

BEHAVIOURAL TRAINING (BPT) AND FAMILY SYSTEMS THERAPY

ABSTRACT

A family case study is elaborated using direct questioning techniques. The case study findings are considered while proposing two models of treatment for the identified family. Comparison and contrast of the two models are discussed with a critique on which model is best suited for the case study.

INTRODUCTION

Working with families can be a challenge for therapists. With so many models to choose from, finding the model, which fits the family's needs and the counselor's style, can be challenging. When exploring models for teens with behavioural problems, Behavioural Parenting Training (BPT) and Family Systems Therapy offer interventions, which may facilitate change within a family with such issues. This paper will explore such interventions within the identified case study.

INITIAL INTERVIEW

The initial interview with this family is conducted by interviewing the parents. By omitting the children from the process, an assessment of the marital functioning can occur. By assessing the marriage, information regarding the underlying reasons for the children's behaviour may be identified. A direct method of questioning is used with this couple. If the parents were to exhibit a level of dysfunction which would not warrant direct questioning, circular questioning would be utilized.

During the initial interview, the couple was asked how the counselor could help them. Sara disclosed that they were referred to the counselor by the school board. She said that her son had been having some behavioural problems at school. When asked to describe the behaviour problems, Dan, the father, indicated that the child (who is 12, John) had been aggressive. John had not completed much of his homework. Dan said he was concerned that John would not complete the year. Both parents agreed that John's scholastic potential has been diminished by his behaviour.

When the parents were asked about the behaviour and when it began, Sara stated that the school had identified John as ADD about 5 years ago. When medication was recommended as part of John's treatment, both parents agreed not to medicate their child, as they felt "it would change who he is". Parents stated that John had always done well in school up until grade 2 and then suddenly his performance "slipped". When questioned about the relationship with his grade 2 teacher, Dan and Sara felt that John had been content with the teacher. Dan and Sara said that the teacher seemed competent as far as teachers go.

When household routines and rules were disclosed, parents said that they are inconsistent. Dan says he tries to compensate for Sara's leniency. As a result the couple tends to argue in front of the children. Parents said that there are no set bed times, no set meal times or consistent consequences.



Questioning the parents about John's home-life revealed that Sara had returned to school 5 years ago. Sara began studying to become a principal, which required her to be out of the home 3 nights per week and two weekends per month. She said it was one of the most stressful times of her life. She stated that during this time, her marriage became unstable. She disclosed that Dan had begun an emotional affair with one of the neighborhood moms. Dan said that during that time he found himself overwhelmed and lonely with two kids, sports, household duties and work. He said that Sheila was easy to talk to, since she was in a similar position within her marriage. The children seemed to play well together, so it seemed natural at the time that they join forces. Dan denies sexual intimacy with Sheila. Both parents agreed that they have not had time to deal with the marital issue. Sara said she felt hurt and does not trust Dan. She says she focuses on her work and the children in order to cope and get through the day. Dan said he feels distant from his wife and that he is paying for his mistake. They have not been intimate for 3 years.

When questioned about the second-born child, Josie (age 10), the parents said she is fine. She is quiet, attends school, and gets good grades. When asked about her social life, they said Josie is more a loner type. She spends time alone in her bedroom. Dan said he is concerned as he thinks she spends too much time alone. When asked about family activities both agree that hockey seems to rule the house. Josie hates hockey.

Both parents deny the use of drugs, excessive drinking, marital abuse or current affairs.

Upon completion of the interview the counselor discusses their concerns regarding the 6-session maximum. Three criteria, which can determine a negative outcome to treatment, are: premature termination of training, limited involvement within the process and not maintaining the progress after therapy has ended (Assemany & McIntosh, 2002). The parents are educated that their predetermined rule of 6 sessions may be a precursor to sabotaging their treatment

When the parents were told that most short-term treatment takes 8-12 sessions (Steinberg et.al., 1997), they were shocked. They said they did not realize that it could take that long. They said that they did not think they could afford out of pocket expenses. They contracted with the counselor to give them homework assignments to offset the sessions. It was further explored with the couple that it was the counselor's intent to make this process a positive one and that they need to work together to ensure the changes are longstanding. The counselor further explains that the parents may need to reconsider the six-session rule if changes begin and the process not is complete. The parents agree to take a "let's see" approach to treatment.



