

A newly updated and practical approach to marriage, couples, and family counseling

Now in its second edition, *Foundations of Couples, Marriage, and Family Counseling* delivers a comprehensive treatment of current theory, research, and real-life practice in family therapy. The text is fully aligned with the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). It covers foundational and advanced topics of critical importance to student counselors and therapists seeking to work in family settings, including sexuality, trauma, divorce, domestic violence, addictions, filial play therapy, and the positioning of culture and context in family therapy.

The new edition includes updated content in each chapter and entirely new chapters on assessments and helping families mitigate, adapt, and transition during crisis.

This important book:

- Covers the basic knowledge and skills essential to students and practitioners of couples and family therapy
- Details the history, concepts, and techniques associated with crucial theories, and includes a new chapter on the most up to date assessment strategies
- Tackles contemporary issues and interventions in trauma, divorce, domestic violence, sexuality, and more

At once comprehensive and concise, the Second Edition of *Foundations of Couples, Marriage, and Family Counseling* offers readers a guide to the complex and interconnected concepts required to support a full understanding of couples and family therapy.

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CAPUZZI
STAUFFER

Foundations of Couples, Marriage,
and Family Counseling

Second
Edition

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Second Edition

Foundations of Couples, Marriage, and Family Counseling

EDITED BY
DAVID CAPUZZI
MARK D. STAUFFER

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FOUNDATIONS OF COUPLES, MARRIAGE, AND FAMILY COUNSELING



FOUNDATIONS OF COUPLES, MARRIAGE, AND FAMILY COUNSELING

SECOND EDITION

Edited by

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Preface

Whether you are entering the field of couples, marriage, and family counseling or are a counselor who wants to be better prepared for working with couples and families, this text provides a foundational basis. *Foundations of Couples, Marriage, and Family Counseling* addresses real-life clinical concerns while providing the necessary information to keep up to date with trends in the profession and also evolving standards of professional organizations, accrediting bodies, and licensure boards. Counselors in school, mental health, rehabilitation, hospital, private practice, and a variety of other settings must be thoroughly prepared to support couples and families in their quest to be healthy, functional, and unimpaired. As the counseling profession has matured, more and more emphasis has been placed on the importance of preparing counselors to work holistically and synthesize knowledge domains from mental health, developmental, and systemic perspectives.

This textbook draws on the specialized knowledge of the authors of each contributed chapter. It is written for use in graduate level preparation programs for counselors and students enrolled in upper division undergraduate courses. Requirements of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and other certification associations have led many university programs in counselor education to require or recommend a foundations course in couples, marriage, and family counseling for all students regardless of specialization (e.g., school, mental health, rehabilitation, career, student personnel).

Although the text addresses the history, theory, and research related to couples, marriage, and family counseling, at least half of the emphasis in the book is placed on techniques and skills needed by the practitioner. In addition, topics connected with diversity issues, concrete reference to assessment tools, research, filial play therapy, sexuality and gender issues, addictions, violence, abuse, and trauma, and divorce and other loss issues are examples of topics that make the book engaging and of high interest to the readership. Writers experienced in couples, marriage, and family counseling were asked to contribute to the text so that the reader is provided with not only theory and research, but also, with applications so pertinent to the role of the practicing, licensed, counselor. This book also reflects the view of the editors that counselors must be prepared in a comprehensive and holistic manner since couples and family issues are so often the reason clients seek the assistance of a professional counselor.

The book is unique in both format and content. The contributed chapters format provides state-of-the-art information by experts who are nationally recognized for their expertise, research, and publications related to couples, marriage, and family counseling. The content provides readers with areas not always addressed in introductory texts. Both the format and content enhance the readability and interest for the reader and should engage and motivate graduate students in counseling and aligned professions as well as those enrolled in upper division undergraduate courses.

The book is designed for students who are taking a preliminary course and presents a comprehensive overview of the foundations for couples, marriage, and family counseling, the skills and techniques needed, and special issues in couples, marriage, and family counseling. We, as editors, know that one text cannot adequately address all the factors that comprise the complex and holistic aspects of assisting clients who seek the assistance of a counselor. We have however attempted to provide our readers with a broad perspective based on current professional literature and the rapidly changing world we live in at this juncture of the new millennium. The following overview highlights the major features of the text.

OVERVIEW

With few exceptions, each chapter contains case studies that illustrate the practical applications of the concepts presented. Most chapters refer the reader to URL sites containing information that supplements the information already presented and are helpful to students. Professors may want to make use of the power points developed for each of the chapters as well as the instructor's manual that can be used to develop quizzes and exams on the book's content and provides ideas for individual and small group class assignments.

The text is divided into the following four parts: Essential Knowledge and Skills; Theories: History, Concepts, and Techniques; Couples Work; and Special Issues.

Part 1, Essential Knowledge and Skills (Chapters 1–5), begins with information on variations in family systems and family life cycles and provides the reader with the contextual background needed to assimilate subsequent chapters. Chapters focused on using community genograms to position culture and context in family therapy, diversity and intercultural work, assessment of families and family systems, and legal, ethical, and professional issues are included in this first section of the book.

Part 2, Theories: History, Concepts, and Techniques (Chapters 6–11), presents information about psychodynamic, experiential and humanistic, Bowenian, structural, strategic, and systemic and behavioral approaches and applications to actual cases and case studies. All these chapters provide overviews and introduce readers to the skills and techniques that can be used in the actual counseling process.

Part 3, Couples Work (Chapters 12–14), presents information relative to key issues and interventions in couples counseling, sexuality and gender in couples counseling, and counseling couples using life cycle and narrative therapy lenses. These chapters highlight information that has relevance and application to diverse contexts.

Part 4, Special Issues (Chapters 15–19), discusses filial play therapy and other issues related to parenting, addictions and family therapy, violence, abuse, and trauma in family therapy, divorce and other loss issues in family therapy, and climate change and the role of the family counselor.

In addition to the updated content in each chapter, this second edition has a newly written chapter on assessment and a brand-new chapter on the topic of climate change and helping families mitigate, adapt, and transition during disruption.

