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### "The Use of Training in Advanced Pastoral Counseling for Increased Competency for Pastoral Counseling for Increased Competency for Pastoral Care at Lakeside Lutheran Church, Venice, Florida,"

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"The Use of Training in Advanced Pastoral Counseling for  
Increased Competency for Pastoral Care at Lakeside Lutheran  
Church, Venice, Florida," (DMin Major Applied Project, Concordia  
Seminary, St. Louis, 1994)

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### **Abstract**

This Doctor of Ministry Major Applied Project explores the role of the pastor as counselor and traces the development of family therapy. The "family as the patient" emphasis is explained, and contrasted with the more traditional psychoanalytical approaches that center on the individual. Specific case studies are presented which illustrate the application of system theory. The author relates his experience in a counseling practicum and his subsequent growth and development as a pastoral counselor.

## INTRODUCTION

A member I do not know very well came to me for a personal reference for a job. My simple question about where she was applying for a job led to tears. "I have to work or I will lose my mind," she said.

"What's going on in your life?" I asked.

"I am losing my mind!" she replied.

For the next hour and one half, I heard the story of a mother who never wanted her and had to approve of every man she dated until, at 30 years of age, she found one who met her mother's list of requirements. Her mother is now clinically depressed, living in a dirty house, not taking care of personal hygiene, and refusing to move into a nursing home; she blames her daughter for her situation.

Her husband's job requires him to travel and he does not believe in socializing. Her daughter, who has been her best friend, is heading for college, and this woman feels overwhelmingly alone.

I listened and said very little. Yet as she left she said, "You are the first person who has listened to me in ten years." How can I minister to her pain and bring some meaning and purpose to her life?

God will send many hurting individuals like this distraught woman into my office. In order to minister to these people, I decided to study pastoral counseling in my Doctor of Ministry program.

Pastors are being confronted with family issues in all areas of pastoral ministry. Whatever the setting, my motivation was to become better equipped to minister to the many people trying to deal with agonizing conflicts and crises within their own families.

My Major Applied Project Topic is The Use of Training in Advanced Pastoral Counseling for Increased Competency for Pastoral Care at Lakeside Lutheran Church in Venice, Florida. This paper will reflect my increasing knowledge of counseling theory and practice, and how I have personally changed and am better prepared to serve Christ and His people as a result of completing my Doctor of Ministry Degree Study.

## CHAPTER 1

### LUTHERAN FAMILY AND CHILDREN SERVICES COUNSELING PRACTICUM

Lutheran Family and Children's Services of Missouri (LFCS) is a not-for-profit church-related family service agency serving 7,500 Missouri families each year. Founded in 1868 as an orphan home, LFCS now offers adoption and foster care, counseling, child day care, family life enrichment, emergency financial assistance, crisis intervention and resettlement services for homeless families. Our mission statement affirms our commitment to the needy and the Christian spirit which guides us: "In response to God's compassionate love, Lutheran Family and Children's Services of Missouri will counsel, educate and support families, children and individuals and be an advocate in behalf of those in need."<sup>1</sup>

The Family Life Services Division of Lutheran Family and Children's Services offers counseling to individuals, couples and families at five locations in the St. Louis area. Counselors assist individuals, couples and families in dealing with marriage and divorce issues, problematic parent/child relationships and grief; a new program targets the chemically dependent.

Lutheran Family and Children's Services is able to offer their clients financial assistance through the generosity of the United Way of St. Louis and many Lutheran congregations. The clients pay on a sliding scale fee based on their income; fees range from sixty to three dollars per hour. No one is turned away because of inability to pay.



In 1989 Lutheran Family and Children's Services rekindled hope in the lives of 2,835 people through 10,120 hours of counseling.<sup>2</sup> Yet even with all the counseling hours provided, I was seeing clients that had called six months earlier for an appointment and had to wait because there were not enough counselors and not enough financial assistance available to meet the need. People are searching for a Christian counselor who can help them discover contentment with themselves and in their relationships. Currently there are not enough pastors with advanced training in counseling to meet the need.

A pastor is in a unique position to help people deal with the complex issues of life, because the Gospel of Jesus Christ can be used to help lonely, frustrated people find meaning and value in life. The very "call" to pastoral ministry is to use God's means of grace to proclaim God's subjective justification of that life in Jesus Christ.

Pastoral Counseling affords a pastor the opportunity to personalize the Gospel of Jesus Christ. The pastor represents a continuum of care available to a family as members pass through various life cycles. In most situations a pastor can draw upon years of interaction and a foundation of trust to help a family by pointing out to them God's overall plan for their lives.

Jesus spent a great deal of time reaching out to the hurt, lonely and disenfranchised members of society. Luke 15 records "The Parable of the Lost Sheep," "The Parable of the Lost Coin," and "The Parable of the Lost Son." In these parables we see our

Lord express the great value in each life and His will that no one be lost, but find His love and forgiveness. Jesus once said, "Those who are well have no need of a physician, but those who are sick." (Mark 2:17) Pastoral counseling is the church reaching out to those who feel lost and proclaiming the healing Gospel of the divine physician.

Lutheran Family and Children's Services is helping the churches in the St. Louis area with their counseling ministry. More pastors will need to receive training in counseling if we are going to meet the growing demand for this service from our members.

As part of my research for my major applied project I took a counseling practicum at Lutheran Family and Children's Services from September 1990 through May 1991. The practicum consisted of a well-balanced mix of counseling, educational theory, and group and individual supervision.

The first step was to request an application form to apply for admission into the counseling practicum. I called in June and learned that the counseling practicum was filled for the 1990-1991 session. They had received 25 applications and had accepted 5. The next morning Rev. Gary Behm, coordinator of the counseling unit at LFCS telephoned to say that he would like to have lunch with me. During our lunch I learned that he had talked to the practicum staff and they were considering making an exception to the size of the practicum group and I would be able to participate. After a formal interview that explored my back-

ground and my reasons for wanting to take the practicum, I was granted admission. I soon learned that they were pleased that an LC-MS pastor wanted to improve his clinical skills in counseling. Rev. Behm said that at one time Concordia Seminary had sent quite a few men through the counseling practicum and would welcome the opportunity to do so again.

During the previous school year I completed a basic quarter of Clinical Pastoral Education at the St. Louis State Hospital. I learned during that experience that the make-up of the practicum group can be a key factor in determining the quality of the educational experience. I find this true for the following reasons. First, each student brings unresolved relational conflicts into the group process. As a result, positive and negative transference occurs as students present their counseling cases, life, and counseling methodology. Intense transference issues may shut down the group process and lead a student to withdraw emotionally from the group process. Second, each student comes with his or her theoretical orientation to the counseling process. A student can be disruptive to the group process if he or she cannot learn from a different counseling approach. This loyalty to one theory of counseling can limit the help given to a client. Third, I have observed that some group members do not want theology brought into the group process. This resistance creates a great deal of consternation for those of us who use theology as the foundation for a counseling ministry.

The members of my practicum group had a wide range of diverse degree programs, backgrounds and theoretical orientations.

Gwen was a student at Webster University. She operated a small gift shop and had raised three children. Now that her children were grown she hoped to help people from her synagogue with their problems. David was a registered nurse and had recently been divorced from his wife; he had begun to study counseling to understand his own family of origin and was completing a counseling degree at Washington University. Joe, a student at St. Louis University, was a social worker with the juvenile court system; he wanted to use his counseling degree to help him in his work with troubled adolescents. Joe had a real love for counseling theory and helped each member of the student and professional counseling staff gain a better theoretical understanding of counseling. Donna, a student at St. Louis University, was the roommate of a woman who had been in my Clinical Pastoral Education quarter. Donna is a Roman Catholic Sister who shared her unique experiences working with the black family. Gail, a student at Washington University, was a homemaker and had decided to study counseling and focus on women's lifestyle issues. The group was just the right blend of personalities, counseling interest areas and schools to help me add to my knowledge base.

I learned about communication theory from the problem oriented therapists in the group. One student was quick to present the psychodynamic or psychoanalytic orientation to coun-

seling. He would attempt to relate people's problems to past object relations. The behaviorists were represented by a supervisor who encouraged us to help our clients learn new behaviors. She stressed the teaching role of the counseling process. The Family Systems orientation dominated the group, yet some proved to be "strategic" therapists and others "structural" family therapists. The "strategic" group was always trying to develop a plan to solve the family problems; and the "structuralists" were making changes in the family structure by actively participating and intervening in the family process. This may involve instructing and correcting individuals to bring about change. This rich mix of theoretical orientations greatly expanded my knowledge of counseling theory.

The goals of the counseling practicum were: 1. To learn how a counseling agency conducts business. This included learning new client intake procedures and reporting back to the agency for billing purposes. Lutheran Family and Children's Services employs an insurance specialist who taught us how to complete and file insurance claims. 2. To become familiar with client record keeping procedures; the importance of taking and keeping progress reports was emphasized, along with maintaining confidentiality. 3. To become familiar with the support, supervision and advice an agency can provide in our work with clients. 4. To diagnose problems using the DSM-III-R Manual. This is the standard mental health guide to the classification of mental disorders. 5. To carry a regular client caseload.

To achieve these goals each student was asked to carry a client caseload of 6 cases for the first semester and 8 during the second semester. Clients were supposed to be seen at the main office on Lindell Boulevard; I asked to have this requirement waived so that I could see my clients at the South County office located in my church. My individual supervisor agreed to this arrangement.

Every Tuesday morning the entire counseling staff, including the students, met for two hours. The first item on the agenda was to review the client intake for the week. The intake secretary Jan brought in a folder of all the intake forms that were not yet assigned to a counselor. When my practicum began there was up to a six-month wait to see a counselor; the students were able to relieve some of this backlog of clients.

Jan usually began the intake presentation with a list of programs and seminars to be offered around St. Louis. Lutheran Family and Children's Services encourages its counseling staff to participate in continuing education. Several times during the year they sponsored continuing education programs for counselors in the St. Louis Area, and I found these programs to offer very useful information. One program was an all-day presentation by professors from St. Louis University and Webster University. This program defined sexual abuse of children, what the law requires a counselor to do when he or she expects child sexual abuse is occurring, and presented several counseling intervention techniques. This workshop has helped me with intervention skills

I use when I suspect sexual abuse is present in a family. A second workshop on the DSM-III-R diagnostic manual provided me with information I immediately put to use. This workshop helped me focus on a particular diagnosis, and it directed me to research theories for a more specific therapeutic intervention and treatment. A practical benefit of the workshop were the guidelines presented for preparing insurance forms that required a specific diagnosis.

The next part of the client assignment process was for Jan to present the intake received during the past week. When an individual calls Lutheran Family and Children's Services and asks to see a counselor, Jan fills out an intake sheet. This form supplies the counselor with basic information, such as the family members' names, ages and occupations. Jan asks about income to determine how much an hour they will pay for their counseling. She also asks them why they want to come in for counseling and in a sentence or two identifies the presenting problem.

After all the new intake has been assigned or put back in the file, Jan reviews previous intake to see if a counselor would now have an opening to take on these new clients. The students are generally asked to take the low-paying clients; these families usually had more complicated issues for us to work with. Unfortunately, there seemed to be a low level of commitment on the part of these families to show up for the sessions and to follow through on any homework. I believe this was true for several reasons. First, many of these clients live in a system

that reminds them of failure, not success. They have a background of failing in school, work and relationships. Their living environment provides little hope for a better life and healthier relationships. Second, some of them have learned survival techniques to make it through today without any thought of future planning. They tend to live from crisis to crisis. They create a crisis if necessary and frequently report "something came up" for not making their appointment. And finally, some have come to counseling to appease a spouse or boss who has threatened the ending of their relationship. I find these clients to be present oriented and not willing to sacrifice for future gain.

When Jan had completed intake Gary Behm, the counseling director of Lutheran Family and Children's Services, took over the session. He updated the staff on any news from the President or Board of LFCS and asked if there were any issues that needed to be considered by the President. I felt that these five to ten minutes were very helpful in making the staff feel involved with the entire ministry.

Once Gary completed his report, we turned to the main reason for our Tuesday morning meeting; two counseling case presentations as per schedule. During my eight months at the agency I made five case presentations during these peer counseling sessions. The presenter was asked to follow an outline for his or her presentation. This outline contained five steps: 1. Why I am presenting this case. 2. A printed genogram.



3. What I have learned the issues are. 4. My therapeutic goals for treatment. 5. Where I am stuck and need your assistance. This format helped me organize my presentation so that the group could in a short time understand my case, assess my intervention techniques and hear my questions and concerns, while still leaving time for discussion. Without this format each student would have set his or her own agenda which would have interfered with the group processing of the case.

The group was welcome to jump in anytime with questions or comments and I learned a great deal of counseling theory and practical helps from these sessions. The individual therapists used their therapeutic frameworks to work toward a resolution of the presenting problem. I have previously referred to selected counseling theories, but the practical helps were especially useful. One student suggested that the "Miracle Question" was good to use when a counselor reached an impasse with a client. That questioning technique involved having the client picture how life or the family would look if a miracle were to happen tonight and things were different tomorrow. This question allowed everyone in the family to hear each other's dreams and goals for counseling.

I was one of the few that utilized portions of a session video tape during my presentation. The use of a video tape allowed the group to observe verbatim the actual counseling session, and also observe the body and facial reactions during the session. Frequently I was asked to stop the tape and explain

why I asked a certain question or moved the session in a certain direction. This not only clarified my presentation but helped me reconsider if I had indeed gone in the right direction.

Meeting weekly with a supervisor was a requirement of our practicum. Gary Behm assigned us to an individual supervisor, and my supervisor was Paul Fullerton. Paul is an ordained United Church of Christ Pastor but has never served in a congregation. In addition to his Master of Divinity Degree, he holds a Master's Degree in Counseling. Paul is a clinical member of the American Association of Marriage and Family Therapists (AAMFT). He is also an AAMFT supervisor in training, helping counselors complete the supervision requirements for clinical membership in AAMFT, while also having their supervision activities scrutinized by an approved AAMFT supervisor. The supervisor in training is also in the process of completing the AAMFT requirements for full supervisory status.

Paul Fullerton was an excellent supervisor who met my particular needs. I met with Paul one hour every week. I brought a video segment of the particular case I was working on, prepared to discuss segments of the tape showing where I thought I was doing good work and segments where I struggled. Paul expected me to bring my counseling notes with a detailed treatment plan for each case. He welcomed any questions that I had about counseling theory or practical helps. When I felt stuck with a client, Paul let me work myself out of that position. Each time I did he was quick to encourage me.

