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AVOIDING A COMMON PITFALL IN COMPULSORY SCHOOL REFERRALS

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When a family is compulsorily referred by the school for therapy, treatment failure often ensues if the family therapist, ignoring the probability of a powerful conflict between family and school, focuses prematurely on family dynamics. An alternative approach to such cases is proposed, based on questioning the "function of the symptom" notion, acknowledging the parents' predicament vis-à-vis the school problem, and conceptualizing therapy as the development of better teamwork.

A family is referred by the school to a mental health agency for therapy; their 10-year-old son has been repeatedly suspended for bad behavior. The school counselor feels that she has done as much as she can, and also senses the presence of marital discord. In the first encounter with the therapist, the family appears guarded. Without much conviction, Mother responds to the therapists's queries by listing bothersome aspects of her son's personality ("He always wanted to have things his way"; "He clams up and refuses to talk about school"), while Father voices his opinion that the child should be responsible for himself. The therapist tries, to no avail, to have the parents talk to the boy about the problem, and then to discuss their own differences. The family does not show up for the second session.

In a different agency, there is a similar referral and a similar start, only in this case the father appears sullen and uncooperative, and the therapist goes out of her way to have him talk. It becomes evident that Father came to the session only at his wife's insistence, but he does not see that the child has any problem. Rather, he points out that the teacher is a foreigner, speaks poor English, etc. The therapist adopts a neutral attitude, neither contradicting nor supporting the father, listening to what he has to say, but not making any comment. The session takes a polite turn. The family does not show up for the second session.

These two examples illustrate a common pitfall for family therapists dealing with "compulsory" school referrals—those in which the family has been required by the school to initiate therapy. Both therapists appear to be focusing from the very beginning on *family* dynamics, taking any message that does not fit such focus as a distraction, and particularly shunning an exploration of *family-school* dynamics. Since the latter is most probably strained when the referral is compulsory, the therapists' approach amounted to working on the wrong problem. The purpose of this article is to show how therapists may succumb to the "wrong problem" pitfall in instances of compulsory school referral, and to suggest ways of avoiding it.

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FAMILY ATTITUDES THAT THE THERAPIST MAY NEGLECT

People who have been compulsorily referred by the school may arrive at the agency grudgingly, and/or with less than a clear understanding of why they are being referred to therapy, let alone family therapy. They may feel defensive and prepared to meet somebody who is sitting on the same side as the teacher and principal. Frequently, families referred in this way already have a less than satisfactory relationship with the school personnel, who sees them as uncooperative and neglectful of their parental functions. The parents guessed, if they did not hear, that the school thinks they *are* the problem.

An enthusiastic family therapist may lose sight of this contextual possibility and proceed to engage in business as usual, taking for granted that the family can, needs and wants to benefit from a focus on its dynamics, a plumbing of hidden coalitions, and an examination of the efficacy of its disciplinary rules. Preparing for the first meeting, the therapist may wonder whether the parents will recognize that the problem is in the family, or will tend to circumscribe it to the child, but not whether the family feels that there is any problem at all. Interested in assessing the appropriateness of the existing family hierarchies, the interplay of distance and proximity, the hidden marital battles, the therapist may ignore the weight of the conflict between family and school.

The most obvious consequence of such lack of perspective is losing the case. The example that opened this article pictures a therapist anxiously following the reluctant lead of a mother who only *appears* to recognize her child's problems. In the second example, the therapist concentrates her energies in *not contradicting* the angry father, hoping that eventually she will be able to focus on the "real (family) issues," but is not interested in exploring further the father's attitudes towards the school. Both therapists are so intent in selling family therapy that they lose their families.

A less obvious, but more insidious, process develops when the therapist's lack of perspective is readily complemented by a family that, out of intimidation or simply weak convictions, compliantly adjusts to the therapist's "definition of the problem." Obediently, but half-heartedly, the family follows prescriptions and accepts reframings. "Liz did not want to come today," says a mother pointing at her daughter; the therapist decides to congratulate Mother on bringing her daughter anyway: "I'm glad that you showed her that you are the boss." On this cue, Mother displays several minutes of angry lecturing to the reluctant child. Later, however, she will confess, "I am here only because I have to. *They* are on my back."

