

4.6.- FAMILY THERAPY

4.6.1.- EVALUATION TOOLS

We used the same evaluation and treatment procedures that we normally do with the families that participated in this program. However, the first interview was semi-structured and included the items that are presented below.

1. What problem is this family facing? (Definition of violent behavior/problem.)

2. (Sequence of behaviors observed in the act of violence.)

- a. **place** (school or family context)
- b. **frequency**
- c. **target of the act**
- d. **sequence of events**

3. Why or for what reason was the act committed?

(Attribution of meaning)
(Degree of intentionality)
(Blame attribution)

4. Feelings that violent behavior generates in individual family members.

5. (Exploration of family resources)

What was this family like before the problems arose?

What solutions has the family tried?

In what circumstances do problems not arise? (Exceptions to the rule.)

6. What do you think the family situation will be like when the problems are solved?

(Expectations for the future)
(Negative predictions)
(Utopian expectations)

7. (Exploration of motivation vs resistance to change)

On a scale of 1 to 10, **how much effort will be needed to solve the problems?**

On a scale of 1 to 10, **how willing are the family members to make that effort?**

* The information in parenthesis is related to the exploratory goals of that item.

4.6.2.- RESULTS

We were able to gather the following information on the 17 families that were studied:

Ques 1: WHAT PROBLEM IS THIS FAMILY FACING? (Definition of the violent behavior/problem)

- In 6 of the 17 families, the answer to question 1 was:
 - o "He was playing a joke on someone."
 - o "I got involved with a guy in my neighborhood."
 - o "He gets punished and needs to get out."
 - o "I've got a big mouth."
 - o "I behave badly and talk back to the teachers."

- "I can't control my temper."
- Parents and siblings respond in the following manner:
 - 8 answers: "He doesn't obey me"; one of these was due to a case of infantile meningitis
 - 2 answers justifying behaviors, one of them even said there had been an improvement in the last year.
 - 1 answer alluding to the lack of a parent in the home (single-parent family)
 - 1 answer was lack of understanding (conflicting expectations)
 - in 2 cases, the answer was "a temperamental child"
 - 2 cases of runaways: 1 left school and the other left home and went to live in a shelter
 - In 1 case there was no response because the student in question lives alone.

Ques. 2: SEQUENCE OF BEHAVIORS OBSERVED IN THE ACT OF VIOLENCE

2.1 PLACE

- In 7 cases this type of behavior only occurred at school
- In 3 cases this behavior/problem is found at home.
- In 7 cases it was found both at school and at home.

2.2 FREQUENCY

- In 2 cases, only once.
- In 4 cases, every day.
- In 7 cases, quite frequently (in 1 case this behavior is attributed to the death of the father.)
- In 4 cases, no response is given to this question (in one of these the behavior is attributed to changing from primary to secondary school)

2.3 WHO WAS THE TARGET OF THE VIOLENT ACT?

- In 5 cases, the teacher
- In 2 cases, peers
- In 2 cases, peers and teachers
- In 2 cases, parents, peers and teachers
- In 2 cases, the mother (generalized in one of these cases to all women)
- In 1 cases, the grandmother
- In 1 case, "whoever treats me well"
- In 1 case, no answer
- In 1 case, not applicable (violent behavior: running away)

2.4 SEQUENCE

- In 2 cases, copying behavior of peers (a negative leader)
- In 1 case, peer pressure
- In 3 cases, family dynamics
 - In 2 of these, the adolescent is provoked and then punished by the parents
 - In 1 of these, the mother is not able to impose her authority and this causes very worrisome behavior in both the mother and the child
- In 4 cases, challenging authority figures at school
- In 1 case, the dynamics of peer confrontations at school
- In 1 case, teachers and students are provoked at school
- In 1 case, "there is not always a clear trigger"
- In 2 cases, no response
- In 2 cases, this question was not asked

QUES 3. ATTRIBUTION OF MEANING

3.1 Why or for what reason was the act committed?

Of the 17 families, 15 responded:

- In 2 cases, the adolescent answered. One said "because they don't like me at school" and the other said "because I am bored."

The parents responses were:

- In 2 cases, they said "I don't know."