In addition to the peer counselor's group and the individual supervision, a student group was held for one hour every other Thursday. The counseling practicum students would meet with two of the supervisors, who rotated through this student group during the year. For the first semester each student was assigned case presentations. The format of the presentation was similar to the peer counseling sessions.

The smaller group was conducive to a relaxed setting where the discussion was lively and the trust level high; by the end of the first semester we were having lunch together. The students were quick to find something good to say about each other as individuals and counselors. This was helpful and supportive for each student, especially if he or she were dealing with a difficult case or if a presentation in the peer group had not gone well.

The students wanted presentations on counseling theory and techniques; these were provided by the supervisors via video tapes of an actual counseling session illustrating a specific theory. I now use several techniques demonstrated during these presentations. I will continue to use videotaping as I seek supervision in the future. It is difficult to recreate a verbatim transcript when a session is finished, and a video allows the supervisor to see the positioning and body language of the clients.

My client caseload varied from 3 clients per week up to 11 clients per week; 6 per week were required. I was the only

student that carried some of my cases throughout the practicum year, and Paul Fullerton was pleased with my client caseload. I was fortunate that I did not experience a large number of "no-shows," which would have made it difficult to maintain the required number of weekly cases.

## CHAPTER 2

### FAMILY THERAPY

None of us live our lives alone. Those who try are doomed to a miserable existence. It can fairly be said that some aspects of life experience are more individual than social, and others more social than individual. Nevertheless, principally we live with others, and in early years almost exclusively with members of our own family.<sup>3</sup>

Each person in a family can only be understood in their relationship with the other members of the family. A person enters into this relationship with other people through birth or marriage and does not leave it until death. A family develops its own ways of communicating, organizational structure, rules, and problem solving techniques.

We must always view the family as a system. When one member of a family behaves in a certain way, all the members of the family are affected. During my first year as a pastor in 1978, a lady came to me with a poor self-image. She would characterize herself with statements such as, "I am worthless" and "I never can do anything right." At the end of each session she would be happy and filled with confidence that life would be different. A telephone call the next day revealed a very sad person. Although I would build her self-esteem in a session, her husband would continually tell her that she was worthless and a loser. This is

an example of how a family is able to control the way people feel about themselves.

There is really no father or mother of the family therapy. It grew from the work of many people like Murray Bowen in Topeka and Washington, D.C. ; Carl Whitaker in Atlanta; Salvador Minuchin and E. H. Auerswald at Wiltwyck School in New York State; and Gregory Bateson, Don Jackson, Jay Haley, John Weakland, Paul Watzlawick, John Bell and Virginia Satir in Palo Alto, to mention just a few.<sup>4</sup>

The early stage of development in family therapy centered around work with schizophrenic patients. During the 1950s it was observed that schizophrenic patients were more upset after visits from their families. Sometimes the patients would be upset for a long period of time after the visit. It was hypothesized that the disorganized behavior was not related to their disease but to the families' visit.

Researchers began to observe schizophrenic patients and their interaction with their families. As the researchers obtained family histories, they paid particular attention to the times during the year the family had conflict. It was soon discovered that the patients' bad behavior occurred at the anniversary time of the past conflict. When the conflicts were dealt with and talked about in a counseling session, the patient's behavior improved. For example, when the patient's parents worked on their marriage, the patient's behavior also improved. The family contained the power to make a person healthier or

sicker. The family is the agent of change to improve the quality of life or make it worse for the patient.

The fourth commandment correctly points to the family as the first system a person must learn to live in. However, there are many other systems in life that directly affect our mental and emotional health. I have observed that a person's understanding and faith in God can have a drastic influence on their self-image and world view. A person believing God to be an angry God who judges through the law often has trouble affirming any value and meaning in life; a person with faith in a loving and forgiving God finds it easier to like themselves and others.

Colgate Rochester Divinity School uses what they call the "rope trick" to teach its future church workers to think of the family systemically. Several members of the class would stand in a circle. A rope would connect each student to each other student in the circle, so each student would be holding several ropes. When one student tugs on the rope it affects each member in the circle in a different way. The others are effected by the tautness of the connection. Similarly, everyone in a family is connected to and influenced by the behavior of other members.<sup>5</sup>

There are many schools of thought and a variety of methods in family therapy, but they all are consistent in the need to work with the family as the patient. The family may identify one person in the family as being the problem but a therapist knows the family must be counseled as well as the patient.

Charles H. Kramer did a study on the effectiveness of family therapy versus individual therapeutic techniques. His findings reveal the positive results of family therapy over individual psychotherapy.

- About two-thirds of the studies that compare family therapy with other types have found it to be superior in its results; about one-third have found no differences. But no studies show individual psychotherapy to be clearly superior.
- Couples benefit most from treatment when seen together rather than separately. Individual therapy for marital problems is not especially effective; this treatment strategy yields improvement in less than 48 percent of those treated.
- The personal relationship skills of the therapist have a major impact on the outcome of marriage and family therapy, quite regardless of the therapist's clinical theory or particular methodological loyalties.<sup>6</sup>

Systems theory asks us to view the behavior of each family member within their role in the family. To understand the individual you must see how he or she affects the other members and is affected by them.

The system's perspective therefore moves us away from linear cause-effect thinking, i.e., that A influences B but B does not influence A: 'I treat you like a child because you behave like a child.' 'I behave like a child because you treat me like a child.' (linear) The systems perspective moves us to a reciprocal or circular notion of causality, i.e., A and B are in a dynamic interaction: 'When I treat you like a child, you behave like a child, and then I treat you like a child even more and you behave even more like a child. We sure have a vicious cycle going, don't we.' 'When I behave like a child, you treat me like a child, and then I behave like a child even more and you treat me like a child even more. We are sure caught up with each other, aren't we.' (reciprocal)<sup>7</sup>

A mother, Mrs. S., made an appointment for a counseling session for her 15-year-old son "T"; he was either staying in his



room a lot or was staying out with his friends past his curfew hour. His mother was very concerned because T used to be a child who was friendly and open in his communication with the family. T's grades had dropped in school and he didn't try out for the soccer team as he had done each previous year. Mrs. S was also upset because T was not eating much, if anything, at meal times.

Mr. S had worked selling cars at the same dealership for 22 years. Mrs. S volunteered at a local hospital and was active in the women's guild group at her church. Mrs. S. wanted to get a job outside of the home, but Mr. S. thought she should stay home and raise their son. Mrs. S. had brought the subject up when T became a teenager, but Mr. S. refused to consider it. Mr. S's father had worked hard while his mother stayed at home raising the children.

Mrs. S had become frustrated with taking care of her husband and her son, and she began spending more time at church and at the hospital. Mr. S. would come home and dinner would not be on the table. Mrs. S. felt like she was only needed when he wanted a meal or sex, and Mr. S. became frustrated with her change in attitude. He withdrew emotionally from the family at first and then later spent many evenings away from home. Mrs. S. became close to her son when this occurred. Her son felt obligated to listen to his mother complain about his dad. He too thought dad was unfair to mom. The son was giving up his activities and friends to take care of mother. This was certainly frustrating and confusing for this young man.

The parents wanted me to help their son "get back to his old self." Mr. S. wanted no part of the counseling because it was his son's problem. Soon when we talked about his family of origin, we learned that his dad had been a hard worker since he was 15 years of age. His mother had never worked outside of the home. Mr. S. soon realized that he was relating to his wife in the same way that his dad and mom had related. When Mr. S. agreed that Mrs. S. should get a part-time job, their marriage improved. Soon the son was out of his room, doing well in school and taking an interest in life again.

I believe I could have talked to the teenage son for five months with little progress. The problem was not his alone, but the family's problem. The family was able to enjoy happiness when they began to understand why their system had become so closed. It was a real joy to see this family become reconnected in a healthy way.

This example is one illustration of the superiority of family therapy over individual psychotherapy. Family therapy allows the therapist to view the whole picture. The therapist can then enlist the entire family in coming up with a solution to the conflict. This type of approach is urgently needed today, as rapid changes are occurring in family life.

Pastors can become frustrated as they attempt to minister to families who defy the typical stereotype of what constitutes a family unit. Pastoral ministry must be family focused to remain meaningful; the real task is to gain insight into the evolving

composition and role of the family. The nuclear family has not died and can be found in large numbers in our communities. However, the term "nuclear family" is being redefined. "Families aren't dying. They won't go away until the whole human race does. What they are doing, in flamboyant and dumbfounding ways, is changing their size and shape and their purpose."<sup>8</sup>

If you define nuclear families in the old, nostalgic fashion pictured in Norman Rockwell paintings--father as the sole bread-winner, mother as homemaker not gainfully employed, and two children selling lemonade on the corner--then nuclear families may add up to only 17 percent of the nation's households. This makes them a minority of all families, and in decline at that. If, however, we were to define nuclear families as married-couple households (regardless of whether or not they have children living with them), a substantial majority of 59 percent would be so designated.<sup>9</sup>

Pastors must be equipped with the theoretical and practical tools to deal with families in transition.

A general review of some statistics reveals the need to use family therapy to identify the changes occurring in families today. The 1980 census shows 1.2 million divorces per year, and the number increases every year. The number of never married women raising children has tripled since 1950. It has been estimated that today over one-half of all American children live in a single-parent household at one time or another. It is naive to think that all families are alike.<sup>10</sup>

The statistics on remarriage demonstrate that blended families are becoming very common. It is estimated that 75 percent of the women and 83 percent of the men remarry within three years. The divorce rate for remarriages is very high; some

estimates reveal nearly one half of them will divorce again. Potentially, this translates into 18 million stepchildren.<sup>11</sup>

Blended families bring many complex counseling issues to the pastor. Dr. Cassell summed up the challenge that today's pastoral counselor is facing when he said:

There exist parents who are foster, biological, adoptive, step, absent, present, strict, easygoing, single, married, unmarried, widowed, divorced and separated, part-time, full-time, employed, not employed, et cetera. All but one of these characteristics are subject to change, and do change.<sup>12</sup>

The challenge for all pastors today is to remain available to families in their congregations without being overwhelmed or judgmental when faced with the rapid social changes which have occurred during the past twenty years. The Rev. William North, Executive Director of Care and Counseling in St. Louis, has recently identified the changes he has seen during the past twenty years in family therapy.

After twenty years at Care and Counseling, I can see changes in what troubles the people who turn to us for help. The couples we see in marital counseling struggle for meaningful relationships as they did before, but most them now are two-career marriages. That change has produced more stress and role confusion than before, when power imbalances seemed to be a major focus.

A noticeable change is that the children of those adults who were in a first heavy wave of divorce are now at a mature age and sometimes considering divorce themselves. The fear of creating turmoil in the lives of their children as they were traumatized is very threatening for some couples today.

Individually, men and women are seeking solutions to problems that reflect changing times. While women are still most apt to come in with depression, we see a greater range of career and stress-related problems than in earlier days. There is also greater clinical sensitivity to and public awareness of early sexual trauma and abuse. This means we are treating very troubled issues that may have gone

unrecognized before or may have been given a more generalized psychological identification. We are now taking very seriously the violence and abuse of women that earlier generations avoided.

Now it seems it is the decade for men's issues. A rootless generation of men seems to be searching for deeper values.

The most noticeable change in the past 20 years has been the recognition and treatment of alcohol and drug abuse. Our place has been to provide diagnosis and pre-treatment confrontation and post-treatment care for the emotional and family issues that must be faced for a complete recovery.<sup>13</sup>

Systems theory provides a unified approach in helping a family achieve optimal functional status. Using systems theory as a framework, pastors have the opportunity to increase understanding, and facilitate long term changes in their clients; however, many pastors continue to exhibit little knowledge of this theory. As J. C. Wynn points out, an understanding of the wholistic concept of systems counseling theory is useful in dealing with the family centered problems that every pastor will be faced with in his ministry.

Family Therapy, in its fullness of meaning, involves more than comforting the bereaved, instructing the engaged, or interpreting baptism. The pastor as a therapist has an obligation to bring more than symptomatic relief to families in distress. Such relief is a first objective; but it is unwise to terminate there just when people begin to feel better. Pastoral therapy also includes a component of growth. Every family crisis has within it the potential to aid people to self-understanding and mutual acceptance. It also has the potential of deepening faith. Both contribute to growth and upbuilding in love. (Eph. 4:16).<sup>14</sup>

### The Family Life Cycle

A good place to begin with a family is to study their developmental process and understand the stages each member

passes through. The family either assists or inhibits the individual's move through the various stages. Although major events are predictable in a family, such as births, marriages, childbearing, and the launching of children, unpredictable events also occur that disrupt smooth passages. A family counselor must have a working knowledge of life cycles or passages. This knowledge gives the counselor a starting place when trying to assess the issues and problems.

The counseling case mentioned in my introduction presented a situation where a woman was functioning well until her daughter was launched to college. It was hard enough dealing with the life cycle issue of launching her daughter, but it also reminded her how she was never appropriately launched from her own family of origin. While her husband welcomed the new freedom of not having to be tied down to a child's schedule, she was mourning her loss and angry at her husband for not understanding her need. It is important to inquire about life cycle transitions during the first counseling session.

The traditional family life cycle has nine stages of life as proposed by Duvill in 1977. He based much of this on Erik Erikson's "eight stages of man." The eight stages and the emotion issues attached with each stage are:

<u>Stage</u>	<u>Emotion Issues</u>
1. The Unattached Adult	Accepting parent-offspring separation.
2. Newly Married Couple	Commitment to marriage.
3. Childbearing	Accepting new members into the system.
4. Preschool-Age Child	Accepting the new

- |                       |   |
|-----------------------|---|
| 5. School-Age Child   | personality.<br>Allowing child to establish relationships outside the family. |
| 6. Teenage Child      | Increasing flexibility to allow child's independence.                         |
| 7. Launching Center   | Accepting exits from and entries into the family.                             |
| 8. Middle-Age Parents | Letting go and facing each other again.                                       |
| 9. Retirement         | Accepting retirement and old age. <sup>15</sup>                               |

Families become mired in emotional issues as they move through these different stages. Pastors who are knowledgeable of family developmental stages can better assist families from the pulpit as well as in counseling sessions. It has been my pastoral experience that knowledge of the life cycle stages and their attendant emotions can help people resolve difficult issues. Clients often come to a counseling session and express surprise that their families have ceased to function well. The first step with these clients is to determine if a life cycle transition has occurred and, if so, explore each participant's feeling about the event.

