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## Family Counseling Survey for School Counselors

My name is Laura Granato, and I am the school counselor at \_\_\_\_\_ Elementary. I have sent you this survey to see if you are using family systems concepts in your counseling.

If you are interested in/currently using family systems concepts, then I would like to talk with you about a study of how systems theory can be used in counseling families with Learning Disabled children. Please take a minute to fill out the following survey and return it to Laura Granato using the inter-school Pony.

Thanks for your help, and I look forward to talking with you!

**Your School:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

1. I use family systems concepts in counseling students and families at my school.  
 yes  
 no
2. I am not using family systems concepts in my counseling, but would like to incorporate systems concepts in the future.  
 yes  
 no
3. As part of my education/training to be a school counselor I studied family counseling and systems theories.  
 yes  
 no
4. Number of courses I have had in family counseling:  
 \_\_\_\_\_
5. Number of conferences/workshops I have attended on family counseling:  
 \_\_\_\_\_
6. I am interested in learning how family systems concepts can be used in working with families of Learning Disabled children.  
 yes  
 no
7. I am interested in providing family counseling to a family with a Learning Disabled child in my school.  
 yes  
 no

## **Learn about Family Counseling and Working with Families of Children with Learning Disabilities**

Thank you for responding to my survey on using family systems counseling in working with children with learning disabilities in the schools. You are invited to an information meeting to learn how you can participate in this exciting groundbreaking research.

Family systems techniques can reduce the time counselors spend with children with learning disabilities and gets better results. By working with me on my study, you'll learn how to use systems theory in your own counseling—how to be more effective in less time with your children and gain supervision hours.

**Date:** November 3<sup>rd</sup>

**Time:** 1:00p.m. – 3:00p.m.

**Location:** Northern Virginia Graduate Center  
7054 Haycock Road, Falls Church

### **Directions:**

From the Capital Beltway (I-495), take exit #9B to Route I-66 East.  
From Route I-66 take exit #66 onto Route 7 South (Leesburg Pike).  
At first light turn left onto Haycock Road (opposite side of street is named Shreve).  
At first left turn left onto the West Falls Church Metro service road.  
The VT/UVA Northern Virginia Center is located on the left.  
Parking is plentiful in the lot adjacent to the Northern Virginia Center.

Do not hesitate to contact me if you have any questions. I look forward to meeting you on November 3<sup>rd</sup>!

### **Please R.S.V.P. to:**

**Laura Granato, LPC, LMFT, NCC**  
**lgranato@vt.edu**

## Counselor Screening Form

Name of Counselor \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Name of School \_\_\_\_\_ School Telephone \_\_\_\_\_  
 Address of School \_\_\_\_\_ School Fax \_\_\_\_\_  
 Name of Principal \_\_\_\_\_ Counselor e-mail \_\_\_\_\_

1. How many years have you been employed as a counselor? \_\_\_\_\_  
 How many years have you been working as a school counselor? \_\_\_\_\_
  
2. Counseling degrees? \_\_\_\_\_  
 Date degrees earned? \_\_\_\_\_  
 Additional graduate coursework in counseling? \_\_\_\_\_
  
3. Name and briefly describe work settings have you been employed as a counselor?
  
4. Describe the populations you have counseled.
  
5. What, if any, do you consider to be your area of specialization as a counselor?
  
6. What would you consider as your preferred theoretical framework in individual counseling:
 

___ Adlerian ___ Behavioral ___ Client-Centered ___ Cognitive-Behavioral ___ Rational Emotive	___ Systemic ___ Reality Therapy ___ Solution-Focused Brief ___ Eclectic ___ Other (please list) _____
---	--

7. How many courses have you completed in family counseling? \_\_\_\_\_

Course Title	Institution	Date Completed

8. How many programs or workshops in family counseling have you attended at professional conferences? \_\_\_\_\_

Conference Title	Professional Organization Sponsor	Date Attended

9. Which family systems theories do you prefer to employ in your counseling?

10. Which family counseling techniques do you feel competent using?

11. a. In what setting(s) have you previously conducted family counseling? \_\_\_\_\_  
b. How many hours of family counseling have you completed? \_\_\_\_\_  
c. How many hours of supervision, if any, have you received? \_\_\_\_\_

12. In what private setting in your school will you conduct the family counseling as part of this study?

13. a. Have you discussed this study with your principal? Yes  No

b. Does your principal support your participation in this study? Yes  No

c. What is a good time to meet with you and your principal? \_\_\_\_\_

14. To what professional organizations do you belong?

15. a. If you were to encounter difficulties or have questions about how to proceed in counseling a family in this study, what would you do?

b. If you were to encounter difficulties or have questions about how to proceed in counseling a family in this study, would you be willing to seek assistance from the researcher? Yes  No

16. In what ways may I be of help to you in preparing to participate in this study?

*Researcher Notes*

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## Principal Consent Form

Principal's Name  
School Name  
School Address

Dear Principal,

Thank you for giving me the opportunity to meet with you today to discuss my proposed research in your school. I enjoyed sharing information with you concerning my research on family counseling as an intervention for school counselors.

If you have any questions about my research, please call me at (703) 538-8494 (VA Tech), (home), or contact me via e-mail at lgranato@vt.edu. Thank you for your time and consent. I look forward to working with the counselor in your school this year.

Laura Granato, LPC, LMFT, NCC

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I hereby give permission for family counseling to be conducted in school. I understand the school counselor will be collaborating with the researcher throughout the duration of the study.

---

Principal's signature

Date

---

Researcher's signature

Date

## Family Informed Consent Form

### Family Counseling

**Title of Study:** The Experiences of Elementary School Counselors While Providing Family Counseling to Families of Children with Learning Disabilities.

**Researcher:** Laura Granato  
Licensed Professional Counselor, Licensed Marriage and Family Therapist and  
Certified School Counselor

#### **Purpose of Research**

The purpose of this study is to gain an in-depth understanding of family counseling in the schools. This study is being conducted by a Ph.D. from candidate the College of Human Resources and Education at Virginia Polytechnic Institute and State University. The results of this study will aid in determining the feasibility of school counselors conducting family counseling with families of children with learning disabilities. A secondary goal of this study is to explore trends in the self-concept and behavior of children with learning disabilities and their family functioning.

#### **Procedures**

School counselors will conduct family counseling sessions with families of children with learning disabilities. School counselors will also be interviewed prior to and after the completion of the study to investigate their experience, perceptions and feedback on providing family counseling in the schools.

#### **Family Responsibilities**

If you consent, you and your family will be asked to participate in family counseling sessions with your school counselor. Each of the 10 sessions will last approximately one and one half for a total of 15 hours and will be scheduled at times convenient to you and your family. You and your child will be asked to complete rating scales before the first counseling session begins, and after the last session ends.

#### **Potential Benefits**

I hope you develop an increased ability to identify your family's strengths and weaknesses from participating in this study. Your family will have the opportunity to receive information and develop skills in communication and problem solving. You may receive assistance on improving parenting skills and gaining feedback and support to help foster the success of your children in school.



# Counselor Informed Consent Form

**Title of Study:** The Experiences of Elementary School Counselors While Providing Family Counseling to Families of Children with Learning Disabilities.

**Researcher:** Laura Granato  
Licensed Professional Counselor, Licensed Marriage and Family Therapist and  
Certified School Counselor

## **Purpose of Research**

The purpose of this study is to gain an in-depth understanding of family counseling in the schools. The results of this study will aid in determining the feasibility of school counselors conducting family counseling with families of children with learning disabilities. A secondary goal of this study is to explore trends in the self-concept and behavior of children with learning disabilities and their family functioning.

## **Counselor Procedures**

You will be asked to provide family counseling sessions for families of children with learning disabilities. Each of the 10 sessions will last approximately one and one half for a total of 15 hours and will be scheduled at times convenient to you and the family. You will be responsible for collecting parent and child rating scales before the first counseling session begins, and after the last session ends. Counseling notes will be submitted following each session. You will also be screened prior to and interviewed after the completion of the study to investigate your experience, perceptions and feedback on providing family counseling in the schools.

## **Extent of Confidentiality**

As the school counselor will have access to the research information to better serve your family and your child. All information concerning family relationships and interactions during counseling will be kept in confidence. Situations when you would be required to break this confidentiality are: a strong suspicion that a family member may harm himself, herself or others, or may be in danger of being harmed by someone else.

## **Research Approval**

This research is part of my doctoral dissertation and has been approved, as required, by the Institutional Review Board for projects involving human subjects in the College of Human Resources and Education at Virginia Polytechnic Institute and State University.

## **Voluntary Consent**

My signature acknowledges that the study has been explained to me. I understand my role in this study and agree to participate. I understand that all counseling and information gathered will be held in strictest confidence.

---

Counselor signature

Date

**INTAKE REPORT**

Counselor: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ School: \_\_\_\_\_

**Identifying Information:**

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Special Education Diagnosis: \_\_\_\_\_

Special Education Services: \_\_\_\_\_

Years Receiving Special Education: \_\_\_\_\_

Reason for Seeking Counseling: \_\_\_\_\_

\_\_\_\_\_

Referral Source: \_\_\_\_\_

**Family Background:**

Marital Status: \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sibling: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Who is living with the child? \_\_\_\_\_

\_\_\_\_\_

**Health**

General health of child? Any serious illness or medical condition(s) in the past or present?

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Psychiatric/Psychological Treatment: Yes \_\_\_\_ No \_\_\_\_ Present \_\_\_\_ Past/When/Duration \_\_\_\_

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Presenting problem at that time: \_\_\_\_\_

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When did the problem begin? \_\_\_\_\_

Precipitating factors? (Contributors) \_\_\_\_\_

---

Symptoms: \_\_\_\_\_

Did the treatment help to resolve the problem? \_\_\_\_\_

Is the child currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name(s) of medication(s) \_\_\_\_\_

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**COUNSELOR COMMENTS:**

**FAMILY RELATIONSHIPS AND SCHOOL PROGRESS INFORMATION**

Did the child have a normal birth? \_\_\_\_\_

The child's birth order position? (e.g., 2<sup>nd</sup> of 3) \_\_\_\_ of \_\_\_\_

The child's present relationships with his/her siblings: \_\_\_\_\_

---

Any developmental or special difficulties in infancy, early childhood, childhood or adolescence. Any problems with eating, sleeping, bedwetting? If so, describe: \_\_\_\_\_

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Describe the child. What is he/she like? \_\_\_\_\_

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Which family members and others currently live in he child's home? \_\_\_\_\_

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(If the child's parents are divorced or separated, seek information about the following:)

When did the divorce occur? \_\_\_\_\_ How old was this child at that time? \_\_\_\_\_

What were the child's reactions to it then? Now? \_\_\_\_\_

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The quality of the child's present relationship with the parent who is not living with the child: \_\_\_\_\_

---

The frequency, nature, and extent of that parent's contacts with the child: \_\_\_\_\_

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The current nature of the relationship between the child's biological parents: \_\_\_\_\_

---

If applicable, when did the custodial parent remarry? What are the child's reactions and behavior regarding relationships with the stepparent, step-siblings, and other members of the blended family?

---

With which family member(s) is the child closest? \_\_\_\_\_

Find out what do the parents like most about their child? \_\_\_\_\_

---

What do they like least about their child? \_\_\_\_\_

\_\_\_\_\_

What are the parent's concerns regarding him/her at home? \_\_\_\_\_

\_\_\_\_\_

What have the parents tried regarding this concern? Has this action(s) been effective? \_\_\_\_\_

\_\_\_\_\_

What do the parents do when the child misbehaves at home? \_\_\_\_\_

\_\_\_\_\_

What methods does the mother use when your child misbehaves at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What methods does the father use when this child misbehaves at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If the parents seem to disagree about child-rearing methods, you may pursue this topic with the parent(s) at this time to get a clearer picture. For example: So each of you has your own way of disciplining him/her. I wonder how that seems to work with this child . . .)