The other responses were:

- "He has been mixed up since his father left."
- "He is bored."
- "Bad friends" in 2 cases.
- "Emotional problems caused by certain family circumstances."
- "Starting secondary school and to get my attention."
- "He doesn't understand that he can't treat everyone the same way."
- "He is having a hard time separating from his family."
- "Changing schools has affected him quite a bit."
- "He is very nervous: you have to always be on top of him."
- "He is more mature in some ways than in others."
- "His age" and "because his father did the same thing."
- "He doesn't like himself: he is sad."

3.2 Degree of Intentionality

Of the 17 families, 7 answered.

- Most said these acts were unintentional. Only one family says they were intentional.
- The remaining families did not answer or answered that they did not know. In one case, the family asked if intentional = bad and unintentional = dumb.

3.3 Blame Attribution

Very few families answered this question. Only 6 of the 17 responded.

QUES 4: FEELINGS THAT VIOLENT ACTS GENERATE

- The most frequent answer given by parents was "impotence" (5), followed by "victimization" by the parents (3). In 2 cases, parents were asked how they interacted with their children. In 2 cases, parents "normalized" their interactions (one set of parents said they did not agree with the school's attitude). In one case parents said they were "overloaded"; in 1 case they said "uncomfortable"; in 2 cases, no response was given (one of these implied "rage" towards her ex-husband), and in 2 cases, the question did not need to be asked.
- Most of the adolescents did not answer this question (10). Of the 5 who did, 2 said they feel mad, one worried, one violent and uncomfortable and one said it was not his problem. In 2 cases, the question was not necessary.

QUES 5: WHAT WAS THIS FAMILY LIKE BEFORE THE PROBLEMS AROSE?

Of the 17 families, 14 responded and 2 answers were inferred.

In 10 cases, the family was "just the same" before:

- In 1 case "The question is not valid because there is no problem."
- In 1 case, "This child has been irritable since he was born due to some physical problems."
- In one case the mother responded: "I have always dedicated my energies towards my work, which is what I like the best."
- In 1 case: "His father is responsible for educational issues."
- In 2 cases: "Before there was also some spousal dysfunction" (in one case there was spousal abuse.)
- In 4 cases, the situation was described as "the same" but no explanation was given.

In 4 cases, the family was "normal" before:

- In 1 case, the grandmother had previously served as the parent.
- In 1 case, the child had been "hyper-responsible" before.
- In 1 case, the parents were not "separated yet."
- In 1 case, no explanation was given.

In 2 cases, the family was "worse" before:

- In 1 case, "I didn't have a stable family before like I do now."
- In 1 case, "Before, the child was introverted and never went out."

5.2 WHAT SOLUTIONS HAVE BEEN TRIED?

Of the 17 families, 14 responded and 3 answers were inferred.

The child answered in 2 cases: In one case, the solution that was tried was changing schools and in the other case "When I get nervous, I go to talk with the school psychologist."

Parents' answers included:

- In 5 cases, parents looked for external professional help
 - o In 1 case, the mother sought out individualized help for herself.
 - o In 1 case, the solution tried was changing schools.
 - o In 2 cases, a psychologist was consulted. In one of these, the parents thought this solution was useless because it couldn't "punish" the child.
 - o In 1 case, no explanation was given.
- Solutions were sought that made use of the family's own resources:
 - o In 2 cases, they tried to reestablish parental authority
 - In 1 case, this was done by making a list of chores for the child.
 - In one case, punishments and incentives were given based on behavior.
 - o In 3 cases, parents spoke with the child.
 - o In 1 case, parents gave the child less money.
 - o In 1 case, parents tried not to "give the child everything he wants."
 - o In 1 case, parents tried to "normalize" the situation.
 - o In 1 case, the mother "tried to be less authoritarian."
 - o In 1 case, the mother "tried to be more affectionate with the child."

5.3 IN WHAT CIRCUMSTANCES DO PROBLEMS NOT ARISE?

- In 1 case, when parents paid attention to their child.
- In 2 cases, when relatives took care of the child "they did things with him."
- In 2 cases, when a teacher "who treated the child well" took care of him.
- In 1 case, "when the mother was not depressed"
- In 1 case "when the atmosphere in the home was good."
- In 10 cases, "not applicable"
 - o In 1 case, because the problem behavior had only occurred one time.
 - o In 2 cases, because the problem behaviors occurred every day (one of them said 2 "he never was a normal child.")

QUES 6: WHAT DO YOU THINK THE FAMILY SITUATION WILL BE LIKE WHEN THE PROBLEMS ARE SOLVED?

