TREATING FAMILIES WITH ADOLESCENTS: AN ECOLOGICAL APPROACH

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ABSTRACT

Over the past fifteen years, there have been recommendations in the field of psychotherapy and specifically in the field of family therapy to develop an ecological approach to the delivery of mental health services. Auerswald (1968) and Hoffman and Long (1969) graphically anecdoted the problems encountered by families "being helped" by several different agencies, each of which was working at cross purposes to the other. To avoid such splintering of services, an integrated approach has been advocated but as yet there exist few models of how to actually achieve this integration in a system which is already splintered. Such a system may exist when adolescents live outside their families and receive therapy from multiple sources. For example, if a teenager is in residential care it is not unusual to find representatives from the probation, school and social services systems all involved in delivering treatment. This is in addition to the services provided by the residential care staff. With so many helpers involved, there is a high potential for therapy to be fragmented.

The focus of this paper, therefore, is to discuss an ecological approach to treating families who have a teenager living in residential care. The assumption is made that adolescents can best be treated in a family systems context. Initially, the ecological approach will be presented and attention will be given to the potential problems involved in working with multiple helpers. How specific family and individual developmental issues influence treatment planning will be discussed. Therapeutic issues to consider when implementing the ecological approach will be raised and practical suggestions will be given to facilitate effective work with multiple helpers.

ECOLOGICAL APPROACH

Edgar Auerswald's ecological systems approach is directed at the total field or context of a problem (1968, 1970). This context can be defined as the whole situation or environment which is relevant to understanding the problem. For an adolescent living in a residential setting, the context includes multiple systems each impacting upon treatment in a different way. There is the family system as well as the various helping systems, i.e., school, social services, mental health, probation and residential care. The context also includes subsystems, each with their own level of differentiation and their own purpose. Within the family are for example, marital, sibling and individual subsystems. Within the residential care setting there are also subsystems such as the director-staff, the staff-adolescent and the adolescent peer subsystem.

To implement the ecological approach the family therapist must deal with all the systems involved in the context. Attention must be given to each system and the interface **between** the various systems and subsystems in the total field. It is not sufficient for the therapist to just treat the family for the goals of family therapy might be at cross purposes to those being proposed by another system. Rather, interventions should be directed at the system, subsystem or interface level which allows maximum leverage to facilitate change. In some situations the appropriate level is the family system, but in others the correct level is the interface between for example, the family and the social services staff.

In working with multiple systems, the clinician should be aware of the potential problems involved. Coppersmith (1983a) has suggested four rules which serve to maintain the homeostasis of large fields. The first "rule" concerns linear blame in which one system is scapegoated by the others. Such blaming can easily happen since representatives of different systems tend to deal with only parts of the context rather than the whole. For example, a child-care worker seeing the adolescent individually may blame the parents for fostering the teenager's problem behavior. The second "rule" of over-involvement with clients is particularly important for therapists to note when working with families who have an adolescent living in a residential treatment setting. Such families often find themselves overwhelmed with multiple services which may impede their own coping resources and erode their natural support network. Coppersmith's (1983a) third "rule" of undefined leadership implies that every system is "in charge of therapy". If this rule is operative, then symmetrical infighting between systems often may prevail with the end result that no one is directing change. The fourth "rule" concerns dysfunctional triads. Unacknowledged or unresolved conflicts between systems and subsystems frequently stimulate alliances and splits and diminish opportunities for problem resolution. Therefore, it behooves the therapist to be cognizant of not only the family and its problems but also how the family is being influenced and is influencing other systems in the ecological field.

In conclusion, Auerswald's approach is most useful in working with families with teenagers because it encourages a systemic view of their total context. Haley (1980, p. 61) states that "the unit for the therapist- . . . consists of the family **and** the professionals involved. The therapist must be as patient and ingenious in dealing with his colleagues as he is in dealing with difficult families". This is particularly true for clinicians working with multiple helpers and families who have an adolescent living in residential care. It is a challenge for family therapists to maintain a meta-view when working with such a complex field.