**COUNSELOR COMMENTS:**

Explore the child's relationships with others such as friends.

\_\_\_\_\_

\_\_\_\_\_

How about his/her life at school? \_\_\_\_\_

If the child is having academic difficulties, ask what they are, when they started, and what approaches and methods have been tried at school and at home to help him/her? \_\_\_\_\_

Pursue in a similar manner the following topics regarding the child at school:  
Relationships with teachers and teacher feedback about the child: \_\_\_\_\_

The child's relationships with peers at school (and in the neighborhood): \_\_\_\_\_

The child's behavior in school: \_\_\_\_\_

What has been tried regarding behavior problems in school? \_\_\_\_\_

The child's attitude toward school (Like it? Hate it? Sometimes cry or refuse to go to school, or claim illness in order to stay home from school.): \_\_\_\_\_

The child's ability or willingness to take responsibility for his schoolwork and/or his behavior: \_\_\_\_\_

What has been tried to encourage his/her taking this responsibility? \_\_\_\_\_

**COUNSELOR COMMENTS:**

## Counseling Progress Notes

*\* Must be completed each session. All other information completed as applicable.*

\*Counselor Name: \_\_\_\_\_

\*School: \_\_\_\_\_ Counselor Phone: \_\_\_\_\_

\*Family Number: \_\_\_\_\_ \*Date of Interview: \_\_\_\_\_ \*Session Number: \_\_\_\_\_

\*Family Members - Present/Not Present and Why? \_\_\_\_\_

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### **Presenting/Current Concern:**

What is each family member's view of the problem?

Changes sought by the family?

Any recent significant changes - stressors and life cycle changes?

(e.g., new job, baby, move, death, divorce, child launching)

### **\* Summary of Interview:**

(Be sure to explain any critical events in the session or in the client's lives relevant to counseling.)

**Diagnostic Impression:**

Individual System – (intrapsychic components - irrational thinking, defense mechanisms, projection, denial, etc., predictions, interpretations - may include DSM IV diagnosis)

Family System – (communication styles, emotional contracts, dyadic interaction, rationalization, justification, conflict resolution skills)

Intergenerational System - (family myths, scripts, boundaries, triangles)

**Treatment Plan Objectives:**

Problem	Change Strategy

**\*Comments by Counselor:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Date:** \_\_\_\_\_ **Counselor's Signature:** \_\_\_\_\_

**Researcher Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Counseling Process Notes**

1. Overall, how helpful do you think this session was for your clients?

Not helpful    1        2        3        4        5        6        Extremely helpful

2. Since the last session, what changes, if any, have you noticed in the family?

3. What happened during the session that was not very helpful?

4. What happened that was helpful?

5. Please check all of the interventions you used during this session.

- |   |   |
|---|---|
| <input type="checkbox"/> Joining                            | <input type="checkbox"/> Creating Alliances                 |
| <input type="checkbox"/> Complimenting Change               | <input type="checkbox"/> Active Listening                   |
| <input type="checkbox"/> Role Playing                       | <input type="checkbox"/> Maintaining Hierarchies            |
| <input type="checkbox"/> Challenging Roles                  | <input type="checkbox"/> Finding and Using Family Strengths |
| <input type="checkbox"/> Paradoxical Interventions          | <input type="checkbox"/> Miracle Question                   |
| <input type="checkbox"/> Problem Solving                    | <input type="checkbox"/> Psychoeducation                    |
| <input type="checkbox"/> Boundary defining and maintenance  | <input type="checkbox"/> Genogram/Family Mapping            |
| <input type="checkbox"/> Altering Boundaries                | <input type="checkbox"/> Feedback                           |
| <input type="checkbox"/> Altering Patterns of communication | <input type="checkbox"/> Others? _____                      |
- \_\_\_\_\_

6. Additional comments or observations about the counseling process?

## Family Counseling Evaluation Form

1. On a scale of 1 to 5, how satisfied are you with the family counseling you received?

Least satisfied    1    2    3    4    5    6    Most satisfied

2. On a scale of 1 to 5, how close did you come to meeting your goals for family counseling?

Least satisfied    1    2    3    4    5    6    Most satisfied

3. What I liked best about family counseling

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4. What might have made family counseling better for you?

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5. What I learned if anything:

a) about my family: \_\_\_\_\_

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---

b) about myself: \_\_\_\_\_

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6. What changes, if any, have been made that you think might be related to your participation in family counseling sessions?

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a) Changes in yourself: \_\_\_\_\_

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b) Changes in your partner: \_\_\_\_\_

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c) Changes in your relationship with your children: \_\_\_\_\_

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d) Changes in your children: \_\_\_\_\_

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7. Would you tell other families to participate in family counseling at the school?

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## **Early-in-Process Counselor Questionnaire**

These questions elicit information about your experiences and perceptions while providing family counseling. There are no right or wrong answers. Please be as candid as possible when responding to each question.

1. What did you encounter in the process of obtaining a family to participate in this study?
2. How did you gain cooperation from families in scheduling sessions?
3. What days and times were sessions to be scheduled?
4. Who attends or will attend the counseling sessions?
5. What adjustments, if any did you have to make to your regular schedule or program in order to offer family counseling?
6. What procedures and logistics did you encounter as you conducted family counseling in your school?
7. Discuss the benefits of offering family counseling as part of your school counseling program?

## Post-Counseling Counselor Questionnaire

These questions elicit information about your experiences and perceptions while providing family counseling. There are no right or wrong answers. Please be as candid as possible when responding to each question.

1. Use five single word descriptors to indicate your experiences in conducting family counseling as part of the present study.
2. How many total sessions did the family attend?
3. How many sessions needed to be re-scheduled and why?
4. On a scale of 1-6, where 1 is the goals not completed to 6 is all goals completed, how close do you think your clients came to meeting their counseling goals?  
  
No goals completed    1    2    3    4    5    6    All goals completed
5. What changes, if any, occurred in the child that may be related to their participation in family counseling?
6. What changes, if any, occurred in the parent(s) that may be related to their participation in family counseling?
7. What changes, if any, occurred in parent-parent interaction that may be related to their participation in family counseling?

8. What changes, if any, occurred in the parent-child interactions that may be related to their participation in family counseling?
  
9. To what extent did family members modify their expectations regarding the child with a learning disability?
  
10. What about the counseling process seemed to have the greatest impact on the family you counseled?
  
11. What specific education (i.e., coursework, practicum, internships) do you believe is necessary for you to continue to provide family counseling?
  
12. What specific training (i.e., work experience, supervision) do you believe is necessary for you to continue to provide family counseling?
  
13. Will you continue to provide family counseling?
  
14. In your opinion, should family counseling become a regular part of the school counseling program?

**The Experiences of Elementary School Counselors  
While Providing Family Counseling to  
Families of Children with Learning Disabilities**

**Counselor Protocol**

Researcher: Laura Granato  
Research Advisor: Dr. Libby Hoffman

Virginia Polytechnic Institute and State University  
Northern Virginia Graduate Center  
College of Human Resources and Education  
Counselor Education

Training Dates:  
November 3, 1998 – 1:00 p.m. in Room 317  
November 16, 1998 – 1:30 p.m. in Room 216

# **School Counselor Protocol**

## **Family Counseling with Families of Children with Learning Disabilities**

- I. Introduction
- II. Learning Disabilities
- III. Systems Theory
- IV. Structural Family Counseling
- V. Family Counseling in the Schools
- VI. Screening Procedures
  - A. Screening School Counselors to Participate
    - 1. Criteria for Providing Family Counseling
    - 2. Principal Consent
    - 3. Consultation/Supervision
  - B. Screening Families to Participate
    - 1. Informed Consent
    - 2. Intake Report
- VII. Family Counseling Sessions
  - A. Logistics
  - B. Counseling Notes
  - C. Family Evaluation Forms
- VIII. Data Collection of Counselor Experience
  - A. Researcher Will Interviews Each Counselor

## **Criteria for Selecting a Family to Participate**

1. Consider possible families who might benefit from family counseling. In collaboration with LD resource teachers, identify children with learning disabilities who need counseling.  
Discuss with the resource teachers their experiences with these children's parents?

2. Selecting a family

The following criteria will be used in selecting the families of children with learning disabilities to participate in this study.

- The families selected must have a child who qualifies as learning disabled and is receiving special education services.
- The learning disabled child must not have any other primary or secondary classifications. Families with one learning disabled child will be considered as prospective participants? Families with other children who are presently or were previously classified as learning disabled will not be considered.
- Only those families in which none of the members are receiving other psychological or family counseling will be considered as prospective participants. The family members may have participated in past counseling.

## Screening the Family

1. Explain to the parents that you understand their concerns for their child with a learning disability and their interest in helping their child. Empathize with how challenging it is to raise a child with a learning disability.
2. Provide background information about study. Family counseling is very effective in helping children with learning disabilities and their families. Share more about the benefits of family counseling.

(Some potential benefits may include: improved problem solving and decision-making skills and other related skills to assist your family to function more smoothly. You will also develop parenting strategies and receive feedback and support to foster the success of your child in school. Through family counseling it is believed your child will show increased self-confidence and perform better in school and at home. This counseling program is being offered as part of a research study to explore the use of family counseling in the schools. The study will investigate the school counselors' experience when providing family counseling to a family with a child with learning disabilities. The family counseling sessions will be scheduled at times convenient for you and your family and there will be no charge for the counseling.)

### 3. Screen Family

- Is family counseling an appropriate type of intervention for this family? Are there any indications that family counseling would be contraindicated for this family?
- Determine counseling history. Has the family ever been in counseling before? If so, what type? Where? When? (Beware of counseling shoppers.)
- Is this family motivated to change?
- Is the family willing to expend the necessary effort to change? (Remember, change requires work and may be difficult at times.)
- Do they understand the purpose of counseling?
- Is the family dedicated to the family counseling process? (Will counseling be a priority for the parents? Are they talking about scheduling difficulties?)

4. Review the informed consent and complete the intake report (most of this should be completed prior to the family screening with information available in the social case history report.)
  
5. Determine a schedule for the family counseling sessions. The sessions should be scheduled at days and times convenient to you and the family.
  
6. Encourage family members to ask questions concerning procedures, basic purposes and any other aspect of family counseling. Explain their names will be kept confidential and only be identified by numbers. This is also a time for the family to interview you. Remember this is important as an informational means but also a means for the family to develop confidence in you as a provider of family counseling.

## **Guidelines for Counseling Sessions**

In the first session, it is important to remember to review confidentiality and set up basic ground rules with the family. The purpose of the first session is to establish rapport and trust with the family and help them feel comfortable in this new experience. Basic counseling techniques such as reflecting feelings, clarifying, summarizing and the use of open-ended questions should be used during the initial stages of your counseling to encourage family members to share their concerns and to begin the process of joining the family. Additionally, you should demonstrate respect, acceptance understanding and genuineness to develop a leadership position. In the initial session it is important to observe patterns of interaction. Begin to note hierarchies, subsystems, boundaries and rules as you begin your family mapping.

As the family moves out of the exploratory stage to the working stage, there may be more disclosure and interactions at a deeper level. To create an atmosphere more conducive to the family sharing, you must respond with statements reflecting their feelings and content. This is a time to be supportive and challenging. You must be firm and respectful in utilizing restructuring techniques. As leader you may encounter resistance from the family system. Remember, systems resist change and maintain homeostasis. It is important to continue to provide respect, acceptance and understanding. In the working stage, you will form alliances and join subsystems to lead family members in confronting one another. They begin to work on their problems at a deeper, more meaningful level and eventually examine possible solutions to their family's difficulties. You must assist the family members in clarifying their thinking while feeding them support and encouragement.

