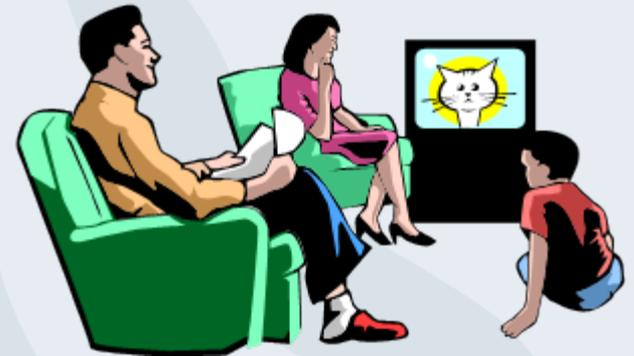


Working with Children and Families: Family Assessment



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October 05

Reference source:

CHCRF2A Provide Intervention support to children and families

Section 3 Family Assessment

Professional Development Program for Mental Health

Queensland Health 2004

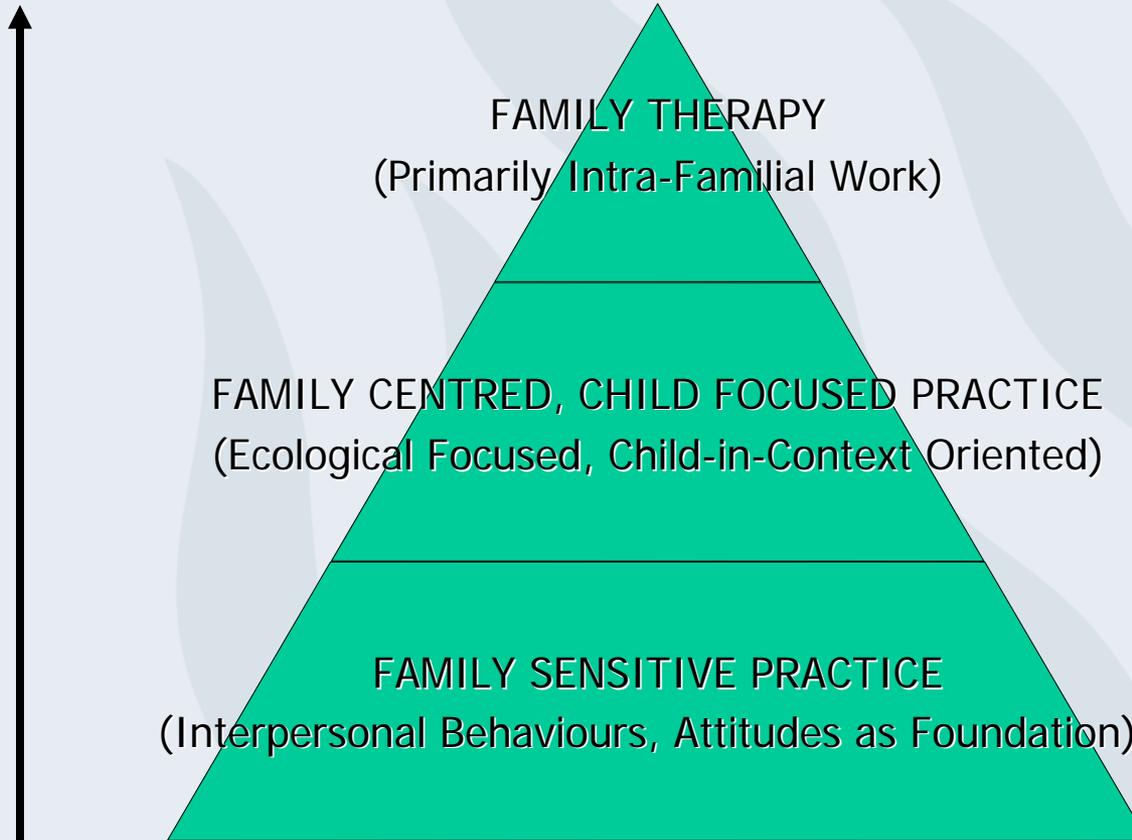
Overview

- ◆ Purpose of family assessment
- ◆ Strengths based approach
- ◆ Systems approach
- ◆ Assessment as “telling the family story”
- ◆ Dynamic between family relationships and the course of mental health issues
- ◆ Child protection



Three tiers of 'Family Work'

Specialisation



Damian Mahony

Purpose of family assessment

- ◆ Diagnostic – data gathering / problem definition
- ◆ Therapeutic alliance
- ◆ Therapeutic intervention
- ◆ Treatment planning
 - Strengths
 - Family systems
 - Context
 - Risks
- ◆ Goal setting – defining the desired change
- ◆ Research

