



Editor's Comment

Families influence their children's development in many areas - their cognitive and academic skills, speech and language ability, behavior and social competence. Families also have an opportunity to help with the additional challenges faced by children with emotional and behavioral difficulties.

Family-oriented therapy, whether used as the primary treatment or in combination with other treatments, such as medication, behavioral management programs, cognitive behavior therapy, educational assistance, and other modalities, has been successful in treating a range of emotional, behavioral, academic and psychiatric disorders in children and adolescents. Family therapy enables families to recognize how the entire family is impacted when a child has a problem. By facilitating a climate of family support and education, family therapy helps family members understand interrelated problems, communicate more effectively with each other, and work cooperatively to generate strategies to help the child.

In this issue of the *NYU Child Study Center Letter*, the authors describe a family systems perspective for understanding the interaction of mutual influences on sustaining family patterns, the contributions of nature and nurture in problem formation, and the ways in which family therapists work to engage the family as a team for problem solving.

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Children's Emotional and Learning Problems: A Family Systems Perspective

Introduction

A family systems perspective reflects a shift in our understanding of human behavior. This shift is from a search for a single cause or chain of causes within an individual resulting in a behavior, to understanding the behavior as having multiple causes. Behavior both shapes and is shaped by the context in which it occurs. Family therapists **do** see behavior as reflecting the individual child's internal makeup, including genetic factors. These are constantly influenced by the child's experiences in the environment and the major systems or ecology, in which he lives, (for most children the family and school). But family therapists **also** see children's behavior as influencing the way that the environment responds to them, in turn influencing the children's response. Family systems therapists believe that these patterns of mutual influence can be repetitive from generation to generation and can generalize to different settings because people tend to re-enact family patterns.

Case Vignette

When a person in a family has a serious difficulty or problem, that problem often acts as a stressor on the whole family. *Such a case is that of seven-year-old Shirley, referred for treatment because she was soiling. As is often the situation, everybody in the family was affected. Her brother Timmy wouldn't let her play in his room or sit on his furniture and screamed that Shirley "smelled." He was punished for this behavior, and of course that*

endeared Shirley to Timmy even more. Joan, her older sister, tried to protect Shirley and cover up whenever Shirley had an "accident" by washing Shirley's underwear. Joan worried about Shirley and had difficulty concentrating in school. Shirley's parents, Brian and Toni, fought all the time about how to deal with this problem and how to decide on the best course of action. Brian thought that Toni babied Shirley. He'd grown up in a family where he always resented the fact that his mom protected and babied his sickly younger brother. The way that Toni handled Shirley's distress was related to the fact that she grew up with a depressed mom who did not attend to her needs. As a child, Toni never really felt cared for and supported. This fueled her determination to be a different kind of mom to her kids. Toni's feelings of lack of support made her turn to everyone in the neighborhood. Everybody got caught up in Shirley's problem; both grandparents, Aunt Patsy and even the next-door neighbors offered suggestions to the family! As one can see, past experiences influence behavior, often locking in place the steps of the family dance.

That "it's everybody's problem" is especially true for families of children whose emotional or learning disorders have biological underpinnings. Research points to a heritable or genetic basis for many disorders, and as such, they aggregate in families. The symptoms are seen not only in the child who presents for treatment, but the disorder, or similar symptoms, might be found in other family members as well.



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Understanding problem formation

Family systems therapy uses a biopsychosocial model that presupposes that problems originate and are sustained in the context of multiple mutually shaping systems. Genetic factors play out in different ways in different contexts and can be modified environmentally by interaction with caretakers. For example, some children with high vulnerability to stress will react to significant life events by developing particular stress-related symptoms. So family therapists consider both the origin of the symptoms and the family context in which they occur. This is addressed in part by assessing and investigating

- the biological and psychological vulnerabilities which may be involved in problem formation and the transactional processes which sustain the symptoms,
- any significant life transitions such as births, deaths, serious illnesses, marriages, divorces which may have affected the child,
- how each family member adjusted to these transitions,
- any adult difficulties with these transitions which may have affected the child.

From an exploration of the child's place within the family the therapist moves to consider the influence of important relationships outside the family; for example, looking at relationships and behavior with teachers, friends and extended family. Family therapy is sensitive to the impact of family, cultural and gender stereotyped belief systems and of significant life events on the development of the existing problems. This focus on context changes the locus of a problem from within an individual to a focal point on the individual in the social milieu.

Nature vs nurture

Family therapists address the interface of nature and nurture with respect to the psychiatric presentation of an individual. There has been an ongoing controversy regarding the relative importance of heredity and environment. Today the pendulum has swung towards the middle and an increasing body of research shows that environmental effects¹ play a large role in the realization of genetic influences. According to this view, genetic factors are complex and shifting

in relation to environmental conditions rather than singular and fixed.² The genetic transcription provides the plan but the influences from the environment have a strong effect on the manner in which the plan is expressed.³ Genes do not act in isolation and are "absolutely inextricable partners" with environment.⁴ Neither can exist without the other. It's like trying to determine which part contributes most to the sound of a bell ringing, the clapper or the housing. The interactive input from the environment actually shapes the brain's architecture and intricate processes throughout life. Nature and nurture both have a crucial role in child and parental behavior; both influence the patterns of interactions family members develop with each other.