Every attempt has been made by the editors and contributors to provide the reader with current information in each of the nineteen areas of focus. It is our hope that the second edition of *Foundations of Couples, Marriage, and Family Counseling* will provide the beginning student counselor with the basics needed for follow-up courses and supervised practice in the arena of couples and family work with clients.

Acknowledgments

We would like to thank the 45 authors who contributed their expertise, knowledge, and experience to the development of this textbook. Publications occur within the context of the authors' lives and family. We would like to thank our families and the families of the authors who provided the freedom and encouragement to make this endeavor possible. Special thanks to those authors who contributed while also dealing with matters of life and death. Our appreciation is also directed to members of the Wiley Publishing team for their encouragement and assistance with copyediting and, ultimately, the publication of this second edition.



Meet the Editors

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From 1980 to 1984, Dr. Capuzzi was editor of *The School Counselor*. He has authored several textbook chapters and monographs on the topic of preventing adolescent suicide and is coeditor and author with Dr. Larry Golden of *Helping Families Help Children: Family Interventions With School Related Problems* (1986) and *Preventing Adolescent Suicide* (1988). He coauthored and edited with Douglas R. Gross *Youth at Risk: A Prevention Resource for Counselors, Teachers, and Parents* (1989, 1996, 2000, 2004, 2008, 2014, and 2019); *Introduction to the Counseling Profession* (1991, 1995, 1997, 2001, 2005, 2009, 2013, 2017); *Introduction to Group Work* (1992, 1998, 2002, 2006, 2010); and *Counseling and Psychotherapy: Theories and Interventions* (1995, 1999, 2003, 2007, 2011).

In addition to *Foundations of Addictions Counseling* (2008, 2012, 2016, 2020) and *Foundations of Group Counseling* (2019) published by Pearson with Dr. Stauffer, he and Dr. Stauffer have published *Career Counseling: Foundations, Perspectives, and Applications* (2006, 2012, 2019), *Foundations of Couples, Marriage and Family Counseling* (2015, 2021), *Human Growth and Development Across the Life Span: Applications for Counselors* (2016), and *Counseling and Psychotherapy: Theories and Interventions* (2016).

Other texts are *Approaches to Group Work: A Handbook for Practitioners* (2003), *Suicide Across the Life Span* (2006), and *Sexuality Issues in Counseling*, the last coauthored and edited with Larry Burlew. He has authored or coauthored articles in a number of ACA-related journals.

A frequent speaker and keynoter at professional conferences and institutes, Dr. Capuzzi has also consulted with a variety of school districts and community agencies interested in initiating prevention and intervention strategies for adolescents at risk for suicide. He has facilitated the development of suicide prevention, crisis management, and postvention programs in communities throughout the United States; provides training on the topics of youth at risk and grief and loss; and serves as an invited adjunct faculty member at other universities as time permits.

An ACA fellow, he is the first recipient of ACA's Kitty Cole Human Rights Award and also a recipient of the Leona Tyler Award in Oregon. In 2010, he received ACA's Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person. In 2011, he was named a Distinguished Alumni of the College of Education at Florida State University, and in 2016 he received the Locke/Paisley Mentorship award from the Association for Counselor Education and Supervision. In 2018 he received the Mary Smith Arnold Anti-Oppression Award from the Counselors for Social Justice (a division of ACA) as well as the U.S. President's Lifetime Achievement Award. He is the 2019 recipient of the Lifetime Achievement Award from the Association for Counselor Education and Supervision.

Mark D. Stauffer, PhD, NCC, is a core faculty member in the clinical mental health counseling program at Walden University. He specialized in couples, marriage, and family counseling during his graduate work in the Counselor Education Program at Portland State University, where he received his master's degree. He received his doctoral degree from Oregon State University, Department of Teacher and Counselor Education. He has worked in the Portland Metro area with homeless and low-income individuals, couples, and families.

Dr. Stauffer is past president of the Association of Humanistic Counseling (AHC) and past cochair of the American Counseling Association International Committee and has recently been serving on the American Counseling Association's Climate Change Task Force. He was a Chi Sigma Iota International Fellow and was awarded the American Counseling Association's Emerging Leaders Grant, the AHC Humanistic Leadership Award, and the U.S. President's Volunteer Service Award. He is a member of the International Association of Marriage and Family Counseling (IAMFC) and Counselors for Social Justice (CSJ).

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In addition to *Foundations of Couples, Marriage and Family Counseling* (2015, 2021), he and Dr. Capuzzi have published *Foundations of Addictions Counseling* (2008, 2012, 2016, 2020) and *Foundations of Group Counseling* (2019), *Career Counseling: Foundations, Perspectives, and Applications* (2006, 2012, 2019), *Human Growth and Development Across the Life Span: Applications for Counselors* (2016), and *Counseling and Psychotherapy: Theories and Interventions* (2016).

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Brian S. Canfield, PhD, is professor of clinical mental health counseling in the Department of Counselor Education at Florida Atlantic University. He is a licensed psychologist, licensed professional counselor, and a licensed marriage and family therapist and has been in clinical practice for

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Montserrat Casado-Kehoe, PhD, is a middle school counselor, a licensed marriage and family therapist (LMFT), and registered play therapist (RPT). She is also an eye movement desensitization and reprocessing (EMDR), accelerated resolution therapy (ART), and trust-based relational intervention (TBRI) clinician and educator. She uses an attachment–trauma informed model when working with children and families. One of her passions is working with adoptive families. She integrates a strength-based model that includes the use of creative arts in counseling. She was a professor of counseling and supervisor for many years. Dr. Casado-Kehoe also values the need to incorporate a mind–body–spirit approach, which recognizes that healing is a sacred journey.