MODEL ONE: BEHAVIOURAL PARENTING TRAINING

Behavioural Parent Training (BPT) is a treatment, which is based on behavioural theory. Treatment is based on identifying the antecedents, which influence behaviours. Behaviours are reinforced via the environment. If the reinforcement continues, the behaviours will maintain or strengthen (Smith & Schwebel, 1995).

BPT uses therapists to train parents how to define behaviour problems, assess behaviour issues, define the intensity of the problem, and implement change within their family system. In family systems appropriate and inappropriate behaviours are maintained by the environment or by social agents. In most cases, the parents are identified as the primary social agent. The parents provide cues and co sequencing which regulates the child's behaviour. Because parents have influence over the environment and have access to the child, it is logical that parents influence and maintain change most effectively.

Training parents increases the skill set of the parent, builds self-esteem (of both child and parent), and decreases the parental stress. If the parent is less stressed it is reflected in the child's behaviour (Maughan et.al., 2005). As the child's inappropriate behaviours decrease, it is anticipated that the relationships between child and parents and child and siblings will improve.

BPT has been found useful in helping parents with maladaptive parenting skills and ADHD behavioural problems (Chronis et.al, 2004). The program is transferable to different environments and is transferable for each child. Once the parents learn the technique they will be able to utilize the skills in any environment.

The treatment plan for this family is a three-phase plan. The first phase educates the parents regarding the program. Once educated parents are to create baseline behaviours to be monitored and counted. The second phase includes creating a parenting plan. The third phase offers support as the parents learn how to follow through and address any issues that have not yet been identified

Educating the concept of BPT and how it works is important in establishing a "team approach" with the parents. In this situation the counselor is acting as a trainer or coach. Part of the goal is to empower and unify the parents so that change can occur.

During the first phase, the parents identify John's behaviours, which are inappropriate. This discussion may create some debate between the couple, as they may not agree on the same inappropriate behaviours.

Utilizing school reports may help to identify some behaviours to be modified. A checklist of behaviours to be monitored is created by the end of the first session.



BEHAVIOUR

Days of the Week

M Tu W Th F S S

- Late arrival to school
- Uncompleted home chores
- Aggressive behaviour (home)
- Argumentative
- Uncompleted homework
- Aggressive behaviour at school (i.e hitting)
- Talking back
- Late bedtime

For the time between sessions, the parents are asked to monitor the behaviours and possible precursors to the behaviours. Each is given a checklist to monitor the behaviours. Parents are asked to parent with no modification. The baseline of behaviours will give the parents an indication of the incidence of the behaviours (Coguis et.al., 2004). Monitoring John's inappropriate behaviours may also give the parent's feedback of their own behaviour and how they are reinforcing John's acting out. If this occurs, there may be a natural change, as the reinforcement of John's behaviours may change.

The second phase of treatment is designed to address implementing a treatment strategy for dealing with John's identified behaviours. Token economies may be used to reinforce John's appropriate behaviours (Goldenberg and Goldenberg, 2004). Time outs are to be utilized when John is acting aggressively (verbally or physically). The goal is to reinforce positive behaviours and eliminate the inappropriate behaviours. Parents are instructed to give positive feedback to John when he complies (i.e. Thank you John, you are doing a good job). Consequencing is logical and predictable. A list of possible logical co sequencing is discussed and explored with the parents.

During the session role-playing is utilized with the parents (Goldenberg & Goldenberg, 2004). This intervention is designed to increase the parents' confidence in the follow through of the program. The parents are trained in giving John choice. This intervention is designed to give the responsibility of consequencing to John. This is an attempt to equalize the parents so that the fighting regarding parenting stops. If John is responsible for making choices regarding his behaviour, his impulse control may increase and the positive behaviours may become internalized. An example of this skill may be acted out in a role-play with the parents:

If you choose not to do your homework, there will be no TV tonight. It is your choice John. I just hope you make the right choice because I really want to watch ___ with you tonight.

A checklist of positive behaviours is created to monitor John's changes. For each day he receives a possible 10 points. When he receives a total of 70 points he is able to trade his points for a backup reinforcer (Goldenberg & Goldenberg, 2004). Examples of a backup reinforcer are: a night to rule the TV, breakfast with dad, breakfast in bed etc. The backup reinforcer is to be negotiated between parents and John. Given the family's financial situation, the back up reinforcer is free of financial cost.