Strengths-based approach

- ◆ Recognises the strengths that families have developed
- ◆ Recognises the uniqueness of each family's situation
- ◆ Identifies strengths that can be incorporated into treatment
- ◆ Avoids focus on dysfunction and experience of hopelessness
- ◆ Avoids labelling the family based on their problems

Common family strengths

- ◆ Communication
- ◆ Togetherness
- ◆ Sharing activities
- ◆ Humour
- ◆ Affection
- ◆ Support
- ◆ Acceptance
- ◆ Commitment
- ◆ Resilience



Family expertise

- ◆ developmental history
- ◆ home based, neighbourly, school based and community resources
- ◆ efficacy of previous interventions
- ◆ changed life circumstances of consumers
- ◆ social and family history
- ◆ lifestyle factors effecting mental health
- ◆ medication interactions and side effects
- ◆ forensic history
- ◆ medical history
- ◆ established relationships with other professionals eg. GPs and other local services.

Systemic Approach

Key Concepts

- ◆ Change is constant, particularly from a developmental framework
- ◆ Teams and families can get stuck at developmental impasses
- ◆ There are constant adaptations to change if the system is to grow
- ◆ Under stress a system may close down to change and may appear rigid or denying
- ◆ The interrelatedness of all parts of the system, a small change in one person may make a big difference to the system
- ◆ A systemic attitude that usually families are working from the best intentions, the survival of the individuals and the family. That most people are doing the 'best they can' in the circumstances

Telling the family story

- ◆ Identifying demographic information
- ◆ Obtaining brief descriptions of individuals in the family
- ◆ Developing a genogram
- ◆ Mapping the current living environment and household composition
- ◆ Identifying the family's life stage
- ◆ Identifying current family relationships
- ◆ Identifying hopes and expectations

Genograms- Mapping the family

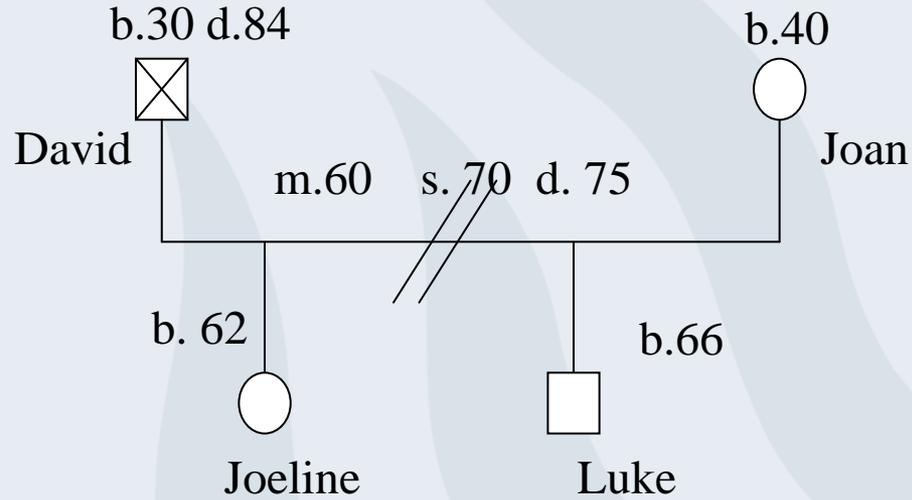
- ◆ descriptions of family members
- ◆ dates of birth, death and unions and separations
- ◆ occupations
- ◆ locations
- ◆ emotional closeness and distances
- ◆ mental health history
- ◆ significant events
- ◆ cultural / ethnic

Genogram Legend:

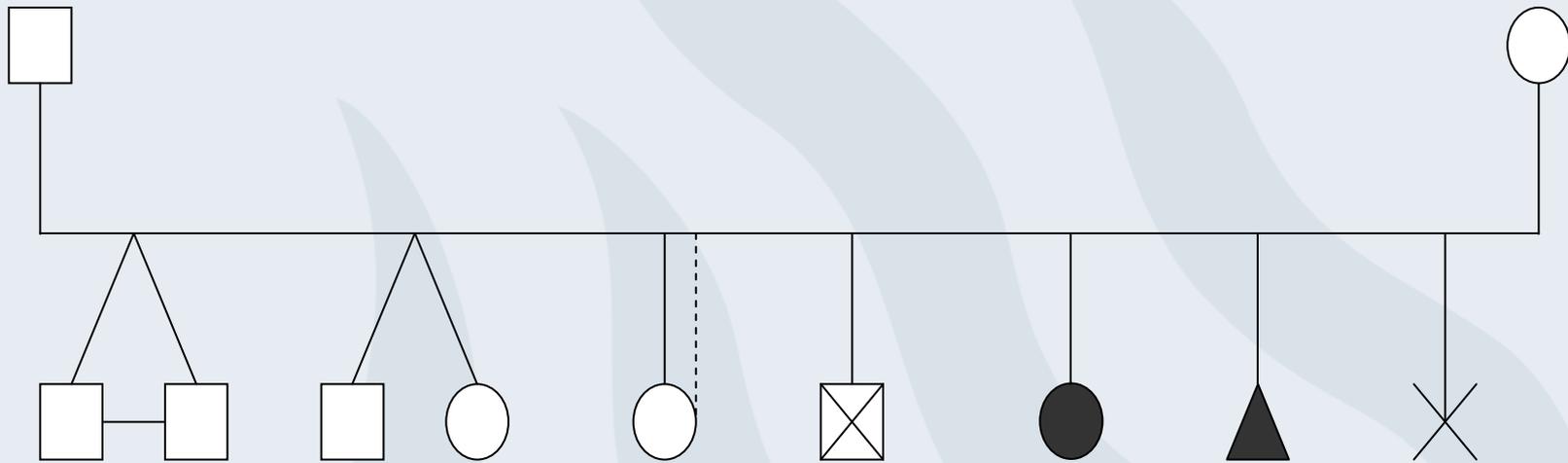
- ◆ the male is noted by a square
- ◆ the female by a circle
- ◆ marriages are denoted by a line; marriage dates are recorded
- ◆ liaisons are denoted by a dotted line
- ◆ a separation is denoted by a slashed line; dates are recorded
- ◆ a divorce is denoted by two slashed lines; dates are recorded
- ◆ death is denoted by a cross through the person
- ◆ dates of birth and death are recorded next to the person
- ◆ children are noted oldest to youngest, left to right.

Basic genogram

Example:



Genogram symbols for offspring



Identical
twins

Fraternal
twins

Adopted
child

Stillbirth

Miscarriage

Pregnant

Termination

Genogram showing relationships:

- ◆ **Alliances** between family members can be represented with lines – the closer the relationship the stronger the line.
- ◆ **Hostility** between family members can be represented by a jagged line.
- ◆ **Cut-off relationships** can be represented by a line with two slashes across it.

Family life stage

- ◆ Couples
- ◆ Childbirth
- ◆ Pre-school
- ◆ School age
- ◆ Adolescent
- ◆ Launching
- ◆ Empty nest
- ◆ Retirement and aging



Key relationships within the family

- ◆ adult relationships
- ◆ child-parent relationships
- ◆ sibling relationships.



Family Systems/Interaction

- ◆ *Communication;*
- ◆ *Sharing of Emotion;*
- ◆ *Emotional Sensitivity;*
- ◆ *Rules and Boundaries;*
- ◆ *Behaviour Controls;*
- ◆ *Problem Solving and Crisis Resolution*

Family relationships

- ◆ What are the current family relationship issues?
- ◆ Who is close to whom?
- ◆ Who is distant from whom?
- ◆ Who is allied with whom?
- ◆ Who is fighting with whom?
- ◆ What are the triggers and circumstances for conflict in the household?
- ◆ What does conflict look like in your home?
- ◆ Who plays what role – aggressor, victim, peace-maker, rescuer, etc.?

Expressed emotion: what is it?

- ◆ *An index of the “emotional temperature” of the family, which can reveal a lack of affection or an exceedingly intrusive attention toward the child.*

Family typologies according to Doane & Diamond

- *High intensity* families
- *Low intensity* families
- *Disconnected* families

Family Violence

- ◆ Domestic violence
- ◆ Child abuse and neglect

Parental orientation:

- ◆ Does the parent provide basic essential physical care?
- ◆ Does the parent provide age-appropriate emotional care?
- ◆ What attitude does the parent have to the tasks of parenting?
- ◆ Does the parent accept responsibility for their parenting behaviour?
- ◆ Does the parent provide age-appropriate protection and monitoring of the child?
- ◆ If there are problems, how does the parent acknowledge them?

Parent-child relationships:

- ◆ What feelings does the parent have towards the child?
- ◆ How does the parent empathise with the child?
- ◆ How is (or isn't) the child viewed as a separate person?
- ◆ Are the child's essential needs given primacy over the parent's desires?

Parenting and mental health issues

- ◆ What is the parent's understanding of the child's particular mental health issue?
- ◆ How does the parent adapt their parenting methods to the child's mental health issues?
- ◆ How does the parent's method of parenting reduce or exacerbate the child's mental health issues?
- ◆ If there are two parents, how do the parents differ in their response to the child's mental health issues?