Thomas Elliot helps us understand that a revision in family membership often will lead a family to seek counseling. He offers two unusual terms: crisis of dismemberment, meaning when a family loses someone; and crisis of ascension, meaning an addition to the group. It was significant that when T. H. Holmes and R. H. Rahe compiled their now classic study on the greatest stresses in life, ten of the top fourteen dealt with the gain or loss of a family member. These events reach crisis proportions when a family cannot reorganize themselves, but an effective

counselor leads a family through this reorganization using a systems approach.<sup>16</sup>

I have learned that it is never enough to know what each individual in a family thinks without knowing how they relate to one another. People behave as a result of the script and pattern established in their family of origins. Once a family has talked about the life cycle transitions or lack of a smooth transition, counselors need to understand the patterns of how family members are relating to one another.

Families try to maintain a customary equilibrium in behavior and communication. Regardless of whether or not their pattern of behavior and communication is functional or dysfunctional, it is always representative of the family's desired level of comfort in these areas.

I am working with a family in my congregation in which the wife has separated from her husband and is planning to divorce him. Three years ago this couple came to me with the complaint that their marriage had grown stagnant. They found no joy or personal fulfillment in the relationship. She, a very attractive woman who worked at keeping herself in shape, was repulsed by the fact that her husband had become overweight, lazy and drank to excess. He finally agreed that he had let himself go, and immediately quit drinking and lost weight. Although his three daughters were teenagers, he fought their busy schedules to reestablish a good relationship with them.



She now reports that he wants too much of her time and has come between her and her daughters. He destroyed the homeostatic stability of what she had become used to. She did not know what to do with a man who could not be controlled and manipulated. Although she got what she asked for, she was not used to dealing with him in this state.

Many couples having problems focus in on the behavior of a child. When the child acts out the parents are upset, but they join together in assisting this child. When the parent's relationship once again becomes strained, the child acts out to bring mom and dad back together.

I am currently counseling a family that is using homeostasis in a positive way. The man moved in with this woman and her two children. The man felt that many times the children were saying things about him that were not true so that mom would stay close to them. He decided that whenever misunderstandings arose, he would call a family meeting to allow each member of the family to speak his or her side of the issue. Through this process he was able to lead the children to the knowledge that he loves them very much and will never take their mother from them. She learned to gather all the information before siding with her children.

Charles Speer believes that the concept of homeostasis is somewhat misleading and restrictive. As described by Speer,

The concept of morphostasis is similar in meaning to homeostasis. Morphogenesis, however, delineates the system-enhancing behavior that allows for growth, creativity, innovation and change, which are all

characteristic of functional families. In a healthy family system, morphogenesis (change) and morphostasis (stability) are both necessary. While either extreme of the morphogenesis-morphostasis continuum would probably be dysfunctional, in healthy families, a balance will be maintained between the two.<sup>17</sup>

Boundaries are those invisible lines that determine the family's patterns of interaction within and outside of the family. Boundaries vary from family to family. In 1974 Minuchin described boundaries as being on a continuum ranging from "enmeshed," where boundaries are blurred, to "disengaged," where boundaries are rigid and basically impermeable.<sup>18</sup>

Families with blurred boundaries have become over-involved with one another. You find them speaking for each other because they feel they have the same ideals and beliefs. When a family has rigid boundaries they do not become involved in the other members' lives. They are unable to respond to a family member in need and may miss the fact that someone could use some help. The best situation is when there are individual rights, yet a sense of caring for the other.

Boundaries define what each member of the family does and when. The family is organized into separate subsystems. The main subsystems have been defined as individual, spousal, parental and sibling; they are so defined based on the participants in a given relationship.<sup>19</sup>

These subsystems interact and rely upon each other depending on the situation. It is not appropriate, for example, to have the child brought into the spousal disagreement. This triangulates the child through a breakdown in a healthy boundary.

The patterns of relationship, roles and power shift are defined by membership in different subsystems. The parents must assume the authority of parents, yet they need to allow for some power to be placed with a child if that child is to grow and function normally in our world today.

One task of a counselor is to establish how a family has become dysfunctional. The counselor looks at boundaries in terms of being too open or too closed. If the boundaries are too open or too closed, the family can become dysfunctional during life cycle changes and times of conflict. When a family member is lost due to divorce, death or launching, a great struggle can result as the family tries to reorganize itself. Many times a family that had been functioning just fine before the loss of a member is suddenly thrown into a chaotic state. A counselor can allow people to see how their boundaries and roles are changed, and the family can reestablish some healthy boundaries. Today, counseling is especially needed for those in blended families because new subsystems, roles and rules are established. A pastoral counselor must be careful in working with blended families so as not to use the Law in a legalistic manner, or the counselees will be unable to establish healthy boundaries.

Boundary issues do arise during times of chronic illness, stepfamilies forming, families in transition, but also when someone brings a new culture or a new religious faith into the family. I have worked with many families that have been fighting because a son or daughter is not dating a Lutheran Christian. In

some cases they desired their child have a serious relationship only with a Missouri Synod Lutheran. Such a boundary can cause a total breakdown of communication if a new race is introduced into the family. Many families become embarrassed and their boundaries become rigid or closed to the outside world and to each other.

A discussion on boundaries in a relationship reveals what in family systems is called "feedback." This refers to the fact that any behavior or reaction by one member of a family is a connection with other events that will happen. It is more than just saying my behavior caused you to be mad. Feedback tells us that my behavior effects my relationship with my wife, her relationship with my oldest daughter, my oldest daughter's relationship with her sister and on and on. The effect is a continuous loop of one behavior affecting every member in the family.

I was counseling a woman who had an affair with her husband's best friend. She was shocked by her own behavior and promised that it would never happen again. He said that he forgave her but soon was going to a bar after work and getting home very late. The dad quit coaching his son's softball team, which made his son mad. The mom became frustrated with his absence and had another affair. The feedback each received had exceeded the acceptable limits in their relationship. Dr. Dorothy Becvar explains why the reaction of one person leads to a connection to other events in a family.

Feedback is responsive to forces which are disturbing to the system. Thus, as persons A and B have established a fairly

stable relationship pattern, and if A behaves in a manner exceeding the acceptable limits of the relationship, (which is probably feedback that the existing contract is not satisfactory or that B's behavior exceeds acceptable limits), B may give feedback to A in an attempt to return to the steady-state of the previous relationship contract. In this way mutual interaction and feedback occur in an ongoing pattern of reciprocal interaction.<sup>20</sup>

Feedback can keep a relationship functioning in spite of external changes. Positive feedback allows the individual to understand that the change has taken place. Negative feedback serves to maintain the homeostasis. This negative feedback defines the expectations in a relationship. The correct use of positive and negative feedback can assist people in moving smoothly to the next developmental stage. The correct use of feedback will also help people make communication circular and not just flowing one way.

Dealing with a family's system feedback issues quickly teaches the counselor that the important question is "what." "What" is happening today is the most effective mode of questioning in counseling. The history of the problem is not as critical as understanding what is happening in the present. The concept of "equifinality" teaches us that the end result can be obtained by many routes.<sup>21</sup> The counselor should observe and ask about what is going on today. Spending a long time obtaining the history of the conflict, as many psychotherapy models propose, is not very helpful. Some busy pastors can spend so much time hearing the history of a problem that little energy or time is left for what action is needed today.

I believe that the busy parish pastor can be overwhelmed when a person (couple, family) relays a long history of their problems. It is certainly more useful for the couple to discover what is going on now and how they would like tomorrow to look. The concept of "equifinality" should also be used by the pastor as he prepares Bible Classes and Sermons. God's Word is a power and guide for people's lives today. It is therefore important to make application of God's Word to present day issues.

### The Family Structure

The counselor who does marriage counseling must be aware of the triangle. We have already talked about the fact that the system is much greater than the number of its parts. Even though you are dealing with a couple, you must see three units functioning. Each person plus the relationship between them make the three units. Bowen has noted that the triangle may well be, "The smallest stable relationship system."<sup>22</sup> A third is always brought into a relationship when there is trouble. It then becomes two against one to solve the problem. The most common triangle that I have encountered is when a parent brings a child into a conflict with the spouse. I find it to be very destructive when a triangle is formed across generational boundaries.

Many times I have had an individual come to me for help in resolving a conflict with a spouse. Frequently the talk is about how their child agrees that he or she is a "mess" and needs

correcting. Why won't the absent spouse deal with the problem? That spouse avoids dealing with the situation because when it is two against one, the odds of winning are small.

It is not only frustrating for the couple but for the counselor as well. Many pastors tell me they avoid marriage counseling and refer immediately because they are not successful in resolving the issues. It has been my observation that pastors who become frustrated in family counseling are the ones who fail to see the family as the patient. In marriage counseling it is important to explore the triad, even if the couple does not bring it up. One helpful way to understand the family as the patient is to understand the subsystems. Although the family is the patient, a counselor should examine the organized subsystems within the family.

The family emotional system can be viewed systemically as a structural, functional, and developmental unit. Structurally the nuclear family has four basic subsystems: the individual subsystem; the husband-wife subsystem; the sibling subsystem; and the parent-child subsystem. Each subsystem has its own boundaries and set of needs and expectations. A family in emotional balance is able to satisfy the individual needs of each subsystem. In addition, the family has to interact with its suprasystems, i.e., emotional significant others (friends), neighbors and community people.<sup>23</sup>

It is important for a family counselor to review the structural makeup of the family in order to gain a better understanding of interactional patterns. Over time every family develops a structure in which each member reaches a comfort zone. Whenever a new member enters the family or someone exits the family, the communication structure changes. It is always impor-

tant to assess the subsystems so that an understanding of the family structure can be obtained by the counselor. The counselor will then know whether healthy boundaries are being maintained in the subsystems of the family.

I have found it very helpful to allow the family to point to the identified patient, who is the person they point to as the reason they need counseling. It is important to listen to each member of the family describe what this dysfunctional person does to them in the family. The next step is to assess the structure of the family by identifying the subsystems. This will allow the counselor to obtain an insight into the roles and rules of this family.

Healthy family members assume many roles within the family. Families in crisis often have people fixed in one role, and when a person gets set in one role it can become embarrassing and painful for the family. I saw one family where the husband/father got stuck in the role of the comic or clown; he handled his father's funeral visitation by telling everyone jokes. The children thought he was disrespectful to their grandfather and his relatives thought it was his way of handling the grief. In therapy the family recalled how dad was never serious about anything.

Roles take two different forms in a family. First, some of our roles are assigned to us. We are a mother, father, son, daughter, male or female, born into the family in a certain order. Second, there are also roles that we acquire: clown,



martyr, scapegoat, lost child, follower, leader and so forth. When you are able to see the relationship of the various roles, you begin to see how the particular family is structured.

### Family Rituals

"Rituals are a significant aspect of family process. These are routines of relatively predictable feedback in which our interactions follow a set pattern that has been imposed by long-held expectations."<sup>24</sup>

Rituals are very powerful factors in how a family is organized, and a change in a ritual can throw the structure of a family into chaos. I have counseled families thrown into crisis after a ritual break, such as opening Christmas presents on Christmas Eve rather than Christmas morning. We bring many of our rituals from our family of origins, and therefore must negotiate when entering a new family on how we will change or not change.

I counseled one family whose members were struggling with a ritual the husband had. Every Friday night he stopped at a bar to play pool and drink. He would stay until the bar closed and then come home. He never stopped at the bar other than on Friday night. His wife complained because he was never home on Friday evening and would lay around all Saturday because he was tired. After inquiry into this Friday night ritual we discovered that it had begun in college. He recalled that his friends had taught him that Friday night drinking was a reward for a hard week at

school. When we dug deeper he admitted he did not really enjoy being away from his family every Friday evening and feeling sick on Saturday. In its place we contracted to try some new activity on Friday evening. He would take his family out to dinner every Friday evening and enjoy a couple of beers with dinner. The family felt that this was a positive ritual that brought the family closer together.

My supervisor Paul Fullerton taught me that many adults are slaves to rituals they learned many years ago and would love to have permission to end them. However, many adults feel they would be letting down a parent or a friend if they abandoned them. I talked with people whose parents are dead but they feel like they must carry on their traditions and rituals. Sometimes it is good to carry on learned family patterns, but other times it restricts a healthy family process. Some learned family patterns bring the family closer together by helping them feel loved and wanted. Some complicated unhealthy family rituals can only be unraveled by family therapy.

I counseled a family that had established an unhealthy ritual that needed to be ended. Their one child was of college age. Twice he reported going off to college and twice dropped out to return to his mother who became sick. The mother made him feel like her sickness was related to his absence. When his wife would get these "sick" episodes, the husband would schedule one business trip after another to be away from home. The son would lay in bed most of the day, upset over his lack of progress in

life. This unhealthy family ritual kept the family from moving into the next family life cycle, and therefore no one was happy. Once we dealt with the mother's fear of losing her son and her anxiety over having to reconnect with her husband, everyone's behavior improved.

J. C. Wynn in his book Family Therapy in Pastoral Ministry speaks about three "spooky" influences in family process: secrets, ghosts and mystification.

Secrets are the information we possess about another family member and we have been told explicitly or implicitly not to share with anyone outside the family. Sometimes these secrets are used as weapons to control the other person; for example, if you will not do this for me I will tell so and so what is really going on. Secrets tend to mystify certain people and events. A conspiracy happens when the family bonds together to keep a secret private even though it may be destructive to an individual and/or the family. Many times in family counseling sessions I have seen one family member begin to disclose some information only to receive looks from the others that quickly brought silence.

It becomes very difficult to bring members of a family in for counseling if they believe another has disclosed a family secret. I have had clients actually threatened with physical harm if they revealed a family secret to me. I have also seen happiness in a family when a secret is revealed and they no longer have to live in fear and pain. Pastors see this happiness

when individuals confess a particular sin that has bothered them for a long time, and receive the absolution of God.

Ghosts are those expectations passed down to us from our family of origin. These expectations can be passed on from one generation to the next. We all tend to remember the interactions we had with our parents and the experiences we had growing up. We judge our children if they meet or fail to meet our expectations. We bring the history of other relationships and impose them on our expectations of current relationships.

Recently a family sought counseling because their son was not trying hard enough with his school work. He was getting bad grades and thinking of dropping out. I soon learned that the parents each had one parent who had dropped out of school and that both of them had dropped out of high school when she became pregnant as a high school junior. They had made a pledge to God and each other that all their children would make it through high school and get a college education. Their oldest had just barely passed high school. His struggles in school had led to many family arguments. This middle son wanted to avoid these family fights so decided he would simply fail everything and quit school to avoid the fights. And he did, even though his mother tried to beat him into submission. When he learned that his mother felt this way because of the mistake she felt she made growing up, the situation greatly improved. When the mother could tell the boy she loved him and nothing he did could destroy that love the

situation greatly improved. The young man began to do better in school without the ghost from his mother's past haunting him.