BEHAVIOUR

M Tu W Th F S S

- Wakes Up on time
- Eats Lunch
- Completes home chores
- Peaceful home day
- Goes to bed on time
- Attends school on time
- Completes homework on time
- Peaceful school day
- Talks appropriately
- Brushes teeth twice per day

Once the program is in place with the parents, a session with the parents to construct a contract and to determine the backup reinforcers is required. Educating John regarding the problem, the process of the program, his responsibility, his parent's responsibility and obtaining John's feedback is required. During this session questions and support can be given to John. Although Josie has not been identified as having "behavioural" problems, the counselor suggests to the family that they provide a similar program, designed for Josie. By the parents creating a program for Josie, it equalizes the children so that neither feels jealous of the other. Appropriate behaviours for Josie may include social behaviours: talking with mom or dad for at least 15 minutes per day, having a friend over once per week, chores etc. This may address Dan's concern regarding his daughter's isolation

The third phase of the program includes supporting the parents in their implementation of the program. With approximately three of the six sessions remaining, there is opportunity to offer the parents direct feedback with specific examples of their difficulties and successes. At this phase it may be appropriate for the parents to video record their home life. Seeing themselves on tape gives the parents feedback with regards to their own behaviour. These three sessions may be staggered according to the parents needs. As with any change in environmental structure, behaviours tend to worsen before they get better. If the family does not reach the getting better phase, discussion regarding increasing the sessions is warranted.

MODEL TWO: FAMILY SYSTEMS APPROACH

Family system's theory views the family as one unit consisting of multiple individual units. The theory analyses the family system within the context of multigenerations and the historical context of the family, Bowen believed that anxiety within a family system influenced the balance between togetherness and individuation (Goldenberg & Goldenberg, 2004). This family has committed to only 6 sessions of therapy. Given the time constraint, aspects of family systems theory will be utilized to meet the changes required within this family system.

The treatment plan for this family includes a creating a genogram. The goal of the genogram is to help the parents understand how they connect to others (Neill, 2005). When people understand their connections from a generational context, they can understand and explore the anxiety, which is being expressed throughout the family system (Goldberg & Goldberg,



2005). If the parents understand what they are expressing on behalf of their ancestors, they can become empowered and make changes within their own lives and family. Given the time constraints, the genogram is taught to the couple so they can construct the diagram outside of the session. They are instructed to construct a three generational picture with symbols. This task may aid the couple in bonding over a common task. The couple may discuss with each other their family of origin and obtain more compassion or insight towards each other and themselves.

Once the drawing of the genogram is complete, patterns within the family emerge. Triangulation is one of the coping strategies within a family system. In any family system where an affair (emotional or physical) has occurred, triangulation has also occurred: A third party has been added to the marriage in an attempt to cope with stress. During this session, the couple is educated regarding the dynamics of triangulation.

Affairs are traceable to the family of origin. This triangulation is related to the levels of differentiation of the individual parents (Moultrup, 2003). During this phase of treatment, the couple is supported in exploring their perceptions and feeling regarding the emotional affair within their family and within their generational families. Patterns of extra-marital affairs emerge within the genograms. Exploring how the ancestors coped with the triangulation, elicit understanding and insight for each of the individuals. Direct questions regarding how the affair has impacted them as an individual, their marriage and their children are explored. Learning how the past has affected the present and how they are impacting the future is for consideration during this phase of treatment. The genogram may begin to give the couple insight about themselves as individuals and how/why they function the way they do: As a result a candid dialogue regarding the affair within their marriage is expected to emerge. How do you relate as a couple? How do you exist within the home as a couple? What are your feelings regarding the affair? What did you do with those feelings? Did you talk about the affair? What was the outcome of the discussions? What more do you need to say? The goal during this phase is to change the existing pattern of silence and replace it with assertiveness, compassion and intimacy.

The impact of the affair upon the children is also explored. The couple may be in denial, that the affair did not affect the children. It may be necessary to remind the couple that if the affair affected their relationship, it would affect the children as they are affected by how the couple is functioning: Parental relationships are an important aspect of how the family functions (Anant & Raguram, 2005). Constructing a drawing outlining the triangles within the family system brings the family dynamics to consciousness.



Examples of Triangles during the affair :

DAN

Neighbor Sara

SARA

School Dan

JOHN

Mom Dad

JOHN

Teacher behaviour

Discussions regarding the triangles within the family may help the parents to realize the impact the affair had upon the children. In each scenario someone from the family is isolated. Exploring the timeline of the affair and the children's behaviours may bring the issue to consciousness. Although John was initially identified as the "problem", with some insight the parents may begin to see that the affair impacted Josie. Bringing this unconscious coping strategy to consciousness empowers the parents. The parents can take responsibility for their marriage and reduce some of the fusion within the family system. The goal is to change the triangulation patterns so that more direct open communication amongst family members can occur.