- In 6 cases, normalization (normal evolution of the problem)
- In 2 cases, not applicable
- In 6 cases, negative expectations
- In 3 cases, utopian expectations

GENOGRAM (Family make-up)

In addition to the information obtained through the questionnaire, every interview included questions about family make-up so that we could make a genogram ("a format for drawing up a genealogical tree that records information about the members of a family and their relationships during at least three generations." M. McGoldrick and R. Gerson, 1985).

A summary of the data that we obtained by comparing the genograms of the 17 families involved in the study, from a family structure point of view, are included below:

PARENTAL SUBSYSTEM

Of the 17 cases, 7 of the children lived in single-parent homes.

- In 5 cases, both parents lived with the family.
- In 11 cases, the parents were separated (and do not live together)
 - o In 6 of these cases, the child lived with one parent (single-parent home)
 - o In 5 of these cases, the child lived with one of the parents and his/her new partner (reconstituted family)
- In 1 case, there was a single-parent home due to the death of the other parent.

SIBLING SUBSYSTEM

- In 4 cases, the child was an only child (in one of these, the child was adopted)
- In 13 cases, there was more than one child in the family
 - o In 9 cases, the child in question was the youngest
 - o In 4 cases, the child in question was the oldest

PARENTS' FAMILY OF ORIGIN

- In 13 cases, the family did not live with the extended family of origin.
- In 3 cases, the family lived with their extended family of origin.
- In 1 case, the family lived with the grandparents.

- Of the 13 cases in which the family did not live with the parents' family of origin
 - In 5 cases, the parents lived together (one of them previously lived with the grandparents)
 - In 3 cases, they were single-parent homes
 - In 5 cases, they were "reconstituted" families (in 2 of these, the family previously lived with the grandparents)
- Of the 3 cases in which the family lived with the grandparents, they were single-parent families (in one of these cases, an older sister who is separated from her husband and her children also lived in the home)
- In the only case in which the extended family of origin was very close (grandparents), was the family a single-parent family.

SYSTEMIC ANALYSIS: FAMILY STRUCTURE AND DYNAMICS:

Case 1: PARENTS WHO LIVE WITH THEIR TWO CHILDREN

- Spouses: Implicitly dysfunctional (not explicit in our session).
- Parents: Dysfunctional. Mother disqualifies the father's parenting style.
- Parent-Child: Mother-son alliance and an ambivalent relationship between the son and his father.
- Siblings: The subject is the younger of 2 siblings. Functional sibling subsystem.
- Extended family of origin:
 - Does not live with the nuclear family.
 - Paternal legacy: the father did not accept his role as an authority figure and passed this model on to his son.
 - Both parents are only children. We have no data on what the current relationship is of the parents with their own parents.

Case 2: MOTHER AND DAUGHTER WHO LIVE WITH THE MATERNAL GRANDPARENTS

- Spouses: dysfunctional: the deceased father (suicide) was "allegedly" an abuser.
- Parents: The maternal grandmother has taken on this role.
- Parent-Child: Mother-daughter relationship dysfunctional. Mother tries to act more like a sister than a mother.
- Siblings: Only child.
- Extended family of origin:
 - Maternal: Symbiotic relationship between the mother and the grandmother (mother has not separated or differentiated herself from her family of origin)
 - Paternal: The daughter maintains a relationship with her father's family of origin (because her maternal grandmother insists on it).
 - The mother's relationship with the father's family of origin was always poor.

Case 3: MOTHER AND ONLY DAUGHTER WHO LIVED TOGETHER (FATHER ABANDONED THE FAMILY)

- Spouses: Mother was surprised when father abandoned the family ("He didn't even say goodbye"). No indication of prior dysfunction.
- Parents: Dysfunctional. "Normalizing" mother from the child's position
- Parent-Child: The daughter was very close to her father. The mother-daughter relationship has been "normalized."

- Siblings: The daughter has been under psychological treatment since her father left. She has a step-sister from her father's earlier relationship, but they do not live together. The relationship between the two "sisters" is functional (she mentioned they were both at the same high school.)
- Extended family of origin: No data on this relationship.

