

The Brown Family:  
A Family Assessment

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## **Case Description**

### Treatment setting

The client, Adam Brown a fifteen year old Caucasian male, is seen at River Valley Counseling Center through the School Based Program in an out-patient capacity. Services are voluntary and completed while in school. Sessions are comprised of client and clinician however; the initial intake was completed with the mother, client, and social worker on-sight at River Valley Counseling Center in Chicopee.

### Family background/Presenting problem

The Brown family is a Caucasian family of German and English decent. They are part of the lower socioeconomic class, yet both parents receive disability. The mother of the family stated that the family practices “normal culture” but avoid social interaction whenever possible. Furthermore, the client identifies as atheist, even though the mother stated that the family identifies as catholic. Currently the social worker provides services to Adam in an individual setting; however much of the work is family focused. Adam currently resides in Chicopee with his mother Jane (45), father Bill (47), his younger sister Gabby (5), younger brother Seth (13), and his older half-sister Amanda (20). The presenting issues that bring Adam to therapy are family driven and seem to be causing distress to the family as a whole, not only Adam. The family is struggling with the death of Adam’s older half-brother (John) that occurred in 2013, emotional abuse from Bill, medical issues of Bill (obesity), substance abuse of Bill, and overall a lack of healthy communication among the family. Due to these multiple presenting issues the rules and roles of the family are highly dysfunctional. Adam has reported to me that due to the lack of his father being a “father”, he feels that it is his duty to step up and fill that role for his

siblings and it causes him a lot of pressure and frustration. In addition, Mother stated that Adam and his younger brother engage in sibling squabbles over their room and Xbox.

### Family History

Adam's mother reported that there is history of mental illness and substance abuse on both paternal and maternal sides presenting in forms of depression and bipolar disorder specifically. There is also a significant family history of diabetes. The client's mother also stated that client's maternal uncle was murdered at age 42 (2010) and his maternal aunt died from an asthma attack at 44 (2011). In addition, she also reported that the client's maternal grandmother died from cancer. She also stated that while on inpatient psychiatric units; client's brother made threats to strangle other patients and also threatened to harm himself, and on one occasion did harm himself.

### Genogram

See attachment

### Ecomap

See attachment

### Family Assessment

#### Life Cycle

If I had to place the Brown family into a specific stage of the family life cycle model I would place them in stage four or "The Families with Adolescents" (Goldenberg, I & Goldenberg, H., 2004. P. 29). However, the death of John has greatly upset the process of the Brown family and their course of a "normal family process." According to Walsh and McGoldrick, "a death in the family involves multiple losses in numerous relationships, functional roles, the family unit, and hopes and dreams for all that might have been" (Walsh &

McGoldrick, 2013, p. 1). In the Brown family this was no different. Due to the death of John the family as a whole became very withdrawn and depressed. At the time of the death the family was very vulnerable for multiple reasons. First, John was home from the psychiatric hospital for only three months and Bill, John's step father, continually emotionally abused him. Adam stated that he believes that his father drove John to his death and "that is the main reason why I hate him." Bowen stated that, "the intensity of the emotional reaction is influenced by the family integration at the time of the loss and by the significance of the lost member" (Walsh & McGoldrick, 2013, p. 1). Due the death of John in addition to the abuse by Bill, the Brown family is greatly lacking structure, including appropriate roles, rules, and communication patterns.

#### Family communication patterns

Currently the whole family lives under the same roof and communicates when necessary, yet the communication is not healthy. Adam has stated to the social worker multiple times that he has no one to talk to but occasionally his mother. In addition, Adam reported that his father constantly bosses his children around and "treats us like his slaves." According to Bowen, there seems to be a triangulation between Adam, Bill, and Jane. Bill often emotionally abuses Jane, and Adam has to step in and "protect" his mother. This is a usual demonstration of triangulation because typically in a situation where an individual is triangulated, there is a stressful situation between two individuals and a third is forced into the situation to alleviate the stress. For example, when two siblings are fighting over what to watch on television and they force a third party individual to pick one of their sides. In addition, with triangulation there is a huge amount of parental projection onto the children. Bill is so emotionally abusive that the entire family, excluding Adam, fears him and concedes to every order he gives. Due to the constant abuse for the past ten or so years, each family member struggles to self-differentiate. Adam reported to the

social worker that, “no matter what my father says, they do it, no matter what it is.” According to Bowen, “people with a poorly differentiated “self” depend so heavily on the acceptance and approval of others that either they quickly adjust what they think, say, and do to please others or they dogmatically proclaim what others should be like and pressure them to conform” (Kerr, 2000).