Throughout the counseling process, you will be required to provide the counseling progress and process notes for each session. This correspondence will be sent to me via facsimile with client confidentiality ensured. The notes will be reviewed regularly by an LPC/LMFT. In addition, I will contact you by phone on a rotating basis, three times throughout the study. If you need my supervision at any time, please contact me at \_\_\_\_\_.

As a final note, if an appointment for a session is cancelled and cannot be rescheduled within the week, the counseling must continue for an additional week to ensure that eight sessions have been provided for each family. At the closure of counseling, family members should provide feedback to one another. During the last session, family members will complete their family counseling evaluations. The families should be encouraged to respond as honestly as they can.

During and after completion of the eight sessions of family counseling, you will be sent questionnaires eliciting information on your experiences and perceptions on conducting family counseling in the schools.

## Directions for Play Techniques

### **Puppet interview:**

“I brought some puppets today and I am going to ask you to take a few minutes and choose the puppets that you would like to work with. Then I am going to ask you to make up a story with a beginning, a middle, and an end. There are only a couple of rules: you must make up a story, not tell one like Cinderella or Pinocchio, and you must act out the story with your puppets rather than narrate it. I will give you about 30 minutes to make up the story and when you are ready you will tell me the story.”

Once introductions of the puppets are made counselor may need to say, “Don’t tell me about what the puppet says, let the puppets speak for themselves.”

### **Kinetic Family Drawing:**

Draw a picture of you and your family doing something together. (Hulse)

### **Collaborative Drawing Technique:**

“Each of you is to select a crayon with which you will begin drawing . . . now that each of you has a crayon, you need to decide in what order you will go; so, who will be first? Second? Now from this moment on, there should be no talking and no effort to communicate with each other. When I say, “start,” the first person will sit in the drawing chair and begin to draw whatever he likes. When I say, “next,” the person drawing will stop immediately and whoever is next will sit in the chair and begin drawing. We’ll continue in order until I tell you to stop.

- There is no discussion until the task is completed. This must be one picture, not several different drawings. After experimentation, 30 seconds has been a good time interval to begin with and during subsequent rounds should be shortened to increase the amount of collaboration necessary.
- After completion of the drawing, discuss:
  - Ask family members to describe picture.
  - The role each member played (Note & document family member colors)
  - What individuals would have changed?
  - What they liked and didn’t like?

### **Joint Scribble Technique:**

“Each of us will have a piece of paper and a pencil. I will draw a squiggle and you will make any kind of drawing you like out of it, then you’ll make up a story about your drawing, and I will ask a few questions about it (your drawing and story). Then you will draw a squiggle which I will make a drawing out of, tell a story about it, and you can ask me questions about it.”

Get in touch with inner thoughts and feelings of family members. Family members take turns making pictures out of the previous person’s squiggle.

# Family Informed Consent Form

## Family Counseling

**Title of Study:** The Experiences of Elementary School Counselors While Providing Family Counseling to Families of Children with Learning Disabilities.

**Researcher:** Laura Granato  
Licensed Professional Counselor, Licensed Marriage and Family Therapist and  
Certified School Counselor

### **Purpose of Research**

The purpose of this study is to gain an in-depth understanding of family counseling in the schools. This study is being conducted by a Ph.D. from candidate the College of Human Resources and Education at Virginia Polytechnic Institute and State University. The results of this study will aid in determining the feasibility of school counselors conducting family counseling with families of children with learning disabilities. A secondary goal of this study is to explore trends in the self-concept and behavior of children with learning disabilities and their family functioning.

### **Procedures**

School counselors will conduct family counseling sessions with families of children with learning disabilities. School counselors will also be interviewed prior to and after the completion of the study to investigate their experience, perceptions and feedback on providing family counseling in the schools.

### **Family Responsibilities**

If you consent, you and your family will be asked to participate in family counseling sessions with your school counselor. Each of the 10 sessions will last approximately one and one half for a total of 15 hours and will be scheduled at times convenient to you and your family. You and your child will be asked to complete rating scales before the first counseling session begins, and after the last session ends.

### **Potential Benefits**

I hope you develop an increased ability to identify your family's strengths and weaknesses from participating in this study. Your family will have the opportunity to receive information and develop skills in communication and problem solving. You may receive assistance on improving parenting skills and gaining feedback and support to help foster the success of your children in school.



## INTAKE REPORT

Counselor: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ School: \_\_\_\_\_

### **Identifying Information:**

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Special Education Diagnosis: \_\_\_\_\_

Special Education Services: \_\_\_\_\_

Years Receiving Special Education: \_\_\_\_\_

Reason for Seeking Counseling: \_\_\_\_\_

\_\_\_\_\_

Referral Source: \_\_\_\_\_

### **Family Background:**

Marital Status: \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sibling: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Who is living with the child? \_\_\_\_\_

\_\_\_\_\_

**Health**

General health of child? Any serious illness or medical condition(s) in the past or present?

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Psychiatric/Psychological Treatment: Yes \_\_\_\_ No \_\_\_\_ Present \_\_\_\_ Past/When/Duration \_\_\_\_

---

Presenting problem at that time: \_\_\_\_\_

---

When did the problem begin? \_\_\_\_\_

Precipitating factors? (Contributors) \_\_\_\_\_

---

Symptoms: \_\_\_\_\_

Did the treatment help to resolve the problem? \_\_\_\_\_

Is the child currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name(s) of medication(s) \_\_\_\_\_

---

**COUNSELOR COMMENTS:**

**FAMILY RELATIONSHIPS AND SCHOOL PROGRESS INFORMATION**

Did the child have a normal birth? \_\_\_\_\_

The child's birth order position? (e.g., 2<sup>nd</sup> of 3) \_\_\_\_ of \_\_\_\_

The child's present relationships with his/her siblings: \_\_\_\_\_

---

Any developmental or special difficulties in infancy, early childhood, childhood or adolescence. Any problems with eating, sleeping, bedwetting? If so, describe: \_\_\_\_\_

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Describe the child. What is he/she like? \_\_\_\_\_

---

---

Which family members and others currently live in he child's home? \_\_\_\_\_

---

(If the child's parents are divorced or separated, seek information about the following:)

When did the divorce occur? \_\_\_\_\_ How old was this child at that time? \_\_\_\_\_

What were the child's reactions to it then? Now? \_\_\_\_\_

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The quality of the child's present relationship with the parent who is not living with the child: \_\_\_\_\_

---

The frequency, nature, and extent of that parent's contacts with the child: \_\_\_\_\_

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The current nature of the relationship between the child's biological parents: \_\_\_\_\_

---

If applicable, when did the custodial parent remarry? What are the child's reactions and behavior regarding relationships with the stepparent, step-siblings, and other members of the blended family?

---

With which family member(s) is the child closest? \_\_\_\_\_

Find out what do the parents like most about their child? \_\_\_\_\_

---

What do they like least about their child? \_\_\_\_\_

\_\_\_\_\_

What are the parent's concerns regarding him/her at home? \_\_\_\_\_

\_\_\_\_\_

What have the parents tried regarding this concern? Has this action(s) been effective? \_\_\_\_\_

\_\_\_\_\_

What do the parents do when the child misbehaves at home? \_\_\_\_\_

\_\_\_\_\_

What methods does the mother use when your child misbehaves at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What methods does the father use when this child misbehaves at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If the parents seem to disagree about child-rearing methods, you may pursue this topic with the parent(s) at this time to get a clearer picture. For example: So each of you has your own way of disciplining him/her. I wonder how that seems to work with this child . . .)

**COUNSELOR COMMENTS:**

Explore the child's relationships with others such as friends.

\_\_\_\_\_

\_\_\_\_\_

How about his/her life at school? \_\_\_\_\_

If the child is having academic difficulties, ask what they are, when they started, and what approaches and methods have been tried at school and at home to help him/her? \_\_\_\_\_

Pursue in a similar manner the following topics regarding the child at school:  
Relationships with teachers and teacher feedback about the child: \_\_\_\_\_

The child's relationships with peers at school (and in the neighborhood): \_\_\_\_\_

The child's behavior in school: \_\_\_\_\_

What has been tried regarding behavior problems in school? \_\_\_\_\_

The child's attitude toward school (Like it? Hate it? Sometimes cry or refuse to go to school, or claim illness in order to stay home from school.): \_\_\_\_\_

The child's ability or willingness to take responsibility for his schoolwork and/or his behavior: \_\_\_\_\_

What has been tried to encourage his/her taking this responsibility? \_\_\_\_\_

**COUNSELOR COMMENTS:**

## Counseling Progress Notes

*\* Must be completed each session. All other information completed as applicable.*

\*Counselor Name: \_\_\_\_\_

\*School: \_\_\_\_\_ Counselor Phone: \_\_\_\_\_

\*Family Number: \_\_\_\_\_ \*Date of Interview: \_\_\_\_\_ \*Session Number: \_\_\_\_\_

\*Family Members - Present/Not Present and Why? \_\_\_\_\_

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### **Presenting/Current Concern:**

What is each family member's view of the problem?

Changes sought by the family?

Any recent significant changes - stressors and life cycle changes?

(e.g., new job, baby, move, death, divorce, child launching)

### **\* Summary of Interview:**

(Be sure to explain any critical events in the session or in the client's lives relevant to counseling.)

**Diagnostic Impression:**

Individual System – (intrapsychic components - irrational thinking, defense mechanisms, projection, denial, etc., predictions, interpretations - may include DSM IV diagnosis)

Family System – (communication styles, emotional contracts, dyadic interaction, rationalization, justification, conflict resolution skills)

Intergenerational System - (family myths, scripts, boundaries, triangles)

**Treatment Plan Objectives:**

Problem	Change Strategy

**\*Comments by Counselor:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Date:** \_\_\_\_\_ **Counselor's Signature:** \_\_\_\_\_

**Researcher Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Counseling Process Notes

1. Overall, how helpful do you think this session was for your clients?

Not helpful    1       2       3       4       5       6       Extremely helpful

2. Since the last session, what changes, if any, have you noticed in the family?

3. What happened during the session that was not very helpful?

4. What happened that was helpful?

5. Please check all of the interventions you used during this session.

- |   |   |
|---|---|
| <input type="checkbox"/> Joining                            | <input type="checkbox"/> Creating Alliances                 |
| <input type="checkbox"/> Complimenting Change               | <input type="checkbox"/> Active Listening                   |
| <input type="checkbox"/> Role Playing                       | <input type="checkbox"/> Maintaining Hierarchies            |
| <input type="checkbox"/> Challenging Roles                  | <input type="checkbox"/> Finding and Using Family Strengths |
| <input type="checkbox"/> Paradoxical Interventions          | <input type="checkbox"/> Miracle Question                   |
| <input type="checkbox"/> Problem Solving                    | <input type="checkbox"/> Psychoeducation                    |
| <input type="checkbox"/> Boundary defining and maintenance  | <input type="checkbox"/> Genogram/Family Mapping            |
| <input type="checkbox"/> Altering Boundaries                | <input type="checkbox"/> Feedback                           |
| <input type="checkbox"/> Altering Patterns of communication | <input type="checkbox"/> Others? _____                      |
|   | _____   |

6. Additional comments or observations about the counseling process?

# Family Counseling Evaluation Form

1. On a scale of 1 to 5, how satisfied are you with the family counseling you received?

Least satisfied   1   2   3   4   5   6   Most satisfied

2. On a scale of 1 to 5, how close did you come to meeting your goals for family counseling?

Least satisfied   1   2   3   4   5   6   Most satisfied

3. What I liked best about family counseling

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4. What might have made family counseling better for you?

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5. What I learned if anything:

a) about my family \_\_\_\_\_

---

---

b) about myself \_\_\_\_\_

---

---

6. What changes if any, have been made that you think might be related to your participation in family counseling sessions?

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a) Changes in yourself: \_\_\_\_\_

---

---

b) Changes in your partner: \_\_\_\_\_

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c) Changes in your relationship with your children: \_\_\_\_\_

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d) Changes in your children: \_\_\_\_\_

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7. Would you tell other families to participate in family counseling at the school?