Dynamic family and mental health issues:

- ◆ What is the family members' understanding of mental health and mental illness?
- ◆ Assessment of the mental health of other family members.
- ◆ The need to provide support and education to the family regarding the behaviour displayed when the person is unwell.
- ◆ Referral for assessment of general medical conditions.
- ◆ Is there a need for respite services?
- ◆ Is there a need for childcare services?

Parents with mental health issues

- ◆ How does the parent's mental health issues impact on their ability to parent?
- ◆ What supports does the parent need to effectively fulfil the parenting role?
- ◆ What safety plans are in place, if needed?

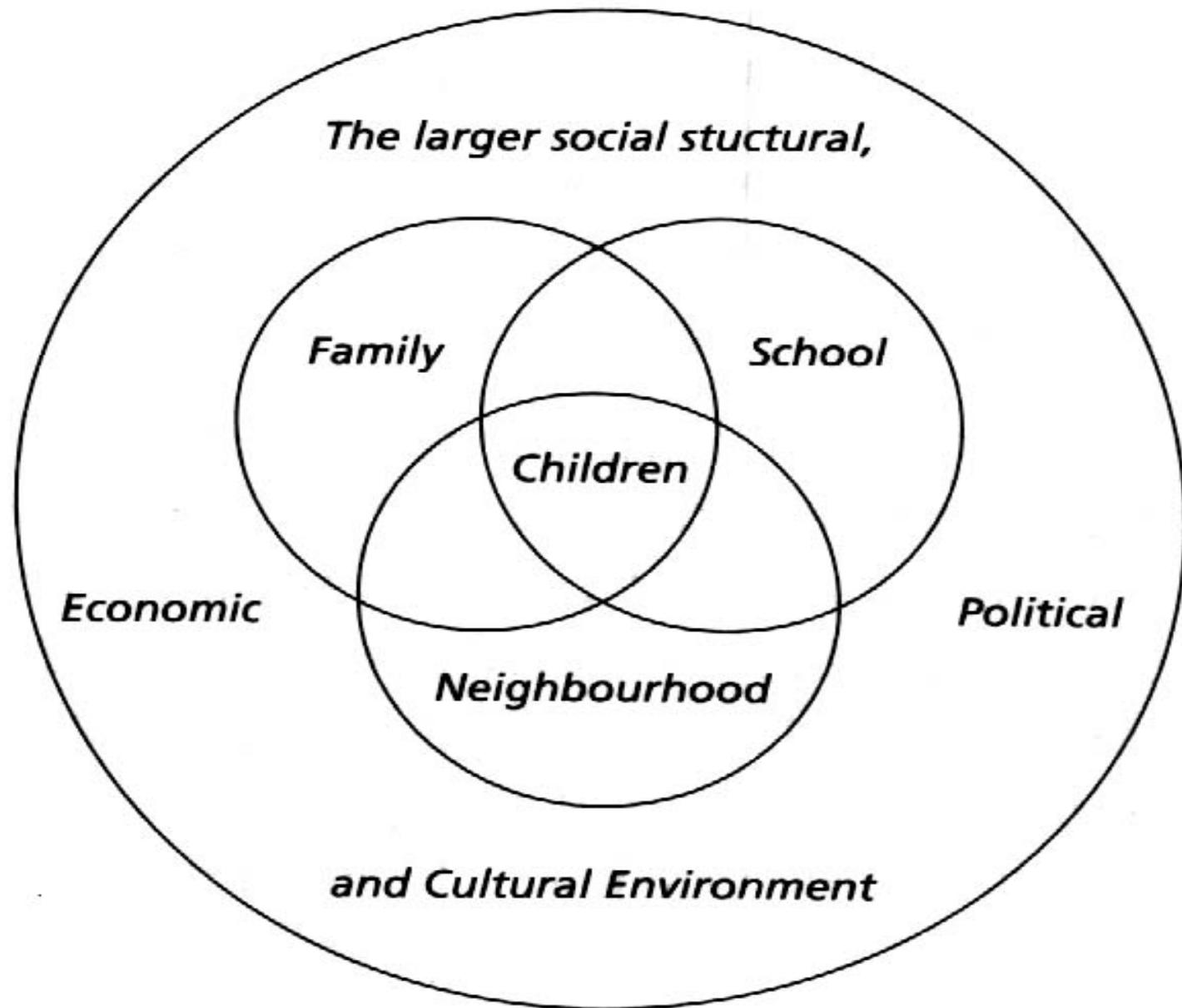
Dealing with stress

- ◆ current and recent stressors that the family is dealing with
- ◆ how the family perceives the stressor for example, whether it sees it as a challenge to be met or an uncontrollable catastrophe
- ◆ what resources they have to meet the demands of the stressor including:
 - ◆ family communication patterns
 - ◆ the family's ability to solve problems
 - ◆ the goals of the family
 - ◆ money, relatives and friends
 - ◆ services in the community.