Yvonne O. Castillo, PhD, received her PhD in counselor education from Texas A&M University at Corpus Christi (TAMU-CC) in 2006. She obtained her MS in counseling and guidance from TAMU-CC in 2001 and her BS in secondary education from Corpus Christi State University in 1990. She is a licensed professional counselor and board-approved supervisor with 29 years of experience in public schools and higher education. Her specialized training includes dialectical behavior therapy (DBT), eye movement desensitization and reprocessing (EMDR), the Gottman Method for couples therapy, Nurturing Parenting Programs, Rainbow Days' Faith Connection for children and youth development, Rainbow Days' Strengthening Families Program for parents and youth, Prevention and Relationship Enhancement Program (PREP), being a certified anger resolution therapist (CART), and being a mental health facilitator master trainer for the National Board of Certified Counselors (NBCC) and NBCC International. As executive director of C2 Counseling, Dr. Castillo's work includes being board president of the Coastal Bend's Coalition Against Modern Day Slavery, facilitating healthy relationship classes and positive parenting programs. She counsels and presents in English and Spanish on a diversity of topics to schools and community agencies. Dr. Castillo's interests include families and individuals affected by trauma, incarceration, and human trafficking.

Astra B. Czerny, PhD, completed her master's in community counseling in 2009 and her PhD in counseling in 2014, both degrees earned from University of North Carolina at Charlotte. She is a licensed professional counselor (LPC) in North Carolina and Pennsylvania, a national certified counselor (NCC), and a board certified telemental health provider (BC-TMH). Dr. Czerny recently worked as assistant professor at Thomas Jefferson University in the community and trauma counseling program, where she was in charge of clinical development and taught clinical, addictions, and advanced trauma intervention courses. Currently, Dr. Czerny works at Lenoir Rhyne University in Hickory, North Carolina. Dr. Czerny has had private practices in Jenkintown, Pennsylvania, and Davidson, North Carolina. She is a certified eye movement desensitization and reprocessing (EMDR) therapist and specializes in working with women, trauma, and addictions. Dr. Czerny also provides clinical supervision for counseling graduates working toward licensure. Dr. Czerny's scholarly work reflects her passion for counseling women, trauma survivors, and underserved populations. Her larger research agenda encompasses the practical aspects of the healing and empowerment journey for victims of trauma, oppression, and abuse. She has developed and published a conceptual model of empowerment for women healing from abuse.

Judy A. Daniels, PhD, has dedicated her life work to human rights, social justice, and the empowerment of young people, persons with disabilities, and vulnerable populations. Her current focus within the counseling profession is on the intersection between the climate crisis and mental health. The World Health Organization has identified the climate crisis as one of the greatest human rights issues impacting our world and it has been recognized as the most significant challenge to humanity. In light of this threat to psychological well-being, Dr. Daniels chairs the American Counseling Association (ACA) Task Force on Climate Change and Mental Health. As a fellow and lifetime member of ACA, she has been involved with numerous task forces and committees related to human rights, portability, professional identity, and strategic planning. She is a founding member of Counselors

for Social Justice (CSJ), a past president, and a former CSJ governing council representative. She is the director of the University of Hawaii rehabilitation counselor education program and has been a professor for 30 years. In her free time, she trains service dogs so that people can have the animal-assisted support they need to participate in society fully and with dignity.

Thelma Duffey, PhD, is professor and chair in the Department of Counseling at the University of Texas at San Antonio and past president of the American Counseling Association (ACA). An ACA fellow, she is currently serving as ACA treasurer. Dr. Duffey was the founding president of the Association for Creativity in Counseling (ACC), a division within the ACA, and she is editor for the *Journal of Creativity in Mental Health*. Dr. Duffey has received numerous awards from professional organizations, including the Association for Counselor Education and Supervision (ACES), the Southern Association for Counselor Education and Supervision (SACES), the American Counseling Association (ACA), the Texas Counseling Association (TCA), and the Texas Association for Counselor Education and Supervision (TACES), and she was a co-recipient of the AARC Core Outstanding Outcome Research Award. The Association for Creativity in Counseling (ACC) established an award in her name. Dr. Duffey has published over 60 peer-reviewed publications and four edited and coedited books. Dr. Duffey codirects the Academy for Crisis and Trauma Counseling (ACTC) within the Department of Counseling and leads efforts within the UTSA Department of Counseling to support the antibullying advocacy initiatives of the David's Legacy Foundation.

Nicholaus Erber-LaPierre, PhD, is assistant professor in the Department of Counseling Special Education at Central Michigan University. He teaches courses across the curriculum of the master's counseling programs in clinical mental health and addictions counseling. Dr. Erber-LaPierre's research interests include integrated health care models, LGBTQ+ identity development and access to health care, and pedagogical models of academic service learning in counseling curricula.

Brandé N. Flamez, PhD, LPC, NCC, is a licensed professional counselor in Texas. She is also chief executive officer and founder of the nonprofit SALT (Serving and Learning Together) world Inc., which provides donations and volunteer services to developing countries. Her clinical background includes working with children, adolescents, and families in community-based and private counseling settings. In addition, Dr. Flamez helped design an outpatient program for court-referred adolescents. She is active in the counseling profession and has served as president of two national divisions: Association for Humanistic Counselors and the International Association of Marriage and Family Counselors (IAMFC). Dr. Flamez has served on the American Counseling Association (ACA) Governing Council for IAMFC, ACA Finance Committee, and ACA Investment Committee and has chaired the ACA Publications Committee multiple times. Dr. Flamez is past president for the Association for Humanistic Counselors (AHC) and currently serves as past president for IAMFC and chairs the AHC Bylaws/Ethics Committee. Internationally she is EAAD (Turkish Counseling Association) secretary to Congress and serves on the Izmir Democratic University Scientific Committee. She is also active in her local community and served on the Nueces County Child Welfare Board and served as the chair to the bylaws for the Nueces Country Child Welfare Foundation. Dr. Flamez is on the editorial board for *Family Journal* and *American Journal of Family Therapy*. She has provided over 100 presentations and training workshops to professional groups throughout the United States and internationally. Her scholarly contributions include more than 40 coauthored book chapters and journal articles. Dr. Flamez is coauthor or coeditor of seven textbooks currently used in clinical training programs throughout the United States, including *Counseling Assessment and Evaluation: Fundamentals of Applied Practice*, *Diagnosing Children and Adolescents: A Guide for Mental Health Practitioners*, *A Counselor's Guide to the Dissertation Process: Where to Start & How to Finish*, and *Marriage, Couple, and Family Therapy: Theory, Skills, Assessment, and Application*. She is the recipient of 19 national awards and four international awards demonstrating her dedication to advocacy, leadership, and research in the field of counseling.