In this subtler scenario, clients do not necessarily leave therapy; they may feel that although nothing really important happens there, they better stay so that the therapist and the school take care of the problem. The school, satisfied that the child and the family are "in treatment" (while keeping intact its perceptions of the hopeless child and the dysfunctional family), may grant an indefinite moratorium. The child may be occasionally suspended and the family (or even the therapist) occasionally scolded, but there will be no expulsion for as long as the family keeps attending sessions. The school year is saved, productivity quotas are met, everybody is satisfied, and nothing really changes; homeostasis reigns.

A CASE EXAMPLE

The following vignette illustrates, in more detail, how the therapist may unwittingly set up the "wrong problem" pitfall.

A family is referred by the school to a community mental health center. Right from the reading of the intake notes, the therapist and his team look for cues in the family structure and dynamics that might account for the school problem. By the end of the first session, the therapist has worked out and presented to the family a frame that

pictures the boy as singlehandedly expressing the "family concerns"—concerns that are generically related to transitions experienced by the family in the recent past, and have resulted in an increased distance between the father and the rest of the family. A hidden marital rift is suspected by the therapist, although not discussed openly with the family.

Working from these premises, the therapist attempts to introduce a change in family interaction. He instructs the identified patient to observe the other members' expressions of concern over the next couple of weeks, and casually requests that he abstain from creating problems in school during that period so that he will give the others an opportunity to be so expressive. The therapist also assigns Father and Son the generic task of "spending some time together."

Two weeks later, the family reports an increase in father-son activities, but the boy has not noticed any expression of concern among his relatives—except that the family is in turmoil because he has been suspended from school. The therapist is initially dismayed, but his teammates rush to his support. Most of them interpret the events as an indication of the family's resistance to change; one goes even further and suggests that the crisis should be welcomed, since the family was in too placid a mood. Reassured, the therapist focuses the session on an examination of the family's response to the crisis. His request that the "peripheral" father discuss the matter with the son, generates a sloppy interrogation of a stubbornly silent defendant. When Mother addresses the son with a more soothing voice, the therapist blocks her: His goal is to use the crisis as an opportunity to build the father-son dyad, and he feels Mom is "undermining" Father's effort.

Tension grows in the room. Father glances desperately at his wife, Son locks his pained look on his own sneakers. Feeling uncomfortable, the therapist turns the pressure off the identified patient, first suggesting a change to a more pleasant topic, then introducing one, himself, ("Did you have a good time helping your dad with the painting?"), and, finally, asking the boy if he *really* had not observed any changes in his siblings. The boy is still fully dedicated to his sneakers. When Mother starts crying, everybody paralyzes. The therapist asks, "What would you like your husband to do, right now?". Mother replies, "Nothing"—and Father complies.

How did the therapist arrive at this impasse? His persistent focus on family interaction gave salience, in his perception, to elements of the session that confirmed the family's inadequacy and/or "resistance": Father's awkwardness, Mother's anxiety, Son's stubbornness. The shift from Father's apparent sternness to Mother's attempt at nurturant understanding had to look to the therapist as the expression of inconsistent parenting and, probably, marital conflict. Mother's response that she wants "nothing" from her husband could only be read by the therapist as evidence of distancing and conflict avoidance. The therapist was trapped by his own assumptions about what the problem must be.

PRINCIPLES FOR AN ALTERNATIVE APPROACH

A therapist's approach to a family is always organized by a set of premises regarding families, problems, and change. The therapist in our example assumes some sort of a causal relation, via the "function of the symptom," between family interaction and school problem. He believes that the boy's difficulties at school "come handy" to the family as a way of avoiding other conflict areas—their "concerns," which need to be resolved if the problem is to go away. Another therapist, starting from different premises, might approach the case differently, and avoid the "wrong problem" pitfall.

Principle #1: Forget the "Function of the Symptom"

There are two versions of the "function of the symptom" hypothesis. In the first version, the therapist perceives the family system as having "produced" a problem in

one of its members for the purpose of deflecting some conflict or other unpleasant experience. The child's behavior at school, for instance, may be interpreted by the therapist as a self-sacrificial way of calling attention upon himself, and away from other family issues. But then, something else needs to be explained: Why would the family system choose such a location for the boy's distracting maneuvers, when there are so many opportunities available at home? If one is looking for a system that "produces" a school problem, it would seem more justifiable to focus on the school, rather than on the family.

