Family-Directed Structural Therapy in Residential Care

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History and Influences

- Twenty-Five Year Development of Modality
- Structural Family Therapy
- Group Work Theory
- Strengths Model
- Belief that adult family members are fulcrum of power and source of change in the family
- Implementation in residential treatment setting
Thinking about Engaging Families in Residential Treatment

- As summarized in McLendon, McLendon, and Hatch (2012), the residential treatment literature indicates that parents:
  - Want to be involved in treatment
  - Want to have a clear voice
  - Want to be approached objectively by service providers
  - Are challenged by distance and time regarding travel to treatment facilities
Thinking about Engaging Families in Residential Treatment

- The concepts of Family-Directed Structural Therapy help to engage families in residential treatment via:
  - A common language among family members and service providers
  - A way for families to conceptualize family structure and functioning, both internally and externally
  - Assessment tools provide objective way to gather information, and has been used via telephone
Family-Directed Structural Therapy Projects

- Family camp program FY 2004 and 2005
  - Quasi-experimental
  - Family Adaptability and Cohesion Evaluation Scale
  - Child Behavior Check List
  - Family-Directed Structural Therapy Assessment Tool
  - Positive Outcomes
Family-Directed Structural Therapy Projects

- **Training Project FY 2006**
  - Two Kansas Community Mental Health Centers
  - Positive Outcomes

- **Training and Outcome Project FY 2007-2008**
  - Treatment/Comparison Families from same CMHCs
  - Same tools as utilized in camping study
  - Positive Outcomes
Family-Directed Structural Therapy Projects

- FY 2009-2010
  - COMCARE - largest Community Mental Health Center in Kansas
  - Application specifically to case management

- FY 2011
  - Statewide training in Kansas
  - Residential facility training
Family-Directed Structural Therapy Projects

- Current application in Northern Kentucky
  - Child Welfare Setting
  - Veterans and their Families
Basic Concepts of Family-Directed Structural Therapy

- Family Circle and Boundaries
- Roles
- Core Issues
- External Stressors
- Roles, Core Issues, and Stressors are rated by adult family members
- Framework of Interaction
Boundaries and The Family Circle

- Boundaries are delineations that exist between different roles in the family, and between the family unit and relationships and stressors external to the family unit.
- The Family Circle is a visual representation of the nuclear family and helps to clarify internal boundaries and family structure.
- It also illustrates the boundary between internal family structure and external stressors.
Boundaries and The Family Circle

- The Family Circle is divided into two levels
  - Adult Level
  - Parenting Level
Roles

- Roles are the different “jobs” that people have in a family.
- While Family-Directed Structural Therapy provides a framework in which people can think about roles in their family, it is ultimately up to the family to define what jobs are included in certain roles.
- Example – single mother who sees herself functioning in the father role
Roles

- **Husband/Partner** – The intimate adult relationship between husband/wife or partners, exclusive of parent, mother, and father roles.

- **Wife/Partner** - The intimate adult relationship between wife/husband or partners, exclusive of parent, mother, and father roles.

- **Individual** – The role comprised of the wants, needs, and goals of an individual, independent of ALL OTHER ROLES.
Roles

- Parenting – The combined relationship of the adult partners related to the health, welfare, and education of the child(ren). In single parent families, this is the relationship between the single parent, and agencies and entities outside the family circle that have to do with the health, welfare, and education of the child(ren). If there is a parenting relationship with an ex-partner or spouse, this relationship can be rated here.
Roles

- **Mother** – The individual relationship between mother and child(ren), exclusive of the parent and father roles.
- **Father** – The individual relationship between father and child(ren) exclusive of the parent and mother roles.
- **Child(ren)** – The relationship between the children and their level of functioning within the family.
Core Issues

- Core issues can be thought of as the “fabric” that makes up family functioning.
- Core issues serve as the foundation of Family-Directed Structural Therapy. They are:
  - Commitment
  - Empowerment
  - Control of Self
  - Credibility
  - Consistency
Core Issues: Commitment

- Commitment is the willingness to see situations through, despite differences and conflict.

- How invested are you in addressing family issues and improving family functioning?
Core Issues: Empowerment

- Empowerment is having a sense that one’s opinion is heard and respected, and believing that one can effect change.

- Do people listen to what you have to say?
Core Issues: Control of Self

- Control of Self is making a conscious change in unproductive behavior that results in reduced conflict/improved relationships.

- This term is very concrete and behavioral in nature – “What are you willing to do?”
Core Issues: Credibility

- Credibility is communicating what one will or will not do and demonstrating the ability to carry through.
  - Do you do what you say you will do?
  - In this model, “credibility” is used instead of “trust”.
Core Issues: Consistency

- Consistency encompasses behaviors and communications that are predictable and create a sense of safety for other family members.

- Can people predict what you will do?
External Stressors

- External Stressors are dynamics that impact the family from outside the basic internal structure.

- They can be positive and helpful (a strength) or negative and destructive (an area of concern).
External Stressors

- Ex-relationships - This includes ex-spouses, ex-boyfriends/girlfriends, ex-in-laws, etc.
- In-laws – Adult family members’ in-laws
- Parents – Adult family members’ parents
- Grandparents – The child(ren)’s grandparents
External Stressors

In-laws, parents, grandparents are the same people functioning in different roles. This allows family members to think about the ways in which people impact the family when they are in various roles.
External Stressors

- Employment – All family members’ employment
- Living Conditions – Includes size and condition of home, safety, community, geographic location
- Finances – Not necessarily income related (how much the family earns), but how well the family manages their income
External Stressors

- Religion/Spirituality – Is this a strength or source of tension for the family?
- Legal
- Military Service
External Stressors

- Social Service Involvement – Can be a strength or an area of concern
- Hobbies and Interests – Consider all family members' hobbies and interests. Can be an area of concern because some family members don’t have time or support from other family members to pursue hobbies and interests.
External Stressors

- School/Extra-Curricular – This includes community activities of all family members – volunteering, committees, boards, etc.
- Friends – Consider friends of all family members
- Alcohol and Drugs – What would you look for that might indicate this is an area of concern?
- Health Care/Medical – Includes mental health care
- Other
Summary of Implementation in Residential Treatment Setting

- Use of FDST assessment tools provides a CONCRETE way to engage families in the treatment process.
- The modality is strengths-based and non-threatening.
- It assists families in seeing the “big picture” and their role in the child’s difficulties.
- Can be utilized via telephone, thus helping to address limitations of time and travel.
- Concretely documents change over time FROM THE FAMILY’S PERSPECTIVE.
Conclusion

Questions and Comments