Russell C. Gaede, PsyD, holds a master's in mental health counseling, a post-master's certificate in marriage and family therapy, and a doctorate in clinical psychology. He has over 20 years' experience working in the mental health field in correctional, outpatient, private, and community practice

settings with children, adolescents, and adults. He has extensive training and experience working with couples. He has over 10 years' experience teaching at the graduate and undergraduate level and has served on master's thesis and doctoral dissertation committees. He has served on several professional boards including as a governor-appointed member of the state licensing board. Dr. Gaede is a recognized international speaker, educator, program developer, author, and thought promoter.

Melinda Haley, PhD, received her master's in counselor education at Portland State University in Oregon and her doctorate in counseling psychology from New Mexico State University at Las Cruces and was assistant professor at the University of Texas at El Paso in the counseling and guidance program for 5 years. Dr. Haley currently works as a core faculty member in the counselor education and supervision doctoral program at Walden. She has written numerous book chapters and journal articles on diverse topics related to counseling. She has extensive applied experience working with adults, adolescents, children, inmates, domestic violence offenders, and culturally diverse populations in the areas of assessment, diagnosis, treatment planning, crisis management, and intervention. Dr. Haley's research interests include multicultural issues in teaching and counseling, personality development over the life span, personality disorders, the psychology of criminal and serial offenders, trauma and posttraumatic stress disorder, bias and racism, and social justice issues.

Danica G. Hays, PhD, is professor of counselor education and executive associate dean of the College of Education at the University of Nevada in Las Vegas. She earned a doctorate in counselor education and supervision with an emphasis in multicultural research from Georgia State University. Her research interests include qualitative methodology, assessment and diagnosis, trauma and gender issues, and multicultural and social justice concerns in counselor preparation and community health. She has published approximately 120 refereed journal articles and book chapters in these areas. She is also an author or coeditor of 11 books. She has extensive leadership history in the Association for Assessment and Research in Counseling and the Association for Counselor Education and Supervision. The American Counseling Association has recognized her nationally for her research and advocacy as a counselor educator, naming her as a fellow.

Janet G. Froeschle Hicks, PhD, LPC, CSC, is director and professor of mental health counseling at Belmont University. She has experience working in both clinical mental health and school counseling settings and has published over 70 manuscripts and several video counseling demonstrations focusing on child, adolescent, family, and school counseling issues. She is currently president of the Tennessee Counseling Association, is past International Association of Marriage and Family Counselors (IAMFC) special events committee chair, past Texas Counseling Association Research chair, past Tennessee Counseling Association Conference Committee chair, and past Tennessee Counseling Association bylaws chair. She also serves as a reviewer for the *Journal of Women & Minorities in Engineering* and is an ACA fellow inductee (2015).

Aaron H. Jackson, PhD, LPC, is a core faculty member in the clinical mental health counseling program at Walden University. He has over 15 years of experience as a professional counselor. He holds a PhD from the College of William and Mary and is a licensed professional counselor in North Carolina and the Commonwealth of Virginia.

Hyeseong Kang, PhD, LMFT, is a family therapist and an adjunct professor at the Cyber University of Korea in Seoul. She earned her master's in clinical and counseling psychology at Korea University in Seoul. After working as assistant manager in human resources for LG Electronics in Korea, she came to the United States to advance her training as a doctoral student in the University of Connecticut's Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited marriage and family therapy program. Dr. Kang's research interests focus on evidence-based, multicultural systemic interventions aimed at bolstering family resilience, particularly among Korea's underrepresented and underserved populations. She is committed to expanding the role of couple and family therapists in Korea by incorporating more nontraditional, systemic service models into public family therapy programs to support

and empower families at all points across the life span. Finally, Dr. Kang translated the book *Community Genograms: Using Individual, Family, and Cultural Narratives With Clients for a Korean Audience*.

DoHee Kim-Appel, PhD, LPCC-S, IMFT-S, LICDC, ATR-BC, NCC, is associate professor in the master of arts in counseling (MAC) at Heidelberg University. She has decades of experience in the field of behavior health working with diverse populations of clients across a spectrum of emotional and substance related issues, including youth, individuals, couples, and families. Dr. Kim-Appel has presented papers and training sessions regionally, nationally, and internationally in such topics as workplace violence, family violence, ethics, mindfulness, supervision, art therapy, substance abuse and mental illness, and therapeutic jurisprudence. Her research interests include family differentiation, mindfulness, cultural competency, supervision, and international issues in behavioral health. Dr. Kim-Appel has coauthored numerous book chapters and papers in peer-reviewed journals and is an editorial board member of the *Journal of Counselor Practice* published by Ohio Counseling Association; the founder and 2016–2018 chair for the International Student and Faculty Interest Network (ISFIN) within the Association for Counselor Education and Supervision (ACES); 2018–2019 president-elect for the Ohio Counselor Education and Supervision (OACES); and chair for the North West Ohio Counseling Association Award Committee. She is co-owner of Mindscapes Counseling and Consulting, LLC.

Diane Kimball, MS, LMHC, is owner and clinical director of Kimball Counseling Associates, offering specialized therapy to children, teenagers, and adults who have experienced abuse, trauma, neglect, or exposure to domestic violence, exhibiting complex trauma symptomology including posttraumatic stress disorder (PTSD) and dissociative disorders. Ms. Kimball is certified in eye movement desensitization and reprocessing (EMDR), is an approved EMDR consultant, and is heavily influenced by the empirically based trust-based relational intervention (TBRI) approach. As a TBRI educator, Ms. Kimball works with many clients who have attachment injuries and specializes in working with individuals who have experienced childhood abuse, adoption, and foster care and with those who are on the autism spectrum. She leads groups for parents, teaching and modeling skills used to connect to their children and to each other using TBRI and child–parent relationship therapy (CPRT) modalities. She provides face-to-face and telehealth therapy sessions, offers supervision and consultation to mental health interns and therapists, and is a guest lecturer at local universities, agencies, and professional conferences.