Case 4: ONLY CHILD (ADOPTED) WHO LIVES WITH HIS MOTHER (SEPARATED) AND HIS MATERNAL GRANDMOTHER

- Spouses: dysfunctional: Parents separated 6 years ago. Father is an alcoholic and currently in prison. Son is in a triangulated relationship with his parents, even though they are separated.
- Parents: Dysfunctional. Grandmother shares the parenting role with the mother (the mother delegates parental functions to the grandmother).
- Parent-Child: Dysfunctional. The grandmother treats the mother in the same way she treats her grandson. (She tells her what to do with her son.)
- Siblings: Only child.
- Extended family of origin
 - o Maternal: No differentiation between mother and grandmother.
 - o Paternal: There has always been a poor relationship and at the present time, there is no relationship at all.

Case 5. PARENTS SEPARATED FOR 14 YEARS (FATHER IN PRISON). A "RECONSTITUTED" FAMILY: TWO CHILDREN LIVING FOR THE PAST TWO YEARS WITH THE MOTHER'S NEW PARTNER AND THIS COUPLES' CHILD.

- Spouses: Provider role implied in the couple's relationship.
- Parents: The maternal grandmother previously had the paternal-executive role.
- Parent-Child: Recovered since the mother is living with her new partner given that this circumstance has allowed her to stop working.
- Siblings: Oldest child. He has a good relationship with his brother. The little girl (2 years old) is the center of the parents' attention.
- Extended family of origin
 - o Maternal: Very problematic family (relatives who are drug addicts and in prison). Maternal grandmother took care of the kids when the mother separated from their father (the mother became the provider) until her new partner came along at which time she could resume her parental role and "try to break down the influence my family has over my children."
 - o Paternal: the mother insists that the children maintain a relationship with their paternal grandparents even though those grandparents do not seek this relationship out.

Case 6: PARENTS LIVE WITH THEIR TWO DAUGHTERS. MIDDLE BROTHER DIED 8 YEARS AGO.

- Spouses: Implicitly dysfunctional. Suppressed emotional distance. The parents haven't really talked since their son died. Patient is in a triangular situation with the parents. One parent regulates the distance.
- Parents: Parental role exercised by the mother, as mutually agreed by both parents.
- Parent-Child: The father remains on the sidelines. There are two diads here: mother-oldest child, and father – patient.
- Siblings: Patient was the 3rd of three children (the middle child is deceased). There is no dysfunction between the two sisters. The deceased child was the only son and was loved greatly by the mother.

- Extended family of origin
 - o Maternal: Good relations. Transgenerational: the mother was triangulated between the grandparents and she felt punished.
 - o Paternal: Good but more distant.

Case 7: MOTHER LIVING WITH AN ONLY SON. PARENTS SEPARATED 12 YEARS AGO. GRANDPARENTS AND AUNT AND UNCLE LIVE ACROSS THE STREET.

- Spouses: The son is treated like a spouse.
- Parents: Grandmother is involved in parenting.
- Parent-Child: Mother puts herself on same level as son (they seem more like brother and sister).
- Siblings: Only child.
- Extended family of origin
 - o Maternal: fused relationship
 - o Paternal: no relationship

Case 8: MOTHER LIVING WITH TWO CHILDREN. PARENTS SEPARATED 14 YEARS AGO.

- Spouses: Fraudulent marital contract: "I didn't marry for love." "I just wanted to get out of my house."
- Parents: Dysfunctional. Oldest son treated like spouse and parent.
- Parent-Child: The relationship between the mother and the patient (the youngest daughter) is very deteriorated; she is an emotional orphan (she is moving to a shelter). The daughter and father seem to get along, but they don't see each other very often.
- Siblings: Bad relationship. Older brother allied with the mother.
- Extended family of origin
 - o Maternal: Mother was a parent figure in her own family. She took care of her other siblings. The relationship she has with her siblings has never been good, but the problem she is having with her daughter brings about an improvement in her relationship with one of her sisters and a worsening of her relationship with the other one, who is supporting the patient.
 - o Paternal: there is no relationship

Case 9: SINGLE-PARENT FAMILY. PARENTS SEPARATED 9 YEARS AGO AND DIVORCED 3 YEARS AGO. THE MOTHER LIVES WITH THE YOUNGEST OF FOUR CHILDREN (A SON). THE OLDEST DAUGHTER HAS RECENTLY SEPARATED AND COM BACK TO HER NUCLEAR FAMILY WITH HER TWO SMALL CHILDREN (3 YEARS AND 7 MONTHS)

- Spouses: Not bad in spite of the separation. The father has been a prison psychiatrist for a year and a half.
- Parents: Mother rather relaxed as regards setting rules; she doesn't want to reproduce her own childhood situation because she was abused as a child.
- Parent-Child: Mother-son relationship distant; the mother is busy with her grandchildren. The father-son relationship is sporadic; recently the father has come less frequently to visit.
- Siblings: The other siblings are on their own, living with partners and parents themselves.
- Extended family of origin: information not available for either side of the family.