In earlier times it was common to describe the likeness of character between family members of different generations. Rick is "moody and he gets irritable; he takes after his grandfather," his grandmother might say, not realizing that she was describing genetic factors that played a large role in how Rick experienced the world. Chess and Thomas studied infants and scientifically described what many instinctively knew: infants have different temperaments, different ways of relating to the world, and those differences affect how caregivers react to them.⁵ Consider the M. family who glow as they talk about the ease of learning to care for their infant daughter Jessica. Her rhythms are predictable; she is friendly, flexible, and a delight to care for. Her mom comments that she feels like a parenting expert, as she is always able to anticipate her daughter's needs. In contrast, the T. family tells of difficulties with Rick from his very first day. Both parents felt overwhelmed by an irritable, colicky, sleepless, difficult baby, who was a challenging toddler, and now, at six, is still described by many of these same adjectives.

Chess and Thomas' work on temperament changed the way we look at children by bringing genetic influences to the fore in our thinking about a child's problems. With this as a framework, family therapists looked at how the total family environment may make a child's situation better or worse. For example, in Rick's family, if Dad is easy-going he may provide support for Mom, be a calming presence for an overly sensitive child, and model how to manage what seems to

be a difficult world. If, however, Dad is an irritable guy, and is also stressed by work, he may get angry at Mom's difficulty in handling Rick's crying. His anger may increase Mom's anxiety. She may even become depressed. And Rick, seeing her sad look, may mirror her sadness, feel it's his fault, and try to avoid or fix it. Depression studies in children show how sensitive very young children are to a parent's depression.⁶ If Mom's anxiety and Dad's anger feed on each other, and become focused on their child's difficulties, their worries may increase Rick's difficulties and his feelings that he can't do any thing right. This response cycle between parents and child affects Rick's psychological development, the way he experiences himself, his self concept and self confidence.

In another time or culture, when extended family played a larger role, another family member who felt comfortable with a difficult child's temperament might have eased the family situation by stepping in to help Mom out and ease her concerns. Today parents, most often Moms, frequently feel on their own with a difficult child and still tend to blame themselves for their child's problems.

Good diagnosis of the family contextual system, as well as of the individual's particular learning or emotional problem, is essential to a good treatment plan. This requires determining if the child has a brain-based anxiety, depression or other mood disorder, is hyperactive, has a learning disability or ADHD. In fact the grandmother's observation of Rick's similarity to his grandfather was significant. It helped explain that Rick's problems fit with a diagnosis that runs in Rick's family. Once the specific diagnosis and family problem are established, a treatment plan can be formulated that might include medication and/or a behavioral treatment program. Rick and his family would learn new skills so he would be able to manage his behavior differently, learn how his thoughts influence his feelings, which in turn influence actions within the whole family. Given the vital role the family plays in adherence to medicine and treatment protocols, family-focused treatment is essential.

Why family therapy?

In most child-centered treatment parents are involved but usually as an adjunct to the child's treatment. Family

therapy adds another dimension. Family therapists believe that problems in the family often generate an atmosphere of fingerpointing, which makes things worse, because people are apt to feel like failures, do not know how to make things better, and tend to get stuck in a vicious cycle of negative behavior. The good news is that if families work together on problems every one benefits. The goal of family therapy is to change the atmosphere in the family by helping family members experience and learn what is productive and what is counterproductive in maintaining positive and negative behaviors. For example, high levels of expressed emotion, (criticism, hostility, and emotional overinvolvement) have been found to be indicators for a more troubled course of chronic psychiatric and medical illness and therefore should be reduced.⁷ By building a more positive atmosphere among family members, and by giving practical suggestions for interrupting negative interactions, the family therapist starts the ball of change rolling.

When children learn that they can have a real voice in problem solving in their families they begin to have a sense of positive control. Josh, a six-year-old boy had such violent tantrums in the street and at church that he had been hospitalized. He and his older brother fought constantly about his whiney irritability until Mom felt the tension at home was intolerable for everybody. In family therapy Josh was finally able to explain to his Mom that he often felt overwhelmed by sounds and people. The next Sunday in church when he was beginning to get upset he asked if he could go to a quiet room until he felt better. Mom, who now understood his difficulties, immediately responded to his distress with empathy and appropriate action and not with anger and frustration. Mom, Josh and his older brother, who had come to understand how difficult some situations were for Josh, worked together to help Josh anticipate and plan for situations which he might find overwhelming.