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# Counselor Screening Form

Name of Counselor \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Name of School \_\_\_\_\_ School Telephone \_\_\_\_\_  
Address of School \_\_\_\_\_ School Fax \_\_\_\_\_  
Name of Principal \_\_\_\_\_ Counselor e-mail \_\_\_\_\_

1. How many years have you been employed as a counselor? \_\_\_\_\_  
How many years have you been working as a school counselor? \_\_\_\_\_
2. Counseling degrees? \_\_\_\_\_  
Date degrees earned? \_\_\_\_\_  
Additional graduate coursework in counseling? \_\_\_\_\_
3. Name and briefly describe work settings have you been employed as a counselor?
4. Describe the populations you have counseled.
5. What, if any, do you consider to be your area of specialization as a counselor?
6. What would you consider as your preferred theoretical framework in individual counseling:  

___ Adlerian	___ Systemic
___ Behavioral	___ Reality Therapy
___ Client-Centered	___ Solution-Focused Brief
___ Cognitive-Behavioral	___ Eclectic
___ Rational Emotive	___ Other (please list) _____

7. How many courses have you completed in family counseling? \_\_\_\_\_

Course Title	Institution	Date Completed

8. How many programs or workshops in family counseling have you attended at professional conferences? \_\_\_\_\_

Conference Title	Professional Organization Sponsor	Date Attended

9. Which family systems theories do you prefer to employ in your counseling?

10. Which family counseling techniques do you feel competent using?

11. a. In what setting(s) have you previously conducted family counseling? \_\_\_\_\_

b. How many hours of family counseling have you completed? \_\_\_\_\_

c. How many hours of supervision, if any, have you received? \_\_\_\_\_

12. In what private setting in your school will you conduct the family counseling as part of this study?

13. a. Have you discussed this study with your principal? Yes  No

b. Does your principal support your participation in this study? Yes  No

c. What is a good time to meet with you and your principal? \_\_\_\_\_

14. To what professional organizations do you belong?

15. a. If you were to encounter difficulties or have questions about how to proceed in counseling a family in this study, what would you do?

b. If you were to encounter difficulties or have questions about how to proceed in counseling a family in this study, would you be willing to seek assistance from the researcher? Yes  No

16. In what ways may I be of help to you in preparing to participate in this study?

*Researcher Notes*

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# Counselor Informed Consent Form

**Title of Study:** The Experiences of Elementary School Counselors While Providing Family Counseling to Families of Children with Learning Disabilities.

**Researcher:** Laura Granato  
Licensed Professional Counselor, Licensed Marriage and Family Therapist and  
Certified School Counselor

## **Purpose of Research**

The purpose of this study is to gain an in-depth understanding of family counseling in the schools. The results of this study will aid in determining the feasibility of school counselors conducting family counseling with families of children with learning disabilities. A secondary goal of this study is to explore trends in the self-concept and behavior of the children with learning disabilities and their family functioning.

## **Counselor Procedures**

You will be asked to provide family counseling sessions for families of children with learning disabilities. Each of the 10 sessions will last approximately one and one half for a total of 15 hours and will be scheduled at times convenient to you and the family. You will be responsible for collecting parent and child rating scales before the first counseling session begins, and after the last session ends. Counseling notes will be submitted following each session. You will also be screened prior to and interviewed after the completion of the study to investigate your experience, perceptions and feedback on providing family counseling in the schools.

## **Extent of Confidentiality**

As the school counselor will have access to the research information to better serve your family and your child. All information concerning family relationships and interactions during counseling will be kept in confidence. Situations when you would be required to break this confidentiality are: a strong suspicion that a family member may harm himself, herself or others, or may be in danger of being harmed by someone else.

## **Research Approval**

This research is part of my doctoral dissertation and has been approved, as required, by the Institutional Review Board for projects involving human subjects in the College of Human Resources and Education at Virginia Polytechnic Institute and State University.

## **Voluntary Consent**

My signature acknowledges that the study has been explained to me. I understand my role in this study and agree to participate. I understand that all counseling and information gathered will be held in strictest confidence.

---

Counselor signature

Date

**Researcher Presentation at Counselor Training  
for Elementary School Counselors:**

**The Experiences and Perceptions of Elementary School  
Counselors While Providing Family Counseling to Families of  
Children With Learning Disabilities.**

## Family Counseling, Learning Disabilities & School Counselors

Laura Granato  
lgranato@vt.edu  
Virginia Tech University

### Public and Educational Policies

- Systemic approach applied
- America 2000 acknowledges parents' influence and impact on children
- Public-Law 94-142: joint parent school participation in interventions
- Public Law 99-457: multidisciplinary team approach to develop IFSP

### Learning Disabilities

- Definition - DSM-IV
- Dropout rate 1.5 times non-learning disabled
- 40% of learning disabled are dropouts
- 10-25% individuals with CD, ODD , ADD/H and depression have learning disability

### Characteristics of LD Children

- More social, emotional, learning and family problems
- Poor concentration, short attention span, distractibility, aggressive behavior, depression
- Withdrawal, regression and clowning
- Changes very threatening
- Maladaptive reactions to daily changes

### LD Impacts Family

- Identification of child alters family and brings adjustment problems
- Frustration
- Awareness of effects of failure on child; intellectually, emotionally, and socially
- Increased anxiety in the family

### Family Dynamics Contribute to LD Difficulties

- Overprotection by parent(s)
- Control by parent(s)
- Strain and discord in marriage
- Enmeshment and rigid boundaries
- Avoidance of conflicts
- Competition to help child and gain affection
- Reinforcement of child's emotional and social difficulties due to added attention.

- Guilt in the parent or child, which inhibits aggression and opposition
- Inhibition of conflict because of fear of evoking rejection
- Infantilization/overprotection of the child because of parental insecurity
- Family scapegoating parental projections that are acted out by the child
- The maintenance of family secrets

### Theories of LD

- Medical Model
- Slow maturation model or Delayed development model
- Environmentalists
- Interactive model

### Systems Theory

- Individual is not to be considered in isolation but part of system
- Linear causality to circular causality
- Integrative and ecological approach
- Child belongs to family and school

### Assumptions of Systems Theory

- The whole is greater than the sum of its parts.
- A change in one component affects the whole system.
- Systems tend toward homeostasis.
- Symptoms viewed as symptom maintaining.

### Systems Concepts

- Circular Causality
- Boundaries
- Rules
- Progressive Segregation
- Centralization
- Equifinality
- Homeostasis

### The Family as a System

- When a member of a family shows signs of trouble, the symptoms represent problems in/among all members of the family.
- Structure
  - ◆ arranges, organizes and maintains itself over time
- Processes
  - ◆ how it evolves, adapts or changes over time
  - ◆ systems resist change

## Family Therapy

- Theory
  - ◆ View clinical problems within the context of family's transactional patterns
- Treatment Method
  - ◆ Intervention in which counselors help family members to identify and change problematic, maladaptive, self-defeating, repetitive patterns of interacting
  - ◆ Relationship Therapy

## Paradigm Shift

- Behavior of IP expresses family dysfunction
- Behavior viewed in context of family interactions.
  - ◆ Behavioral sequences between individuals
  - ◆ What is now taking place
  - ◆ How each each participant influences and is in turn influenced by other family members

## Individual vs. Family Therapy

- Family is locus of pathology
- Family system is primary unit of treatment
- Identified Patient (IP)
- Change in family leads to improved functioning of individuals
- Change must be relationally, not just intrapsychically
- Reciprocal Causality

## Current Research Findings



- Family therapy is generally effective
- Relationship problems have a greater positive outcome when the problem is treated systemically
- Treatment impacts entire system
- Positive results achieved in an average of ten sessions

## Why Structural Family Systems Counseling for LD?

- Levels of dysfunction
  - ◆ The cognitive and affective development of the child in school
  - ◆ The cognitive and affective growth of the child in the family
  - ◆ The psychological "health" of the entire family
- Levels are interrelated and reciprocal in nature
  - ◆ Problems in school increase family stress and strain in family increase child's difficulties in school

## Minuchin's Structural Family Therapy

- Dysfunction - transactional patterns
  - ◆ Enmeshed or disengaged
- Goals - restructure organization
- Here and now
- Action-oriented

### Stages of Structural Family Counseling

- The counselor:
  - ◆ joins the family and assumes leadership role as "friendly uncle"
  - ◆ gains understanding of underlying family structure
  - ◆ transforms the family structure

### Structural Family Therapy Concepts

- Hierarchies
- Patterns of interaction
- Subsystems
- Boundaries
- Adaptation
  - ◆ Triangulation

### Techniques

- Joining Family
- Enactments
- Structural Maps
- Transactions
- Shaping Competence
- Education and Guidance
- Collective Restructuring

- Collective Restructuring
  - ◆ Paradoxes
  - ◆ Realigning boundaries
  - ◆ Rejoining
  - ◆ Escalating stress
  - ◆ Assigning tasks
  - ◆ Utilizing symptoms
  - ◆ Altering family transactional patterns
  - ◆ Manipulating mood
  - ◆ Directives and support

### Functional Healthy Family

- Clear generational boundaries
- Open communication
- Flexible rules
- Power of the system yet promotes development of the individual
- Interaction with outside
- Positive negotiation

### Structural Family Systems Counseling

- Research shows similarities of family interaction patterns of Minuchin's psychosomatic families and families of LD children
- Research also shows structural family counseling with families of LD children is effective in settings other than schools

### A Structural View of LD vs. Non-LD Families

- Poor communication
- Triangulation
- Parent-Child Coalitions
- Detouring
- Enmeshment
- Disengagement
- Overprotection

- Neglect
- Conflict avoidance
- Conflict expression-without resolution
- Rigidity
- Parent-management difficulties

### Patterns of Interaction in L.D. Family

- Inhibition of aggressiveness and competitiveness in family members
- Hostile dependency and fear of growth in family members
- Passive-aggressive retaliation among family members
- Negative self image, depression, self-deprecation and self-punishment

### Counseling Goals w/ LD families

- Family oriented interventions
  - ◆ Enhance family organization, improve communication, encourage independence
- Restructuring dysfunctional parent attitudes
  - ◆ child-rearing methods
  - ◆ unrealistic expectations
- Active cooperation of all systems in child's life

### Analysis of Counseling LD Families

- Child's secondary emotional problems
  - ◆ result in poor self-esteem
  - ◆ inability for child to learn and cannot meet expectations of parents and teachers
  - ◆ affects parents attitudes about themselves too
- Parents often in denial
  - ◆ change expectations toward child
  - ◆ uncertainty and anxiety in family

- Overprotection
  - ◆ confirmation of handicap and more failure
- Parental guilt/Anger/Frustration
  - ◆ Parents need to accept negative feelings and guilt as normal
- Limit Setting and discipline
  - ◆ Realistic limits and consequences
  - ◆ Prevent child from manipulating guilt

### **Rationale for Family Counseling by School Counselors**

- Referred families rarely follow through with counseling in community settings
- Counseling in schools is less threatening
- Family counseling is more effective and economical than individual counseling
- Families should become primary focus of school counselor interventions

### **Role of The School Counselor**

- ASCA
  - ◆ "A certified professional who assists teachers, parents and administrators. Three generally recognized helping processes used by the counselor are counseling, consulting and coordinating. The primary goal is to assist students in reaching their highest potential."
  - ◆ Extending services beyond students to include parents and teachers

### **Family Counseling in Schools**

- Current literature shows emerging trend to use family systems concepts
  - ◆ Analyze core problems
  - ◆ Planning interventions
  - ◆ Counseling
- Research shows impact of family on children's school progress
- School reforms take on systems approach

- School counselor has contact with both family and school systems
- Need to alter patterns of interaction to bring lasting change
- Research finds structural family systems therapy preferred intervention for LD children and families outside of school