DEVELOPMENTAL ISSUES

In planning interventions which take into account the relationship between various systems and subsystems, family therapists often find it useful to consider the developmental context of families with teenagers. At this stage in the developmental cycle, families often experience a "life cycle squeeze" (Oppenheimer, 1974). They have high economic demands, limited available time and increased role involvement with outside systems such as work or school. These factors contribute to increased tension and the fact that this stage in the family life cycle can last up to seven years lessens any hope for immediate relief. A family therapist aware of these strains can use them in planning interventions. For example, a family may be labelled by the multiple helpers as "uncooperative" since they fail to show up at interviews scheduled in various parts of the city, with various "helping agencies", at various times of the week. The therapist, implementing an ecological approach, may call all the helpers together to meet with the family in one intersystems conference. Having gathered the multiple

systems together in one room at one time, the therapist may then join with the family in recognizing its "life cycle squeeze". Thus, the family's lack of cooperation may be reframed in a normal developmental context. Such a positive connotation may facilitate engagement and decrease linear blame.

Another developmental issue which has implications for planning interventions relates to marital satisfaction and adolescent rebellion. Many studies (Rollins and Cannon, 1974; Miller, 1976; Lupri and Frideres, 1981) have reported that marital satisfaction and feelings of companionship are lowest at this stage of the family life cycle. Of particular interest is the reported inverse relationship between perceived marital happiness and an adolescent's rebellion (Balswick and Marcrides, 1975). Clinicians aware of these factors, can educate residential staff to assist adolescents in extricating themselves from marital conflict. This is particularly important for staff may inadvertantly form an alliance with the adolescent against one parent. Thus, the teenager remains triangulated between the parents and a second triangle is then formed. It consists of the adolescent and residential care staff united in blaming one parent for the marital conflict. If the family therapist does not recognize the multiple triangles involved, then therapeutic interventions aimed at fostering adolescent-parent communication may be sabotaged by the residential care staff.

A third issue which clinicians should be aware of concerns the developmental struggles of both the adolescent and the adult about sexual, vocational, value, authority, role and emotional adjustment. If an adolescent's style of coping is congruent with family expectations, then parent-child conflict will be diminished. A problem may occur or be exacerbated, however, if an outside helper (e.g., probation officer) gives advice to the adolescent which conflicts with the parents' advice on how to deal with such adjustment issues. For example, if the parents have strong beliefs that 14 year olds should "do as they are told without question", while the probation officer tells the teenager he has the right to question family rules, the helper may be contributing to the escalation of family conflict. The teenager will have even greater difficulty dealing with family rules. In this instance the family therapist would be wise to direct interventions toward the interface of the family-probation systems. If the probation officer were persuaded by the family therapist to support the parents' authority, then the parents, through that support, might become more flexible in their dealings with their son. If the family therapist attempts to deal with this issue in sessions **only** with the family or in sessions **only** with probation staff, then family-adolescent difficulties would not be minimized. Rather, the adolescent would continue to receive well-meaning but conflictual advice and the difficulties would be perpetuated. Furthermore, the family therapist would be wasting valuable professional time in intervening at an inappropriate system level. In conclusion, it is recommended that clinicians who work with families with teenagers be aware of the developmental context for it has implications in planning interventions.

OTHER THERAPEUTIC ISSUES

In implementing the ecological approach when an adolescent lives in residential care separate from his family, certain special treatment issues arise. Four of these issues, as well as some suggestions for dealing with them, are discussed in this section.

1. Who Should Be In Charge of Treatment?

Haley (1980) and Coppersmith (1983a) both advocate that one person or one helping system should be in charge of treatment. While an undefined leadership situation might be functional when, for example, the different treatment systems have a similar ideology, nevertheless unclear leadership and confused hierarchy generally place the

client family in a distressing situation similar to that of a child whose parents continually disagree.

