

CASE STUDY

17

**Family Therapist and
School Counselor
Work as a Team**

Directions: Read the following case study, then answer the questions that follow.

The following study uses a team approach to provide therapy to a 9-year-old boy who is having trouble in school and with his social skills. By working together, the school, the family unit, and the family therapist can best address Robert's problems. The study is presented by the family therapist.

Case Study

Robert, a 9-year-old boy in the fourth grade, was brought to me by his mother. This was done on the advice of Robert's school counselor, who felt Robert's repeated misbehavior was out of control. The school counselor also felt that Robert's problems stemmed from conflict within his family, and that seeking services outside the school would be beneficial for the whole family (this center was on a referral list for Robert's school district). Additionally, the school counselor knew that "in order to fully understand [Robert's] behavior, a counselor has to understand both the teacher-student interaction and the interactions within [Robert's] family" (Hinkle & Well's, 1995).

Cindy, Robert's mother, reported that Robert was easily distracted and often got frustrated with specific tasks that led to Robert getting into fights with his fellow students. Robert also complained constantly about the advanced-level courses he was taking in school, which included intensive reading assignments. Socially, Robert was involved with a boys club off and on for one year until his mother took this privilege away as a punishment for his behavior. According to Cindy, Robert had very few friends because he always ended up fighting with them. Robert's sister, Rebecca, an 11-year-old in the fifth grade, was also in advanced classes but did not exhibit the same behaviors as Robert. Her chief complaint was that she did not like to read. Cindy and David (children's biological father) have been divorced five years and were separated for two years before then. The children have always resided with Cindy, with David living two states away. The children have very little contact with their father, in fact, the last visit was two years

ago and they only saw him for one day. Up until recently, David called Robert and Rebecca two or three times a year and sent Cindy child support every six to nine months. Within the last month, David had called them four times.

Family Sessions

For the initial visit, Cindy intended for Robert to have an individual session; after all, Robert's school counselor suggested that Robert had some emotional problems. However, the client for that session (and those to come) would be the whole family, since the focus of intervention efforts would be for the family-school subsystem (Lewis, 1996).

Members

As a family, Cindy, Rebecca, and Robert spoke of their "system" and defined the members and their roles via a family genogram [a chart of their family relationship]. Cindy held the authority and, with Robert and Rebecca's input, made all the decisions. All appeared quite close and communicated well with each other, sharing feelings and thoughts freely. When asked about David's role, Cindy and Rebecca became teary eyed reportedly because they never talk about his absence; Robert said he did not care about his dad. Cindy admitted her bitterness about David not being a responsible father and her sadness for the children not having a close relationship with him.

Roles

Cindy stated that she was a full-time nurse, which leaves her drained at the end of the day.

(continued)

After her "compensated" work at a local hospital, she goes home, where she performs various household chores, including cooking dinner, washing dishes and clothes, and helping Robert and Rebecca with their homework. Robert and Rebecca spend the day at school and the afternoon in day care. At home, they spend up to five hours completing their homework. Robert and Rebecca have assigned chores, but these are often put aside so they can complete their homework.

School

Robert stated that the teachers at his and Rebecca's school did not like him and never listened to him. Furthermore, they assigned "stupid" homework that was too difficult for any "human being" to do. Rebecca did not complain as much but admitted getting frustrated with the many assigned readings. Cindy stated that the school counselor recommended that Robert see a therapist because his chronic behavior was more than could be handled at school. Robert acknowledged that he often did not feel in control and was not sure why.

Intervention

To offer problem-oriented family counseling to this group, it was important to collaborate with the other "professionals" involved with Robert and his family (Kraus, 1998). This collaboration formed a structure made up of separate organizations so there would be a "pooling of resources and expertise with a commitment of partnership agencies to a common mission" (Cassidy & LaDuca, 1997). This collaboration included the family members, the family therapist, and the school counselor. The school counselor had to be recruited, since she represented a unique position within Robert's school as a liaison with his teachers. Coordinating a meeting of this type can be difficult when there are many individuals involved. However, the information gathered is invaluable because it serves to educate all those involved about factors of which each may be unaware.