Case 10: PARENTS LIVING WITH THEIR TWO CHILDREN.

- Spouses: Parents have no time for themselves as a couple.
- Parents: Parents left the two children with the grandparents for two years for reasons related to their jobs. At the present time, the parents want to resume their parenting roles, but the paternal grandmother continues to be involved (the grandmother contradicts the parents).
- Parent-Child: The daughter has a poor relationship with her mother and more complicity with her father. The mother is the authority figure and the father is affectionate and more lax as regards the rules.
- Siblings: The patient is the older sister. The sibling relationship is normal.
- Extended family of origin
 - o Maternal: functional
 - o Paternal: apparently good, even though the grandmother is involved in family life

Case 11: RECOMPOSED FAMILY. BOTH HAVE CHILDREN FROM PRIOR RELATIONSHIPS. THE COUPLE, THE MOTHER'S THREE CHILDREN AND THE COUPLE'S CHILD (WHO IS OUR PATIENT) ALL LIVE TOGETHER.

- Spouses: dysfunctional; the mother bands together with her daughters against the father.
- Parents: The mother is not very affectionate. She is a severe parent. The father is rigid and only acts as a parent with his own daughter. "I don't act as a parent with her children because I have no authority to do so." (The mother questions why he is not very affectionate with them.)
- Parent-Child: Mother-patient relationship twofold: The mother makes this daughter think she is her favorite to get her on her side against the father, but in reality, her favorite is the other daughter.
- Siblings: Bad relationship between the daughters.
- Extended family of origin
 - o Maternal: Not explored

Hypothesis: The mother has created an alliance with the two daughters against the father. The daughter who is not in treatment is the emotional support for her mother. When the other daughter finds out that she is not her mother's favorite, she rebels against both parents.

Case 12: RECONSTITUTED FAMILY. THE MOTHER LIVES WITH HER THIRD PARTNER (FOR 1.5 YEARS), TWO CHILDREN FROM HER FIRST RELATIONSHIP AND 2 FROM HER SECOND RELATIONSHIP. THE PATIENT IS THE YOUNGEST (HER FATHER WAS "ALLEGEDLY" ABUSIVE).

- Spouses: Dysfunction in prior relationships. Not explored in the current situation.
- Parents: Parental role carried out by the mother and the oldest daughter. The mother is the victim of abuse in the past and is lax as a parent. She delegates in her oldest daughter. The mother says there is no problem. The oldest daughter "is worried about her abused mother" and her sister who "will not talk to us."
- Parent-Child: The mother "puts all of her trust in her daughter" from a filial rather than parental position.
- Siblings: The oldest sister states "She doesn't have to be my friend. She only has to obey the rules we set for our house." The girl only talks with one brother.
- Extended family of origin
 - o Maternal: no data available
 - o Paternal: no relationship exists

Hypothesis: The purpose of the symptom is "to get the mother's attention."

Case 13: RECONSTITUTED FAMILY. THE PATIENT LIVES WITH HIS FATHER AND HIS FATHER'S CURRENT PARTNER AND HER THREE CHILDREN. THE PATIENT'S BIOLOGICAL PARENTS SEPARATED 12 YEARS AGO. HE HAS AN OLDER SISTER WHO LIVES WITH THEIR PATERNAL GRANDMOTHER.

- Spouses: The father's current partner does not attend the session and we have not further data.
- Parents: Exercised by the father and his partner's participation is implied. The father's role is mainly affective and not normative as the father was not around until the boy was 10 years old. The normative (rule-setting) role is assumed to belong to the father's partner.
- Parent-Child: Good father-son relationship.
- Siblings: Distant. The biological sister has lived with the grandmother since the parents separated. The boy was in two orphanages and when he was 8 years old, he went to live with a paternal aunt until his father took him back when he was 10.
- Extended family of origin
 - o Maternal: Mother is an only child.
 - o Paternal: The patient's paternal aunt did not allow him to see his mother. His father emigrated after the separation. Legacy: the father is hoping the son will work with him.