Community connections

- ◆ relatives who don't live with them
- ◆ friends
- ◆ school
- ◆ church
- ◆ shops
- ◆ community groups
- ◆ places of recreation, for example, parks, cinemas
- ◆ professional support
- ◆ natural helpers

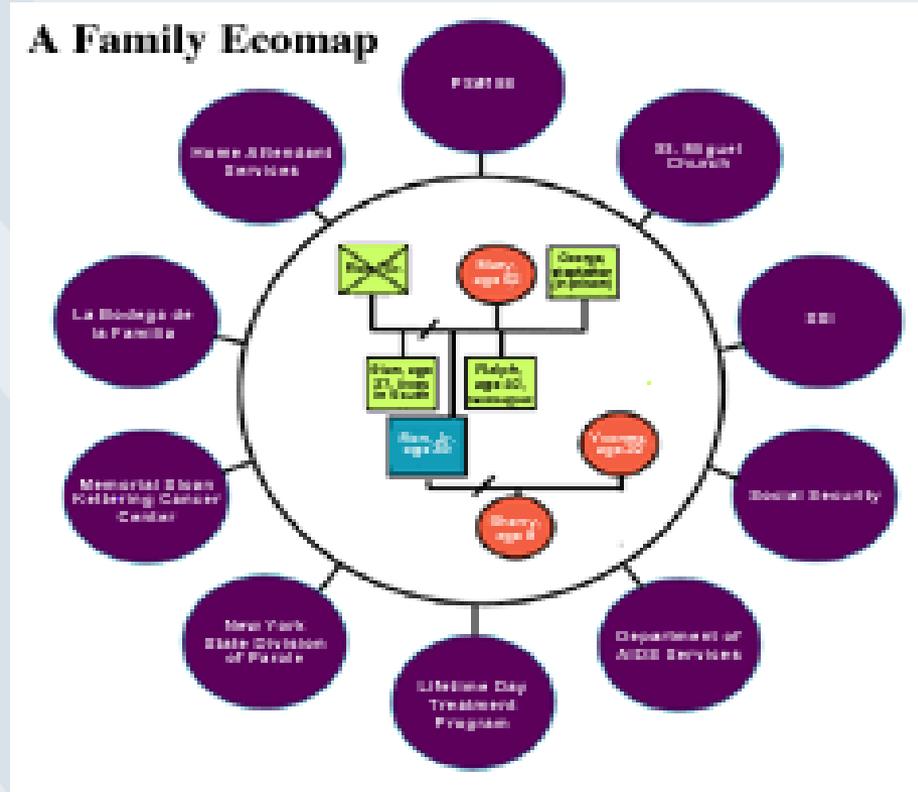
Figure 1: Ecological contexts shaping child development