### Subsystems and roles

Within the Brown family there are multiple confusing and complex subsystems and roles. Among the family there is the subsystem of the parents Bill and Jane; the siblings Adam, Seth, Gabby, and Amanda; the male siblings Adam and Seth; the entire family excluding Bill; the siblings of the same father Adam, Seth, and Gabby; and lastly Bill and Adam. These subsystems are very complex and based on patterns of common communication, even though most of the communication is unhealthy and dysfunctional.

In addition to the family’s subsystems, the roles among the family members are important to discuss and in the social worker's opinion, highly correlated to the Brown’s family issues. First, Jane the “mother” does not currently work and according to Adam, continuously allows “my father back into the house even though he is abusive.” However, Adam states, “that my mother tries and she is overall a good mother.” Bill the “father” does not currently work and constantly orders his children around because of his medical issues revolving around obesity. Adam, “resents” him and believes that he is a “sociopath and the cause of all the problems.” He also reports, “he is not a father to me or my siblings, he is just the creator of us.” According to Adam, Amanda has a limited role within the family and “often stays away from the house.” Adam reports that Seth and Gabby listen to Bill, “because they are scared of him and they do not understand that they do not always have to do what he says.” Lastly, Adam has stated to the

social worker on multiple occasions that he is the father figure to his younger siblings and has taught them appropriate social behaviors and how to be polite (Van Hook, 2014).

#### Rules and boundaries

According to Adam, the family lacks both rules and boundaries. Bill sleeps on a hospital bed in the living room and neither parent provides appropriate discipline. Adam reported to the social worker that he is often punished for the behaviors of his siblings and Gabby is the “golden child and cannot do any wrong in the eyes of my father.” In addition, Adam has stated that Bill will demand respect while he is verbally abusing one of his children, and if he is not respected he will send them to their room, as a punishment (Van Hook, 2014).

#### Coping strategies/strengths/stress factors

The family is not doing much to cope with the death of John or the emotional abuse from Bill. Currently Adam is the only family member in therapy and states that “they (his family) do nothing to change what my dad does. I am the only one that ever fights back and sticks up for my siblings.” With that being said Adam has described his family as somewhat close, excluding his father. In addition to that strength Adam also states that his family, again excluding his father, is resilient and been through a lot together. Yet, as a whole the Brown family has multiple stressors including but not limited to grief, financial struggles, medical/health issues, and emotional abuse.

#### **Social workers engagement with Brown family**

As the social worker stated above he has limited interaction with the family as a whole and has created this report of the Brown family based mostly around the information provided by Adam in individual therapy. During the intake Jane did attend the session with Adam, and a lot of information was collected around family history and health. In addition to meeting with Adam on a weekly basis, the social worker also calls Jane weekly to check-in, and to discuss how

Adam is behaving at home and to see if she has seen any changes in his depression or anger issues towards his father.

The main barrier that is impeding this case is that the social worker is only engaged with a single entity of the family. Even though, the social worker believes that individual therapy is necessary for Adam, he also believes that family therapy for the family as a whole would be extremely beneficial.

### **Theoretical Outlook**

#### **Structural Family Therapy (SFT)**

In structural therapy the social worker looks beyond the specific problems of the family and looks at the dynamics of the interaction between the family members. For example, instead of looking at the presenting issues of the Brown family such as the death of John or the medical issues of Bill, it is crucial to understand the dynamic of the family and how the family interacts. One of the best techniques used in family structural therapy is enactment, in which family members are encouraged to deal directly with each other in session, permitting the social worker to observe and modify their interactions. For instance, if I was working with the Brown family I would have Adam and Bill role play a situation that typically occurs between them and observe the interaction. “What structural family therapy adds to the equation is recognition of the overall organization that supports healthy interactions within the family” (Nichols & Schwartz, 2004, p 176). The three basic constructs of structural family therapy are: structure, subsystems, and boundaries. As I discussed above the Brown’s family structure, subsystems, and boundaries are struggling which leads to unhealthy interactions and limited communication throughout the entire family (Van Hook, 2014).

In SFT it is believed that problems are maintained by dysfunctional family organization. Due to this idea, the main goal of SFT is to alter family structure and organization to promote healthy problem solving. To complete this alteration the family social worker needs to join the family system to help the family change their boundaries and subsystems. It is important to understand that it is not the social worker's duty to solve problems but rather it is the social worker's duty to help modify the family's functioning so that family members can solve problems on their own (Nichols & Schwartz, 2004, p. 186).

### Cognitive Behavioral Family Therapy (CBFT)

Cognitive-behavioral family therapy focuses on the principles of behavioral modification and is designed to change interaction patterns of family members. In addition, it focuses on restructuring of distorted beliefs and perceptions that have been created over time due to flawed interactions among family members. Also CBFT places a heavy emphasis on schemas, and how these beliefs intrude on the emotions and behaviors of family members' interaction. "The key in the change process is identifying how family members actually will behave differently toward each other if they are living according to the modified schema" (Dattilio, 2007). It is highly important to recognize existing belief systems and schemas may be affecting family patterns and interactions between family members. An important aspect of CBFT is psycho-education and teaching the family that irrational thoughts, expectations, and perceptions exist. To use CBFT effectively, the family first needs to have a strong understanding of the cognitive behavioral model. Psycho-education will begin in the first or second session, and continue throughout treatment.