Jason H. King, PhD, has a strong and diversified family systems background. He received specialized training and certification in functional family therapy during his mental health counseling master's degree internship in 2002. Since then he has worked with hundreds of families and couples in a variety of treatment settings. During his counselor education and supervision doctoral internship, he taught and supervised marriage, couple, and family counseling students. Dr. King co-owned and clinically directed an outpatient mental health and substance abuse treatment clinic that collected data for the American Psychiatric Association's routine clinical practice field trials that informed the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) revision process. Because of this role, page 914 of the DSM-5 lists him as a collaborating investigator. Dr. King is the DSM-5 content editor for the textbooks *DSM-5 and Family Systems* and *Diagnosing Children and Adolescents: Guide for Mental Health Practitioners*.

Pamela S. Lassiter, PhD, is professor in the Department of Counseling and director of addictions concentration and graduate certificate in addictions program at the University of North Carolina at Charlotte. She has more than 30 years of work experience as a counselor, clinical supervisor, and administrator in community mental health and substance abuse treatment settings. Her areas of research include multicultural counseling, addictions counseling, gay and lesbian issues, and women's issues in counseling. She is an active presenter at the national, regional, and state levels. Dr. Lassiter is the editor of two books: *Theory and Practice of Addiction Counseling* and *Annual Review of Addictions and Offender Counseling, Volume III and IV: Best Practices*. She is currently editor-in-chief of the *Journal of Addiction & Offender Counseling* and is past president of the International Association

of Addictions and Offender Counseling (IAAOC), a division of the American Counseling Association (ACA).

Colleen R. Logan, PhD, has held she held various leadership and administrative positions throughout her career. She currently serves as associate clinical professor in program in counseling at Southern Methodist University. Recently, Dr. Logan served as program director for the clinical mental health counseling master's program at Fielding University. She has held academic and administrative positions at Walden University, Argosy University, and the University of Houston at Victoria. She served as program director for the marriage, couple, and family counseling and addictions counseling master's programs and the counselor education and supervision doctoral programs at Walden University. At Argosy University, she served as vice president of Academic Affairs and associate dean of the School of Psychology and Behavioral Sciences. Dr. Logan has authored or coauthored a number of articles and chapters and a book regarding how to work effectively with gay, lesbian, bisexual, and transgender clients and their significant other. In 2016, Dr. Logan authored "Inclusion and Wellbeing of LGBTQ Youth," an award-winning document created for the Boys and Girls Clubs of America staff and volunteers. Moreover, in 2017 Dr. Logan coauthored a seminal guide to counseling the LGBTQ+ community across the life span.

Anne L. Metz, PhD, is assistant professor of counselor education at the University of Lynchburg (UL). Prior to joining the UL faculty, she completed postdoctoral work at the University of Virginia School of Law. During residency, she worked as an evaluator for the civil commitment process and as the mental health liaison for the Staunton-Augusta Therapeutic Docket, a postplea diversion program for individuals with serious mental illness. Her research focuses on the intersection of social justice and public policy, examining topics such as climate change, criminal justice reform, and community mental health.

Kimberlee A. Mincey, PhD, LPC, received her doctorate in counselor education from Texas A&M University at Corpus Christi (TAMU-CC) in 2019. She is a licensed professional counselor and has a primary focus of working within a family reunification program at a substance use rehabilitation facility in Texas. She is clinical assistant professor in the Department of Counseling and Educational Psychology at TAMU-CC and also serves there as clinic director of the counseling and training clinic. Further, she is president-elect of the Texas Association for Humanistic Education and Development (2020–2021). Her research interests include pro-eating disorder online media access and use, process addictions and eating disorders, qualitative methodologies, and counselor in training (CIT) development and gatekeeping practices.

Cherria M. Moore, MA, LCMHC-A, LCAS-A, is a doctoral student in the counselor education and supervision program at the University of North Carolina at Charlotte. Ms. Moore has over a decade of experience in the field of mental health and substance use treatment. She has served clients struggling with addiction in various environments including a facility-based center, outpatient center, and the community. Ms. Moore is a board member of Mu Tau Beta, her chapter honor society, as well as Chi Sigma Iota, the international honor society for counselors. Her research interests include counselor professional development, addictions, multicultural issues, social justice issues, and crisis counseling. She engages in professional presentations in the community as well as state and national conferences regarding addictions, nonsuicidal self-injury, crisis training, and multicultural issues in counseling.

Kirsten W. Murray, PhD, is professor in the Department of Counseling at the University of Montana. Her clinical work and scholarship focus largely on couples and families, including family caregiving after a disability, rural counseling access, and her book *Strong Couples*, establishes foundational couples counseling skills for clinicians.

Nicole Noble, PhD, is assistant professor of counselor education at Texas Tech University (TTU) and a licensed professional counselor in the state of Texas. Previously, she was an associate director

of the career center at TTU. She holds a doctorate in counselor education, a master's degree in school counseling, and a bachelor's degree in psychology from TTU.

Marvarene Oliver, PhD, is associate dean of the College of Graduate Studies and professor of counseling and educational psychology at Texas A&M University. She is clinical fellow and approved supervisor in the American Association for Marriage and Family Therapy (AAMFT) and licensed professional counselor (LPC) supervisor and licensed marriage and family therapist (LMFT) supervisor in the state of Texas. She is a former chair of the Texas State Board of Examiners of Marriage and Family Therapists and a past president of AAMFT. Prior to joining the faculty at Texas A&M University at Corpus Christi, she was in private practice for many years and provided individual, couple, and family therapy; supervision; and consultation services.