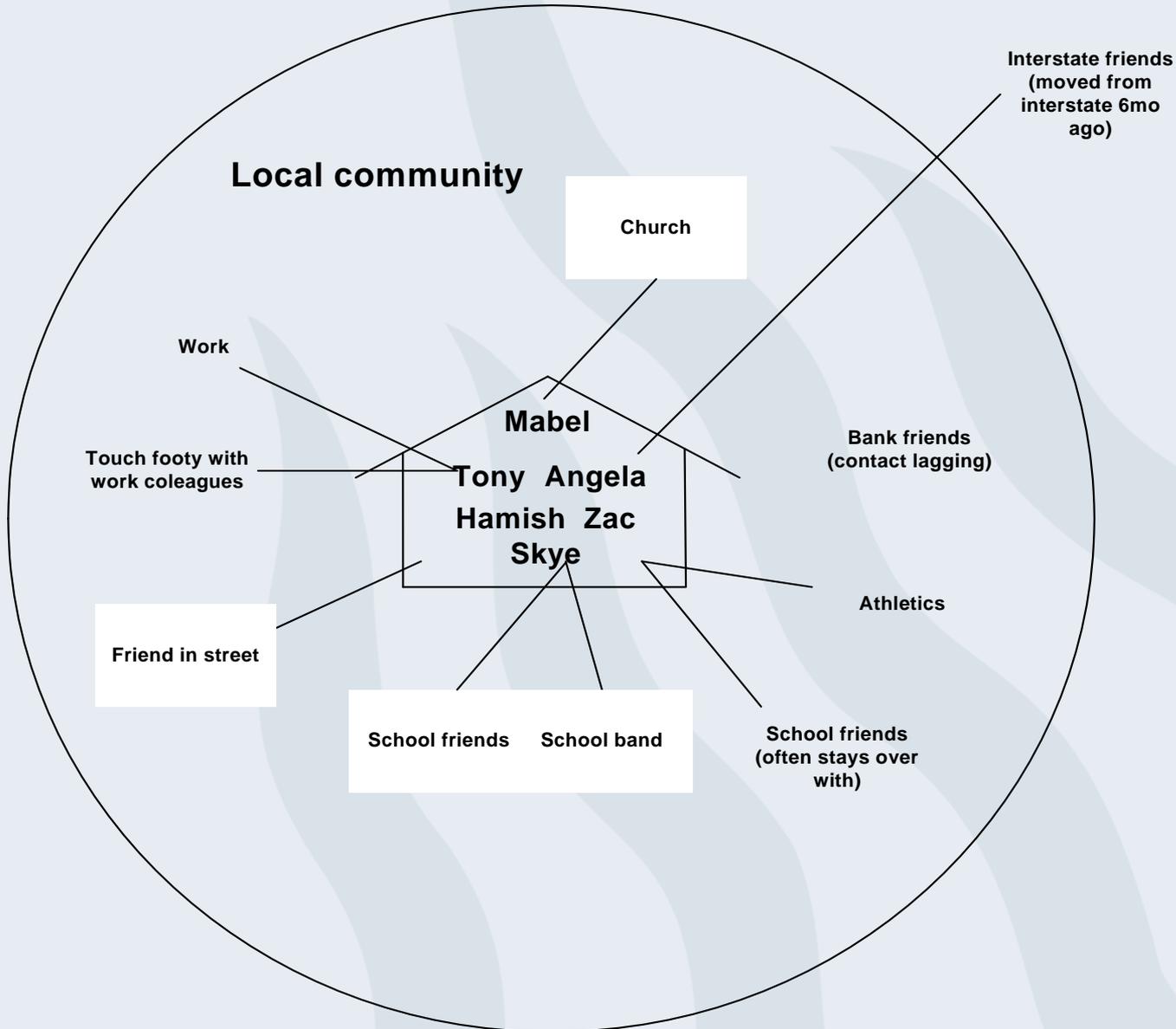
Exploring the network: social

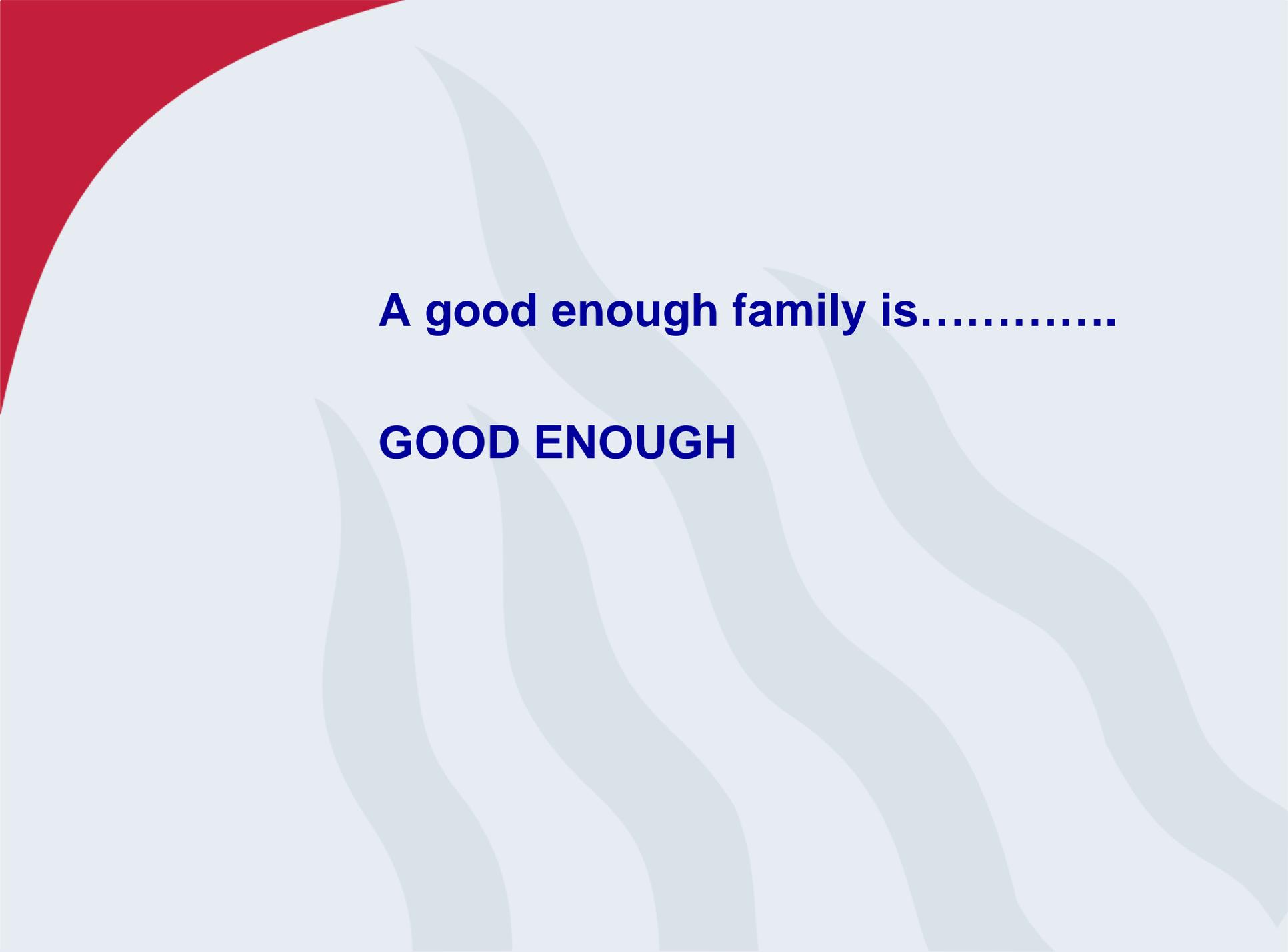
- ◆ Friends
- ◆ School
- ◆ Workplaces
- ◆ Peer groups