The final "spooky" influence is mystification. This occurs when a person hides their own agenda by making another think what you are asking for is to their benefit. I might for example, tell my children to run outside to play because the fresh air will do them good, when I really just want them out of my space. Many parents use an absent parent as ammunition in masking their own interests. "You better pick up your room before your father gets home." "You better pick up your dirty dishes before your mother gets home." "You will feel so much better if you say nice things to your brother." Many of our familiar family messages contain mystification.

"I" communication solves a large portion of the mystification problem. I always share the importance of "I" communication when I do family counseling. "I" communication is the honest way to deal with another human. "I" communication is the most effective in terms of helping the other person understand one's position and opinion. An example would be a wife saying to her husband. "I feel lonely and frightened when you fail to call me on your business trips." This is more helpful information to the husband than would be something like "you are selfish, you never call me."<sup>25</sup>

I have also learned that it is healthy for the counselor to use "I" communication in sessions. This tends to keep the counselor from being drawn into a triangle. Only the family can

really tell the counselor about themselves. The counselor with all the answers is setting the family up to be passive in their responses. The family will never join their energy together to work on a situation if they feel the counselor has sided with one individual in the family. Finally, "I" communication allows the counselor to avoid draining the family's energy. A good counselor goes with the energy the family generates. Let me explain why this is important.

Going with the energy means that it is not necessary for the counselor to direct the emotion and subject of the session; it may be more useful to go with the flow of the current emotion or situation. I once had a man say in the presence of his family that he would be a lot happier off without them. I then asked him to describe what he envisioned his life to be without the family, and to describe the happiness as he pictured it would be. Soon, he was telling the family that he would miss them terribly. He said that he was frightened that if they did not get their problems worked out that he would lose them. The family was able to make a decision that they needed each other and would now work hard not to lose each other.

I have been surprised by the large number of families I see where paradoxical communication is the norm. Paradoxical communication moves in two opposite and inconsistent directions. One especially destructive form of paradoxical communication is the "double bind." This happens when a person makes a statement to another person that contains two messages that are inconsis-

ent and contradictory. An example would be the father who takes his daughter to the ballet and says to her, " you better have a good time or I will never take you again," Or the wife who tells her husband that he never kisses her and then makes a face when he tries to comply. Another example is the pastor who tells people they should have the love of God in their hearts or they will be punished.

I was seeing a couple where the wife had placed her husband in a double bind position with their sex life. The woman had been taught by her Roman Catholic teachers and parents to avoid men's advances. Every time her husband tried to become intimate with her, she would do and say things that told her husband to leave her alone. Yet, she began to complain to her friends that her husband was distant and not very affectionate. She had placed her husband in a "double bind" situation. In pointing out the paradox of her messages she was able to be free enough to tell her husband that she wanted him close and she needed his help in feeling good about this. I was able to give her permission to review the information she had been taught about sex. She decided that it was acceptable to be intimate with her spouse. They each reported feeling better about their sex life.

I have already discussed how families are always attempting to achieve a balance. In a healthy functioning family, each member can live without a lot of outside emotional support. Each person feels good about himself and his function in the family. When families become fused, they get caught in an over-

function/underfunction reciprocity.<sup>26</sup> When emotional triangles form, one member of the family tends to overfunction emotionally to compensate for the one who is underfunctioning. Families tend to view the underfunctioning one as inadequate, and urge that individual to seek counseling. I have had little success in only seeing the "underfunctioning" member of the family. The underfunctioning person may make some progress during sessions, but it is quickly negated at home by the overfunctioning person. The families that are fused need to be seen together for the family to function better.

In my next section I will explore the process of family therapy, demonstrating how families working together can resolve issues and learn new ways to understand and be understood. The family therapy process enables the family to realize that the problems they face are not a result of one individual's behavior.

### The Process of Family Therapy

The family therapy process begins with the first contact I have with the family. A family member usually initiates the process by calling the agency. When I return the telephone call I obtain the following information:

1. The names and ages of all the family members.
2. What is the reason for wanting to come in for counseling?
3. When did the problem begin?
4. What has the family tried to do to solve the problem?
5. Who will be coming in for the first session?  
(If not the entire family, I ask why)
6. Has the family or identified person ever been in counseling before?



I concentrate on simply listening during the first contact. Very often people consider counseling for months before finally taking action to begin the process, and the anxiety level is often high during our conversation. I attempt to defuse the apprehension by trying not to disagree with the caller during our initial contact.

My goal is to get the entire family in for the first session, but I never insist on this. People frequently object to the whole family coming for counseling. Once they have identified the person "causing the family problem" they want that person fixed, as I will illustrate.

A woman was referred to me by a Lutheran pastor for help with her son who was doing poorly in school. During the initial telephone conversation I learned that this boy was one of three sons. His older brother had recently graduated from high school with the help of tutors and summer school sessions. The youngest son was achieving good grades in the sixth grade, but the middle son was at the point of dropping out of school. His mother could not let this happen because she and her husband had both dropped out of high school when she became pregnant.

I asked her who would be coming in for the first session. She said, "My son and I will be there, why would you need the others?" I told her that eventually I wanted to meet the whole family together but for the first session it would be acceptable for her son and husband to be present. After resisting having to

ask her husband to give up his Saturday fishing trips, she agreed to the process.

The older and younger sons were brought into the counseling process during the third session. The entire family was able to express their frustration with the tension in the home. Each member carefully listened to the other family members and decided on the ways the family could function better. It is best to have the entire family present during counseling.

The behavior problems, in the forms of alliances, scapegoating, rules and roles can be detected in many families during the initial telephone conversation. Many times the person on the telephone is quick to speak about his or her analysis of the family. Although conclusions should not be drawn by the counselor prior to meeting with the family, it is important for the counselor to be gathering information from the time of the first contact. The telephone contact can provide the names and ages of the family members, the reason why counseling is needed, if and when they have had counseling before and the chance to congratulate them on this first step to a healthier family.

Often the presenting problem has to do with an extended family member who is ill or presents a behavior problem. I prefer these extended family members to attend part of the counseling session if this is possible. When some members of the family are not present it is too easy to form a coalition. A coalition formed against someone not present will make it more difficult for that absent person to be reintegrated into the

family. That absent person will feel isolated and subsequently feel the need to create tension by underfunctioning the family.

When working for an agency that seeks reimbursement from a third source, such as an insurance company, it is necessary to determine a diagnostic type. It is important for a counselor to be aware of the symptoms of each diagnosis type.

Part of the difficulty in beginning therapy properly has been the confusion between diagnosis for institutional reasons and diagnosis for therapy purposes. For an institution and for medical insurance reasons, it was necessary to see a person alone and to classify him or her as a diagnostic type, according to some scheme, such as the DSM. That procedure was irrelevant to therapy and could even handicap the therapist in thinking about how to solve the problem. Now it is known that the best diagnosis for therapy is one that allows the social group to respond to attempts to bring about change. A therapist must intervene with a therapeutic act to gather diagnostic information for therapy, and so it is best to begin with everyone involved because change will involve everyone.<sup>27</sup>

### Initiation of Family Therapy

My practicum at Lutheran Family and Children's Services taught me how to use the DSM-III-R Manual with families in therapy. The American Psychiatric Association's Diagnostic and Statistical Manual, third edition, revised (DSM-III-R) classifies psychiatric disorders and their characteristics. It is imperative that when payment is being sought from an insurance company, the family is aware that one person will need to receive the diagnosis. In some cases I tell the family what the diagnosis is; when I believe this information will anger the family or result in a coalition against another, I avoid telling them specifically what I will write down.

While I am on the telephone I speak directly about the fee for the counseling session. Lutheran Family and Children's Services uses a sliding scale fee structure which the intake secretary shares with the client. At Associated Counselors each counselor sets appointments and collects fees. I explain to the caller what the hourly rate is and that payment is expected when the services are rendered. If services will be covered by insurance, I also remind them to bring an insurance claim form and policy information to the first session. Associated Counselors has a 24-hour cancellation policy and clients will be billed for a no-show without proper notification. I encourage them to be prompt, explain that the counseling session is 50 minutes, and make sure they have directions to the office.

When the family arrives for the first session, one member completes an intake form which provides more detailed information about each member of the family. This form also asks for insurance and referral information. When this form is completed, I invite the family back to my office.

During my practicum, I learned that important information is gathered by observing how the family seat themselves in the counseling situation. I once saw a family with three children. One boy turned the chair towards the wall, and I surmised that he was forced to attend. At another session I asked a couple to sit on my couch and the wife immediately constructed a wall between her and her husband with pillows. This indicated to me that she did not want him to get close and she felt very isolated from

him. I also read this as a sign to challenge me to try to break down this wall. I had another family enter the room and the two children asked mom to sit between them and dad. My impression, which later proved to be true, was that these children were afraid of confrontation with their father; their dad was physically abusive to them. I also had a family where the boy sat next to his father and the daughter sat very close to her mother. These coalitions proved true as we got into the session.

I begin the first session by thanking the family for coming in. I then ask no one in particular a question like, "What brought you here this evening?" I carefully observe who answers the question first and the tone in their voice as they answer. Many times the first person to speak is the one who currently carries the power in the family system. I then ask if anyone else would like to answer the question. When the volunteers are finished I then summarize what they have said and ask the others if they feel that is why they came in to see me.

It is important to smile and praise each member of the family for their willingness to come to counseling. The family needs to see me as being a caring and interested person and I want them to know that this is a safe and comfortable place to be. I need to convey to them that I understand the problem as stated.

A counselor should never challenge their understanding of the problem right away. However, it is important for the family in counseling to understand how the systemic nature of the

problem has influenced their lives. A good counselor will acknowledge their understanding of the problem, yet help them to begin to reframe the problem. Some indicators that help the counselor know when it is time to move into the rethinking or reframing phase are:

1. the ability to listen to each other talk without needing to jump in and correct.
2. the ability to reflect on one's history without feeling criticized and defensive.
3. the ability to process self-questions without feeling defensive.<sup>28</sup>

It is important to discover how long the problem has existed, and how the family members have tried to resolve it. During this phase of the counseling I ask each person the same question to avoid defensiveness and to gather as much information as possible. Each person must talk to me and not to the other; this allows more effective listening by all.

Once everyone has had an opportunity to define the problem with a sense of being heard, I then move into a phase where each person can talk about self. The most effective way to help people talk about themselves is by constructing a genogram.

#### Family Therapy: Methods and Application

A genogram is a picture of a family tree which records information about a family and their relationships. A genogram is a subjective tool to help a counselor form a hypothesis to work through systemically in subsequent sessions. The most effective genogram covers at least three generations.<sup>29</sup> Although I have been told that there is no required construct for a

genogram, Lutheran Family and Children's Services taught their preferred structure and acceptable glossary of symbols. In addition to helping the family begin to think systemically, a genogram helps consulting therapists, supervisors and groups get an immediate grasp of the family situation.

Genograms can help family members see themselves in a new way and are thus an important way of 'joining' with families in therapy. They enable an interviewer to reframe, detoxify, and normalize emotion-laden issues, creating a systemic perspective which helps to track family issues through space and time. Also, the genogram interview provides a ready vehicle for systemic questioning, which, in addition to providing information for the clinician, begins to orient the family to systemic perspective. The genogram helps both the clinician and the family to see the "larger picture," both currently and historically; that is, the structural, relational and functional information about a family on a genogram can be viewed both horizontally across the family context and vertically through the generations.<sup>30</sup>

It is interesting to watch families interpret the repetitive patterns in their family as they see them unfold in the genogram. I had one man say, "Now I can see why I am so anxious as my fiftieth birthday approaches; my grandfather and father both died of heart attacks in their early fifties." To be able to view how the family of origin handled life cycle changes sheds light on current behavior as the same life cycle is being lived. It has been said that genograms let the calendar speak.

I have seen several clients gain an understanding of their parents by better understanding their grandparents. One woman said that she could now see that her father treated her just like his father had treated him. "I guess that is why I treat my daughter in the same way that I said I would never treat my children. "Families do repeat themselves and once the family can

see the repetitive behaviors, each person can make a decision about change.

Often, two people in a relationship draw in a third when they are having problems. This triangle helps bring some peace or stability to the relationship by deflecting emotion. I find genograms to be the best way to view these triangles and help the clients discover how they can be changed.

"Creating a genogram involves three levels: 1) mapping the family structure, 2) recording family information, and 3) delineating family relationships."<sup>31</sup> The most important component of a genogram is to picture how the family members are biologically and legally related to each other. Once the family and their relationships are drawn I then add how each member functions in the system, important family events and demographic information. It is also important to use symbols to describe the relationship issues between people.

Genograms can become quite complex as each member of the family begins to provide information and adds their perception of relationships. I have found genogram construction to be a helpful way to make adolescents want to be a part of the counseling session. Many adolescents are hearing about their parents' family of origin for the first time. For some families, this is the very first time they have talked about emotions and feelings. Children and adolescents are sometimes surprised that their parents carry such strong memories and feelings from their childhood.



Although a genogram is usually constructed during the first session, it is useful throughout the duration of the person's counseling. An individual begins to remember more, and powerful family secrets are revealed as trust is built. Uncovering secrets and myths is the first step in dealing with guilt, shame and self-image issues.

It is important for the counselor to be aware of basic genogram information when looking for family patterns to be dealt with in counseling. As a rule of thumb, the data are scanned for the following:

- Repetitive symptoms, relationships or functioning patterns seen across the family and over the generations. Repeated triangles, coalitions, cut-offs, patterns of conflict, over- and under- functioning are central to genogram interpretation.
- Coincidences of dates: e.g., the death of one family member or anniversary of this death occurring at the same time as symptom onset in another, or the age at symptom onset coinciding with the age of problem development of another family member.
- The impact of change and untimely life cycle transitions: changes in functioning and relationships that correspond with critical family life events. Of particular interest are untimely life cycle transitions, e.g., births, marriages, or deaths that occur "off" schedule."<sup>32</sup>

Genograms cannot display all the information discovered during the course of counseling sessions. However, a genogram should be a part of a total family assessment.

