Florence W. Kaslow, Series Editor

Child-Centered Family Therapy

Lucille L. Andreozzi

Foreword by David Kantor

CHILD-CENTERED FAMILY THERAPY

Lucille L. Andreozzi

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CHILD-CENTERED FAMILY THERAPY

The past decade has witnessed a dramatic rise in the prevalence and severity of behavioral and affective disorders among children. At the same time, the tightening of federal purse strings combined with the exigencies of managed care have begun to severely curtail the availability of adequate counseling and professional intervention for families. Clearly the need has never been greater for a short-term therapeutic model such as the one described in this groundbreaking book.

CHILD-CENTERED FAMILY THERAPY is the first complete, practical introduction to Child-Centered Structural Dynamic Therapy, a revolutionary short-term treatment model that has yielded nothing less than astonishing results in case after documented case.

Growing out of Dr. Andreozzi's pioneering work with more than 500 families, Child-Centered Structural Dynamic Therapy is a developmentally focused approach to family therapy that integrates child and family system development into a comprehensive framework for self-guided, family-initiated, and therapeutically induced change. While family disturbance is clearly addressed, this model works with competence and strengths to address all three levels of family change: prevention, early intervention, and therapy. Unlike family training programs that attempt to teach abstract parenting skills, Child-Centered Structural Dynamic Therapy works to build knowledge from within the family by engaging family members in structured activities that help them to translate family system principles into practical, everyday reality.

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In **CHILD-CENTERED FAMILY THERAPY**, Dr. Andreozzi describes the theoretical and empirical underpinnings of the Child-Centered Structural Dynamic Therapy Model. She supplies practical treatment and assessment guidelines that help therapists readily adapt her tools and techniques to their clinical practices. And she provides many vivid case illustrations that clearly demonstrate the effectiveness of her methods when applied to a variety of settings, including Head Start, family psychotherapy, and community/social service agencies.

Introducing a dynamic new short-term, child-centered family therapy model, **CHILD-CENTERED FAMILY THERAPY** is an important resource for couples and family therapists, child psychologists, counselors, and social workers.

About the author

LUCILLE L. ANDREOZZI, EdD, is a family therapist, consultant to child development and community service programs, and adjunct faculty member at the Kantor Family Institute in Cambridge, Massachusetts, where she has conducted research on the efficacy of family therapy and methods for improving clinical training.

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To my son, Lyle Benjamin,
whose warmth and child's wonder
have shown me the way.

Foreword

IT IS AN HONOR AND PLEASURE to be asked to write the Foreword to this outstanding book and major contribution to family theory and practice. It is deeply gratifying and rewarding when a former student, and now valued colleague, breathes upon a theory that you have been working on for 30 years and brings it to life in her own special and original way. With skillful, experienced understanding of the psychological and behavioral world of children and the patterned, interactional life of families, Lucille Andreozzi guides us through the resolution of developmental crises and the process of family systems change. She successfully integrates child and family developmental theory into a practical, innovative, growth-oriented family model and provides many, effective methods and creative techniques for facilitating optimal child development and therapeutically-induced systems change. What is striking about this work is how cogently she depicts the dynamic interplay between self and system—the ways individuals, children and adults, influence systems and systems, in turn, shape individuals.

Three other important features of Lucille Andreozzi's work are worth noting: her sensitive treatment of and response to the developmental plight and potential of children; her emphasis on the important interaction of practice and research as an ongoing system of personal/professional development and feedback to the therapist that can be used to maximize and improve family therapy outcomes; and her deep commitment to the development of a child-centered family therapy practice model.

In this book, she integrates child and family development and incorporates children, the family system, the role of the therapist, the therapy process, and family research into a full cycle of influence and interaction that positively affect outcomes.

What makes reading Lucille Andreozzi's work so satisfying is how brilliantly she has charted a path for us to a complete family theory that therapists will be able to readily use. For all the great work done by the pioneering family therapist-thinkers, none in my opinion, offers a complete theory of the family and family practice. Lucille Andreozzi has opened the door to a vast subject that has been ignored largely because of the immensity and complexity of the task. The integration of child and family development and a developmental theory of the family are missing pieces in family therapy theory building. These are daunting tasks that few have dared to assume, and that Lucille Andreozzi has had the intellectual courage to undertake.