Shawn P. Parmanand, PhD, is clinical faculty at Southern New Hampshire. He has been a counselor educator for over 10 years. Dr. Parmanand has published and presented on various topics, usually of personal meaning to him, including the experience of infertility and its impact on couples, self-care and wellness, and gatekeeping in the counseling profession. He also maintains a private practice where he works with individuals, couples, and families to process through life experiences. Dr. Parmanand has received extensive training on the Gottman Method of couples therapy and emotionally focused theory. He resides in Idaho with a view of the mountains along with his partner and three amazing children.

Michelle Perepiczka, PhD, is core faculty at Capella University. She holds a doctorate in counselor education and supervision from Texas A&M University at Commerce and is a licensed mental health counselor in the state of New York where she has grown a private practice in the last 12 years. Dr. Perepiczka provides mental health care to those who struggle with common challenge involved with life transitions, anxiety, and depression. She also has specialty training in play therapy and practices as a registered play therapist supervisor. Dr. Perepiczka has served as a governing council representative and past president of the Association for Humanistic Counseling. She has published and presented nationally related to wellness, life balance, and best practices within the counseling profession.

Sandra A. Rigazio-DiGilio, PhD, is professor in the University of Connecticut's marriage and family therapy master's and doctoral programs. Her scholarship addresses cultural, contextual, integrative, and multidisciplinary competencies in the domains of theory building, model development, training, and supervision and the clinical adaptation of culture and context centered research instruments for interactive assessment and treatment in couple and family therapy. Her work to advance a systemic cognitive-developmental therapy model and corresponding supervisory approach is recognized as addressing cultural and community issues, and as organizing traditional and contemporary models while keeping cultural and contextual factors in the forefront of therapy and supervision. Since 2000, she also has been working to identify and operationalize cultural, contextual, integrative, and multidisciplinary competencies and corresponding pedagogical and supervisory methods for the preparation of marriage and family therapy scientist-practitioners. Dr. Rigazio-DiGilio presents and publishes widely on all of these topics and has coauthored a book on *Community Genograms: Using Individual, Family, and Cultural Narratives With Clients*.

John M. Robbins, PhD, received his PhD in marriage and family therapy from Florida State University. For the past 18 years has taught in graduate programs in both clinical mental health counseling and marriage and family therapy. Dr. Robbins is serving as contributing faculty for the School Counseling in the clinical mental health counseling program at Walden University. Along with teaching, Dr. Robbins has served as director of the TEAM Program (Teaching Excellence through Active Means), an interactive, group treatment program designed primarily for high risk, school-age children and adolescents experiencing myriad difficulties, including drug abuse and gang involvement. Dr. Robbins is a clinical fellow and approved supervisor mentor for the American Association for Marriage and Family Therapy. His clinical and research interest is in at-risk adolescents and themes of engagement and effective supervision. Dr. Robbins has over 100 state, national, and

international presentations focusing on at-risk adolescents, effective supervision strategies, self-care, working with LGBTQ+ youth and their families, and suicide prevention.

Jessica A. Russo, PhD, LPCC-S, NCC, is core faculty member of Walden University's College of Social and Behavioral Sciences. She is a licensed professional clinical counselor supervisor in Ohio, a school counselor, and co-owner of a private practice in Cuyahoga Falls, Ohio. Dr. Russo has over 15 years of clinical experience with individuals, couples, and families. Her areas of practice include working with couples and families, disadvantaged youth, and families impacted by substance abuse. She has presented at local, regional, and national professional conferences, such as the Association for Counselor Education and Supervision (ACES) and the American Counseling Association (ACA) as well as numerous professional development workshops to mental health clinicians, school counselors, teachers, and college faculty. Among her written contributions are author of *Mental Health in Our Schools: An Applied Collaborative Approach*, coeditor of *DSM 5 and Family Systems*, and chapters in books including *The Group Therapist's Notebook* and *Casebook for the DSM-5*.

Mark B. Scholl, PhD, LMHC, is associate professor in the Department of Counseling at Wake Forest University. He is an active member of several American Counseling Association (ACA) divisions including the Association for Humanistic Counseling (AHC), the National Career Development Association (NCDA), and the American College Counseling Association (ACCA). Dr. Scholl is a past president of AHC, past two-term editor of the *Journal of Humanistic Counseling*, and former chair of the ACA Council of Journal Editors. He is a member of the ACA governing council representing the AHC division. His research interests include culturally responsive counseling, constructivist approaches to career counseling, and methods for promoting successful ex-offender reentry. He is a member of the Forsyth County Reentry Council and a regular contributor to educational programming for Successful Outcomes After Release (SOAR) in Winston Salem, North Carolina. Dr. Scholl has provided career support services to members of the ex-offender population for 6 years.

Stephanie K. Scott, PhD, is core faculty in the marriage, couple, and family counseling program at Walden University. She has her doctorate in human services with a specialization in marriage and family therapy, which she earned at Capella University. Dr. Scott is a licensed mental health counselor in Florida, and her clinical work includes individuals, couples, and families. Much of her clinical work focuses on adolescents and young adults, with special attention to trauma, identity, and developmental considerations. Dr. Scott's areas of research include clinical training techniques for counseling students, cultural diversity and conceptualization, systemic family issues, and standards of practice. She is also a certified trauma specialist who provides disaster mental health, critical incident support, and trauma recovery services in both general populations and first responders. Dr. Scott has worked extensively in inpatient and outpatient settings and currently maintains a small private practice in Florida.

Deena Shelton, PhD, LPC-S, is assistant professor of counseling and field experience coordinator at the Townsend Institute at Concordia University Irvine. She received her master of arts in community counseling from Stephen F. Austin State University and is a licensed professional counselor supervisor in the state of Texas. She has experience with individual, couple, and family counseling, community advocacy, nonprofit management, and foster and adoptive families. Her research interests include adoption and foster and adoptive family systems, adoptive parent experiences, parent education, first-generation college student experiences, and counseling supervision. She has a passion for training the next generation of counselors and high-quality, connective online education. She volunteers regularly with groups in her community for initiatives including poverty, accessible health care, public school mental health initiatives, and training female leaders.