The concept of family projection process may be appropriate to explore with this couple. Questions addressing the family projection may include: What is the purpose of John's behaviour within the context of the marriage? Why would the marriage need John to act out? Does the marriage need John to act out? What is John's behaviour attempting to express regarding the marriage? Is there a cycle present within this mother/father triangle? If so what is the cycle? What does the cycle enable within the relationship? How do you feel when John acts out? When you have these feelings, how do you cope? Helping the parents understand their projection of anxiety onto the child or children may enable them to change their behaviour when the child begins to act out.

One other key concept to explore with the family is the concept of the emotional cutoff. In this family system, Sara is cutoff from her family via work. It is possible that the children are exhibiting early signs of an emotional cut off via their acting out behaviours (John) and their isolating behaviours (Josie). This cut-off dynamic would be present throughout the genogram, as patterns are passed through the generations.

Once the parents have worked through the genogram, they may begin to shift the emphasis from the marriage towards the self. Each parent begins to take responsibility for him or her self. Exploration of their personal role in the marital system aids in breaking through old emotional patterns



(Goldenberg & Goldenberg, 2004). During this phase of treatment Dan and Sara begin to see how they have impacted each other as individuals. They are coached as to how to become more assertive and compassionate towards each other, thus strengthening their marriage. As the marriage strengthens, the children's patterns will also be confronted via the new marital relationship and parenting interventions.

COMPARE AND CONTRAST

Both BPT and Family systems theory (FST) perceive the role of the counselor as a coach. This counselor role is designed to empower the client. The counselor is calm and takes a cerebral approach to treatment. In both treatments, the counselor helps the client focus on patterns within the family system. BPT tends to focus on behavioural patterns, while FST is not as limited. FST can focus on emotional, spiritual and behavioural genetic patterns. Both theories identify the precursor or stressor, which causes the identified problem within the family system. In both theories the precursor can be emotional or behavioural.

There are differences between BPT and FST. BPT focuses on training behavioural management skills to the parents. The client requires little emotional insight. This theory is beneficial for clients who may have emotional or intellectual imitations, or where there is limited time or funds to illicit behavioural changes within a household. Once learned, the interventions can be transferred to other environments and to other caregivers. (i.e. parents can teach other parents). This treatment can be cost effective as it can be taught in-group settings. BPT does not address underlying emotional issues. This may be of benefit for those who have had painful backgrounds and cannot or will not delve into their emotional issues.

Family systems approach requires the clients to have insight. Clients who receive FST need to be able to understand that emotions can affect behaviour and dynamics within a family system. Clients also need to be able to embrace the concept that the past dictates the present. Further FST requires the client to have a working knowledge of their past. For some who are adopted or have amnesia, this is not an appropriate therapy. This treatment requires the individual to explore their personal issues. This can take time and funds, as the duration of therapy is determined by the emotional needs of the individual. For some it may take time to develop insight or understanding regarding their behaviour and impact upon the family system. This can be a slow, painful and financially costly process.

Within the context of this case study, neither theory is better than the other, as both would work independently. Ideally, a combination of both theories would be of benefit to this family.

The two main issues within the family are the inconsistent parenting and the marital discord. A combination of these treatments would address and support changes within both areas of dysfunction. By addressing the parenting issues using BPT, the homelife of the family becomes more consistent. With expectations and standards in place for the family, it offers the family time to schedule quality family time. If people are feeling connected, heard and safe, then the patterns of triangulation, projection and isolation can begin to be dismantled.



When the parents confront the pending intimacy issues, they will begin to feel more secure. Each parent can then begin to increase the trust within his or her self and with the other person. This heightened security is bound to have a positive effect on their parenting, relationship interactions, parenting consistency, self-esteem and level of happiness. The children's behaviour will reflect or express the new patterns established within the marriage: John will become more compliant at school and Josie will become more interactive.

CONCLUSION

There is not one theory, which, is perfect for treating all families. A combination of theories is best for most families, as families are not static. The key is to find the right theories, which speak a similar language as the family. When the energy of a theory or intervention matches the energy of the family, change can occur quite easily. It is the skill of the therapist to be able to utilize his or her knowledge and pair it with the needs of the family.

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