Family therapists, like Minuchin, Haley, Bowen, Satir, and Whitaker have invented stunning practice theories. But all of their "theories of family," to varying degrees, have been unequal to their theories of intervention. Gregory Bateson, a hero to many in the field, offered a pure theory of family process which others could run with. However, Bateson himself was skeptical about the wholesale application of his ideas by family therapists to clinical practice. Thus, the field has suffered for want of a more complete theory of the family that integrates a model of practical interventions with a pure theory of family process and development.

What would a more complete theory of the family and family therapy look like? It would be fully grounded in a philosophical base of a systems view of the world. Such a theory would formulate a set of theoretical postulates and human development principles broad enough to describe and explain the range of structures that evolve in different types of family systems. This theory would also propose a typology of family models or paradigms and relate these family system types to types and levels of intervention. It would identify and situate levels of assessment and intervention on a treatment continuum from prevention to early intervention to family crisis and therapy. A complete theory would also link concepts of here and now, face-to-face family relationships and overt behavior—the special provence of family therapy—both with these family system paradigms (family types) and with the interior worlds of individuals living in systems. It would integrate child and family development and view children as unique, individual entities who influence and are strongly influenced by the family in ways that reflect where each is developmentally. This theory would view children as central to family change, and child and family development as reciprocal, mutally dependent processes. A complete theory would also systematically apply systems concepts of change in a practice theory based on developed strategies and tools for intervening effectively in families that need help. This is quite a formidable and remarkable task!

Lucille Andreozzi presents a distinctly original work of unusual clarity and reach of mind. This book provides the therapist with a developmentally focused practice model and theory of child-centered family intervention and change. Keeping the developmental needs of vulnerable children clearly in focus, Lucille Andreozzi's work cuts through the dense, conceptual brush and underexplored terrain of child and family development, and goes a long way in setting us on the right path toward a unified theory of the family.

DAVID KANTOR

July 1996

Series Preface

OUR ABILITY TO FORM STRONG interpersonal bonds with romantic partners, children, parents, siblings, and other relations is one of the key qualities that defines our humanity. These relationships shape who we are and what we become—they can be a source of great gratification, or tremendous pain. Yet, only in the mid-20th century did behavioral and social scientists really begin focusing on couples and family dynamics, and only in the past several decades have the theory and findings that emerged from those studies been used to develop effective therapeutic interventions for troubled couples and families.

We have made great progress in understanding the structure, function, and interactional patterns of couples and families—and have made tremendous strides in treatment. However, as we stand poised on the beginning of a new millennium, it seems quite clear that both intimate partnerships and family relationships are in a period of tremendous flux. Economic factors are changing work patterns, parenting responsibilities, and relational dynamics. Modern medicine has helped lengthen the life span, giving rise to the need for transgenerational caretaking. Cohabitation, divorce, and remarriage are quite commonplace, and these social changes make it necessary for us to rethink and broaden our definition of what constitutes a family.

Thus, it is no longer enough simply to embrace the concept of the family as a system. In order to understand and effectively treat the evolving family, our theoretical formulations and clinical interventions must be informed by an understanding of ethnicity, culture, religion, gender, sexual preference, family life cycle, socioeconomic status, education, physical and mental health, values, and belief systems.

The purpose of the *Wiley Series in Couples and Family Dynamics and Treatment* is to provide a forum for cutting-edge relational and family theory,

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practice, and research. Its scope is intended to be broad, diverse, and international, but all books published in this series share a common mission: to reflect on the past, offer state-of-the-art information on the present, and speculate on, as well as attempt to shape, the future of the field.

FLORENCE W. KASLOW
Florida Couples and Family Institute

Preface

CHANGES IN OUR SOCIETY are making family outreach, early intervention, and child-centered family therapy more crucial than ever. Certainly, the landscape and contours of our society are shifting. One of those shifts can be seen in the many forms that today's families take. It is a myth that the majority of children live in two-parent households. Too, there is the feminization of poverty, in which a rising number of those who are economically disenfranchised are women and children, combined with the growing numbers of the working poor.

Yet, it is not only poverty that creates difficulty or the disenfranchised who show signs of stress and crisis. Today's family system, regardless of the form it takes, its socioeconomic status, or geographic location, has much more laid on its doorstep. The family system is being asked to take on and absorb many more responsibilities, stretching family developmental limits in the face of dwindling social support, vanishing neighborhoods, and a fragile sense of community and connection.