Case Example: A 14 year old girl was transferred from an inpatient psychiatric unit of a general hospital to a residential treatment centre. She had been hospitalized with a diagnosis of depression following an overdose of tranquilizers. The psychiatrist had placed the girl on antidepressant medication while simultaneously asking that a family therapist at the residential centre see the family for treatment. The family therapist, operating from Jay Haley's *Leaving Home* (1980) strategy, told the parents that their daughter was depressed because she was not active enough in her life. Furthermore, he directed that the parents should take the responsibility of seeing that their daughter become more active. Several unproductive family therapy sessions followed the giving of this directive. The daughter continued to withdraw and the parents appeared more and more ineffectual in the face of her behavior. The parents then informed the therapist that the psychiatrist had told them that they should not push their daughter to do more than she wants to do. This was because the teenager was depressed. Therefore, the parents were caught in the middle of conflicting advice from the two treatment sources. They behaved as if they were paralyzed in the face of their daughter's behavior.

In a situation such as that described above, the family therapist and psychiatrist must get together and determine whose treatment approach is to be in effect. Without this determination, the conflict between the helpers will place the parents in the same position relative to the helpers as the daughter is relative to her conflicting parents. This can result in a "more of the same" solution (Watzlawick, Weakland and Fisch, 1974) that maintains the presenting problem. As a general rule it is best for the family therapist to take leadership at a meta-level to the treatment system as a whole. This will allow for a treatment approach which takes into account the entire social-ecological context.

2. What Systems Should Be Included In Treatment?

When multiple helpers are involved in the treatment of an adolescent client, the question arises as to who the family therapist should include in treatment. Some families have as many as 10 or even 15 "helpers" involved at one time in their care (e.g., several persons from the school system, physicians, social services, probation, police, etc.). Some of these helpers may seem only peripherally involved while others may be intimately involved. Sometimes the answer to the question of who to include is clear cut and obvious. For example, in a case of incest it is essential to involve the government protective service agency because it is legally required. In the case of other helpers, however, the question is not so easily answered. For example, most families have family doctors. However, one would not want to directly include the family doctor in the treatment of all family problems.

Who then should be included in treatment? The answer to this question is related to what is often the central therapeutic issue for the family therapist: namely, to help the family to find its own solutions to its own problems. Sometimes families perceive themselves as powerless to try to solve their own problems for outside helpers have become involved in such a way as to encourage and support the family's helplessness. In doing this helpers can inadvertently prevent family members from finding their own solution. In these cases it is the job of the family therapist to include the helpers in treatment in a way that encourages the helpers to return power to the family.

Case Example: A 13 year old boy was admitted to an adolescent group home as a result of school truancy and minor delinquencies. The parents described themselves as no longer able to cope with their son's misbehavior. The son's behavior rapidly improved in the group home but as this im-

provement occurred, the parents increasingly withdrew from involvement in his treatment. This occurred despite numerous attempts by the staff to invite the parents to become more involved. Concern began to develop that the parents did not want their son to return home. The group home staff became more and more frustrated with the family because they could not understand why the parents would seemingly reject such a well-behaved boy. The parents, on the other hand, believing that the group home did not really understand the seriousness of their son's problems, withdrew even more. A vicious circle had begun. As the problem between the group home and the parents escalated, the boy resumed his previous pattern of misbehavior.

The family therapist in this case chose to view the problem as involving not just the nuclear family but also the relationship of the family to the group home staff (i.e., the interface of the two systems). Her initial interventions therefore included the son, the parents and the group home staff. It was hypothesized that the parents felt intimidated and "put down" since the group home staff had succeeded so quickly in controlling the adolescent's behavior after they, the parents, had failed miserably for months. The family therapist therefore met with the group home staff and recommended that they begin to ask for the parents' advice on how to handle minor problems that arose with the adolescent. As the parents began to see themselves as more and more competent, particularly in relationship to the group home, they began to get more and more actively involved in treatment. The relationship between the parents and the group home improved markedly. The son's behavior quickly improved (with the parents taking responsibility for the improvement) and the boy returned home in a short period of time.