A Family Ecomap



Basic eco-map





A good enough family is.....

GOOD ENOUGH

The Aims of Family Therapy

- ◆ To resolve family crises.
- ◆ To promote a common understanding of family problems.
- ◆ To consider alternative solutions to common problems, especially when the family have reached an impasse.
- ◆ To foster a common awareness of previously unexpressed family rules, roles and expectations.
- ◆ To alter long-standing maladaptive interaction patterns (e.g., coalitions, rifts, scapegoating, enmeshment, or skewing), abnormal patterns of communication, and emotional insensitivity between family members.
- ◆ To promote consistency and counteract coercive family interaction.

Contraindications

- ◆ When the family are excessively hostile or intrusive towards the patient.
- ◆ When the parents are on the verge of separating.
- ◆ When the adolescent or young adult needs to become independent of the family system.

Caution:

- ◆ The shift of the problem to another family member, as the “homeostasis” of the family is changed when the designated patient improves.
- ◆ The accentuation of a pre-existent rift between the parents.

DVD 3 - Semi-Structured Assessment with Children and Adolescents

Presenter: Valda Dorries

DVD Overview

This DVD discusses considerations for conducting interviews with children and adolescents. It describes the essential aspects to include and provides a demonstration of how to carry out an interview with a young person.

It discusses the importance of therapeutic alliance and looks at developmental considerations. It speaks about child counselling techniques and provides suggested interview topics.

Presenters:

- Valda Dorries – Occupational Therapist
- Child Actor used in fictional case study- Joel

Case Study Notes:

This case study was based solely on fictional characters. Similarities to persons or real events are purely co-incidental.



DVD 3 - Accompanying Resources and Exercises

DVD 3 Semi-Structured Assessment with Children and Adolescents – Power Point Notes

Objectives

Age appropriate semi-structured interviews

- Discuss considerations for conducting interviews with children and adolescents.
- Describe the essential aspects of assessment with children and adolescents.
- Demonstration: Case scenario

What is the purpose of the initial assessment interview with a child?

Contextual Assessment of Children

- Is not diagnosis specific, nor to plan a treatment appropriate to a specific diagnosis for the child
- Through formulation, one obtains a full, multidimensional picture of the child or adolescent that goes far beyond the diagnostic labels and provides a sound basis for devising an appropriate comprehensive treatment plan.
- Is an emphasis on the whole child and his or her relationship with his significant environment.

Purpose of the assessment

- As part of a wider contextual assessment of the child
- To assess and attempt to understand the child's inner world, anxieties and defences
- To assist parents/agencies in understanding a child's emotional world and behaviour
- To form and assess strength of therapeutic alliance
- To assess the child's suitability for a specific intervention

T.A. Definition

- Therapeutic alliance is defined as the working relationshipthat is characterized by: perception of an emotional bond; agreement on the goals of treatment; agreement on the tasks needed to achieve goals and the perception of the openness and truthfulness of the relationship.

(Doucette and Bickman, 2001)

Research Snippets

- Shirk and Karver (2003) recently conducted a meta-analysis that identified only 23 published studies and dissertations focusing on working alliance or therapeutic engagement with youth (12 of these involving a primarily adolescent sample). Similar to adult studies, they found an average effect size of .22 for alliance –engagement that was not moderated by client age, treatment type, or mode of therapy (individual, family, or parent treatment).