Sarah Silva, PhD, LCPC, NCC, is assistant professor and researcher in the Department of Counseling at the University of the Cumberlands. Dr. Silva has experience providing counseling services in community mental health agencies focusing on crisis intervention and severe and persistent mental illness. Dr. Silva has also counseled individuals and couples in a private practice

setting focusing on anxiety disorders, depressive disorders, acculturation issues, perfectionism, and general life stressors and transitions. Dr. Silva is passionate about fostering compassionate spaces for clients, students, and counselors to grow and flourish. Currently, her academic and research focus is in quantitative research, counselor burnout, self-compassion, life balance, best practices in counseling and clinical supervision, counselor identity development, ethics, and mentoring first-generation students. Dr. Silva lives just outside Nashville, Tennessee, where she enjoys hiking, reading, and traveling.

John Sommers-Flanagan, PhD, is professor of counseling at the University of Montana, a clinical psychologist, and author or coauthor of over 100 publications, including eight books, numerous professional video trainings with Psychotherapy.net, Alexander Street Press, and John Wiley & Sons. Some of his books, cowritten with his wife, Rita, include *Tough Kids*, *Cool Counseling*, *How to Listen so Parents Will Talk and Talk so Parents Will Listen*, *Clinical Interviewing*, and *Counseling and Psychotherapy Theories in Context and Practice*. John is sought after as keynote speaker and professional workshop trainer in the areas of counseling youth, working with parents, suicide assessment, and happiness. He has published many newspaper columns, op-ed pieces, and an article in *Slate*. He is also cohost of the national Practically Perfect Parenting podcast.

Debbie C. Sturm, PhD, is associate professor at James Madison University in Virginia's Shenandoah Valley. She earned her PhD from the University of North Carolina at Charlotte in 2008. She has been a licensed professional counselor for more than 15 years with a clinical focus on trauma, community violence, family systems, and child-centered play therapy. Her passion involves research, teaching and advocacy related to nature connectedness, climate crisis and mental health, and strengthening advocacy pedagogy and practices. She has been a member of the American Counseling Association (ACA) Task Force on Climate Crisis and Mental Health as well as the Human Rights Committee. She also has a background in environmental advocacy and communications, coursework in environmental education, climate change and public health, and environmental justice and has taught courses in the United States, the United Kingdom, and Malta relating to climate resiliency, environmental restoration and reclamation, cross-cultural project management, and environmental advocacy.

Lee A. Teufel-Prida, PhD, is a licensed professional clinical counselor (LPCC) in California, a licensed mental health counselor and qualified supervisor in Florida, and a national certified counselor (NCC) with the National Board for Certified Counselors (NBCC). Dr. Teufel-Prida received her PhD in counselor education and supervision from the University of South Florida and her MEd in community counseling from Ohio University. Since beginning her career in 2000, Teufel-Prida has gained clinical experience in community mental health for children and families, juvenile justice facilities, and private practice focusing on children and families. In addition to her role as a clinician and prior to her role as assistant program director and core faculty at Northwestern, Teufel-Prida taught at both for-profit and brick and mortar institutions of higher education where she maintained leadership positions in training and course development. Dr. Teufel-Prida's current research focuses on children and families. Specifically, her interest centers on advocating for children with neurodevelopmental disorders and how counselors and counselor educators may best increase services and initiatives for children and families impacted by neurodevelopmental disorders. Finally, Teufel-Prida maintains active membership, leadership, and regular conference presentation representation in several professional organizations including the American Counseling Association (ACA), the International Association of Marriage and Family Counselors (IAMFC), and the Association for Counselor Education and Supervision (ACES).

Michael J. Walsh, PhD, LPC, ACS, is clinical associate professor of neuropsychiatry and behavioral science in the University of South Carolina School of Medicine's rehabilitation counseling program (RCP). Dr. Walsh has been with the RCP as a faculty member since 2009. In addition to his work as a counselor educator, he has been active in the national counseling arena, having served two terms as president of the Association for Humanistic Counseling and has served as a member of the American Counseling Association's Governing Council. Dr. Walsh also served on the ACA

Ethics committee from 2010 to 2013 and again from 2014 to 2017 and as cochair of that committee in 2011. He has authored and delivered numerous local and national presentations and trainings and is active in private practice, working with both individuals and families. Dr. Walsh uses family therapy in his clinical work and has coauthored several book chapters on humanistic and experiential approaches to family therapy work.

Logan Winkelman, PhD, is assistant professor and program director of the clinical mental health counseling program at Texas Tech University (TTU) Health Sciences Center School of Health Professions and a licensed professional counselor in the state of Texas. Prior to her role at the TTU Health Sciences Center, she was associate director of the career center at the university. She holds a doctorate in counselor education and supervision, a master's degree in counselor education, and a bachelor's degree in human development and family studies from TTU.

Dawn M. Wirick, PhD, is core faculty member and clinical training director at the Family Institute at Northwestern University. She has been trained specifically in a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)–accredited marriage and family therapy (MFT) program. She teaches courses in couple, marriage, and family therapy and addictions counseling. Her research interests include chronic pain in the context of couple and family systems, chronic illness in the context of couple and family systems, posttraumatic stress disorder (PTSD) in veterans, co-occurring disorders, addictive processes in family systems, and the impact of behavioral addictions on couple–dyadic systems. Dr. Wirick is active with military veterans in her community and beyond.

Christina G. Yoshimura, PhD, is professor of communication studies at the University of Montana (MA, PhD) and a clinical mental health counselor (MA, LCPC). She has spent the last 20 years researching and teaching on the topic of family communication, particularly the ways family members' communication is influenced by the world around them. In addition to her work as a professor Dr. Yoshimura has spent the last 6 years working as a professional counselor, translating academic findings on family communication patterns into applicable interventions and strategies that individuals can use to manage their personal relationships.