It might have been tempting for the therapist in the above example, after hypothesizing that the group home was contributing to the family's sense of powerlessness, to attempt to exclude the group home from her treatment plan. If she had tried to do that however the group home may understandably have undermined the therapist's efforts to help the family. As this case example illustrates, when helpers are intervening in unfortunate ways, it is usually best to include them in the treatment plan and encourage them to find a different way of helping.

3. Where Should Treatement Sessions Be Held?

When multiple systems are involved in treating the same case, a general rule of thumb is that treatment sessions should be held in the place where the clinician has the maximum leverage to exert change. Some examples follow.

If the problem is one of school refusal, then perhaps the treatment session should be held at the school with the family, the school personnel and the therapist all present. Aponte (1976) particularly recommends that the initial session should be held at the school when the family is referred for treatment by the school and the family does not perceive a problem. In this initial session, as in most interviews involving multiple systems, it is important for the family therapist to take a position which is neutral to both the family and the school. In this way, the family therapist is in a position to treat the entire ecological system.

In deciding where to hold treatment sessions, the therapist should be aware of the symbolism involved. For example, sessions were held in a family's home to promote the concept that their 16 year old daughter would soon be returning from residential treatment to once again reside with her family. If sessions are held in a hospital or another type of institution, then family therapists should be aware of the implicit message which this suggests. For example, it might be difficult for a therapist to convince a family that an adolescent is not "depressed" but merely "irresponsible" if the therapy sessions are held in the psychiatric ward of a hospital. There are times, howev-

er, that the therapist may wish to utilize the "trappings" of the institution to maximize therapeutic effectiveness. For example, an anorexic girl had been admitted to hospital and her parents were blasé and unconcerned about her weight loss. They agreed to attend therapy sessions but progress was minimal. On one occasion the therapist chose to invite the physician and the nurse to join the family session. The two professionals appeared in uniform and brought the teenager's hospital chart. The session was not held in the usual therapy room but rather on the hospital unit. During the session the therapist asked the physician and nurse to discuss the adolescent's recent weight loss of 80 lbs. The parents visibly paled at seeing their daughter's growth chart and hearing the professionals speak. Following this they became much more actively involved in therapy.

Therapists should consider having sessions in a neutral place if the systems in the ecological field are in severe conflict with each other. For example, if systems are engaged in linear blame ("it's the school's fault; it's the social service agency's fault' it's the parent's fault;" etc.), then the therapist may decide to have the sessions either at the family's home, or a hotel or an unaffiliated community agency.

4. How To Engage The Relevant Systems

There are two key issues in engaging the relevant therapeutic systems. First, while taking a position of leadership the family therapist must take a stance of neutrality with regard to all the parties involved. He must not be perceived to be taking sides. Second, the family therapist must invite all relevant parties to be involved in the treatment in a way that does not impart blame. The message must be a positive one that communicates that all parties are needed in order to find a solution to the problem.

Once the therapist has assessed that multiple systems are inadvertently involved in perpetuating the family's inability to find a solution to its problem, then he has to design strategies to engage these systems in the therapeutic context. There are several ways to do this. For example, if the family is hostile toward the other "helping systems", the therapist can accept the family's position that their problem is the need to be extricated from all these "helping professionals". The therapist can then invite all the involved systems to a meeting and help the family to renegotiate a different relationship with them. Or if the family perceives itself as coerced into treatment by the legal system, the family therapist can take the position that the family still has a choice about **who** is to provide treatment. By presenting this illusion of alternatives, the therapist removes himself from the power struggle between the family and the court.