Developing an alliance framework

- Bond
 - empathy
 - managing client anxiety
 - self observation and awareness
- Tasks
 - intervention and the impact on the relationship
 - agreement on the appropriateness of interventions
- Goals
 - Client and therapist collaboration and the short, medium, long term goals for therapy.
- Develop sensitivity to the status of the alliance.
 - Assessing here and now issues and pressures in the relationship
 - Client feedback - matching
 - Intervening to address problems

Therapeutic alliance traditional dimensions:

- Therapist style is important - Ability to present as sensitive, caring, empathic person
- Emotional bond
- Agreement on therapeutic tasks
- Agreement on expectations of therapy

Evidence based practice

- What works for whom?
- Not a one size fits all
- What is the least that needs to be done to provide a beneficial outcome?

What are the indicators to assess whether a child can use a therapeutic intervention?

1. Does the child need it?
2. Can the child use it?
3. Will it be supported? (Blake, 2003)

The Semi Structured Interview with a Child

- The aim of the semistructured interview is to conduct an interview which will enhance rapport and free communication, yet be sufficiently flexible to allow hypothetico-deductive diagnostic reasoning, and sufficiently standardized to allow clinically important topics to be consistently explored, and to allow comparison with other children. (Nurcombe, 1997)

General Considerations and Techniques

Interview of child provides opportunity to:

- explore child's own views of the presenting problem
- assess the child's mental status

The child may be a unique source of information that only he/she is aware of:

- suicidal thoughts
 - obsessional thoughts
 - hallucinations
 - secrets concerning abuse
 - antisocial activities
-
- The history taking with the child covers many of the same elements as the developmental history taken from the parents, with the emphasis on the child's perspective of the history.
 - During interview, both history taking and mental status examination unfold simultaneously.

While clinician is gathering data for history, the clinician is concurrently gathering data for MSE:

- how warily or trusting the child relates to the interviewer
- how well the child conceptualises or describes his/her behaviour
- how much the child tends to blame him/herself or others for any difficulties

Interview techniques

Direct Questioning

- Requires tact and attention to the child's cognitive and language level
- Funnel questioning
- Important to use terms comprehensible to the child
- Avoid overly abstract questions or double negatives

Developmental Issues Children

- Play/activity as mode of communication
- Non-verbal - silence
- Use of language – culturally and developmentally appropriate
- Use of fantasy/make believe
- Capacity for self-reflection
- Touch
- Ability/power to resolve issues
- Consent /alliance

Centrality of Play

“Essentially, play is an activity a child comprehends and in which he is comfortable; an integral part of his world, his method of communication; his medium of exchange, and his means of testing, partly incorporating and partly mastering external realities”

Amster, 1982 p33.

Materials

Play and play materials serve several functions:

- Help place the child at ease
- Provide a context in which to observe many facets of the child's mental status
- Allow the clinician to make inferences about the child's:
 - Wishes
 - Fears
 - Conflicts
 - Relationships
 - Preoccupations
 - Impulses
 - Defences

Child Counselling Skills

Four levels of Interpersonal skills

Level 1 – attend / active listening

Level 2 – reflect, paraphrase, summarise, amplify

Level 3 – third person interpretation

Level 4 – direct interpretation

(West, 1992)

Level 1 skills

Core skills to actively “listen” to a child's play communications:

- Observation
- Tracking play
- Covers the therapist's physical presence, nonverbal gestures and simple encouragers
- Main task is to ‘attend’, to focus on the child's verbal and nonverbal communications through listening, watching, eye contact, gestures and posture

Level 2 skills

- Reflection of content and feeling
- Matching the child's language
- Summarising
- Amplifying
- Open and clarifying questions
- Noticing what is missing

Topics: Interview Child

1. Reason for attendance
2. School
3. Activities
4. Peers
5. Family – Kinetic family drawing
6. Fantasies – 3 wishes, dreams

7. Attitude to self – fears/worries
8. Insight – What does the child think is the nature and cause of the problem?
What kind of help does the child want?

“Semi Structured” Interview Techniques

1. Introduction – “Today I would like to ask you a few things and get you to do a few things so I can get to know how you think and feel about things”
2. School/Home – “Funnel” technique – general (to maximise space) to more specific. Begin with non-threatening area. “What are the things you most like/least like about...What do you get into trouble for?”
3. Outside school activities – funnel – holidays, weekends, hobbies, interests
4. “Psychiatric Questions” – Three Wishes, Animals you would like to be – why?, Person you would like to be – why?, Desert Island
5. Feeling Questions – What makes you most happy/sad/angry/frightened
6. Dreams – happy/sad/angry/frightened
7. Drawings – own choice, family (KFD), self, a dream, happy/sad/angry/frightened

Conducting the Interview

- DEMONSTRATION
- Joel 11 years