The second version of the "function of the symptom" escapes these objections. Here, the therapist perceives the family as merely "maintaining" (Sluzki, 1981) a problem that "comes handy" as a way of deflecting other pains, but whose origin remains undiagnosed and is deemed irrelevant by the therapist. Although the family may not have created the problem, it is now actively involved in keeping the problem alive—subtly encouraging the boy, for instance, to continue his timely antics at the school. It is a more plausible version than the first, but it shares with it a common assumption: that the family is doing something to foster an apparently unfortunate situation because, at some level, it is beneficial to the family.

Historically, the notion of the "function of the symptom" as an explanation for the resilience of problems, was instrumental in justifying a focus on the family—rather than the individual—as the unit of treatment. Accordingly, challenges to the "function" hypothesis have mostly originated in authors who do not systematically advocate for such focus (Bogdan, 1986; Weakland, Fisch, Watzlawick & Bodin, 1974), and who, therefore, do not need to substitute an alternative way of meaningfully connecting problems to overall family interaction. On the other hand, if one wants to think "family" but not "function," one needs to develop such an alternative. The following is a summary idea, presented here just for the purposes of the current analysis, of how to connect "family" and "problem" without invoking "function."

A family may maintain a problem, not actively, but *passively,* by default—by not doing enough to deal with it. A certain pattern of interactions, with the potential to alleviate the problem, is missing. In the case under discussion, for instance, it seems that neither parent interacts enough with the son around school issues, except when there is a crisis. They are both absorbed in their jobs, come home much later than the children, do not get involved with homework, and, in general, ignore what is going on in the various school activities. This is also a family where children pretty much administer their own bedtimes and breakfasts. The family patterns around school fit the needs of the older, adolescent children, but not those of the identified patient, who is 4 years younger than the next in line. Within this context, there is no need to assume an "attention calling" purpose in the boy's misbehavior: Given certain conditions of personality and milieu, the absence of parental interest should be enough to facilitate—again, by default—his "lapsing" into trouble with schoolmates and authorities.

The low priority assigned by the family to school-related activities, combined with the son's and the school's own idiosyncracies, provides the simplest and most direct answer to the question, "How is the problem maintained?" The next question, "How come school is a low priority for this family?", initiates an inquiry into the organization and development of the family, its adaptation to the environment, its modalities of problem solving and conflict resolution and, ultimately, its available alternatives. The symptom's "functionality" may or may not play a role in all of this. *Maybe* Mother now has a justification to quit the job that she never liked, but has so far kept just because Father wanted it so. It is always *possible* for a family system to "use" a school problem as a deflection device (whereupon this "secondary benefit" of the symptom would reinforce its resilience); this does not mean that such a systemic use is a *necessary* condition for the maintenance of the problem. The only necessary condition is the family's inac-

tivity—their refusal or inability to enact the kind of patterns that might dispose of the problem. The family does not need to contribute an active role to the survival of symptoms; passivity, inertia, organizational stasis will do.

The contrast between the "function of the symptom" and the "inertia" views is not academic; as mentioned above, it does make a difference in terms of how the therapist approaches the family. If the therapist's assumption at the onset of treatment is that the family must be somehow interested and actively involved in maintaining the problem, he or she will be looking for, growing wary of, and communicating about the "use" to which the family is putting the problem. Such was the case with the therapist in our example, who, accordingly, gave the boy the assignment of observing his relatives for signs of the concerns that his symptom was presumably protecting them from. On the other hand, if one sees the family not as a creature that thrives on problems, but as an organization that eventually loses the ability to deal effectively with them (Colapinto, 1986), the assignment would seem irrelevant, and the explanation for the boy's subsequent trouble in school would be neither that the family is resisting nor that the prescription forced a crisis; rather, the explanation would be that the prescription failed to address the family's "passive maintenance" role, so that there was no reason why the boy should get in trouble at the first appropriate opportunity.

A therapist working from this alternative perspective might react differently to the crisis. For instance, should the therapist intervene into the father-son relationship, he might do so on the specific rationale that Father needs to know more about school if he is going to help his son stay out of trouble, and his punctuation would indicate that much to the family. The therapist might comment on how the son is hiding from his father, and suggest that the father needs to get his son to accept his help. The therapist's actions would be organized by a sense that the family needs to develop new, more efficient patterns to deal with the specific problem, rather than by the generic (and potentially alienating, as illustrated at the beginning of this paper) idea that family members—and ultimately the parents—are somehow invested in the problem, and need to face their conflicts.