### **Implications for School Counselors**

- Training and supervision opportunities
- Appropriate facilities for counseling
- Redefining and clarifying counselor role
- Flexible work hours

### **School Counselors' Experience Providing Family Counseling**

- Purpose
  - ◆ Gain understanding of experience
  - ◆ Explore school counselors' perceptions
  - ◆ Note reactions of school faculty
  - ◆ School logistics
  - ◆ Determine feasibility
  - ◆ Measure outcomes of the family counseling

### Criteria for School Counselors in Study

- At least a course in family systems counseling
- Attended conferences and workshops on accredited program in an institute of higher education
- At least two years counseling experience, with one year in the schools
- Permission from school principal
- Screening

### Criteria for I.D Families - Form 1

- Learning disability and no other primary or secondary classification and have received services for at least one year
- Families with one learning disabled child
- Families receiving no other psychological support or counseling

### Screening Families - Form 2

- Determine counseling history
- Dedication to process?
- Motivated to change?
- Understand purpose?
- Review informed consent
- Schedule sessions
- Allow family to ask questions
- Give rating scales

### Guidelines for Counseling Sessions

- Meet at school
- Times convenient for you and family
- Eight Sessions
- Each session 1 1/2 hours
  - Begin and end on time
- Cancelled sessions must be rescheduled

### Guidelines for Counselors

- Respect hierarchy by asking for parents' observations first
- Discussion may be about events outside of counseling session, but focus going on in the session
- Re-frame events into system, structural perspective

### Goals of Structural Family Counseling

- Effective hierarchical structure
- Parental executive coalition
- Sibling subsystem of peers
- For disengaged families - increase frequency of interaction
- For enmeshed families - foster differentiation
- Spousal subsystem distinct from parental

### Structural Family Counseling Process Includes:

- Learning & believing in structural concepts
- Observing transactional patterns
- Goal is clear structure
- Joining, accepting and respecting family
- Accepting leadership position
- Firm and respectful interventions
- Supporting yet challenging

### Family Play Techniques

- Puppet Interviews
  - ◆ Use Variety of Puppets
  - ◆ How puppets are assigned and shared?
  - ◆ Alliances?
  - ◆ Who follows leader?
  - ◆ Who has power?
  - ◆ Who responds positively?
  - ◆ Who is pessimistic about task?
  - ◆ Who starts the story?

### Beginning, Middle and End

- Determine Content or theme of story
- Create new interactions
- Wonder out loud
- Pose questions
- Challenge
- Postulate outcome of story
- Comment on story telling system

### Story Telling

- Mutual story telling Technique
- A typical day...
- Note title, setting, plot, themes
- Have them explain moral or lesson

### Kinetic Family Drawing

- Draw a picture of you and your family doing something together.
- Self-expression
- Reveal attitudes and perceptions
- Observe
  - ◆ Activities, situation of members, diverse proportions, facial expressions, content, symbols, size, execution, placement of objects

### Use Drawings to:

- ◆ Clarify goals for future interviews
- ◆ Disrupt maladaptive ways of communicating
- ◆ Explore alliances
- ◆ Equalize age differences
- ◆ Enhance relationships through joint drawings
- ◆ Aid in the expression of feelings in non-threatening way
- ◆ Understand roles

### Collaborative Drawing Technique

- Who initiates and who ends the artwork, and in what order did the rest of the family make their contributions?
- Which members' suggestions were utilized and which were ignored?
- Which participants remained in their own space versus those who crossed over?
- Did anyone "take over" another person's space (position them at age of 100 of scale and else's)?
- Who made mostly "congruent" gestures and who made "hostile ones"?

- Did any more or send out a "lean-over-shoulder" message?
- Where's each person's contribution (central, end, none), allowed?
- How much space did each individual occupy?
- Who functioned independently and who interdependently?
- Was a nonverbal comment that was either provocative or emotionally laden, and how did the rest of the family respond?

- Did a leader emerge?
- Who furnished the most and who the least amount of art?
- Did the interaction take on structure or was it chaotic?
- Did the members take turns, work in teams, or work simultaneously?
- Was the working style concordant or discordant?

### Other Drawing Techniques

- Joint Scribble Technique
- 3 Wishes
- Problem Solving
  - Family Initials Exercise

### Interactions in Art with Different Systems Theorists

- Experientialist - focus on developmental growth, focus on feelings, understanding
- Bowenians - focus on triangulations; emphasize autonomy
- Structuralists - directive, interrupt patterns
- Communicationist - Rules and communication patterns
- Strategicists - paradoxical
- Behavioralists - directives for to teach

### Clues for Dysfunction in Family Drawing

- Pseudomutuality
- Parentification
- Marital schism
- Marital Skew
- Triangulation
- Enmeshment
- Triangulation
- Disengagement

### Other Techniques

- Problem Solving
  - Work out a menu with favorite foods
  - Agree on how to spend \$5.00
- Family Sculpting
  - Puppets
  - Hilaris
  - A computer
  - Intellectualize

### Counseling Progress and Process Notes

- Submitted counseling notes after each session
- LPC/LMFT will review notes and contact counselees
- After second or third session counselor completes Early-in-Process Counselor Questionnaire

### Final Session

- Allow feedback
- Family evaluations on counseling
- Have parents complete Post-Counseling Evaluation
- Have parents complete Structural Family Interaction Questionnaire
- Counselor completes Post-Counseling Questionnaire for researcher

### Significance of this Study

- Gain an understanding of school counselor experiences when providing family counseling
- Validate school counselors use of family counseling as a school-based intervention
- Clarify school counselor's role
- Laura Granato
- Contact: lgranato@vt.edu

## **Case Descriptions**

Counselor Descriptions and Family Histories

# *School Relationships of Children with Learning*

*(As reported by parents at the intake)*

<i>ID</i>	<i>Relationships with Peers</i>	<i>Overall School Experience</i>	<i>Interventions by Parents for Academics</i>	<i>Relationships with Teachers</i>	<i>Behavior in School</i>	<i>Interventions by School for Academics</i>	<i>Is the Child Responsible for their Actions?</i>	<i>How do Parents Encourage Responsibility in the Child?</i>
1	Withdrawn; rejected by best friend last year; tattles on classmates; says mean and hurtful things to them	Despises attending school, and wants to be taken care of in school	Counseling, tutor	Negative, feels teacher picks on her	Withdrawn	Reading specialist and preferential seating	No; child likes to be "babied"	None
2	Poor; no friends; alienates with temper tantrums	Awful; he hates school and hates going to school	Extra individual reading time	Poor, very introverted, thinks teacher talks to him like a child	Temper tantrums; stubborn, oppositionally defiant	Modified work assignments, individual help, time outs, and behavior modification counseling	No; child has tantrums, is very defiant, and does not accept the consequences	None
3	Hits classmates; takes possessions of others; unwillingness to cooperate; poor social skills	Does not like school	Mother helps with homework, but she gets in from work after 8:00 p.m.	Respectful of teacher in interactions	Caught lying / does not do work	Modified assignments, preferential seating, and counseling	No; child blames others	None
4	At times generous with other children, shares; poor social skills; difficulty interacting with peers	Does not like and does not want to attend school	Child Find	Caught in lies, avoids teacher	Disruptive, difficult	Preferential seating, individual help, reading specialist, behavior modification, and counseling	No; child lies	None
5	No friends due to behavior problems	Poor social skills and behavior problems; hates school	None; mother does not like to read	Defiant, sneaky with teacher	Class clown, defiant, acts out	Preferential seating, time outs, reading specialist, and modified assignments	No; child blames others	None

# Family Relationships of Children with Learning

(As reported by parents at the intake)

<i>ID</i>	<i>Description of Child with Learning Disability</i>	<i>Child's Birth Position</i>	<i>Child's Relationship with Siblings</i>	<i>Family Member to whom Child is Closest</i>	<i>What Parents Like Most About Child</i>	<i>What Parents Like Least About Child</i>	<i>Interventions/Discipline Interventions/Discipline Methods used by</i>	
							<i>Mother</i>	<i>Father</i>
1	Sensitive, emotional, withdrawn, negative, difficult to manage	1 of 2	Good; enjoys playing with younger sister	Mother and father	Sensitive, caring	Difficult, withdrawn	Time out; removal of certain privileges	Send to room
2	Introvert, frequent temper tantrums, non-compliant, prefers order and structure	3 of 6	Fights and bites older siblings; sensitive toward younger twin brothers	Mother	Enjoys helping, good imagination and sense of humor	Uncontrollable anger, temper tantrums	Refers to father	Threats, isolation in garage, cold showers, loss of privileges
3	Emotionally sensitive, affectionate, overweight, acts motherly	2 of 3	Fights constantly, bossy	Mother	Helpful, takes charge and watches brothers	Lying	Discussing	No television, added chores, time outs, loss of privileges
4	Impulsive, has panic attacks, likes to get his way	2 of 3	Jealous of older brother, competitive, fights	Mother	Happy, friendly	Stealing, lying	Refers to father	Punishment, time out, loss of privileges
5	Sensitive, moody, defiant, hyperactive, bored easily	2 of 2	Argues and fights with sister regularly	Mother	Sensitive	Moody	A lot of yelling	Spanking, loss of special privileges, time outs

# Information for Child with Learning

(As reported by parents at the intake)

<i>ID</i>	<i>First Name*</i>	<i>Grade Level</i>	<i>Age</i>	<i>Gender</i>	<i>Race/Ethnicity</i>	<i>Religion</i>	<i>Bilingual</i>	<i>Special Education Diagnosis</i>	<i>Years in Special Education</i>	<i>Reason for Counseling Referral</i>
1	Amy	2	7	Female	Caucasian	Jewish		Reading comprehension, written expression, fine-motor skills, auditory processing	2	Amy is frustrated and refusing to do work
2	Robert	2	7	Male	Caucasian	Protestant		Written expression, oral expression, reading comprehension, listening comprehension, fine-motor skills, auditory processing	2	Refusing to work; temper tantrums; angry; frustrated
3	Nina	3	8	Female	Hispanic	Catholic		Oral expression, reading comprehension, listening comprehension, auditory processing	2	Attention problem; distractibility; concentration problems; angry; disruptive
4	Tonio	3	8	Male	Caucasian	Catholic		Oral expression, written expression, reading comprehension, visual motor integration, auditory processing	3	Stealing, lying, academic difficulties
5	Metin	2	7	Male	Lebanese	Muslim		Reading comprehension, written expression, oral expression, mathematical calculations, auditory discriminations, visual motor integration	2	Inattention, behavior problems

\* All names have been changed to ensure the anonymity and confidentiality of all family members.

# Family Background of Children with Learning

(As reported by parents at the intake)

ID	Mother's			Father's				Sibling No. 1		Sibling No. 2		Sibling No. 3		Additional Comments
	Name* (Age)	Mother's Education	Mother's Occupation	Name* (Age)	Father's Education	Father's Occupation	Marital Status	Name* (Age)	Gender (Grade)	Name* (Age)	Gender (Grade)	Name* (Age)	Gender (Grade)	
1	Lois (45)	B.A., Journalism	Reporter	Benjamin (41)	College degree	Journalist	Married	Stephanie (4)	Female					
2	Theresa (38)	B.A., English	Housewife	John (37)	B.A., English	Self-employed, writer	Married	Steven (12)	Male (5th)	Suzanne (9)	Female (3rd)	Michael (5)	Male (1st)	Twin boys (age 2½)
3	Lillian (33)	High School (1 credit short of diploma)	Secretary	Raymond (43)	High School Diploma	Carpenter	Married, but father not living in family residence	Jose (8)	Male (3rd)	Roberto (6)	Male (1st)			Twin step sisters live in Florida; teenage cousins live with the fami
4	Maria (33)	High School Diploma	Part-time bookkeeper	Dominic (45)	High School Diploma	Self-employed, restaurant owner	Married	Richard (10)	Male (4th)	Alexa (3)	Female			
5	Sophia (37)	High School Diploma	Part-time beauty consultant	Omar (41)	College degree	Self-employed, satellite communications	Married	Ana (9)	Female (3rd)					

\* All names have been changed to ensure the anonymity and confidentiality of all family members.