Hypothesis: The boy rejects the authority of his father's partner. The symptom ("he doesn't want to study and he causes a lot of problems") serves to bring the father and the son closer together and fulfills the father's expectations about working together.

Case 14: SINGLE-PARENT FAMILY. PARENTS RECENTLY SEPARATED. THE MOTHER LIVES WITH HER TWO CHILDREN. THE PATIENT IS THE YOUNGER OF THE TWO.

- Spouses: has been dysfunctional
- Parents: The father is very "tough" as a parent. The mother's parenting style is an idealized "democratic" type. The oldest child is treated as a parent.
- Parent-Child: The mother was in a filial position before the separation. Poor relationship with the father "because my father is very hard on us."
- Siblings: The patient is "alone" in the child role.
- Extended family of origin: No data available.

Case 15: PARENTS LIVE WITH THEIR THREE CHILDREN. THE PATIENT IS THE OLDEST SON.

- Spouses: Functional
- Parents: Functional
- Parent-Child: Functional. Good relationships.
- Siblings: Developmental handicap suspected. Referred to Children's Mental Health Services.
- Extended family of origin: Normal relations.

Hypothesis: No apparent dysfunctions. They request help for the boy. Referred to Children's Mental Health Unit.

Case 16: RECONSTITUTED FAMILY. PARENTS SEPARATED 4 YEARS AGO. THE MOTHER LIVES WITH HER TWO CHILDREN, THE MATERNAL GRANDMOTHER

(FOR THE LAST 3 YEARS) AND A NEW PARTNER (FOR 1.5 YEARS). THE PATIENT IS THE YOUNGER OF THE TWO CHILDREN.

- Spouses: No data available.
- Parents: Dysfunctional. Biological father criticizes the way the mother educates the children.
- Parent-Child: Father-son (patient) alliance; mother-older son alliance.
- Siblings: Poor relationship between the brothers.
- Extended family of origin: No information available.

Hypothesis: The conflict between the brothers reflects the problems between the parents. The disagreement that exists between the parents trickles down to the children (emotional divorce not complete).

Case 17: PARENTS LIVE WITH THEIR THREE CHILDREN. THE PATIENT IS THE OLDEST CHILD.

- Spouses: Apparently functional
- Parents: Mother's role is affective, father's is normative.
- Parent-Child: Functional. Good relations, although the relationship with the mother could be improved.
- Siblings: The patient is the only male. There is a good relationship between the children. The patient gets along better with the younger sister. "We usually don't argue in our house."
- Extended family of origin: Information not available.

4.6.3.- ANALYSIS OF THE RESULTS

We will base our analysis on the responses that were most productive in this semi-structured interview procedure. We will also include comments about those items that proved to be difficult from a methodological perspective so that the interview can be modified for use in the future.

1. DEFINITION OF THE PROBLEM BEHAVIOR

The most frequent definition of "problem behavior" in adolescents was: **not obeying**. Issues relating to parenting were only mentioned in two cases as the family's problem.

Adults mostly complained about adolescents not respecting the indications of authority figures. Nevertheless, this does not mean they are questioning the role of these figures, but rather the behavior exhibited by the adolescent.

2. SEQUENCE OF AN ACT OF VIOLENCE

Of all of the cases referred due to violent behavior, half of the families did not admit to having problems at home. This leads us to think that:

- **The educational context is dysfunctional as a system.**
- **The family context "denies" difficulties experienced by youth.**

As regards the three cases in which the family states that the problematic behavior only occurs at home, it seems the **parental functions are being assumed by teachers**, given that they seem more motivated to get help for the family than the family itself. As a matter of fact, in these cases, the families minimize the importance of the children's bad behavior at school and even though in two cases the parents admitted there were some problems at home, we were not able to initiate therapy due to a lack of motivation.

FREQUENCY:

It was surprising that in two cases, the referral was made after only one incident at school. These two families were indignant about the fact that the school labeled the incident as a "problem."

THE TARGET

This item was not useful since the responses that we obtained are included in the context.