Multiple times Adam has stated to the social worker that even though society states that children are supposed to respect their fathers, I do not have to do that because he does not show

me respect or love. Adam's perception and belief of his father is that no matter what his father does, it is abusive and forceful. However, Bill may have the belief that Adam is a rebellious teen that does not want to do anything because he is lazy and a “typical” teen. In therapy it is highly important to break down these expectations and beliefs. In CBFT it is important the social worker plays the role of the coach or expert and teach the clients (family) how their beliefs, perceptions, schemas, and expectations may be distorted due to past family interactions or past family history (Van Hook, 2014).

### **Treatment Plan**

Unfortunately, the social worker does not meet with the Brown family in a family therapy setting, however if he did he would use structural family therapy to promote change. The social worker decided to choose structural family therapy because the Brown family greatly lacks family structure and regulation, which in turn could be the root cause to the dysfunction within the family. While within therapy the social worker will remain calm to bring down the affect of the family. As a family social worker, there is no need to initiate conflict between the family members during the session. Also, it is important to be open to learning from the family that you are working with. Through therapy the family and social worker are going to work towards healthy family interaction and boundary and role making.

Working toward restructuring the family's communication patterns will in turn hopefully create healthy family interactions. Healthy communication might bring understanding as to why members act the way they do. Also, healthy communication might create stronger family bonds and relationships. In addition, this change will allow the family to handle future crisis or issues with a greater understanding and in a more healthy way. Lastly, healthy family communication will allow the family to create more clear boundaries, roles, and rules.

Creating appropriate boundaries and roles within the Brown family will promote healthy relationships among family members that will in turn increase family function. Establishing appropriate roles within the family might increase the functionality of the family and take pressure off members of the family that feel pressured to compensate for roles not adequately filled. Also, creating new boundaries within the Brown family will hopefully increase healthy family communication in addition to increasing family structure and regulation.

A treatment plan for the Brown family could be as follows:

Goal #1: The Brown family will learn and carry out healthy family interactions

Objective #1: The family will discover clear boundaries around interaction, for example, two people can speak without being interrupted

Intervention #1: In session role play

Objective #2: The family will interact once a week without arguing

Intervention #1: Social worker will teach the family skills around healthy family interactions

Goal #2: The Brown family will create boundaries and roles that are appropriate

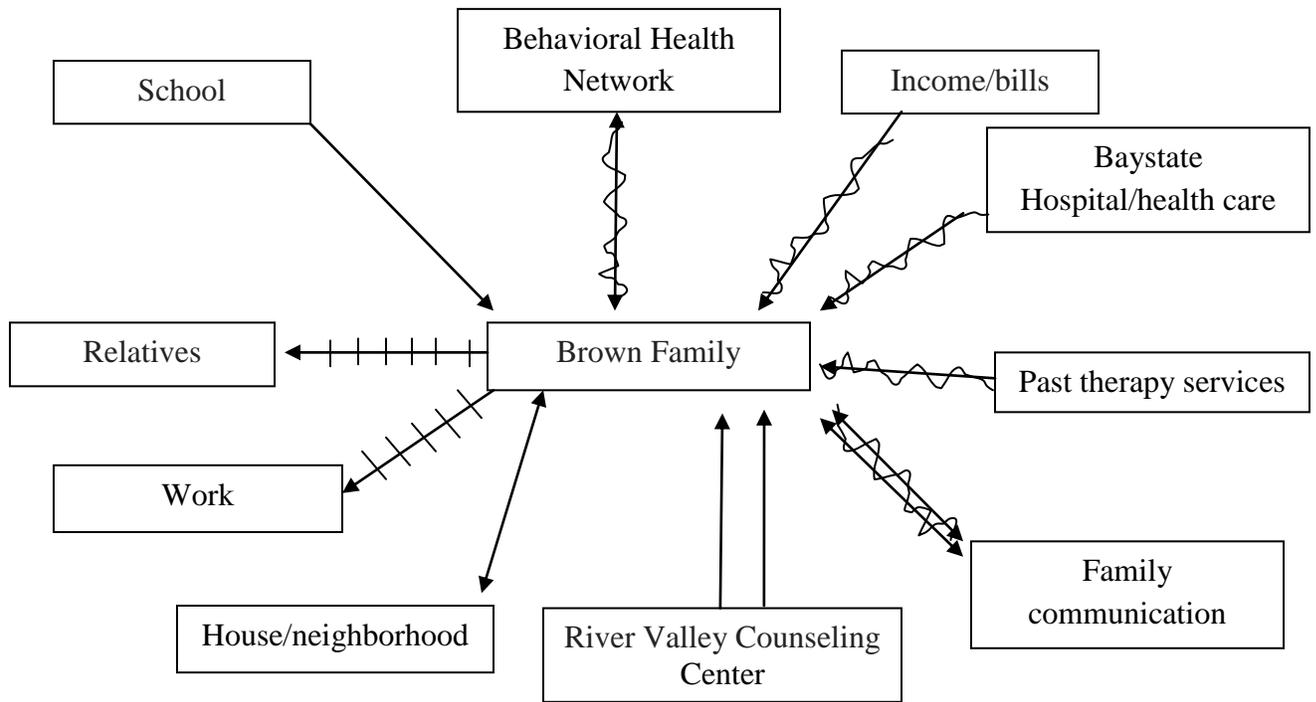
Objective #1: The social worker and family will discuss appropriate roles and boundaries