# *Counselor Screening Form Information*

<i>ID</i>	<i>Name of Counselor</i>	<i>Race</i>	<i>Years as an Elementary School Counselor</i>	<i>Counseling Degrees</i>	<i>Professional Organizations</i>	<i>Counseling Experience</i>	<i>Number of Family Counseling Courses</i>	<i>Previous Hours of Family Counseling</i>	<i>Previous Hours of Supervision</i>
1	Victoria	Caucasian	3	M.Ed. (1995)	VCA, VSCA, VASGW	Developmental, school, and family issues counseling upper-middle-class children and families, and special populations of African-American and Hispanic-American families	3	0	0
2	Jessica	Caucasian	9	M.Ed. (1990)	VCA	Developmental, school, and family issues counseling middle-class children and families, inner city families, and substance abusers	2	0	0
3	Cindy	Caucasian	6	M.Ed. (1993)	VCA, VSCA	Developmental, school, and family issues counseling upper-middle-class children and families, divorced families, and special needs children	1	0	0
4	Diane	Caucasian	2	M.Ed. (1995)	VCA, ASCA, ACA	Developmental, school, and family issues counseling women with small children, troubled teenage boys, and families	1	200	25

ACA - American Counselors Association  
 ASCA - American School Counselors Association  
 VSCA - Virginia School Counselors Association

VASGW - Virginia Association for Specialists in Group Work  
 VCA - Virginia Counselors Association

<i>ID</i>	<i>Name of Counselor</i>	<i>Race</i>	<i>Years as an Elementary School Counselor</i>	<i>Counseling Degrees</i>	<i>Professional Organizations</i>	<i>Counseling Experience</i>	<i>Number of Family Counseling Courses</i>	<i>Previous Hours of Family Counseling</i>	<i>Previous Hours of Supervision</i>
5	Richard	Caucasian	3	M.Ed. (1995)	VCA	Developmental, school, and family issues counseling low-, middle- and upper-class families and minority families	1	100	15

ACA - American Counselors Association  
 ASCA - American School Counselors Association  
 VSCA - Virginia School Counselors Association

VASGW - Virginia Association for Specialists in Group Work  
 VCA - Virginia Counselors Association

**Case Descriptions**

The names given in the following case descriptions are fictitious. All names have been changed to ensure the anonymity and confidentiality of the counselor participants and members of the families with children with learning disabilities.

Case One

Counselor One

Victoria has three years of experience as an elementary school counselor. She received her M.Ed. in 1995, and belongs to the Virginia Counselors Association, the Virginia School Counselors Association. She also is a member of member of the Board of Directors of the Virginia Association of Specialists in Group Work. Victoria has had three courses in family counseling. Her counseling experience includes working with upper-middle-class children and families in elementary school settings. Victoria specifically noted working with African- and Hispanic-American populations.

Family One    The Greenspan Family

Father: Benjamin (41)

Mother: Lois (45)

Child with Learning Disabilities: Amy (7)

Sibling: Stephanie (4)

Amy is nearly 8 years old and is in the second grade. She started school one year later than she otherwise would have due to immaturity. She is the older of two children from an intact, well-educated, career-oriented, financially stable family.

Reason for counseling referral. Amy was referred to counseling because of current concerns of her withdrawal from her teacher and peers. Peer relationships are weak, and behavior tends to be immature. Amy becomes easily frustrated and will give up easily when academic tasks are new or difficult. There is evidence of mood swings and oppositional behavior that appear to be interfering emotionally and educationally.

Family history. Amy's parents have been married more than 10 years. Mrs. Greenspan mentioned that they have had the same babysitter for the children for six years, followed by their current Indian babysitter who has been with them for the past year.

Mrs. Greenspan, 45, has a bachelor of arts degree in journalism and works full-time as a reporter. Amy's maternal grandfather died about 15 years ago while in his early sixties as a result of various medical and emotional difficulties, including liver disease, alcoholism, mood swings and depression. Her maternal grandmother, 78, remains healthy, but resides in a nursing home. Over the years, Mrs. Greenspan has sought private counseling periodically for herself as well as in regard to parenting and family-related issues. Mrs. Greenspan reports that she grew up in a somewhat dysfunctional family, and she has therefore relied on various counselors and medical personnel to advise her on issues regarding Amy.

Mr. Greenspan, 41, has a college degree and works full-time as a journalist. He was the second of four children. Amy's paternal grandfather, 75, has had a series of heart attacks and tends to neglect his health care needs. The paternal grandmother, 73, is somewhat overweight, but otherwise healthy. They have an easygoing, retired lifestyle in which paternal grandmother enjoys sewing and paternal grandfather enjoys using his skills in his wood shop.

Developmental history. Due to father's sperm motility, it took several years for Mrs. Greenspan to become pregnant. Amy was born as a result of Mrs. Greenspan's first pregnancy and weighed 5 pounds 9 ounces at birth. It was a full-term pregnancy followed by a lengthy labor period, and eventually, a natural, uncomplicated delivery. There was some evidence of meconium staining at birth, but no other complication, deformities or abnormalities were reported.

At one month, Amy was found to have an inverted palate that interfered with the natural sucking reflex. This was eventually corrected; however, it led to many months of painful breastfeeding. When compared with other children, Amy has consistently remained at the lower end of the growth chart for height and weight. Bone growth studies have been unremarkable.

Amy has had a history of ongoing sleep difficulties about which her parents initially became concerned when Amy was 1½ years of age. She would typically awaken several times nightly, and this continued to occur for several months at a time. Amy has recently begun to sleep walk. Her parents have tried various methods to resolve the sleep problems with variable success.

When Amy was 3 years old and coinciding with the birth of her sister, sleeping difficulties became more apparent. Her parents initiated allergy testing and changed Amy's diet, after which Amy's sleep patterns improved. In addition, Amy met with a counselor for a short time to help resolve the sleep disturbances. No evidence of nightmares was mentioned. By the age of 6½ the sleep disturbances stopped altogether.

Amy was walking independently by age 1, speaking by age 2, and was toilet trained by age 3, although she experienced a six-month regression in toilet training when Mr. Greenspan was away on business one summer and the following fall. Mother recalled that at that time Amy refused to use the potty for about six months, though this behavior has not recurred since age 3½. There was also evidence of temper tantrums, which emerged at the age of 3.

Medical information. Mother notices that Amy gets very cranky when she does not eat regularly or does not get adequate sleep. Due to a suspected milk allergy, her parents removed milk from Amy's diet. Both Amy and her father have had serious ongoing dental problems. By the age of 2 years, Amy already had at least six or seven cavities. She has no enamel on her rear teeth and her front teeth have a brown color.

Other than the dental problems, Amy has generally been healthy throughout her life, with only a few minor ear infections but no serious chronic illnesses reported. Amy appears to be very excitable at times and very sluggish and sleepy at other times. Mother worries that Amy rarely exhibits a consistent, even energy level.

Since high school, Mr. Greenspan has suffered from serious Crohn's disease, with side effects that have a painful impact on him. Mrs. Greenspan has low blood sugar, requiring her to snack frequently and

avoid sugar. Amy may have similar tendencies, although this has not been medically determined.

School history. During kindergarten, Amy 's teacher described Amy in school records as a friendly, happy, enthusiastic, curious, eager student. She made friends in class and had no difficulty making adequate academic progress. She was viewed as being bright, capable and independent. Her first grade teacher noted Amy's social immaturity with both adults and peers at school. Amy was described as being stubborn and demanding her own way. She would often tattle on classmates and would say mean and hurtful things to them, i.e., "I'm going to kill you." She participated in a social skills group with the school counselor. This year Amy has been struggling dealing with increased academic and social demands of second grade. Amy's teacher reports that Amy's attitude is primarily negative and that she is quick to blame others when problems arise. There is evidence of poor self-esteem, an over-sensitivity concerning her relatively small size, and a tendency to lie or exaggerate the truth. Amy is sometimes very quiet and withdrawn in school.

Recently, Amy's teacher has noted that she does not complete her classwork and will hide it rather than turn it in. Amy's desk is messy, and her work is disorganized. She has been working with the reading specialist at school four times weekly and receives special education services to assist with her limited processing of oral language.

Brief behavioral profile. Mother indicates that Amy has always been particularly sensitive, but that she had appeared to be much more friendly and outgoing until the past two school years. From mother's perspective, Amy's less friendly attitude and more reserved nature may have resulted from Amy being rejected by her best friend for the last two years. The situation was eventually resolved through interventions by the school counselor. This year, mother sees Amy as being much less self-confident, and describing herself as the dumbest kid in her class. Amy has also become more sensitive to comments about her small physical size when compared with peers at school.

During her leisure time, Amy continues to be very enthusiastic about outdoor activities and crafts. Mother indicates that Amy seems to have two distinct sides to her personality, i.e., one in which she hides

and withdraws from people and her problems, and another that can be very negative, difficult to manage, and provocative. Mother has learned through counseling and experience with Amy that she seems to need clear-cut expectations and immediate consequences for unacceptable behavior, including time outs and removal of certain privileges for noncompliance.

Mrs. Greenspan describes Amy's relationship with her younger sister, Stephanie, 4, as wonderful. They reportedly love playing together regularly. Amy has tried various activities, including gymnastics and soccer, but never seemed to feel comfortable participating in formal games and group activities. This year, Amy has been taking ballet lessons and, although she was not doing well initially, she seems to have shown improvement over time. Because Amy enjoys crafts and making things, mother is considering enrolling her in a county crafts program.

Amy is close to both parents, who vary their work schedules in order to put their children on the school bus in the morning. Mother is usually home by 6:30 p.m. whereas father isn't home until 8:00 or 9:00 p.m. Mother notices that Amy has difficulty dealing with her anger and disappointment when she does not get her own way. She can be very provocative and difficult to manage at times. In order to help Amy cope more effectively at the end of the day, mother encourages Amy to report on her day, after which mother makes up a story to provide her with information on how to handle daily difficulties Amy encounters.

## Case Two

### Counselor Two

Jessica has nine years of experience as an elementary school counselor. She received her M.Ed. in 1990 and is a member of the Virginia Counselors Association. Jessica has had two courses in family counseling. Her counseling experience includes working with inner city and middle-class children and families in the elementary schools. Jessica specifically noted working with substance abusers in a community clinic.

### Family Two    The Davis Family

Father: John (37)

Mother: Theresa (38)

Child with Learning Disabilities: Robert (7)

Siblings: Steven (12), Suzanne (9), Michael (5), Nick  
and Joe (2½)

Robert is 7 years old and in the second grade. He is the third of six children in a somewhat unstable, Catholic, middle-class family. Both parents are college-educated, and mother does not work outside the home. However, finances have been fluctuating over the past few years.

Reason for counseling referral. Robert's present teacher referred him for counseling. She has noticed that Robert has difficulty dealing with his negative feelings and tends to isolate himself when upset. Robert frequently loses control and has temper tantrums. At times his tantrums have created dangerous situations for himself and the other children. Mother also referred Robert because of her concerns about his increased levels of anger and frustration.

Family history. Mrs. Davis was born the eldest of three children. She has strong religious convictions and considers her Catholic faith a source of strength in the midst of adversity. Robert's maternal grandparents, aged 68 and 75, are in relatively good health except for high blood pressure.

Mr. Davis, 37, has a bachelor of arts in English and works as a self-employed writer. As a child, Mr. Davis moved frequently due to paternal grandfather's military career and various marketing jobs following his father's retirement from the military. Mr. Davis was the first of three children; twins were born a year after him but died during childbirth. He was raised an only child whose parents were divorced when Mr. Davis was finishing college. The paternal grandfather died in 1992 at age 60 due to leukemia. Mr. Davis and his father reportedly had a close, albeit somewhat strained, relationship. The paternal grandmother, now in her early sixties, resides alone in the Mid-West, though she visits the family frequently and has provided the family with ongoing support.