SEQUENCE

Most "problematic" sequences occur between the adolescent and the authority figure, and the common denominator, according to these figures, is the **adolescent's challenge** of the rules set down by adults. In some cases the child is thought to **provoke** the adult, i.e. to trigger the sequence. The surprising thing is that, independent of what is recognized as a "stimulating antecedent" of the adolescent's behavior, the sequence of events as told by the adults usually names the child as the instigator of the sequence.

As regards the sequence in which several adolescents are involved, **peer pressure is always mentioned when speaking of disruptive behavior.**

3. ATTRIBUTION OF MEANING

As regards this item, we must clarify a couple of questions from a methodological point of view:

- Differentiation: degree of intentionality and blame attribution were not useful since more than half of the families did not know how to answer this question.
- As regards the question "why or for what reason do they commit acts of violence?" only one family responded to the "for what reason" part of the question which looks for a purpose for the behavior (getting someone's attention). In the rest of the cases, a linear causality, initiated in adolescence is claimed, although the influence of the context is not totally discarded as a reason. These results were unexpected since the "for what reason" part of the question is interventional in nature. Its purpose was to introduce circular causality into family discourse. This is why we recommend leaving this question as is, even though we know that family will usually only answer the "why" part of the question.

4. FEELINGS THAT GENERATE BEHAVIOR BY FAMILY MEMBERS

In the great majority of the cases, the feeling that the behavior exhibited by these young people generates in their parents is one of **impotence** or **overload** when their role is questioned. Three responses were particularly interesting. In these, the parents considered themselves **victims** of the situation. We could say that all of these classifications are related to a feeling of being "**de-authorized.**"

5. WHAT WAS THE FAMILY LIKE BEFORE THE PROBLEM AROSE?

Most families said that they had not changed. This coincides with the **lack of recognition of the fact that what happens in the family context** can have an impact on the problem behavior.

As regards other solutions that had been tried by the families, in only three cases was it stated that parental authority had been reestablished. Other solutions that are worth mentioning include changing schools and seeking psychological help.

The question "In what circumstances do problems not arise?" was only asked in seven of the cases. However, we do feel it is useful to keep this question in because, when it is pertinent, it does provide relevant information about the "**exceptions** to the rule". The most frequent answer to this question was: the child behaved well when "**someone pays attention to him.**"

6 – 7 FUTURE EXPECTATIONS/REASONS FOR RESISTING CHANGE

The last two items in the interviewed explored topics related to reasons for change by the family. In most cases, the questions were not asked explicitly, especially item 7. These items are useful as part of the record and can help us determine the family's susceptibility to therapeutic change.

Normally, families that are most "**resistant to change**" have **negative expectations about the future** and think that it will take a lot of work on their part to solve the problem. It is worth pointing out that 6 of the 17 families that were referred felt this way. Of these six, therapeutic intervention was only possible in two cases.

As for families who insist upon "normalizing" the situation, in two cases this had to do with an attempt to "deny" the possible existence of psychopathologies in youth. In both cases, we referred the families to the Children's Mental Health Service. In the other cases, the families would not admit to having a problem in their family.

In conclusion, as regards motivation, we found that the great majority of the referred families were not willing to begin family therapy. In fact, only five agreed to complete therapy. In three cases, the family agreed to therapy although therapeutic contact never took place and they stopped coming to their appointments. In one case, in spite of the fact that the family did not agree to therapy, the adolescent was put into the maturation group.

The fact that intervention was only possible in 8 of the 17 cases (2 were referred to the Children's Mental Health Service, 5 to family therapy, 1 group therapy but no family therapy) makes us think that there is a greater desire on the part of those who give the referrals to get help for these students than there is on the part of the families themselves. Nevertheless, intervention was feasible and both families and those who referred the students think that the results are good (remission of disruptive behavior).

8. GENOGRAMS

In 11 of the 17 cases, the parents were separated. In 7, the children live with only one parent. In 5 cases, the kids live in a reconstituted family. The **traditional nuclear family** only accounts for **one third** of the cases.

The main dysfunctions that we found in terms of parental behavior were:

- In families in which both parents are involved in parenting, there is usually some disagreement and they often mutually disqualify one another in front of their children. Normally one is **lax** and the other **authoritative**.

- When one of the parents is not involved (main reasons being the fact the parents are separated), we often find members of the extended family taking on some of the parental roles (especially **grandmothers**). Sometimes the oldest child takes on a parenting role when extended family members are not near by. This usually results in the mother or father who takes charge of the family **taking on a filial position** within the family.