The next step of the first session is to try to get the family members talking to each other about the problem. I frequently ask, Is that how you understand the problem? or did you have this information about him or her before we constructed the

genogram? What have you learned about him or her? It is important for the counselor to bring each member of the family into the conversation. Sometimes it is useful to ask a person to perform an action rather than speak as the following will illustrate.

A father was angry because his son would always twist his shoulder at the dinner table. I asked the son to demonstrate what he does. When he did, the father said in a loud and angry voice, "See, isn't that the most aggravating thing you have ever watched?" The more angry he became, the worse the twist became. His son finally told us how he gets extremely nervous before dinner because he just knows his father will yell about his twisting. The father decided never to say another word at the dinner table about it. The mother reported a few sessions later that the twist had almost ceased at the dinner table.

Another tool to help the counselor and family establish some therapeutic goals is to use a psychometric evaluative approach developed by Moos in 1974. Moos believed that all social climates have characteristics that can be mapped out accurately. He believes that the family climate does control the behavior within the family. The Family Environment Scale contains 90 statements, and clients respond to the true and false questions. "It provides a framework for understanding the relationships among family members, the kinds of personal growth emphasized in the family, and the family's basic organizational structure."<sup>33</sup>

Ten subscales make up the Family Environment Scale. A score is obtained for each subscale and average scores for the family are placed on a family profile. Here is a chart to describe the subscales of Moos's Family Environment Scale.

#### Relationship Dimensions

1. Cohesion                      The extent to which family members are concerned and committed to the family and the degree to which family members are helpful and supportive of each other.
2. Expressiveness              The extent to which family members are allowed and encouraged to act openly and to express their feelings directly.
3. Conflict                      The extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family.

#### Personal Growth Dimensions

4. Independence                The extent to which family members are encouraged to be assertive, self-sufficient, to make their own decisions and to think things out for themselves.
5. Achievement orientation    The extent to which different types of activities (for example, school and work) are cast into an achievement-oriented or competitive framework.
6. Intellectual-cultural orientation    The extent to which the family is concerned about political, social, intellectual and cultural activities.
7. Active recreational orientation    The extent to which the family participates actively in various kinds of recreational and sporting activities.
8. Moral-religious emphasis        The extent to which the family actively discusses and emphasizes ethical and religious issues and values.

### System Maintenance Dimensions

9. Organization                      Measures how important order and organization are in the family in terms of structuring the family activities, financial planning, and explicitness and clarity in regard to family rules and responsibilities.
10. Control                              Assesses the extent to which the family uses rules and procedures, and the extent to which family members members order each other around.<sup>34</sup>

I make a simple graph to help determine the family environment. I list the standard scores of the horizontal axis and the subscales on the vertical axis. Lines are drawn out from the subscales to reach the Standard Score on the bottom axis. Through this process an immediate picture is obtained about how the family sees relationships or achievements as important, and how they determine the conflict level at home.

One young family, consisting of three children under 10 and a husband and wife in their late 20's, was complaining about conflict and control issues in the family. The Family Environment Scale showed this family to be upwardly mobile, placing a strong emphasis on goal attainment and moral-religious development. The conflict and control issues in the family were attributed to their strong achievement orientation. This scale helped our process of family assessment and the establishing of a counseling treatment plan. The family gained self-insight through this process which allowed them to help develop the treatment plan.

Fallon and Liberman have suggested the following questions to guide in the functional analysis.

1. How does this problem handicap this person (and his or her family) in everyday life?
2. What would happen if this problem were ignored?
3. What would happen if this problem occurred less frequently?
4. What would this person (and his or her family) gain if the problem were removed?
5. Who reinforces the problem with attention, sympathy, or support?
6. Under what circumstances is the problem reduced in intensity? Where? When? With whom?
7. Under what circumstances is the problem increased in intensity?<sup>35</sup>

The answers to these questions help a family move out of the initial phase of counseling.

The family is ready to move out of the initial phase of therapy when they have gone beyond the metaphor of the problem or presenting problem and gained understanding as to the real problem. The family is able to reframe their situation and achieve an understanding of how current problems are related to previous life experiences. Each individual will have learned something about the others in the family. This new understanding will help shed light on the current problem and energize family members to work on the problem. It is my counseling goal by this time to have each family member able to reflect on the other's family history, listening without interpreting and criticizing.

While I was receiving supervision during my practicum, my supervisor evaluated my first interview phase with clients based on questions he had acquired from Jay Haley's writings.<sup>36</sup> This

was often done after we watched the video tape of the session. I continue to use Haley's guidelines to critique my work with families (see appendix A).

Let me provide an example of clients who had ended the first phase of counseling and were ready to move into the next phase. I was counseling a couple in their mid-40's who reported that they had experienced unhappiness in their marriage for many years. During the first session the husband reported that his wife has never been interested in their family, only her job. The wife reported feeling pressured to take part in family activities.

The family environment scale revealed a significant level of conflict in the home. During the genogram assessment we learned that her father had died when she was young and her mother married a man who completely ignored her. The only way she felt good about herself was to earn good grades at school. She thought her husband should appreciate her because of her achievements at work. The husband said at the end of the first session, "I never knew you had it so rough growing up. That helps me understand you a lot better." I felt that the family was ready to move into the next phase.

I congratulated the couple on the hard work they had done to try to understand the other. I told them that in coming sessions they would grow to understand each other better and then they could decide what they wanted their future to be.

By the end of the first interview I want the identified person to know that everyone in the family shares the problem; this helps the initial identified person to feel like they can now express their feelings and concerns. The problem has now been shifted from him or her to the family. Having some knowledge of family system concepts, the family is now ready to move to the next phase.

Sometimes I give a homework assignment at the end of the first interview. One family had come to see me about their nine-year-old son wanting to sleep with them at night. Each evening at bedtime, the boy would ask his mother if it was all right to sleep with them. She would consent and her husband would get angry, although he never said anything to the boy. For a homework assignment I told the mother to tell her son that he would now have to get his father's permission to sleep in their bed. Also, the boy was turning ten in two weeks. I told the father to tell his son that he understood him wanting to be with his mother and father, but that when he turned ten he would probably not want to do this anymore. The parents reported that on the evening of his tenth birthday he did not ask to sleep with them, and is continuing to go to his own bed at night.

The session ends with the setting of a new appointment and collecting payment for the session. I give praise to the family for their hard work and express my enthusiasm about the next session.

In summary, by the conclusion of the first phase of counseling the counselor should have built a trusting relationship with the family and the individuals, developed a treatment plan that everyone agrees to, and received a commitment to meet regularly. As we enter the next phase of counseling there is some cautious excitement that we now have the trust level and the motivation to deal with issues to bring about positive changes in the family. The middle phase will allow the family to see that relationships can change and the destructive elements in their family can be overcome. The middle phase is both challenging and rewarding for the counselor as he or she works hard to bring healing in the family.

#### The Middle Phase

At the beginning of the next session I greet the family and again assess facial expressions, positioning in the room and any change of seating alignment. I then ask a question that my supervisor, Paul Fullerton, taught me. The question is on a scale of one through ten, with one being not functional and ten being wonderful, where would you have placed your family before last week's schedule? Now what number on the scale are you this week? Many report that they have moved up the scale. Why, I ask? I had one man say, "For the first time in my marriage, I turned off the television and talked to my wife." Another woman said, "For the first time I felt comfortable talking to my husband about what happened between me and my father when I was a



little girl." Sometimes the family reports no improvement and sometimes improvement is reported, but they are unable to explain it.

I use this question dealing with the scale of improvement at each session. Often the family wants to give me credit for the improvement, but I never accept it. I always compliment the family on the hard work they have done and encourage them to keep up the good work. Occasionally I will tell the family I am surprised by their progress. They usually ask why, or in some cases get angry. I use this time to explain why I felt that little progress would be made after the last session. This technique can bring about real change in a family. Occasionally someone will say, "Yes, you are right in your assessment, little has changed." However, the most common response is, "Hey, you have it wrong. You have underestimated our willingness to change." It becomes a "we will show him attitude." This can energize and motivate the family to change. I find the foregoing technique especially helpful when the family admits that they have not done their homework. The family needs to realize that fifty-minute counseling sessions are not going to cure problems or resolve issues without everyone's contribution and hard work.

The counselor must work with the process of intrafamilial relationships and not the content of all their stories. During a session I hear many stories from the members of the family. These stories help me understand how each person is positioned in the family and what role they are playing. It would be easy for

me to get caught up in the content of a story and then begin to take sides, which would result in defensiveness on the part of the family members.

The therapist who is able to free himself from preoccupation with content can listen to it more comfortably without taking positions on its correctness. This stance allows a refocusing on the process, and the individual is given the opportunity to express what is going on that makes particular issues important. This process helps to diffuse the family emotional system by moving family members away from having to defend and justify themselves in reaction to another member's story.<sup>37</sup>

Virginia Satir believes that each member of a family pays a price to keep the family balanced. Content aids in understanding how family roles are played in an attempt to maintain balance. She has developed four dysfunctional communication stances in the family. To understand these stances can be helpful in changing the communication patterns.

1. The Placater- The caricature is service. A typical verbal expression is 'Whatever you want is okay. I'm just here to make you happy.' The body posture is usually grateful, bootlicking, begging and self-flagellating. The inner feeling is 'I am like a nothing. Without you I am worthless.'
2. The Blamer- The caricature is power. A typical verbal expression is 'You never do anything right. What is the matter with you?' The body posture is finger pointing, loud, tyrannical and enraged. The inner feeling is 'I am lonely and unsuccessful.'
3. The Super-reasonable- The caricature is intellect. A typical verbal expression is, 'If one were to observe carefully, one might notice the work worn hands of someone present here.' The body posture is monotone voice, stiff, machine-like and computer-like. The inner feeling is 'I feel vulnerable.'
4. The Irrelevant- The caricature is spontaneity. A typical verbal expression is 'Words unrelated to what others are saying.' For example, in midst of family dispute: "What are we having for dinner?" The body posture is in

constant movement, constant chatter and distracting. The inner feeling is 'Nobody cares. There is no place for me.'<sup>38</sup>

My supervisor was a disciple of Murray Bowen. Bowen's work is often considered a bridge between the psychodynamically-oriented approaches that stress the past and intergenerational issues, and the systems approaches that give attention to the family unit as it currently exists and functions. He is one of the key theoreticians in the area of family therapy. Bowen believes in the importance of theory as a blueprint for the counselor's work; he is critical of counselors that fail to learn theory before engaging counseling clients. Counselors must understand theory before they can really help their clients.

One of my chief goals in the middle phase is to help clients define a self in the extended family. By the term "defining a self," I am referring to what is usually called "differentiation." Bowen explains the theory of differentiation with the following concepts.

Bowen suggests that if you can get a person to person relationship with each living person in your extended family, it will help you 'grow up' more than anything else you could ever do in life. A good place to start is to encourage the person to achieve a person to person relationship with each parent. Becoming a better observer and controlling one's emotional reactivity will help reduce the emotional reactivity. It is fairly easy for most people to intellectually accept (sic) the notion that no one is to blame in family situations, but the idea remains intellectual until it is possible to know it emotionally in one's own family.

Detriangulating self from emotional situations is an absolute necessity if differentiation of self is the goal. The overall goal is to be constantly in contact with an emotional issue involving two other people and self, without taking sides, without counterattacking or defending self,

and to always have (sic) a neutral response. One part of the process is achieved merely by being in the midst of the family during an emotional issue, and being more objective and less reactive than the others. Probably the one biggest error that people make in working with the extended family is emotional confrontation.<sup>39</sup>

In summary this "differentiation of self" does help the individual separate the intellectual from the emotion so that he or she is not overwhelmed by the emotional volatility in their family.

Murray Bowen has collected statistics on the families he has seen over the years. He concludes that in families where the focus was on the family of origin differentiation, as much or more progress was made in working out of the relationship system with spouses and children when compared to families seen in formal family therapy in which the principal focus is on the interdependence in the marriage.

A couple I mentioned briefly before came to see me with "marriage problems." The presenting issue was that the wife wanted her husband to be home from work every evening at 5:00 PM. She also wanted him to spend time doing things with the family on Saturdays. This busy young doctor could not understand how his wife, the nurse, could be so naive to think that a doctor at a teaching hospital could be home every evening by 5:00 PM. She was now threatening divorce.

While focusing solely on his family of origin, I learned that his father had been a well-known doctor at the same hospital where he now worked. His father was suspended after a lawsuit was brought against him and the hospital; details of the case appeared almost daily in the St. Louis newspapers. His father

ultimately won, but lost his reputation in the medical community. The son carried his father's name. We spent a great deal of time talking about his decision to practice at the same hospital as his father. He began to share the pressure he felt to be the ideal doctor and to redeem his father's reputation. His wife simply wanted a husband and a father.

This young doctor felt that he would rather let his wife down than his father. I suggested that he go to his father, who was not in favor of his son practicing at his former hospital, and tell him how he felt. I told my client to visit with his father, to tell him why he wanted to work at that hospital and the stress it was causing him. The wife thought he would never follow through with the visit. My client returned to report that he had indeed visited his father and had been reassured that his dad felt vindicated among his peers; he did not need his son "to run the bases for him."

At the next session he reported telling his doctor partners that he would probably be leaving the group at the end of his contract. He now felt comfortable telling them that he would not be on call every weekend and holiday. His wife reported an easing of tension at home.

In a different case, I had a pastor ask me to see a family from his church in which the wife had learned that her husband had been sexually abusing their teenage daughter and possibly their two sons. The first two sessions were emotionally charged; during the first session he adamantly denied his daughter's

claims. His wife expressed a great deal of anger and betrayal; she had attributed their lack of sexual activity for the past several years to her obesity.

During the second session, he admitted the sexual contact with the daughter. By the third session, he began to tell his wife about growing up in the hills of Kentucky, without a father and with his mother working all the time. From the time he could remember he had been sexually abused by his brothers, sisters and their friends. He had never revealed this to another person. We decided the first place he should visit was his oldest brother, who had initiated much of the abuse. He wanted to tell him how deeply this had hurt his relationship with his children and wife. At the same time his daughter entered therapy with a counselor at Associated Counselors who was trained to deal with sexual abuse.

The trip to his brother proved to be of great help; no longer did he have to carry this powerful secret. He was able to tell his wife that her weight bothered him, something he never felt strong enough to do before. She replied that she had always felt he didn't care about her, so his feelings did not matter to her. The effects of a trust profoundly broken will continue to haunt this family, but after months of counseling they report feeling better about each other.