Because families operate as systems, with each person's behavior influencing how others behave, when family members succeed in changing a key behavior, they will influence how other family members behave. As couples work on learning new ways of parenting their children, they gain the added benefit of learning to communicate with each other

more effectively. Often as the family therapist explores a child's difficulties a parent will suddenly recognize that he has struggled with the same issues without help all his life. This experience is particularly true of "hidden" problems that have not been adequately recognized until recently, such as learning disabilities, attention deficit disorders and some mild versions of mood disorders. Parents can use this new understanding to empathize with their child's difficulties and often they experience a sense of relief that they have an understanding and a way of addressing their own problems. As a part of the treatment team, each family member has the potential to help the others and the therapist to better understand the child and to create solutions. The family is there as participant as well as audience to generate new behaviors and competencies. Without the involvement of other family members, change is often short-lived or at times, impossible.

How does the family therapist work?

In observing the family in the therapy room the interviewer makes note of the reactions of the family, most particularly those evoked by the symptomatic child. The therapist observes:

- how family members react to each other's verbal and non-verbal behavior,
- if two family members pull in a third (often the child) to side each against the other (triangulation),
- if there are overt or hidden partnerships between two family members against a third family member (coalitions),
- if there are cooperative alliances,
- if there is an alignment between one parent and the child that causes a split between the parents or other family members (splitting).

Other aspects of the family dynamics can also be observed as family members interact in the interview. Family therapists analyze the process within the family by attending to:

- who sits next to whom,
- who has the power to direct family interactions,
- who the child goes to when stressed,
- the reaction of that person,
- the reaction of others in the room to this arrangement.
- whether the child distracts attention from marital conflict.

In addition, the interviewer should be sensitive to the family affective climate. For example, observing if:

- there is a high level of negative expressed emotion such as criticism, hostility and emotional overinvolvement,
- there is a high level of expressed or observable parental anxiety/conflict/ rage,
- the child is torn between conflicting relationships or overwhelmed by parental emotion,
- the parents are responding to the child in situ such that problematic behaviors, negative affect states or negative cognitions are reinforced,
- the observable dynamics suggest the possibility that the child's symptoms are serving an adaptive, that is coping, function for the child or a maladaptive function for the family (e.g. scapegoating in order to displace the responsibility for some other serious family problem).

Each session offers an in-vivo opportunity for ongoing observation and collaborative intervention.

Therapeutic interventions involving families

Interventions using family approaches have been successfully employed for individuals with a variety of problems and their families. For example multi-systemic treatment has shown promising results⁸ with youngsters with eating disorders⁹ and with developmentally delayed children.¹⁰ Psychoeducational multiple family discussion groups (MFDG) have a long history of usefulness. They have been effective with families dealing with various types of problems, such as chronic illness¹¹ and schizophrenia.¹² Research has found MFDGs to be significantly more effective than single-family treatment in preventing relapse of schizophrenic patients and are a useful model for working with children with neurobiologically based disorders. Additionally, with current managed care restrictions, MFDG's are a cost-effective way of reaching more families than individual interventions. Another MFDG intervention, developed in response to families struggling with a child with a learning disability, recognizes the considerable effects of LD on the LD individual and the family. *The Unique Minds Program for Children with Learning Disabilities and Their Families*¹³ brings together five to six learning

disabled children and their entire families, including siblings, for eight highly structured, scripted sessions. The aims of the program are to demystify learning disabilities, help parents understand learning disabilities and their emotional impact on the child and family, develop problem solving skills and strategies, and ultimately learn to collaborate with larger systems, such as their child's school. The groups provide psychoeducation and mutual support for the identified children, their siblings and parents as well as multisensory exercises that address key areas of difficulty, behavioral, relational and psychological, as they play out at home and in the educational setting.

Summing up

When a child is found to have a learning or emotional problem the diagnosis often has an impact on the entire family. Family therapy, taking into account the multiple and complex interactions of nature and nurture in problem formation, provides psychoeducation and helps a family join together as a team for problem solving. Family therapy engages families to work together to change interactions and to build a more positive atmosphere in the home. Children have a voice and are active collaborators in the management of their problems. Because of their knowledge about families and systems, family therapists are ideally positioned to (1) understand the complex interaction between family dynamics as influenced by genetic inheritance and the behavior of the child, (2) interrupt vicious cycles fueled by blame, (3) educate families about the difficulties child and parent are experiencing, as well as (4) work with larger systems.

Family therapist and researcher Peter Steinglass, M.D., Executive Director of the Ackerman Institute for the Family, once said, "Perhaps in the end the most powerful thing that happens in family therapy is that the family sits together in a room and hears each other speaking in a completely new way." Steinglass captures the heart of the extraordinary power of family therapy to enable family members to share stories, experiences, and feelings they may have never shared with each other. Family therapy provides a place where individual strengths and weaknesses can be recognized within the context of the family. Once identified,

productive interactions and strategies can be developed to help both the child with an emotional or learning problem and his or her family.

The reader is also referred to related articles on www.aboutourkids.org: In Parenting: *Parenting Styles, About Discipline, Choosing a Mental Health Professional, The Many Meanings of Family and the Role of Fathers*. In Mental Health: *About ADHD, About Learning Disorders, About Eating Disorders, About Schizophrenia*. In CSC Letters: *Nonverbal Learning Disorders, Talking with Kids about Anxiety, ADHD and Learning Disabilities*.

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