It was in this collaborative "community" (Keys et al., 1998) that information was shared about Robert's behavior. Cindy and I learned from the school counselor and teachers that

Robert acted out during transitions and complained that many of the boys in his classes tried to start fights with him. They also felt that Robert was lacking appropriate social skills. To reciprocate, Cindy and I shared that Robert resented his father and his father's random phone calls; he felt he did not have a constant "male" to talk to, let alone listen to him. . . . It was also shared that Cindy was not allowing Robert to attend a boys club as a consequence of him not completing his homework.

Discussion

After this meeting, it was agreed that the desired change was for Robert to feel in control of his emotions. Thus, a mutual agreement was established. Cindy's role would be to set up a household structure with rewards and consequences for chores and homework and allow Robert (and Rebecca) opportunities to interact socially with other children outside of school. This would include Robert attending the boys club unconditionally and possibly getting a mentor. . . . Also, as a family, Cindy, Rebecca, and Robert would have to set aside some quality time where each could be free from his or her daily routines. Finally, family members would need to discuss the father's role in their lives and set up an agreement with him to establish a routine of communication.

My role would be one of continuing sessions in which Robert could talk about his feelings toward his father and the family could connect these emotions with Robert's current anger. Another role would be to encourage the family to develop a schedule so that each member could share a proportionate amount of household chores with encouragement from Cindy.

The school counselor would have the task of coordinating classroom arrangements with Robert's teachers. This would include placing Robert in the front of the classroom to reduce his distractions and pairing him with another student so he would have the opportunity to improve his social skills. The school counselor would also place Robert in a group counseling setting with other children who shared similar issues.

Thus, there was now a family-school coalition involved in helping Robert express and control his emotions. . . . Hence, as family therapists,

(continued)

our role is often to look at the whole family as our client. In doing so, we have to offer "our" whole family; that is, our fellow school counselors. This inclusion is an example to our clients that it often takes a collaborative effort to address issues.

the assessment of the situation and the eventual treatment plan. Although the roles and settings differ, the school counselor and family therapist have a common goal—to provide a service that is in the best interest of the family. To do less is to risk failure.

Conclusion

Families must be studied and treated contextually if pertinent issues are to be included within the formula for effectively addressing their concerns. When a child is experiencing difficulty at home or at school, it is important to include parties from both settings to assist in bringing about the most effective treatment plan. With this as a given, it is imperative that the school counselor and family therapist be open to the various cultural influences that are affecting the presenting problems. For either party to ignore the influence that these various settings have on family life is to be left ignorant of significant information that could affect both

References

Cassidy, K.A., & LaDuca, S.T. (1997). Sweet home family support center: A collaboration between education and human services. In W.M. Walsh & G.R. Williams (Eds.), *Schools and Family Therapy: Using Systems Theory and Family Therapy in the Resolution of School Problems*. Springfield, IL: Charles C. Thomas.

Hinkle, J.S., & Wells, M.E. (1995). Family counseling in the schools. Greensboro, NC: ERIC/CASS.

Keys, S.G., Bemak, F., Carpenter, S.L., & King-Sears, M.E. (1998). Collaborative consultant: A role for counselors serving at-risk youth. *Journal of Counseling and Development*, 76, 123-133.

Kraus, I. (1998). A fresh look at school counseling: A family-systems approach. *Professional School Counseling*, 1(4), 12-17.

Lewis, B. (1996). A proposal for initiating family counseling interventions by school counselors. *The School Counselor*, 44(2), 93-99.

Source: Rotter, J.C., & Boveja, M.E. (1999). Family therapists and school counselors: A collaborative endeavor. *Family Journal*, 7 (3), 276-279.

Understanding the Case Study

Directions: Answer the following questions in the space provided.

1. What problems was Robert having at school?

2. What was Robert's relationship with his mother and father?

3. What professionals formed a collaborative team to provide help to Robert and his family?

4. What family changes were recommended to Cindy and her family?

5. What changes were recommended for Robert at school?

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. How might the irregular contact with his father have affected Robert's behavior with his peers?
7. The study recommends treating families in context. What does this mean? Why is it important?