Another shift, standing at the center of the need for the Child-Centered Family Therapy Model presented in this book, is the change in the types and onset of serious problems seen in children, combined with shifting orientations in health care. On an epidemiological level, we are becoming a more aggressive, violent, and anonymous society, with children having fewer constructive outlets available. The onset, chronicity, and severity of behavior problems is occurring with greater reported frequency and often at an earlier age. In our private practices and child guidance clinics, we are seeing increasing numbers of children who show antisocial, apathetic, or aggressive behavior—youths with an under-developed "conscience" or sense of responsibility and purpose. Disruptive behavior often masks accompanying, underlying depression. As we see more and more sad and

angry children, without direction, who have lost or who have never been shown their worth or value, we also see overworked families at their wits end, who do not know what to do—families who would have benefitted immensely from short-term intervention at the earlier signs of distress. There are hosts of other families who have acted courageously and resourcefully in the face of a changing society and daunting environmental circumstances. These families have turned adversity into opportunity for family system growth. Combine these shifting family trends and childhood imperatives with the demands imposed by the new directives of managed care, and this effective short-term, three-tier Child-Centered Model of prevention, early intervention, and therapy becomes more crucially important to the therapist and family than ever.

Furthermore, while the catalog of prominent childhood disorders and family pathologies may vary according to the field's scientific attention and historical interests, the substance of this point remains true to date. Emphasis on family pathology overshadows coexistent growth-oriented, healthy family processes. The most "pathology dominated" family systems also contain "islands" of functional family process. Family systems do not unilaterally or uniformly display problems or disturbance across all family dimensions, as family assessment research in general and clinical practice and research on the Child-Centered Family Model have shown.

How a family handles ordinary daily events and activities reveals a great deal about family process. Even families in crisis, and the troubled, multiproblem family, must perform ordinary daily activities—feeding the cat, buying groceries, paying the heating bill—or the family ceases to be. Even in such families, where pathology is apparent, family strength, often well-hidden, is also present. Emphasis on pathology or counterproductive, problematic family patterns or strategies in our clinically-driven field of mental health service can obscure and divert recognition of and important change inroads available through the family's competencies and strengths. Once we, as therapists, identify these "secret," positive strengths, we will have the tools necessary to begin the process of family change. Child-Centered Family Therapy connects with the fundamental, healthy inclinations of the family, and the more morphogenetic or change-amplifying strategies of family systems. While family disturbance is clearly addressed, the Child-Centered Model builds on family competence and strength. By identifying fundamental family processes and dimensions, as well as the generic tasks that all families must perform if the family system is to grow and thrive, we find a common link and unified, developmentally focused understanding of family change that integrates prevention and early intervention into a single, growth-oriented systems model.

Prevention and early intervention are emphasized for two very important reasons. The first reason is obvious and self-evident and relates directly to

the confirmed and reinforced crucial role that the family plays in shaping optimal child development. The guiding objective of the Child-Centered Model is to influence positive child development outcomes through positive family systems change. Another highly relevant reason pertains to the practice of child-centered family therapy. The overall systematic program of clinical practice and research on the Child-Centered Model empirically confirms the efficacy of the model across a range of treatment contexts, from prevention to family therapy. Assessed from both therapists' and families' perspectives and multiple evaluation vantage points (change indices), problem intensity and therapy outcomes (results on the clinical tier of the model), highlight that families facing serious presenting child problems improved after therapy. In addition, research on prevention and early intervention (the first two tiers of the model) indicate that family problems can be averted and family strengths can be solidified and reinforced through child-centered family practice. Approximately 500 families of young children who participated in a five-year community-based intervention program, focusing on intensive family outreach, reported positive child development and family system gains.

The Child-Centered Model first began as part of a five-year Rhode Island State Department of Education parent training and community outreach grant program aimed at families at risk. The purpose of the grant project was to develop an effective prevention and early intervention model that positively influenced parent-child relationships and improved the predicted outcomes of children at educational and emotional risk. The overall objective was to create family change by awakening within families self-reflective and self-corrective processes—to make families "family system experts"—a concept and process (principle) that will be illustrated throughout this book. In contrast to parent skill training programs, which focus on parenting skills as discrete and separate entities occurring outside whole-family process and provide educational interventions that are behavioral and prescriptive, the Child-Centered Model takes a decisively family system approach, a path quite different from parent training programs, that involves the integration of child and family development.