Principle #2: Acknowledge the Parent's Predicament

Once the therapist challenges the notion that a child's problems in school necessarily play a function for the family, he or she has less of an incentive to focus his assessment exclusively on the family's internal dynamics, and may pay more attention to the nature of the relationship between family and school.

In any situation involving a school referral, the therapist should not take for granted that the parents accept the school's diagnosis and handling of the problem. In the session described above, both Mother and Father attribute her crying to the school's pressure: She is the one who gets the calls from the teacher. "They are coming on strong, we are doing as much as we can," Father explains to the therapist. And, soon after, "They could be doing more at their end." The therapist then shows interest in how the father responds to the school's complaints, finds out that he, being "calmer," is the one who most frequently attends the unpleasant meetings, and wants to know if Mother is happy with her own role and with the way Father handles those meetings. Again, the therapist, organized by his assumptions on how to explain the problem, insists on searching for *internal* differences within the couple, and ignores their references to *external* conflict between them and the school—probably seeing in those references an attempt to avoid dealing with their own issues. Through his interventions, the therapist conveys his opinion that the problem exists exclusively within the family (between son and parents, and/or between husband and wife), by implication, aligning himself with the school. After the session, the therapist will comment on "Mother's inability to express her feelings of not being supported enough by her husband"; but given the therapist's setup,

Mother could be described as being prevented from expressing her feelings towards the *school.*

Given the circumstances of the referral, the therapist's emphasis on the internal conflict of the couple, or even on the conflict between the frustrated father and the uncooperative son, is premature: The overriding issue of the family-school relationship needs to be approached first. Instead of taking for granted that the family understands, let alone shares, the school's rationale for referring them to therapy, the therapist should insist, to the point of fastidiousness, in asking for details of the presenting problem as it was explained to the parents. A devil's-advocate position is called for: What did the teacher exactly say? How does Johnny's misbehavior "outperform" the others? What do the parents know about the teacher, and his or her relationship to Johnny? The parents need to feel free to openly doubt the teacher's fairness and wisdom, and this will only happen if the therapist adopts an early, encouraging stance. It is not enough, for instance, to neutrally ask the parents what they think about the school, or whether they agree with the teacher's view of their child; they may answer affirmatively just because, given the context of service delivery, they expect the therapist to be on the school's side. To override the parents' initial accommodation, it may be necessary to ask directly, "Did you consider the possibility that the teacher may be unfair?", or even suggest, "Maybe she is not totally fair?".

Even if the parents start with a complaint about their child ("He doesn't listen"), they may be merely quoting the teacher, or attempting a circumstantial alliance with what they perceive as the teacher/therapist team. Or they may have given fair consideration to the school's complaint—reflecting, in retrospect, that little Johnny has really been a problem for a long time—so that they arrive at the initial session somewhat prepared for the final slaughter. The therapist should keep in mind that such acceptance is contingent on context, and does not necessarily extend beyond the therapy room or the principal's office. It is useful to ask oneself, "Who are they telling this to? Who am I for them?". By maintaining this attitude, one often discovers that behind the first presentation of the problem ("He is a bad boy"), lies a more painful complaint: "How come they don't like my child?".

At the same time, it would be inappropriate for the therapist to side squarely with the family against the school ("Really, what he did does not appear to warrant *a suspension!*", or, "Yes, the school should deal with this, and not bother you"). One reason is that, even assuming that the therapist knows enough of the particular school to recognize a pattern of school's dysfunction, and that there is something that he or she can do about that, it is always questionable whether the therapist's use of such power will be ultimately helpful to the family. A more decisive reason is that their conflict with the school may be just one part of the parents' predicament—only highlighted here because it is so often neglected and bypassed by family therapists. It does not exclude the possibility of conflicts at other levels—between parents and child, and/or between father and mother, regarding the school and other more generic issues; in fact, one might expect each level of conflict to mirror the others.

Typically, parents who are referred by the school to family therapy feel primarily frustrated by the *combination* of school and child: "Everybody seems to be against us." When some of these parents begin to shift the object of their complaints, back and forth from the school to the child, they are not necessarily resisting, avoiding or being inconsistent, but maybe just responding to their experience of being "sandwiched" between both. One way of acknowledging the parents' plight is to see the problem as if it were a conspiracy between school and child to make the parents' life miserable. This view is not too farfetched, since one can always suspect that the third side of the triangle is not vacant of coalitions; schools have been known to make special allowances for a

child, out of "compassion" (Carl & Jurkovic, 1983), and often on account of the "pathological" family environment, thus, joining the child in blaming the parents.