I have found positive effects on family life as a result of the work I have done with extended family issues. This work is crucial in the middle phase, so that family members can reach the termination phase of counseling.

Families tend to be less reactive during the middle phase of counseling, and therefore are better prepared to learn systems concepts. This is a natural progression after the extended family has been dealt with. Once a man asked me to help his family not to "fall back in the hole;" this was a perfect opening to introduce systems concepts.

The concepts that help the family view behavior differently are: a.) role structure, and how it can limit our flexibility with one another; b.) alliances and coalitions, and how these can so quickly create fixed boundaries between people, and keep family members from understanding each other; c.) family loyalties, and how they keep families from using all the resources outside the family to help make changes and improvements.<sup>40</sup>

Earlier I addressed the concept developed by Bowen that the triangle is the basic emotional building block of any social system. It is important for a counselor to guard against destroying the progress made up to this point by becoming part of the triangle. This happens every time a member of a family tells the therapist a story about another member. I find it helpful to ask a lot of questions about the role of the individual in the story. Another technique is to ask the person telling the story to direct it to the subject. It also is helpful to continue asking why a behavior is so bothersome to an individual member; the subject of the discussion should always be allowed to answer. By the time counseling reaches this middle phase, the emotional intensiveness of the relationship has been defused enough to

allow this to occur. The family needs to realize how they use triangles to avoid intimacy and conflict. Before termination they must understand how to better function in intimacy and conflict.

During this phase of counseling the counselor must take the "I" position to help members differentiate themselves. This will allow the counselor not to take sides. Every family system works with subsystems. When the counselor takes sides he or she is supportive of the secrets, coalitions and alliances of these subsystems, and this will quickly undo the good that has taken place up to this time.

Aposte and Van Deusen in their Handbook of Family Therapy, warn against taking sides in counseling. By taking sides a counselor inhibits their understanding of the family structure. They believe the family structure will not change unless the current structure is thoroughly understood.

Aposte and Van Deusen believe that every stroke of a family transaction makes a statement about boundaries, alignments and power. The boundaries of a subsystem are the rules defining who participates and what roles they will play in the transactions or operations necessary to carry out a particular function (for example, should the sex education be by father, mother, older siblings or be a shared responsibility? Or should the task be left to the schools?) Alignments refer to the joining or opposition of one member of a system to another in carrying out an operation (for example, does father agree or disagree with the wife's disciplinary actions with the children?). Power, the relative influence of each family member on an operation's outcome, is seldom absolute but is related to the context or situation (for example, the mother may have considerable influence on her adolescent daughter's behavior at home but minimal influence over her daughter's social contacts outside the home). Power is also related to the way family members actively or passively combine forces (for example,



mother's authority depends on her husband's support and backing as well as on the acquiescence of her children).

For parents to achieve a desired outcome in the family, there must be: 1) clearly defined generational boundaries so that parents together form a subsystem with executive power; 2) alignments between the parents on key issues, such as discipline; and 3) rules related to power and authority, indicating which of the parents will prevail if they disagree and whether the parents are capable of carrying out their wishes when they do agree.<sup>41</sup>

While the counselor must be careful not to take sides as he or she tries to understand the structure, the family must not be allowed to slip back into a closed system and develop stereotyped responses to each other and the outside world. Minuchin sums up the challenge well when he tells us how a family stuck in stereotypical responses will have a difficult time exploring alternative patterns of interaction.

Minuchin makes it clear that a family's difficulties in carrying out its tasks in modern society may be real and intense; distress in the family system, particularly at times of transition, is not in and of itself a sign of abnormality or dysfunction. However, Minuchin is concerned that a family not become so rigid and resistant to change that it avoids or fights the idea of exploring alternative patterns. Minuchin's approach is to challenge the family's pattern of interaction, forcing the members to look beyond the systems of the identified patient in order to view all of their behavior within the context of family structures (the covert rules that govern the family's transactional patterns.)<sup>42</sup>

This important step in the middle phase allows the family to explore alternative patterns without shutting down the counseling process by going against the energy of the family. By working with that energy the counselor should guide the family to look beyond the systems of the identified patient. This leads the family to explore alternative patterns of interaction. I was

working with a teenager who kept threatening that he would run away from home. His mom continually begged and bribed him not to do it, and many fights resulted in the family. I asked the boy to tell me where he would go and how he would take care of himself, and it soon became apparent that he had never thought that through. I told the mother that she probably should just let him go next time. He replied by saying he really would never do it.

The mother began to talk about her father always threatening to leave her when she was bad. "One day I thought he really had left me at the grocery store," she said; "every time my son threatens to run away I think of when I was a little girl crying in that grocery store." Her son began to understand the pain he was causing her. This is a healthy sign in the middle phase when a person begins to talk about their family of origin.

This is healthy because some adults have trouble sharing information about their family of origin. By the middle phase of counseling a person should be willing to trust the counselor and the counseling process enough to share family of origin information. The adult counselee now has enough information from other members of the family to realize that his or her family of origin is still affecting his or her behavior today. The adult counselee will also want the others to understand that some of his current behaviors and attitudes were learned through their family of origin.

The adult counselee will continue to project his or her unresolved issues onto others unless he or she returns to his or

her source. These clients resist any change that the therapist will suggest and retain homeostasis. Homeostasis is that maintenance of behaviors learned whether they are positive or negative. The differentiation from the family of origin is essential to shaping future behavior and expectations.

One effective way to do this is for the counselor to support the functional members of a family rather than exerting a lot of energy trying to deal with those who are not functioning as well. It is best not to destroy the energy of the stronger members of a family. I enlist the support and ideas of the most functional members in a family to pull the others up. I always identify the most functional members in a family in my case notes so that I can easily remember who to enlist during the next session.

In the first phase of therapy the family views the counselor as the expert with the answers to their questions. During the middle phase of therapy it is important that the family use me only as their consultant. When the family is able to reflect and share without blaming or creating anxiety, real progress has been made. It is important for the counselor to compliment the family when they are doing a good job; these compliments invite compliments from other members of the family. If the counselor allows the family to do the work, then the progress continues outside of the formal session.

I personally use a lot of humor during this phase of counseling and have found the right amount of humor can be helpful in several ways. More progress is made when the anxiety

level in the room is low. Humor has a wonderful way of defusing some very tense moments. And, when a family can laugh at themselves, the blaming and labeling decrease.

One lady was telling me about the time she received a call that her son had been arrested for shoplifting. The mother said that she was very angry and that she decided during the drive to the police station to send her son to live with his father. I asked the boy to describe his feelings as he waited for his mother. "I was nervous," he replied. "My friends had dared me to take the cat food. But then I was embarrassed when my mother finally arrived."

"Embarrassed?" I asked.

"Yes, by what she said and by the way she looked," he answered.

"What do you mean?" his mother asked.

"Well your hair was all wet! And when you asked the policeman what I had taken, you said, 'Why didn't you take something important?'"

"I didn't say that, did I?" mom asked in shock.

"You sure did," answered her son as he shook his head.

We all started to laugh, and the whole climate of our sessions changed. The mom and son began to talk openly about their feelings. Her son admitted to blaming mom for the divorce and "ruining" his childhood. The mom talked about her fears of having to go back to work and manage a household for the first

time. I think that humor is a valuable tool when used to decrease tension and facilitate communication.

Frequently I have found families who have never been able to move beyond the middle phase until they make a visit to their "family of origin." Much preparation is needed before an adult child returns home. I like to have all the family members present when we rehearse the visit. The adult child rehearses the conversation he or she wants to have with the parent or parents. The other members of the family help clarify what really needs to happen during the visit. The family also helps anticipate objections and closed boundaries which will be met. I make certain that the home visit plan involves honesty and is structured in such a way that information is gathered as well as concerns addressed.

When the visit is made, a safe environment must be created. A confrontational style does not work! The parent(s) should be given the opportunity to provide information. I encourage the adult child to ask many questions about his grandparents. This information will allow the adult child to see his parents in a new way. When a person understands how his or her parents were raised, that individual can often begin to understand the circumstances of their own childhood better.

When the parent is dead, we make the visit through other siblings or through letters to the dead parent(s). I will never forget the letter one man wrote to his dead father about being emotionally and physically abused for years. This fifteen-page

letter was filled with the embarrassment, loneliness and emptiness of his childhood. This letter allowed his wife access to some very personal secrets. The couple soon terminated counseling with the report that their relationship was better than it had ever been.

After the adult child has made the family visit, it is necessary to talk about it in a counseling session. It is important to hear what happened, what was good, what was disappointing, and what remains unfinished. The other family members need to be good active listeners as the story is told. It is not helpful for the others to be critical or to introduce their own agendas during this time.

The counselor needs to ask questions to help the adult child see the relationship between his or her parents and their own present family dynamics. It is important that the counselor notes areas of reactivity; that information can be used to help that adult child make the next visit back home.

I had one young man report that the visit home was probably more helpful for his parents than for him. His father thought that because his son was 28 and not married that he was gay. Dad also suffered from terminal cancer and had completely stopped speaking to his son. The son assured his father that he was not gay and his father told the family that he felt that all his business had been completed and now he could die. The young man was very glad that he had made the effort to understand their relationship before his father died.

The counselor must help the family summarize what each member has heard and what each one has learned. It is best to deal with misunderstanding during the sessions to prevent an immediate breakdown after the family leaves. I like to ask each person to provide a brief summary detailing what they heard and felt during the session. Each member of the family is given another turn to ask any questions before the session ends.

Sometimes the visit home must take place in the counselor's office. This safe environment can allow for a constructive visit when there is danger that a visit home to their family of origin could lead to violence. The pastor's study provides a good setting for a family visit, and his presence is usually accepted by family members.

Another technique I often use when a visit home is not possible is a picture album. I ask the client to bring in a photograph album containing pictures from a time period we have been discussing. We then work with the pictures to help construct the events and feelings from home. This is the best alternative to an actual home visit.

The one most central theoretical premise of family systems theory concerns the degree to which we all have poorly 'differentiated' self, or the degree to which we are 'undifferentiated,' or the degree of our unresolved emotional attachments to families of origin. These are all different descriptive terms to refer to the same phenomenon. The one most important goal of family systems therapy is to help family members toward a better level of 'differentiation of self.'<sup>43</sup>

The middle phase of therapy can be completed and the termination phase begin when the family has learned not to resist

change and has a desire to reorganize the family structure in order to function better as a system. The members of the family are less rigid in their roles and willing to better understand other's needs. Communication is freer and has gone beyond the simple exchange of information. Members now try to understand each other's feelings as well as their words. There is renewed trust, hope for the future, and friendship in the family.

Family therapy has not solved all the problems, but has alleviated some specific areas of difficulty. The family now agrees that their goal has been reached and although not problem free, they feel better equipped to work through family issues. The termination phase now reviews the problems and solutions worked on in counseling. The family no longer fears functioning on its own, but is excited by the new energy and hope they possess. Certainly the termination process leaves the counselor's door open to the family in the future. Let me now share details of that termination phase.



### The Termination Phase

Once this 'differentiation of self' has occurred and each person has assumed a greater responsibility for change, a termination process can begin. Often the individuals will speak of the accomplishments they have achieved, and how much more positive they feel about other members of the family. The family now can solve their own problems without the help of a counselor. The family express a desire to be together; they do not point the finger at one another and assign blame for all the family problems. Many times they report functioning at the upper end of the scale I mentioned earlier in this paper. I might ask, from the first session to now, how far have you moved up the scale? I had one man say that when they came in they were a minus 2; and now at least a plus 8.

I discovered that termination is reached sooner with families than with individuals. My experience with individual psychotherapy is that it can continue almost indefinitely. At each session the individual brings up issues that never seem to get resolved because he or she returns to the same dysfunctional system.

Generally speaking, family therapy is of shorter duration than individual therapy. Because it focuses so precisely on eliminating a specific problem or alleviating a presenting symptom, it is clear to all participants when the goal has been achieved. Although the process may last anywhere from several weekly sessions to several months (or, in rare cases, even years), an experienced family therapist estimates that eight to twenty sessions are a reasonable expectation.<sup>44</sup>

At the time of termination, not all of the family's problems have been solved. Some members of the family may continue to express difficulties or reluctance to make any changes. Yet the family and the counselor seem to sense that it is time to terminate and the family believes they can make it without the counselor's help. I have worked with families that express excitement about functioning without my support.

The termination phase is easier in family therapy because a consensus is reached that the therapy should end. In individual therapy a person may fear not having the counselor's support as they continue to live in a difficult family system.

Most therapists agree that termination is easier in family therapy than in individual treatment. The family, now accustomed to working as a unit to solve its own problems, has developed an internal support system and is not usually overdependent on an outsider, the therapist. In family sessions, family members have had considerable practice in working together on relationship issues, developing clearer and more explicit ways of communicating, assigning roles more flexibly, redistributing power more equitably or appropriately.

Families may or may not announce that they are ready to conclude the therapy, but the signs are apparent in either case. For example, the family now resolves interpersonal conflicts at home rather than bring them to the therapist. The presenting complaint or symptom has usually disappeared, the family engages in more mutually satisfying activities, independent activities outside the family bring new satisfactions, the family has developed through its own efforts effective ways of solving problems. It is time for disengagement from family therapy.<sup>45</sup>

The family at the termination stage no longer fears going back to "the same old stuff" once they leave the session. They now are able to handle new problems and issues while remaining in control and have the ability to resolve issues among themselves.

In the early stages of counseling one issue may take the entire session to deal with; now new issues are resolved quickly.

During the final session I have an agenda of four items. I have developed this agenda through my personal experience in counseling, and I have found that it assists me in completing the termination phase. First, I allow each person in the family to speak about what was good and bad during our time together. I frequently hear that new information was obtained about another member of the family.

One husband said that he had never known anything about his wife's childhood until now; "I moved from hating the way she is to wondering how she could have turned out so well. I am sure that I began to react in much the same way that her father did when I received no affection from her."

The second goal I try to accomplish in the termination phase is to explore how the subsystems have changed within the family. I had one mother say that she no longer demands her married daughter's loyalty. When she was first married her husband traveled frequently on business, and she felt abandoned by him; her daughters' lives became the focal point of her life. When the daughters grew up and married, she became angry and tried to sabotage their marriages. Her husband thought that she did not care about him and subsequently had two affairs. The husband could now tell his wife that he loved her and wanted to have good retirement years with her, and the daughters finally understood

their mother's behavior. It was reported that all the subsystem relationships had improved.