Mr. and Mrs. Davis have been married for over 12 years, but they have had ongoing marital problems throughout their marriage. No physical abuse was reported. They have separated several times,

the longest for a six-month period in 1992.

Some of Robert's siblings have also had some adjustment problems. Steven, a 12-year-old fifth grader, whose behavior in class is increasingly difficult to manage, frequently refuses to do schoolwork. His interactions with both peers and adults are inappropriate. An explosive temper, difficulty maintaining self-control and manipulative behaviors are also areas of concern. Suzanne, 9, is a good student but has had difficulty making friends in school. According to Mrs. Davis, she reportedly tends to act silly and immature, and can be very chatty in class. Michael, 5, has been evaluated for high activity level and difficulty with self-control. The twins, Nick and Joe, 2½, had been colicky infants and seem now to be constantly in motion. Both have had severe temper tantrums.

In order to cope with the demands of her children, Mrs. Davis has employed a series of nannies. None of the nannies has stayed with the family more than a year. In the past, Mr. Davis withdrew from family problems and remained minimally involved with the children. He has gradually become more active and tries to spend at least an hour with one of his children each evening before bed. The family has tried various ways to maintain discipline in the home over the years without much success. Past methods of discipline include threats, isolation in the garage, cold showers, and loss of privileges.

The family has exhausted most of their savings trying different private schools and physicians to provide the best medical and educational help for all of them. The family lives in a large, four-bedroom home needing many renovations to accommodate the growing family. Recently, Mrs. Davis started seeing a counselor again due to her unstable marriage.

Developmental history. Mrs. Davis experienced considerable anxiety over an unstable marriage while pregnant with Robert. During that time, Mrs. Davis got regular exercise, maintained her diet and had a good support network from friends and family as well as some professional counseling. Although Robert was born naturally, there was evidence of some fetal distress during delivery due to a knot in the umbilical cord. Robert remained in the hospital for several days due to jaundice. He was born full-term and

otherwise healthy weighing 9 pounds 5 ounces. Mrs. Davis considered him to be a calm, quiet, serious baby. He was walking independently at 11 months. Articulation problems were noted between the ages of 2 to 3 years old. Though toilet training was on schedule, Robert continues to wet his bed so that he has to wear pull-ups at night. His older brother Steven also wears pull-ups at night and Mr. Davis evidently also had a history of diurnal enuresis until the age of 10.

At age 5, Robert had a bicycle accident and his leg was caught in the spokes of his bicycle. This tore off the skin and muscle of his leg down to the bare bone. He has a permanent scar, which he is very self-conscious about. No permanent handicapping condition remains.

Medical information. Mother indicates that Robert has had intestinal difficulties throughout his lifetime. He suffers from many digestive problems. This is monitored and stabilized by his diet. He displays difficulties sleeping and frequently sleepwalks.

School history. Robert never enjoyed going to school and had frequent temper tantrums. During his kindergarten and first grade year, Robert was primarily non-compliant, he had difficulty expressing himself verbally and many of his academic skills were low. In first grade he was found eligible for special education services for weak reading and written language skills in addition to expressive language, articulation problems, and delays in fine-motor skills and speech development.

Brief behavioral profile. Mother characterized Robert as an introvert, particularly when compared with his siblings. Over time, mother has become more aware of Robert's need for time alone and a quiet environment. He has recently been transferred to a bedroom with his own desk for more privacy. The rest of his siblings have their desks in a common area where they each have their own locker to keep their personal items organized. Mrs. Davis felt that Robert and his father seem to have similar dispositions and temperaments.

Mother indicates that Robert often does not share much of what he is thinking. Robert has a good sense of humor. Compared with his siblings, he was the easiest and rarely needs discipline at home. Mother

reports at 2 years old he was somewhat active and refused to stay in his crib.

Robert seems to have a good imagination. He enjoys helping mother with cleaning at home and is very kind and sensitive when looking out for the twins. Robert is the best behaved and the most dependable of the children. Robert remains closest to his mother and will sometimes confide in her when upset. Although Robert rarely needs to be disciplined at home, he has had some boisterous rages and has bitten his siblings.

Robert prefers order and structure and has a keen sense of fairness. He has difficulty going with the flow in a larger group situation and therefore does not partake in any group activities and prefers not to participate in any family activities. He often isolates himself.

### Case Three

#### Counselor Three

Cindy has had six years of experience as an elementary school counselor. She received her M.Ed. in 1993 and is a member of the Virginia Counselors Association and the Virginia School Counselors Association. Cindy has had one course in family counseling. Her counseling experience includes working with upper-middle-class children and families in the elementary schools. Cindy specifically noted having worked with divorced families and special needs children.

#### Family Three The Hernandez Family

Father: Raymond (43)

Mother: Lillian (33)

Child with Learning Disabilities: Nina (8)

Siblings: Jose (8) and Roberto (6)

Nina is an 8-year-old third grader. She is the oldest of three children from a bilingual (Spanish and English) family that has undergone a considerable amount of medical, financial, and marital problems since she was born. The family situation appears to be chronically unstable, and parents have generally found it difficult to follow through with many of the school's suggestions made on behalf of the children.

Reason for counseling referral. Nina tends to be very immature behaviorally and has difficulty

attending to instruction in class despite many accommodations by her teacher. She is apt to refuse to comply with the teacher's directions when she does not understand what is expected of her and she will rarely ask for help. Her teacher referred for counseling because of behavior problems, such as acting out in class, hitting and arguing with classmates and refusing to apologize afterward. She is typically unwilling to accept corrections, reacting with mood changes, accompanied by sullen and defiant behavior or withdrawal. Her social skills are lacking, and she engages in name-calling with peers, antagonizes them, or takes the possessions of others and denies it afterward.

Family history. Mr. Hernandez had been married previously for five years and has twin daughters in their early twenties who live in Florida. Mr. Hernandez was born and raised in Puerto Rico, and is the third of five children. He came to live in the United States approximately ten years ago. The paternal grandparents died in their early seventies, one and a half years ago in a house fire. Mr. Hernandez reportedly had difficulty with language arts during his elementary years, repeated the first grade, and was generally a poor student. He has a high school diploma and works as a carpenter.

Mrs. Hernandez grew up in a rural community where the maternal grandfather, 71, continues to live on a coffee plantation. Maternal grandmother died at age 56 of a heart attack after suffering for many years from diabetes, heart problems, and high blood pressure. Mrs. Hernandez was the youngest of seven children and was only 18 years old when the maternal grandmother died. Mrs. Hernandez was a good student and was already working outside the home at age 13. Mother currently works as a secretary.

Mr. and Mrs. Hernandez have been married for 15 years and have had ongoing marital problems. Mr. Hernandez was unable to pay the family bills and the family has had to spend time in a homeless shelter. Currently, father does not live with the family. However, this is a family secret as the father leaves after the children go to bed, and the children believe he has already left for work when they awake.

None of mother's siblings completed high school in Puerto Rico and have remained there. In the past 10 years Mrs. Hernandez has only been to see her family periodically, although she remains close with

her family. In the past, several extended maternal family members have lived with the family off and on to help with babysitting and household chores.

Mr. Hernandez's preferred language is Spanish and is able to read and write very little in English. Mrs. Hernandez is much more proficient in English than Mr. Hernandez and prefers to speak Spanish as well.

Developmental history. The Hernandez children were born via c-section. Nina was born six weeks premature and was in the hospital for a week due to jaundice and low birth weight. As an infant she ate and slept well and crawled before walking at 10 months of age. For financial reasons Mrs. Hernandez returned to work immediately following delivery, and both parents shared the babysitting duties. Father worked during the daytime, and mother worked nights. From the beginning, Nina was exposed to both Spanish and English and was reportedly speaking clearly in English by 2 years of age, which also was when she completed toilet training. Nina began sucking her thumb two or three years ago, especially when she is sleepy or watching television.

Medical information. Since one year of age, Nina began to have ear infections two to three times per year, treated via antibiotics. At age 4 years, Nina had eye surgery to correct weak eye muscles. She has asked mother about glasses as she complains that the letters or words move back and forth on the page when she looks at them.

Mrs. Hernandez is currently struggling with recurrence of a heart condition and has not yet told the children as they reacted very strongly the last time. Mother admitted she has signs of depression and she receives some support from a therapist in dealing with her recurrent condition. She has also been referred to a support group. Private family counseling has also been recommended to help stabilize the family and encourage them to begin to deal realistically with mother's illness.

School history. Nina reportedly enjoyed attending daycare until she was ready for kindergarten. In first grade she began gaining weight and was teased and tormented about it by other students. She was easily

discouraged and gave up quickly when trying new things. Her perfectionism led her to tear up papers she felt did not meet her expectations.

Nina receives special education support for deficits in spelling and reading skills. Math continues to be an area of relative strength. Both attention and social skills remain poor, and she frequently misplaces her classwork and very rarely turns in homework. When frustrated with her studies, Nina is apt to become very angry and disruptive, or will shut down completely.

Behavioral profile. Nina seems to get along better socially with younger children. Nina enjoys going to the recreation center and using the treadmill and stair stepper, but she does not enjoy running activities.

Both of her siblings have been involved in soccer teams; however, Nina has not shown any interest in this. Nina has a great appetite and prefers fattening foods, sweets, and ice cream, although mother has tried to interest her in eating salads and vegetables. Mother describes Nina as being "emotionally sensitive and affectionate at home, constantly seeking approval and attention from parents and teachers." In her free time, Nina enjoys drawing, playing house and watching movies. She enjoys "mothering" her brothers but is often perceived by them as bossy. Nina goes to bed at 8:30 p.m., sometimes does not fall asleep until 10:30 p.m., and is up at about 7:00 a.m. on school days. According to mother, after school, the children have a snack and watch a half an hour of cartoons before father arrives. Father monitors them when they studied on their own.

#### Case Four

##### Counselor Four

Diane has had six years of experience as an elementary school counselor. She received her M.Ed. in 1995 and belongs to the American Counselors Association, the American School Counselors Association and the Virginia Counselors Association. Diane has had one course in family counseling. Her counseling experience includes working with children and families in the elementary schools. Diane specifically noted having worked with mothers of young children and troubled teenage boys. Diane has 200 hours of family

counseling and 25 hours of supervision.

#### Family Four The Raymondo Family

Father: Dominic (45)

Mother: Maria (33)

Child with Learning Disabilities: Tonio (8)

Siblings: Richard (10) and Alexa (3)

Tonio is an 8-year-old third grader, and he is the second of three children from an intact, bilingual family in which both Italian and English are spoken. Both parents were born and raised in Italy.

Reason for counseling referral. Tonio's teacher referred him for counseling after he was caught lying to and stealing from classmates and the teacher. Teachers and parents report minor panic attacks whenever Tonio is asked to complete a new task in class. He has poor social skills and has difficulty interacting with peers. Tonio receives special education services for speech and language delays, an oral language disorder, and deficits in auditory processing. Tonio usually does not initiate conversation and has difficulty understanding and communicating with others, becoming very frustrated when people do not understand him. He is described as determined to get his own way and prone to anger and tantrums. It appears that his low self-esteem significantly impact upon his school success.

Family history. Mrs. Raymondo was raised on a dairy farm in Italy and is the youngest of five children. She described her family as a “typical” Italian family, very overprotective and controlling. At the age of 18, Mrs. Raymondo rebelled and moved to the United States.

Mr. Raymondo was the youngest of six children, also raised on a farm in Italy. He has three brothers and two sisters. His father and mother died of natural causes, six and eight years ago, respectively. He is a recovering alcoholic.