Principle #3: Foster a Better Teamwork

Upon recognizing the parents' predicament, the therapist needs to choose a treatment approach. He or she may prefer to excuse the parents from treatment and work only with the child and the school, on the rationale that the problem is located there. Another therapist may choose to act as a mediator between child, family and school, meeting with them separately and/or conjointly in a series of sessions, and designing or helping them design a mutually satisfactory resolution. The main advantage of this approach is that it gives the therapist access to all the elements of the situation, while the corresponding disadvantage is the risk of becoming too central, too depended upon for the development and maintenance of change. It requires a special ability to join all parties in spite of their differences (sometimes, mutual hostility), without unwittingly falling into an alliance with one or the other, and to mobilize them to work together, instead of expecting the solutions to come from the therapist or from each other. A well thought-out variation of the mediating stance is the "family-school interview" (Aponte, 1976; Eno, 1985), a modality of intervention that requires not only special interviewing skills but, more decisively, supportive administrations in both the school and the therapist's agency.

The approach outlined here focuses on the family, itself, and may be implemented in place of or in conjunction with a mediating stance. In essence, it calls for the therapist to coach the family in its dealings with the school, and to capitalize on the family's need for improvement in that area as leverage to introduce change in family interaction. After encouraging the expression of the parents' grievances toward the school and acknowledging their predicament, the therapist may, for instance, call their attention to the realities of the school system, the difficulties involved in trying to change it, and the probability that other teachers in the future will pose the same challenge to the child. The reality is that the family has to reach some sort of working relationship with the school, unless the parents can, and want to, shield the child from unfair teachers (and, by extension, from unfair life) indefinitely.

This goal provides a concrete, task-oriented context within which differences among family members—including conflicts between the parents—may emerge or be facilitated by the therapist: "Do you think that Johnny is doing his part of the deal?"; "What would you like your husband to do differently?". Within this framework, the therapist's challenge becomes a push for more efficacy in the family team; the message conveyed to the family is that maybe they are not doing—and asking each other to do—the best that they can for their own sake. The eventual focus on the parental subsystem is justified by the need to protect and foster its efficacy as a team that is being faced with a problem—which is very different from implying that their child's problems are the result of (or serve the purpose of detouring) their own struggle.

Whatever conflicts may be lurking under the surface of ineffective teamwork can then be brought up in a way that is not forced upon the family, but meaningfully related to its own experience of the presenting problem. Let us assume, for instance, a simple version of an underlying, silent rift between the father and mother in our case example. He may feel that she worries too much and has overprotected the son to the point of spoil; she, that he is too harsh or too removed, and does not understand his son. In their pre-crisis days, they have learned to avoid discussing these differences; in this, as in other areas of their lives, husband and wife have steered more and more apart from each other. Now, the school problem brings the family to therapy, and the parents both hope and fear that the therapist will recognize their conflict. If the therapist does so—by jumping prematurely into an analysis of the couple relationship—he or she may give

them reason to imagine that they have found a spokesperson for their respective grievances, somebody that will change the wife (or the husband), without the other spouse having to risk the confrontation that has so far been carefully avoided. Husband and wife can then sit back and cautiously watch the reaction of the other to the therapist—that is, to his (her) spokesperson. If things go wrong (if the therapist's probe is rejected by one spouse), then the other can always disqualify the therapist as spokesperson ("The therapist said it, not I").

If, on the other hand, the therapist emphasizes the need to improve the couple's teamwork in relation to the school problem, there is a better chance for the parents to experience the desirability of discussing their differences. Maybe Mother will bring up a disagreement with Father: "Well, you cannot expect the school to do everything." Maybe Father will complain more openly about Mother's protection of the child. In some cases, they may even find out that the "school referral" was really a self-referral: For instance, in her talks with the teacher, Mother may have hinted that Father's disinterest was part of the problem, thereby obtaining the help that she wanted without asking for it out loud. (Again: "It was the teacher's idea, not mine.") In any case, the family, itself, would be opening the doors to conflict resolution as a necessary part of their improvement as a team.

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