The next step of the termination process is to ask each family member what will have to be done in the future to avoid falling back into old destructive patterns. This always generates a lively discussion which serves as a review of how the family will not deal with problems. I encourage the family to have this conversation quite frequently.

Occasionally I have a family that does not want to terminate counseling. I remind them that the goal of our time together was to reach the point where they could function in a constructive manner outside of the counseling office. I tell them that my door is always open and they are welcome to return in the future to deal with new issues. I stress the strength that I see in the family and praise them for the hard work they have done during the sessions. I also tell them that I believe they now have the skills to resolve issues on their own.

Before a family leaves I make sure they still have my business card and remind them that I am available if they wish to return in the future. Many clients want reassurance that I would be willing to see them again if the need arises. I congratulate them and ask them to send me a letter letting me know how they are doing.

Once a family is finished with counseling I wait a few weeks and then send them a letter. In the letter I compliment the family on the work they did during our time together and remind

them of the strength the family has to work out issues that arise.

### Ethical Issues

During my practicum, many ethical issues and discussions regarding professional conduct served to recall much of what I learned in pastoral theology courses at the seminary. It was helpful to have an update. I was able to review what was ethically correct behavior for a counselor, and also the legalities of operating a counseling office.

A counselor and the counseling office must understand the importance of and adhere to the guidelines of confidentiality. I view confidentiality as respecting the boundaries of the client. As an example, when I work with an individual, I would never tell other members of a family what she or he said without that person's permission. I would never tell a spouse what the husband or wife said alone in confidence.

A counselor should never reveal session information to anyone without a "release of information form." The counselor first explains to the client to whom the information will be released and why. The "release of information" form should also be dated with the time frame the release is being granted for. I also write on the form the exact nature of the information I will be releasing.

The "release of information" form should also be used when a counseling student is being supervised and wishes to share part

or all of a session with a student group or supervisor. Whenever I videotaped a session for presentation to my supervisor or a student group, I made certain that everyone in the session signed the "release of information" form. I had parents sign for their minor children.

The area of confidentiality extends to the client files. The counselor keeps client notes on each session, and client files should never be left where the public has access to them. I place them into a locked file cabinet. I inform the clients that I need to keep files but that I will be the only one having access to them unless they grant me written permission to open them to others.

I have learned that when I believe a person is suicidal, it is ethically correct to tell the person I cannot keep this in confidence. Out of concern for the individual's safety I tell them I will be talking to another family member. The person covenants with me not to take his or her life and to telephone me if they feel like trying to attempt it.

Some of the students in my group would lie in working with clients. This approach is unethical. I especially find this unethical for a pastoral counselor when Holy Scripture tells us that we should speak the truth in love. (Eph.4:15) A counselor always tells a family that for counseling to be beneficial, everyone must be honest. A counselor must be honest and truthful, or the counseling process is destroyed and credibility with the client is lost. One student had a habit of engaging people

by telling them he had the same problem, when in fact he did not. It is difficult for a pastor to hold the trust of an individual if he does not communicate honestly.

I have been asked if it is ethical for a pastor to be compensated for his counseling. I see some of my members in counseling sessions, but I generally refer the more difficult cases to another counselor. When I see a client from another church, I charge them a very small fee. In my experience clients are more seriously committed to counseling if they have invested money, even a small amount. I fully discuss this issue with the client or his or her pastor before the first session. I do not think there is anything ethically wrong with a pastor receiving money from non-members, but I do not agree with a pastor charging his own members for counseling. One function of the pastoral call is to do Law and Gospel ministry in counseling. The congregation gives a pastor money for his expenses as he serves in ministry and people would not expect to pay for additional services. The charging of a fee for members could inhibit the proclamation of the Gospel for the member. However, a pastor with training and credentials to do counseling can offer these services to non-members for a fee.

Finally, a counselor must avoid a relationship with a client that will impede their professional relationship. This may prohibit counseling a boss, close friends or other family members. It is always unethical for the counselor to have any sexual contact with a client.

The American Association for Marriage and Family Therapy has a Code of Professional Ethics for its members. I adhere to the code of ethics for my counseling work (see Appendix B).

The trust and respect that counseling clients require from a pastoral counselor demand that the highest ethical standards be maintained throughout the process. I have joined the "Association for Religious Values and Ethical Standards in Counseling" which is a part of the "American Counseling Association." I know that respecting confidentiality, honesty and ethical standards in my counseling practicum will be the foundation of my counseling ministry.

The practicum at Lutheran Family and Children's Services of Missouri has not only helped build a strong foundation in ethical standards and counseling theoretical knowledge, but has also helped me make some positive personal and professional changes. These changes have made my ministry more effective and exciting. I pray these counseling skills will be blessed by God in the service of His people.



### CHAPTER 3

#### Personal Changes, Skill Level and Ministry

During my basic quarter of Clinical Pastoral Education, obtaining my Master of Sacred Theology Degree in pastoral counseling, and my counseling practicum at Lutheran Family and Children's Services, I have learned a great deal about myself. For the first time in my life I was required to take a look at my family of origin and my current family. This experience has revealed information that is helping me understand myself better and make personal changes I have needed to make for a long time.

Both my parents and vicarage supervisor taught me that rigid boundaries are important in life. My father was a junior high school teacher in a small town. He believed that we needed to keep to ourselves so that people would not talk about our family. I can remember that we were not allowed even to eat in the local restaurant. These rigid boundaries produced a closed family system.

When I did my Vicarage in Janesville, Wisconsin, my supervisor taught me that pastors must always "play it close to the vest" and "keep their window shades drawn." This was his way of telling me that pastors need to keep closed boundaries, especially in the congregation. His message hindered me in being able to process information from the congregation. I became closed off from the flow of information I needed to be a caring shepherd to my congregation.

My supervision helped me to look back to my first years of pastoral ministry. I can now see that during this time I was inflexible in processing the information and concerns my members were trying to share. My response to their individual and personal concerns lacked any helpful energy to effect change. My responses became predictable and I lacked the energy to be a good listener. My rigid boundaries cut off any hope of being an effective counselor, and resulted in unwillingness to "join" in another's pain or joy.

My Master of Divinity work and my Vicarage experience taught me to think, listen and respond linearly. I was taught to give out information. It was never emphasized to me that I was in a relationship with my congregation, and needed circular communication to understand others and be effective in ministry. This certainly had an impact on how I viewed my role as a husband and father. I was to give linear directives without processing what we needed as a family to be happy and growing in trust.

This understanding of communication further isolated me from my own feelings and needs, from understanding what my family needed and from being an understanding and caring pastor. I felt personally free and more positive about my ministry when I understood that I too was a component of my congregational and family system. When I was able to share myself with my family and congregation the environment of our relationships improved. A pastor and the congregation he serves are interdependent. It

is bad advice for a pastor to isolate himself emotionally from the congregation and his family.

Before my S.T.M. and Doctor of Ministry work I was expert at digital communication, but lacked the analog mode of communication. Digital communication simply transmits information. Analog communication is the voice, gestures, inflection that translate the real meaning or the words and define the relationship. A good example of this is how I structured a delinquent call on a member. I would say something like, "You have not been in church." Immediately I sensed the person went on the defensive and I could not then tell whether they were being honest. I forced them into a difficult situation. Now I attempt to understand their system so that I can understand why they have not been coming to church. Through a change in my verbal, non-verbal clues and the context of the conversation, my calls on delinquent members have been more productive in bringing people back to church, rather than keeping them away.

Prior to this training I would take an elder with me when I made the call. This seemed to have the effect of immediately putting the person on the defensive. I have changed the context by making the calls myself. I try to communicate through my non-verbal conversation that I am not making the call to condemn them. I sit back on the couch, rather than on the edge of the cushion. I try to smile a lot. I make comments about something I notice in their home. I then simply ask them what's going on in their life, in the life of their family. Every call I have

made using this digital and analog posture has worked well. The members inevitably bring up the reasons why they have not been in church. I try to be a good listener to understand what is going on in the family system that brought about a change in their church attendance. During this "brief therapy" session I now express my understanding of what they have said. I always try to ask enough questions to understand what is going on in the family, while at the same time showing them that I am pastorally interested in them, rather than just whether they have been in church. Before leaving I speak the Gospel of Jesus Christ to their pain or unhappiness. Finally, I set up a time when I might come back and encourage them to be in worship.

This is just one aspect of my ministry that has changed since learning about the importance of understanding the family's system. The system explains itself when the pastor is a good listener.

Prior to my studies of systems theory, the most important question for me was "why?" I always wanted to know the history of a problem, why a person made a comment or acted in a certain way. The concept of equifinality has taught me to ask the "what" question. I need to keep the focus on the here and now. I do not need to know the whole history of a problem or issue to intervene effectively. When I was asking the "why" question I frequently became caught up in the redundant dysfunctional pattern of communication. The only way to bring about change within a family or a congregation is to focus on the present-day

communication and feedback. To dwell on the why of the past never changes the current structure and organization.

During the past few years I have experienced consistency and stability in my leadership. I attribute this to the fact that I am now welcoming more feedback. Before, my self-image as a pastor would have been threatened to receive feedback. Positive feedback was always welcome but negative feedback was avoided. I became over-sensitive to this when I was called to a congregation where twenty Missouri Synod pastors held membership. Once I began to appreciate the fact that we were all in the same system of clergy my fear dissipated. I began to schedule regular sessions for all the clergy in the congregation to attend. During these sessions I invited the pastors to give feedback about the ministry at the parish and my pastoral leadership. The feedback in most cases generated a discussion within the group that helped my understanding of the ministry and assisted me to avoid problems before they occurred.

Through this work I learned how in my family of origin I was frequently drawn into a triangle with my mother and father. I now know that many of the problems in my family would have been resolved if I had not been drawn into the triangulation process. The coalitions were usually formed by my mother against my father. My mother did not drive and my father worked two jobs. My mother would tell us that dad chose to work two jobs to avoid being at home. I then was able to use guilt to try to gain some attention and power. The disagreements between my brother and

myself helped draw attention from mom and dad, and helped to settle some of their disagreements.

An understanding of the triangulation process provided valuable information in helping my multiple church staff function more productively. The pastors of the congregation had a discussion to identify the different coalitions that were blocking resolution of some staff conflicts. Once each pastor made a conscious effort not to intervene in a conflict with a staff member, the staff tension decreased and each person became more supportive of our entire staff or ministry team.

As a result of this action the pastors became more optimistic about the ministry in the church, and the staff also became optimistic. During our staff meetings, our conversation stopped focusing on analog communication. When we were only concentrating on the analog, the same issue came up over and over again without resolution. When we started focusing on the issues, we became more functional and excited about the ministry God had entrusted to us. The staff was now talking about what they did want and not always discussing what they did not like or how the staff in their last ministry did their job better than we do.

A change I have noticed in my ministry and at home is helping define my expectations. My secretary noticed how my instructions about a task were now much easier to follow because I would share my expectations on an assignment. I am also learning that I cannot just tell my adolescent daughter what not to do

and isolate her when she acts out. I now tell her how things should go and request desired behavior.

I have also learned that as a partner in a family, a member of a church staff, and as a worker on church committees, it is important when a problem exists to involve everyone in its solution. A problem is more easily resolved when a group identifies it as their problem. This is not an attempt to make them feel like they are a part of a problem, but that they can help activate changes within the system to resolve the problem. The group possesses the strength and energy to resolve conflict.

I have been a member of congregations where crisis follows crisis. There was a lack of goals or definition (mission) as to the congregation's identity. My Doctor of Ministry work has led me to the understanding that every group within a congregation, and the congregation as a whole needs goals and opportunities to work towards these goals. A family and a congregation need to have a process to define the goals of the system. This is imperative if progress is to be made without a segment of the system turning off or burning out. I now sit down with each committee and group within a congregation to do goal planning by objectives. This has helped me in recruiting new people to serve in the congregation.

Many pastors simply ask, or in some cases beg, people to take over a ministry with the plea that without them it might die. It should die if no measurable goals are pursued. I can now sit down with someone and say this is what our ministry is

trying to accomplish by this date. The person is invited to become a partner in a team, not a lone ranger who is rescuing a program from failure. Each group's goals are integrated into the overall aims of the congregation, leading us into ministry as the body of Christ.

As a pastor I am invited into the predictable aspects of family development, but also into those unpredictable tragic times for families. I now have a greater sense of how I can be of assistance to the entire family as they deal with changes.

Frequently when these unpredictable events occur, families also change their relationship with the church. I have discovered that many families stop participating in the life of the congregation. I have heard many of these families say that the church or pastor was not there for them at a very difficult time. I was mystified because I thought I was there with them. Through my studies of family counseling I now know what they meant. To be present for a family is to help them work through the altered relationships within a family that occur at a death or divorce. During the last few years I have continued to see families remain active in the congregation and even increase their participation when I have taken the time to work with their family systems.

One of my biggest ministry challenges in the ministry over the years is to work with committees on an issue. I would struggle with these groups as we tried to arrive at a consensus on how an issue should be handled. During my undergraduate work



and seminary studies I remember frequent discussions on how to handle the so-called "alligator" on a committee. I was led to believe that it was a continual battle between me and him. Now I realize that the committee is a system with power I can draw upon. When an issue is not dealt with from the top down, or between me and the "identified person" in the group, resolution is arrived at and everyone feels good about the process and decision. It is easier to get people to serve on boards and attend meetings when the strength of the system is used in running meetings. My leadership has changed for the better in our Elders', Church Council and Voters' meetings.

Perhaps the greatest joy in this area has been at our school association meetings. It is difficult, with four congregations running a school, if people believe it is their duty is to protect their congregation's interests. Our new principal continually stresses that we are one family, gathered to run this one ministry, our school. This systems approach will help our growing parochial school system deal with the increased operating costs.

My preaching has changed and become more life-related. No longer do I feel it is my only task to unravel the "then and there" of a text; I also need to bring it into the "here and now." Dr. Barbour emphasized in my counseling courses that families in the Bible dealt with the very same issues that we confront today. God was always ready to be present with His love and strength to guide people through these life cycles and

issues. Too often I presented Biblical figures as faithful individuals set above the problems of life. When I would do this people would be turned off to the message, not believing that life could ever be so simple. Now my preaching presents faith as the strength and power to deal with life's problems.

A good understanding of family communication patterns and life cycle issues enables me to convince people that I do care about their lives. I have had my members tell me that other pastors seemed distant and removed from the "real world" of daily struggles and issues. We need to preach sermons that help people grow in faith, so that it may become the very foundation of their relationships.