Objective #2: Adults and children will create and agree upon appropriate boundaries

### **Disclaimer**

A majority of the information presented to the social worker was by a fifteen year old child and is based on his perceptions.

Ecomap map

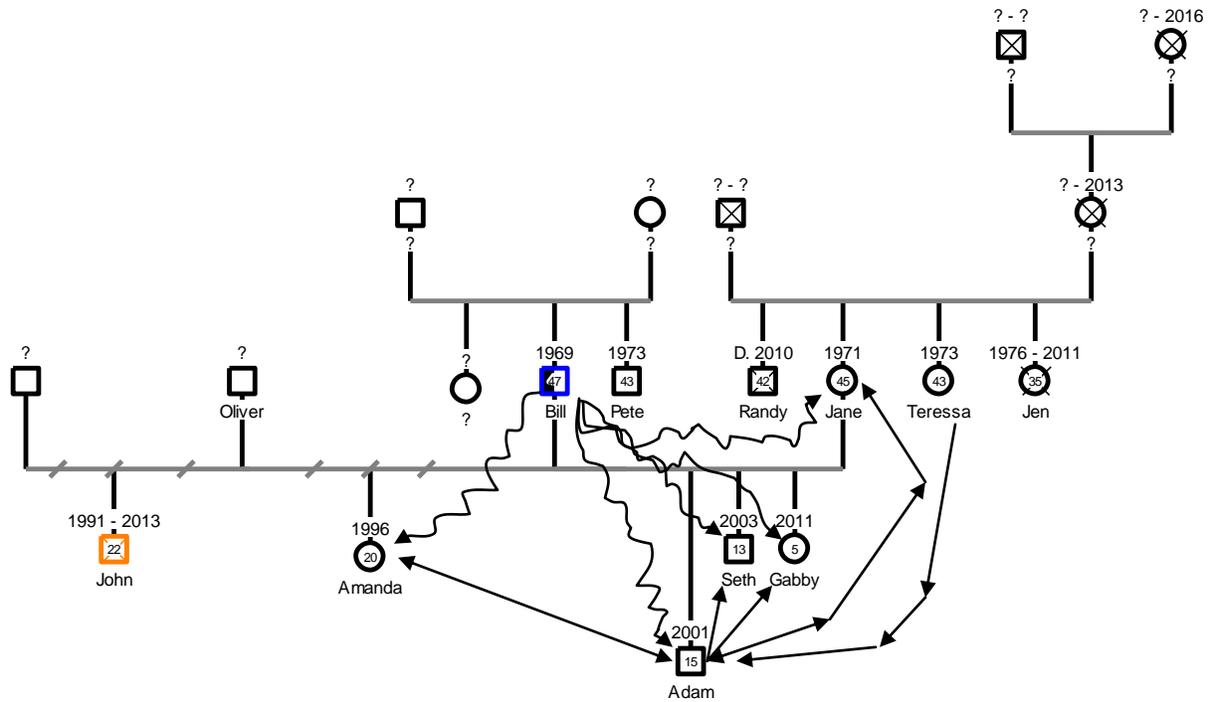


Key

- Arrow- energy flow of relationship
- Single line- relationship
- Double line- strong relationship
- Scribble line- stressful relationship
- Slashed line- weak relationship

Genogram

The Brown Family



Key

Square- male

Circle- female

Blue- alcoholism

Orange- drug abuse

Slashed lines- couple no longer together

Crossed out person- deceased ((John (heroin overdose), Randy (murder), Jen (asthma attack), maternal grandmother (cancer), maternal grandfather (unknown), maternal great grandmother (nature causes), maternal great grandfather (unknown))

Half shaded- medical issues (Bill)

Arrow- energy flow of relationship

Single line- relationship

Double line- strong relationship

Scribble line- stressful relationship

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