The Child-Centered Model has systematically researched "what works" in the lives of children. The model provides an effective, clinically and empirically derived, multilevel program of family change (techniques and activities) that address the needs of children, parents, and families across a range of perspectives: prevention, early intervention, and family therapy. In the Child-Centered Model all three orientations to family growth and change are termed "prevention"—primary, secondary, and tertiary. Prevention is consistently interwoven across intervention contexts, reflecting the model's central principle and abiding commitment to normalizing family process. The model firmly holds that:

- Growth-oriented as well as problematic patterns co-exist simultaneously in a family. Such change-generating patterns are the route to and the source of a family's sense of competence.
- Acts of intervention (early intervention and therapy) are simultaneously acts of prevention. The intent of intervention, to bring about positive problem resolution, is, at the same time, ultimately aimed at prevention: strengthening a family's capacity to effectively handle or avert future problems.

In the early stages of the model's development, a variety of family theories, modes of intervention, and methods of parent training and involvement were explored, evaluated, and researched. The research involved empirical analyses but also included talking directly and extensively with parents in their homes, neighborhoods, and communities. The questions posed revolved around the main theme and issue "Why were other parent programs (skill training alone) so poorly attended?" The answer families resoundingly gave reflected the following consensus: Parent skill training programs are not meaningful in terms of the real world of family experience. Parents explained that the "advice" and "prescriptions" skill training programs offered were "too nice and neat," too idealized and unrealistic, outside the realm of everyday experience. Parents wanted programs that made real, practical, and emotional connections in their lives; programs that did not simply fill their heads with all kinds of information that they forgot as soon as they left the parent group meeting or therapist's office. As parents expressed, skill training alone was not making a meaningful and lasting impact in their lives.

Dialogues and round-table discussions with families and community center staff, providing the best and most immediate sources of feedback, evaluation, and consumer research, along with systematic family needs assessments, reviews of prevailing models, and empirical outcome analyses, contributed to the Child-Centered Model's family system perspective. Careful analysis and review of parent-child programs and family process research, combined with the strong experiential statements parents expressed, led to the following four main conclusions:

1. Parenting "exercises" and activities, when separated from the full picture of family dynamics, leave parents "cold" and at a cognitive disadvantage. The learning that occurs is less effective because parenting exercises have low-task relevance for families. Parent-child re-education is treated as if it takes place in a vacuum.

For example, to instruct parents to practice communicating "I" messages to their children ("I am upset that you broke the cup."), instead of "you"

messages ("You bad girl, look at what you did, look how upset you made me!"), was akin to giving parents a "band-aid" or superficial solution—a technique that may miss its mark because it is not fully grounded in the larger picture of family process. While "I" messages, which involve a parent taking ownership of his or her feelings and differentiating between the behavioral act and the child's worth, are significant improvements over blame-oriented "you" messages, parents expressed they often lacked the broader perspective. Parents explained that, in addition to needing to know *what* to do (the behavior change), they also needed to know *why* they were making the change and *how* to apply (generalize) newly acquired parenting skills across a range of family situations. Skill development, parent re-orientation, and knowledge of child development and the parent-child relationship need to be embedded in a fuller understanding of family process.

Parents also communicated the sense and experience that parenting and child development information, often provided in the form of "advice," was not sufficient for several other reasons:

2. The information, although practical, does not relate directly to day-to-day parent-child transactions and problems, nor do prescriptions mirror neighborhood, community, and family realities.
3. The advice parenting programs provide often seems "too tidy and perfect," portraying an idealized or fairy-tail version of family life: the way families ought to be and parents and children ought to behave.
4. Because the information is often communicated as "advice" and "instruction," even when the information is perceived as relevant, parents feel as if they do not own the knowledge personally but that the information is taught to them prescriptively.

As a result, rather than being internalized and integrated, the information remained largely external, foreign, and unassimilated.

If families are to change, and optimal child and family development is to take hold, then families should be engaged cognitively and affectively: learning, as the research on adult education has shown, requires a redirection. Family understanding and individual learning should begin not from the outside-in, where knowledge is transplanted from facilitator (therapist, social worker, child development specialist) to participant, but rather should be developed organically, from the inside-out. The family program and activities should begin with what parents already know, their personal and family life experience. Learning should originate with the self and progress outward to the next obvious intimate space—the family.

For genuine, sustained family change to take root and continue, the program and activities need to engage the whole person in heart and mind,

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