Another strategy to involve multiple systems in therapy is the "smuggle through" approach (Viaro, 1980). A consultant to a group home used this method in trying to bring about cooperation among the adolescents residing in a group home, child care workers employed at the group home, and the adolescents' families. Initially the therapist met with the staff to ask questions about current family contact and the proposed goals for increasing this contact. Similar to the attitude one often finds with foster parents (Littner, 1975), the staff expressed resentment toward the natural parents. They found the parents difficult to get along with and were aware of the families' negative influence on the adolescents' lives. The therapist then invited the staff to join in interviews with the adolescents to discuss the teenagers' views about family contact. Once the staff realized that the teenagers were interested in greater family involvement, the therapist then proceeded to have sessions in which all three systems were included: the adolescent, the family and the group home staff.

Another strategy for engaging multiple systems is to have an intersystems meeting at the time when the teenager is referred for therapy. In this way, right from the beginning of treatment, the therapist can be aware of all the systems impacting upon the fam-

ily. This saves much time and expense in that separate meetings may not be necessary later on in treatment.

During such intake interviews, the therapist must take a neutral leadership position. This will allow him to engage the multiple systems and gather the information needed to decide who to involve in later treatment sessions. Coppersmith (1983b) suggests a series of questions which will allow this engagement and information gathering to occur. Examples of these questions include:

(1) Who has been the most helpful in working on this problem? And then who? etc.
(2) Who is the most upset by the problem? And the who? etc.
(3) If the problem were to be solved, what would people be concerned about?
(4) When this problem occurs, who are you most likely to turn to? And then who? etc. (Coppersmith, 1983b, 11-12).

CONCLUSIONS

Treating families with teenagers demands an awareness of complex systems. The family itself is such a system with its individual members at different stages in the biological, psychological and social developmental life cycle. In addition, the family system may be in interaction with several other systems in a complex interplay which prevents the family from finding a solution to its problem. The clinician's task is first to assess the total ecological field and then choose the most appropriate therapeutic context to maximize problem resolution.

This paper has discussed an ecological approach to working with the families of adolescents when multiple treatment systems are involved. Family therapy in these situations requires a careful examination of the developmental context and such issues as (1) who should be in charge of treatment, (2) who should be included in treatment, (3) where should treatment sessions be held, and (4) how relevant parties can be engaged in treatment. Without a careful consideration of these issues, the family therapist is in danger of becoming one in a long list of helpers who have failed to help the family solve its problem. When these issues are taken into account, however, the chances that treatment can proceed in an ordered, effective manner are enhanced.

RESUME

En thérapie, et plus particulièrement en thérapie familiale, on a recommandé, au cours des 15 dernières années, de développer une approche écologique pour les services de santé mentale. Auerswald (1968) de même que Hoffman et Long (1969) ont relevé sous forme de graphiques anecdotiques les problèmes que rencontrent les familles qui reçoivent de l'aide de différentes agences, chacune travaillant avec des intentions opposées aux autres. Pour éviter cet éparpillement des services, on a mis de l'avant une approche intégrée mais il existe peu de modèles facilitant cette intégration dans un système déjà fragmenté. Un tel système existe quand les adolescents vivent hors du milieu familial et reçoivent des traitements thérapeutiques de plusieurs sources différentes. Si, par exemple, un adolescent se trouve dans un centre d'accueil, il n'est pas inhabituel de trouver des représentants des services de probation, de l'école et des services sociaux, tous impliqués dans le traitement. Et tout cela en plus des services offerts par le personnel du centre d'accueil. L'intervention d'un si grand nombre d'aidants risque de fragmenter le processus thérapeutique.

Le but de cet article est de discuter d'une approche écologique pour traiter les familles qui ont un adolescent en centre d'accueil. Comme point de départ, on prétend que le système familial demeure le lieu privilégié du traitement. On présente l'approche écologique et on traite spécialement des problèmes générés par la présence de plusieurs aidants. On discute de l'influence du caractère spécifique de la famille et du développement individuel sur la planification du traitement. Les auteurs soulignent les dimensions thérapeutiques dont il faut tenir compte en implantant l'approche écologique et fournissent des suggestions pratiques pour faciliter un travail efficace avec plusieurs aidants.

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