The family restaurant business, which is operated by Mr. Raymondo and his three brothers, has expanded to five restaurants over 20 years and continues to expand. A Hispanic woman baby-sits for Alexa (15 hours a week) when Mrs. Raymondo is helping with the accounting for the family restaurant. The family cannot eat dinner together because of father’s work at the restaurant.

Tonio’s older brother Richard is very impatient with him and he pushes him away. Tonio tends to be very jealous of his older brother. Alexa, the younger sister, tends to bring Tonio down to her 3-year-old level, and they are prone to constant arguing and fighting. Richard and Alexa, the youngest seem to be more compatible, leaving Tonio out of the sibling group.

Developmental history. Tonio was a full-term baby weighing 8 pounds 6 ounces and delivered by uncomplicated c-section. Tonio was a very good baby and Mrs. Raymondo stopped breastfeeding Tonio early to devote her attention to Richard who suffered from severe allergies. Mrs. Raymondo hired a live-in babysitter to attend to Tonio. Tonio's speech and language skills were delayed. Tonio began speaking at 2½ years of age when he started pre-school. Tonio is a very messy eater and wipes his hands on the chair or sofa when he is done. She notices him cramming food into his mouth and eating too much. Tonio is ambidextrous and continues to alternate using each hand so that neither of them is dominant. In comparison with his peers, he is relatively slow when using either hand.

Some regression in self-help skills was noted after the birth of his sister, Alexa. Tonio was 4½ years old at that time. Tonio has been overly attached to his parents, particularly his mother.

Medical information. Since last year, Tonio has been prone to frequent sore throats, tonsillitis and ear infections. Last summer, he had his tonsils and adenoids removed and tubes put in his ears. Tonio has also developed many allergies and asthma as well. Tonio tends to have a voracious appetite and tends to eat everything in large portions resulting in weight gain.

School history. Since pre-school years Tonio has been receiving special education services with limited interaction and verbal communication skills noted. He receives services for speech and language, oral language and auditory processing difficulties. Last year a close friend of his moved to Europe and he has not been able to make new friends since.

Brief behavior profile. Tonio is described as an impulsive child. For example, despite his love of food, Tonio could be in the middle of eating a meal and suddenly run outside for no particular reason. According to Mrs. Raymondo, Tonio is a child who likes to get his way. When he does not, he becomes angry and has tantrums. He also comes into their bedroom in the middle of the night to sleep with them. His parents are trying to be patient as Tonio works through this recent regression in behavior.

Mrs. Raymondo describes Tonio as a happy-go-lucky boy. Tonio plays on a soccer team, but he does not enjoy it because he cannot keep up with his peers and is afraid of being teased by teammates. Tonio admires his father, although his father rarely has much time to spend with his children.

## Case Five

### Counselor Five

Richard has had three years of experience as an elementary school counselor. He received his M.Ed. in 1995, and belongs to the Virginia Counselors Association. Richard has had one course in family counseling. His counseling experience includes working with children and families in the elementary schools. Richard specifically noted working with low-to middle- income minority populations. He has 100 hours of family counseling and 15 hours of supervision.

### Family Five    The Yazir Family

Father: Omar (41)

Mother: Sophia (37)

Child with Learning Disabilities: Metin (7½)    Sibling: Ana (9)

Metin is a 7½-year-old second grader. He is the younger of two children from a Lebanese family that is struggling financially, despite both parents being employed full-time. Home life is somewhat chaotic and English and Arabic are spoken in the home.

Reason for counseling referral. Metin's classroom teacher has been concerned about his difficulties in following directions and classroom routines, despite negative consequences for inappropriate behavior. Metin's parents are also having difficulty controlling his behavior at home.

Family history. Parents are both originally from Lebanon but have been living in the United States for the past 11 years. Although they are bilingual; English is the main language used in the home. Parents have been married for 14 years, and both children were born in the United States.

Mrs. Yazir, 37, was born the third of three children, all of whom have settled in the United States. Maternal grandfather was killed in an automobile accident in his thirties. Maternal grandmother, aged 55, survives him. Maternal grandmother baby-sits for Metin and his sister after school. Mrs. Yazir works as a part-time beauty consultant.

Mr. Yazir was born the third of eight children, all of whom are currently either living in the United

States or have remained in Lebanon; they visit each other frequently. Paternal grandfather died about 18 years ago at age 80, due to complications of lifelong hereditary heart disease. Mr. Yazir is self-employed and works in the satellite communications industry.

Developmental history. All children were born by c-section. Metin was healthy at birth, weighing 9 pounds but had colic for two months. Metin ate and slept well and was walking independently by the time he was one year old. He was described as a quiet, easygoing child. Because maternal grandmother has been a regular babysitter for Metin, he was exposed to the Arabic language daily since his early years. He was toilet trained by the age of 3½ years with some periodic bedwetting until age 4 years and without regression since.

Medical information. Metin has been generally healthy, with evidence of only a limited number of colds. At 18 months of age, Metin had a brief convulsion and febrile seizure without further repercussions noted during hospital observation or afterward. At age 3½, a glass bottle cracked while mother was bathing Metin. Mother did not realize until she saw blood in the bathtub. Metin had to be rushed to the emergency room to have stitches for severe cuts in his buttocks and rear legs. His walking was delayed several months as Metin refused to move after having been wounded. Metin has never been a good eater and is somewhat smaller than his peers.

School history. Metin attended preschool for several months twice weekly before enrolling in kindergarten. During his kindergarten year, he made good progress academically and socially. In the first grade, he frequently daydreamed in class and required constant monitoring to keep him on task. He was a slow worker who had difficulty following both oral and written directions and math skills were limited to basic addition and subtraction.

Behavior and academic problems were evident last year. Metin seems to have encountered similar and increasing problems with attention and behavior in class this year. He has no friends because of his behavior problems. He often seems unaffected by consequences resulting from breaking class rules.

Behavioral profile. Mrs. Yazir indicated that both Metin and his father are similarly very sensitive and moody. Mother, on the other hand, identifies with Metin's activity level and the tendency to be bored easily. Metin argues and fights with his sister regularly.

Home life is chaotic, mainly due to parents' variable work schedules. When mother works late once or twice weekly, father is responsible for dinner and helping the children with homework. Father usually picks the children up from maternal grandmother's house between 5:00 and 6:00 p.m. but will often be either on the phone or involved in paperwork after he is home. There are no regular family routines, chores or after-school or weekend activities, and father prefers to spend his vacation time visiting extended family members.

Although mother would like to see them go to bed earlier, the children usually go to bed between 9:30 and 10:00 p.m. and Metin has difficulty settling down at night. There is an absence of bedtime routines.

When discipline is necessary at home, mother constantly yells at Metin. She believes that Metin's teachers need to be firmer with him because he can be manipulative at times. Metin is very active at home to the extent that he will not often sit down long enough to finish his dinner. Mother enrolled briefly in the Active Parenting class at school last year but because her work schedule interfered with continued attendance, she missed most of the sessions. Mother and father admit to being similarly active or "hyper" and have difficulty adhering to schedules and routines, with minimal leisure time spent together enjoying themselves as a family.

Mother hopes to initiate a routine schedule at home to include chores for the children and rewards for acceptable behavior and academic achievement. Mother is also considering other outlets for Metin's energy, such as weekly swimming or resuming martial arts classes in order to help Metin improve his self-control and attention.

August 31, 1998

Dr. Linda M. Perosa  
Counseling and Special Education  
University of Akron  
Akron, OH 44325-5007

Dear Ms. Perosa,

My name is Laura Granato and I am a Ph.D. candidate in the Counselor Education Program at Virginia Polytechnic Institute in Falls Church, Virginia. My dissertation research will investigate the extent to which family systems counseling is effective in working with families of LD children in the public schools.

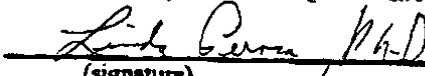
Among the variables to measure effectiveness in this study are family interactions. Accordingly, I am requesting permission to use your instrument to measure changes in patterns of family interactions. Your signature in the space below will provide the necessary documentation of your consent and permission. Please sign and fax it to me at Virginia Tech, 703-538-8485. My phone number is 703-883-0335. I can be reached at Virginia Tech on Tuesdays and Wednesdays at 703-538-8494. Thank you for your time and assistance.

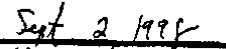
At your convenience, I would like to have the opportunity to speak with you to discuss the instrument and any additional research conducted on or with the questionnaire. Thank you, and I look forward to speaking with you.

Sincerely,

  
Laura A. Granato, LPC, NCC

I have read and understand the above, and I grant my permission for use of the Structural Family Interaction Questionnaire in the dissertation study described above.

  
(signature)

  
(date)

# Laura Granato

LPC, LMFT, NCC, NCSC

[laura@lauragranato.com](mailto:laura@lauragranato.com)

## EDUCATION

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- Ph.D.** Virginia Polytechnic Institute and State University
- Ph.D. in Counselor Education, May 1999
  - Phi Delta Kappa Honor Fraternity
- M.S.** University of Pennsylvania
- Major in Psychological Services, May 1992
  - Graduate Fellow
  - Adele Schiro Fellowship Recipient for research position at Children's Hospital of the University of Pennsylvania
- B.A.** University of Pennsylvania
- Bachelor of Arts in Psychology with concentration in Spanish, May 1991

## PROFESSIONAL EXPERIENCE

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- 1998-present **Faculty Associate, Johns Hopkins University**
- Instructor: Field Experience Course in School Counseling.
  - Supervise, coordinate and observe masters students in field experience course.
  - Consult with on-site supervisors in school placements.
- 1997–Present **Graduate Assistant, Virginia Polytechnic Institute and State University**
- Supervision and coordination of masters and doctoral students in practicum and internship courses.
  - Instructor: Advanced Counseling Techniques, Group Counseling, Orientation to Professional Counseling, Practicum and Internship.
  - Mentor and advisor for masters students.
  - Interview and evaluate masters and doctoral students for admission to the Counselor Education Program.
  - Plan and coordinate interview screening process for masters applicants.
  - Plan and coordinate supervisor training program for site supervisors of internship students.
  - Graduate student representative on graduate school faculty committees.
  - Participate in Counselor Education program area faculty meetings.
  - Editor for Department of Education newsletter

- 1997–Present     **Consultant, Schools for Educational Evolution and Development, Washington, D.C.**
- Coordinate student and family counseling services for non-profit inner city boarding school. School services at risk 7<sup>th</sup> – 12<sup>th</sup> graders under-performing academically and whose homes are disruptive to their education.
  - Supervise counselors providing individual and group and family counseling to children and parents.
  - Coordinate community, school and family partnerships.
- 1992–1998     **School Counselor, Fairfax County Public Schools, Fairfax, Va.**
- Planned, developed, coordinated and evaluated a quality elementary school counseling program.
- 1996            **Intern, Counseling and Referral Services, Bricktown, N.J.**
- Conducted groups for teen parents, incarcerated adolescent boys, and substance abusers.
- 1991–1992     **Philadelphia Child Guidance Clinic, Philadelphia, Pa.**
- Received supervision and training in Structural Family Counseling.

## **RESEARCH**

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### ***Peer Ratings of Antisocial and Prosocial Behavior: Gender Effects on Peer Social Status***

University of Pennsylvania School of Medicine. Co-investigator with Marc Atkins, Ph.D. 1991-1992.

### ***Subtypes of Childhood Antisocial Behavior and Peer Social Status: Teacher and Peer Perspectives***

University of Pennsylvania School of Medicine. Co-investigator with Marc Atkins, Ph.D. 1991-1992.

### ***Omission and Commission in Judgment and Choice of Children***

University of Pennsylvania. Principal Investigator. Supervised by: Jonathan Baron, Ph.D. 1990-1991.

### ***Prevention of Depressive Symptoms in School Children***

University of Pennsylvania. Co-investigator with Martin Seligman, Ph.D. 1990-1992.