assigned was resistant and hostile. To aid families in crisis, three groups were used: individual counseling, family therapy, and support. In this way, both students and family members could learn to better manage their anxiety. Essentially, these included individual counseling, family therapy, and staffing. Thus, families learned to better manage their anxiety.

Four, families were resistant to change. For that reason, two groups of social service intervention were used: family and information. In particular, these included family meetings, assessment, and evaluations, which were used to provide additional information to help the families invest in the process. With this new information, they were better able to make informed decisions and become more open to changing their functioning, attitudes, or outlooks.

Five, the assignment to AEP was mandatory; consequently, many families had a healthy, perhaps justified, distrust of the system. Therefore, family social service interventions were used. To rebuild this trust, family therapy and phone conferences were provided. These services helped to reduce the family members' anxiety and increase advocacy skills. Once the families learned how to advocate for their children within the system, their distrust diminished.

Six, families entered the AEP with unrealistic expectations for their children. For various reasons, families generally had different views from that of the school in the areas of relationships, development, skills, and academic abilities. Using the information group of social service interventions, assessment, evaluations, and intake and exit interviews, families were able to become more realistic about their expectations for their children. In so doing, they became better advocates for their children and reduced family and individual anxiety.

All families in the six case studies experienced layers of symptoms of stress and anxiety. Using the four groups of social service interventions (support,

information, family, and individual), families were able to increase support, increase agency involvement, decrease anxiety, make more informed decisions, increase advocacy skills, and develop more realistic expectations for their children based on their strengths. The ecomaps visually highlight changes made between intake and exit. Given the complex cases represented at AEP, the interventions may be applied to other students/clients who also have layers of symptoms and complicated lives. The ecomaps provide a framework to systematically apply the necessary interventions to unravel issues of families with problem-saturated lives. Thus, the ecomaps become “living” assessment tools to provide a common language and understanding of families within their own contexts by depicting them as participating members of the school community who have feelings, emotions, and relationships that may influence students’ ability to perform in school and become productive citizens.

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