My pastoral care has become a higher priority. I developed what I now realize was a bad habit of letting the other pastors on staff and the vicars do the bulk of the pastoral visitation and care. During the difficult times in life, ministry can be most productive in terms of bringing a person closer to Christ. I do not want to hear a member say that I was not present when needed, and I sent someone else. The administration of a church is very important, but the pastoral counseling and care of the members have greater priority. Our Lord Jesus Christ responded to the needs of hurting people and His pastors must keep pastoral care as the primary focus of their ministry. I find that pastoral care ministry provides me with the energy and basis for doing good administrative work in the church.

My supervision of field students and vicars has changed drastically over the years. I supervised my first vicar when I was 26 years old. This man's wife shared with me many personal and relationship problems they had. I ignored them, believing my job was only to teach him the skills of pastoral ministry. I have now learned that I have the responsibility and the opportunity to help the pastor's family understand the system dynamics of a congregation and that of a pastor's family. I am convinced that supervisors who take the time can detect and resolve family issues quicker than the seminary. A professor at the seminary may have contact with the student three times a week for a quarter, and may never have contact with the seminarian's family.

I believe all supervisors should take some training in family systems to improve their role performance, especially with second-career students. Frequently these students make these changes with little explanation and feedback from other family members. Some children of these second-career students have told me that their father gave no indication that he was even thinking of moving to St. Louis to study for the ministry. Many of them leave nice houses, good incomes, and many friends, only to be moved into a small flat, with little income and support from parents.

My supervision includes regular meetings with the family to talk about feelings and issues they are dealing with as dad or husband studies to be a pastor. These sessions help the student understand that his family must never take a back seat to his

pastoral ministry. The family must be the one to make major decisions, not just the member who will be a pastor.

The congregation is very much a part of the larger system of the community in which we exist. I believe that for the congregation to be a force of healing in the greater community, the pastor must be active within the community. My leadership recognizes that God calls us to ministry outside the four walls of our church buildings. My Doctor of Ministry training motivated me to seek ministry opportunities outside of my congregation. This participation in other ministries has enhanced my effectiveness with my own congregation, and sent a message that my congregation cares because Jesus Christ cares. The result of my community involvement is that the congregation is growing, with new members first exposed to the congregation's ministry through my community involvement.

When I finished my practicum with Lutheran Family and Children's Services, the counseling director asked me if I was interested in becoming a part of their contract counselors. A contract counselor is a part-time counselor who does counseling at one of their satellite offices. The director explained to me that he felt a strong need to have ordained pastors with clinical counseling skills on staff. He also mentioned that our Lutheran Church--Missouri Synod has very few pastors with the skill and credentials to do counseling. He truly believed that the Doctor of Ministry Degree offered by Concordia Seminary was the best

thing to happen in theological education within our Synod in years.

I decided not to do family counseling with Lutheran Family and Children's Services but to join a new partnership of counselors in the St. Louis County area. I believe there is a perception in the St. Louis County Lutheran Community that organizations like Lutheran Family and Children's Services are for low-income families. Although this is not true, the perception is a difficult one to break. This new partnership was formed to bring together caring and competent Christian counselors to meet the needs of families in our congregations. This partnership was also formed to be a resource to pastors needing help with pastoral counseling situations. Many pastors call the agency for suggestions on dealing with counseling situations when they feel they can go no further. We have also become a source of continuing education in pastoral counseling for pastors. "First Thursday of the Month" seminars are offered free of charge to professional church workers.

The counseling partnership also has formed a speaker's bureau that offers free presentations to churches and schools within the community. We are continuing to look for new speakers and topics to meet the needs of the Lutheran families in the greater St. Louis area. This counseling association is helping groups like Lutheran Family and Children's Services bring the healing of Jesus Christ to hurting individuals, professional staffs and families within the St. Louis Lutheran community.

I have also been blessed to serve as a chaplain for the St. Louis County Police Department. My counseling knowledge greatly helps me as I minister to the officers, their own families, and the hurting families they deal with every day on the streets. The command staff of the police department sings the praise of the chaplaincy program; they believe this program helps police officer families deal with the stress of police work. It is a direct help to the officers to know of God's love for them in Jesus Christ when they deal with so much human brokenness in their work.

During the past few years I have served on the Board of Lutheran Special Education. Lutheran Special Education operates many classrooms within the Lutheran Schools in the St. Louis area. These classrooms help God's special children use their God-given gifts to obtain a quality, Christian education. These children are equipped with the tools they will need to become responsible, caring members of society and God's Church. These children learn the most valuable lesson within our classrooms, that God loves them through Jesus Christ.

Our board believes that we are not ministering to just these children, but to their families. We have started programs such as "Rainbows for God's Children" to help them deal with change and loss in their families. We are using the counseling association to help equip our teachers with the understanding that allows them to relate to these students within the context of their families. We are looking for ways to expand our

ministry to the families to help them deal with the specialness of that child in their family.

## CONCLUSION

I believe God will continue to open new doors for pastors with Doctor of Ministry training in counseling. I know the goal of this degree is to help equip pastors with new skills to use in ministry. This paper has demonstrated what I have learned while working toward this degree, and I have begun to use this knowledge in ministry.

Pastors have no choice when it comes to counseling. Since the time of Christ, people have turned to their pastors for counsel. Too few pastors have the knowledge and clinical skills to help families deal effectively with problems and issues. The church must begin to equip pastors with the knowledge of family counseling to help families deal with life transitions, and crises.

Too many pastors are still treating problems as if the problems were idiosyncratic. We must view problems within the family context. Systems theory must be taught to our pastors during their Master of Divinity Degree work. To see the family all together may intimidate a young seminary graduate, but it will eventually lead to great joy and thanksgiving to God as families improve.

Busy parish pastors must also know when it is appropriate to refer a family for further help. Many pastors must learn to say to a family that I still care for you and I will continue to pray for you, but at this point the best way I can help you is to



refer you elsewhere. Many pastors are reluctant to refer their members because they are not acquainted with a Christian counselor they feel comfortable with theologically as well as being uncertain about his skills. Having completed the work on this degree, I would feel comfortable encouraging any pastor to refer a family to a man who has completed the Doctor of Ministry in Counseling Degree at Concordia Seminary, St. Louis. The coursework is comprehensive in its coverage of family systems knowledge, and imparts the skills to bring healing to God's people.

I will continue my education in counseling theory and techniques, and I plan to continue receiving supervision for my counseling. I will also seek the endorsement of the "American Association for Marriage and Family Therapists" and the "American Association of Pastoral Counselors."

I want to thank "Lutheran Family and Children's Services of Missouri, Concordia Seminary in St. Louis and my congregation for this opportunity. This knowledge has improved the quality and joy of life at home and in the midst of God's people. It is a joy to help God's people work through issues to gain better self-understanding and peace in their system.

"From Him the whole body, joined, and held together by every supporting ligament, grows and builds up in love, as each part does its work." Ephesians 4:16

## APPENDIX A

### Haley's Guidelines to Critique Counseling Effectiveness

1. "Does the therapist frame the interview situation so the family knows who he or she is, what the situation is, and why different kinds of questions are being asked?"  
The family needs to feel at ease with the counselor by the end of the first session. By complimenting the family's action to seek help, I am able to convey a feeling of hope; the family can expect the situation to improve. By acknowledging their pain, and remaining non-judgmental, clients who have previously undergone counseling and were not helped feel, by the end of the first session, that this time will be different.
2. "Is the therapist sufficiently nonmoralistic so the family members are encouraged to talk about their problems?"  
It is a temptation to preach to a troubled client or quote a relevant Bible passage, an action which can result in the counselor appearing moralistic or judgmental. I have worked with clients who have avoided the church for years because of their perception of the church as intolerant and unforgiving. I have used a prayer or pronounced absolution in selected counseling situations when I feel it is appropriate; however, I do not feel that this is an effective technique for all cases.
3. "Has the therapist shown the flexibility to shift to another approach when one way of gathering information is not working?"  
In my practicum I have learned many theoretical approaches. I was able to watch videos of well-known therapists working with clients and observe them quickly shifting methods of gathering information. An effective counselor builds trust and utilizes varied techniques to facilitate the treatment program, as each family has a stated or implicit understanding of how much information can or should be revealed to an outsider.
4. "Does the therapist show a range of behavior from being reflective to being confronting?"  
When I tell a family that I am confused, usually one member will volunteer more information to help me understand their situation better. I also use reflection, as in the statement, "I wonder what would happen if....," and then suggest an alternative to their present mode of dealing with a situation.
5. "Has the therapist avoided pursuing a personal interest that is not relevant to the family problem?"

A female therapist in my counseling practicum managed to bring up women's rights in all sessions, a habit which distracted her from gaining insight into her client's unique situations. I am careful not to make any of my personal agendas part of my interactions with clients.

6. "Is the therapist able to assume the posture of an expert while also being able to express ignorance when appropriate?"

By expressing ignorance I am able to help families who have been without boundaries to establish some. This is especially useful in an abusive relationship, where an expert is needed to define acceptable behavior and I am able to use my expressed confusion to discover why certain behavior occurred.

7. "Does the therapist seem to know when to encourage dissent among family members and when to soothe them?"

Central to family systems theory is the belief that each member of the family contributes in some way to the family function; for the therapeutic process to work, each member must have a say. Dissent is risked when I invite the "quiet" member's opinion, yet often the family is really hearing that member speak for the first time. Those not actively engaged in conflict can often reveal a truer family picture.

8. "Does the therapist avoid inadvertently siding with one family member against another or one faction against another (such as child against parents)?"

No information will be gained during the first interview if family members perceive that a therapist has taken a side on an issue. The therapist must constantly guard against triangulating a member of the family, especially during the beginning of the counseling process when a trusting relationship is being built.

9. "Does the therapist avoid being too personally involved with the family? Does the therapist avoid being too professional and detached from the family?"

I find it difficult to do counseling with parishioners I know well; I become too personally involved and am likely to use examples from my own life and emotions during the session. To counteract this tendency, I go to the extreme of maintaining a detached, professional stand that is not effective. For this reason I refer certain individuals in my congregation who require long-term marriage and family counseling to another competent therapist, and restrict my practice to grief counseling and crisis intervention among the members I work closely with.

10. "Is the therapist attempting to get all family members participating in the interview?"  
I make a conscious effort to make certain that each member of the family participates in the initial interview. A failure to engage each member in the process will destroy any hope of progressing to the next phase.
11. "Has the therapist shown an ability to tolerate unpleasant material or strong feelings from the family members?"  
I once counseled a man who exclaimed, "I was wrong, I thought that being a preacher, you would be shocked!" He had just shared his incestuous relationship with his daughter; when I did not reject him, he felt comfortable enough to move into the next phase of counseling. Viewing the videos of fellow counseling practicum students, I have seen their non-verbal expressions of shock and disgust, and am careful to maintain a non-judgmental, impartial manner, as it is essential to the therapeutic process.
12. "Is the therapist gathering information about significant other people not present at the interview?"  
I always seek information about family members who are not present. Those present may claim that their attendance is not important, but often the absent member has information that the rest of the family has not revealed. Significant changes in the family unit will not occur without every involved member's participation.
13. "Is the therapist learning whether other counselors or agencies are involved with the family?"  
I have counseled individuals who have been receiving psychiatric care, and my approach is to gather as much information as possible from the client about the psychiatric diagnosis and treatment plan. I use this information as the client and I work on issues. I always determine if the client has sought counseling help in the past, or is presently seeing another therapist. If the latter is true, I ask the individual to select the counselor they want to continue with, and trust that person to help them. It is almost impossible to develop a treatment program when a client may be receiving conflicting information from another professional.
14. "Is the therapist motivating the family members to change? Is he or she engendering hope and a willingness to make an effort?"  
My goal is that every client leaves a session with renewed hope and a conviction that their situation will improve. Using positive reinforcement, I ask my clients to be specific as to how counseling has helped them, and emphasize that their continued efforts will be rewarded.<sup>46</sup>

## APPENDIX B

### American Association for Marriage and Family Therapy

#### Section I: Code of Personal Ethics

1. A therapist provides professional service to anyone regardless of race, religion, sex, political affiliation, social or economic status, or choice of lifestyle. When a therapist cannot offer service for any reason, he or she will make proper referral. Therapists are encouraged to devote a portion of their time to work for which there is little or no financial return.
2. A therapist will not use his or her counseling relationship to further personal, religious, political or business interests.
3. A therapist will neither offer nor accept payment for referrals, and will actively seek all significant information from the source of referral.
4. A therapist will not knowingly offer service to a client who is in treatment with another clinical professional without consultation among the parties involved.
5. A therapist will not disparage the qualifications of any colleague.
6. Every member of the AAMFT has an obligation to continuing education and professional growth in all possible ways, including active participation in the meetings and affairs of the Association.
7. A therapist will not attempt to diagnose, prescribe for, treat, or advise on problems outside the recognized boundaries of the therapist's competence.
8. A therapist will attempt to avoid relationships with clients which might impair professional judgment or increase the risks of exploiting clients. Examples of such relationships include: treatment of family members, close friends, employees, or supervisors. Sexual intimacy with clients is unethical.
9. The AAMFT encourages its members to affiliate with professional groups, clinics, or agencies operating in the field of marriage and family life. Similarly, interdisciplinary contact and cooperation are encouraged.

## Section II: Relations with Clients

1. A therapist, while offering dignified and reasonable support, is cautious in prognosis and will not exaggerate the efficacy of his or her services.
2. The therapist recognizes the importance of clear understandings on financial matters with clients. Arrangements for payments are settled at the beginning of the therapeutic relationship.
3. A therapist keeps records of each case and stores them in such a way as to insure safety and confidentiality, in accordance with the highest professional and legal standards.
  - a. Information shall be revealed only to professional persons concerned with the case. Written and oral reports should present only data germane to the purposes of the inquiry; every effort should be made to avoid undue invasion of privacy.
  - b. The therapist is responsible for informing clients of the limits of confidentiality.
  - c. Written permission shall be granted by the clients involved before data may be divulged.
  - d. Information is not communicated to others without consent of the client unless there is clear and immediate danger to an individual or in society, and then only to the appropriate family members, professional workers, or public authorities.
4. A therapist deals with relationships at varying stages of their history. While respecting at all times the rights of clients to make their own decisions, the therapist has a duty to assess the situation according to the highest professional standards. In all circumstances, the therapist will clearly advise a client that the decision to separate or divorce is the responsibility solely of the client. In such an event, the therapist has the continuing responsibility to offer support and counsel during the period of readjustment.<sup>47</sup>

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