Anthony S. Zazzarino, PhD, LPC, ACS, CPRP, is assistant professor at Rutgers University in the Department of Psychiatric Rehabilitation and Counseling Professions, where he is currently a core faculty in the master's program in rehabilitation counseling and the doctoral program in psychiatric rehabilitation. Additionally, Dr. Zazzarino is the field experience coordinator for the counselor education and supervision track. Previously, he has provided instruction for professional education courses for New Jersey Supported Housing agencies implementing community support services. Dr. Zazzarino is actively presenting at local, state, national, and international conferences related to sexual and gender minorities, multiculturalism, psychiatric rehabilitation methods, counseling services, housing, and supervision practices. In addition to his work at Rutgers University, Dr. Zazzarino continues to conduct clinical work by facilitating group therapy for adolescents and adults at an intensive outpatient program, providing outpatient counseling services at his private practice, and providing clinical supervision for counselors who need supervised clinical hours in New Jersey.



PART 1

Essential Knowledge and Skills





CHAPTER

1

Variations in Family Systems and Family Life Cycles

David Capuzzi

Walden University

Mark D. Stauffer

Walden University

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It is only during the past 40 to 50 years that couples, marriage, and family counseling and therapy have garnered the full attention of practitioners in the helping professions. Although Alfred Adler's work with families and communities began in Vienna 100 years ago, most of the emphasis in counseling, psychology, social work, and psychiatry has been on working with clients on an individual basis (Bitter, 2014; Halford & Pepping, 2019). Starting with the work of Sigmund Freud, practitioners drew from the tenets of Jungian, existential, person-centered, gestalt, behavioral, cognitive behavioral, rational emotive, reality, feminist, solution-focused, narrative, brief, dialectical, and numerous other theories that all primarily focused on one-to-one counseling and psychotherapy (Capuzzi & Stauffer, 2016; Corey, 2013; Wampler et al., 2019). Most of these theories were based on values associated with individualism, autonomy, independence, and free choice and, for the most part, were well received in Western cultures (Bitter, 2014). In the 1950s and 1960s, family therapists and the application of systems theory began to challenge these notions.

SIDEBAR 1.1 FAMILY GROUP COUNSELING

Working with a family, especially when it is the entire family, results in a group counseling situation. The dynamics occurring in a family group session have both similarities and differences with those occurring in a group comprised of individuals who are not part of a family. If someone who was not a counseling professional, or who was new to the profession of counseling, asked you to describe the similarities and differences, what would you say?

One of the greatest challenges, if not transformations, a family therapist must make is to think systemically (Ray et al., 2019) when observing, assessing, conceptualizing, and intervening within a family system. To undergo this transformation is to cultivate a dynamic systemic view rather than the linear cause-effect view that is predominant in Western culture. Most counselors understand that working with couples and families is quite different from individual counseling and psychotherapy because the client unit is not just the individual but can also be a dyad, a subgroup of a family, an entire family, or even multigenerational families. A more nuanced understanding is that a

family counselor works with the family system even when there is only one individual in the therapy room. In addition, the counselor must think systemically throughout counseling to meet the client from their worldview. Unlike Western cultures, in collectivist cultures interdependence, family connectedness, hierarchies of relationships, and even ancestral perspectives guide and inform the daily experiences of people. Adept counselors and therapists in Western cultures have realized that individuals cannot be viewed in isolation from the people and systems (e.g., family, neighborhood, school, work, social–recreational, church) with which they interact daily. They have appropriately adopted systemic models as conceptual frameworks embodied in working practice for couples and family counseling and place less reliance on theories designed for individual counseling and psychotherapy.

SIDEBAR 1.2 SYSTEMIC THINKING FOCUS

Systemic thinking directs the focus of the counselor or therapist away from the individual and individual problems toward relationships and relationship issues between individuals. A linear cause–effect reality does not exist, and the emphasis is on reciprocity and shared responsibility. The counselor does not ask why but makes observations holistically to try to figure out what is going on between and among the members of the family. Patterns and power hierarchies are more important than intrapsychic and historical reasons for the behavior of family members.

Theorists, researchers, and practitioners such as Nathan Ackerman, Gregory Bateson, Murray Bowen, Oscar Christensen, Rudolf Dreikurs, Jay Haley, Don Jackson, Cloe Madanes, Monica McGoldrick, Virginia Satir, and Carl Whitaker are just a few of those associated with the development of the foundation for systemic work with couples and families. Currently, counselors and therapists are also beginning to incorporate the positions of professionals such as Tom Anderson, Harlene Anderson, Insoo Kim Berg, Steve de Shazer, David Epston, Kenneth Gergen, Harold Goolishian, William O’Hanlon, Michele Weiner-Davis, and Michael White in their efforts to assist couples and families seeking assistance (Bitter, 2014). Doing so has further expanded viewpoints (Ray, Trappeniers, & Hale, 2019) about family systems and life cycles.

Before proceeding to a discussion of the differences between family function and dysfunction, the variations in family systems, the issues members of those systems may bring to a counselor or therapist, and some information about the life cycle of a family and needs often connected to this life cycle, it is important to point out that couples, marriage, and family counselors receive their training from programs with differing orientations. There are couples, marriage, and family counselors who receive their education and supervised practice in graduate programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the accrediting body for the American Association for Marriage and Family Therapy (AAMFT). There are also couples, marriage, and family counselors who receive their training in counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and who are members of the International Association of Marriage and Family Counselors (IAMFC), which is a division of the American Counseling Association.

SIDEBAR 1.3 AAMFT AND IAMFC JOURNALS

Identify a journal published by AAMFT and compare it with a journal published by IAMFC. What similarities and differences can you identify?

FUNCTIONAL AND DYSFUNCTIONAL FAMILIES

If the readers of this textbook were to survey the literature written during the past 30 or 40 years about what makes a family function well, they would discover myriad definitions, descriptions, and

variations, especially related to families with two mothers or two husbands, connected to the topic of a healthy family system (Ventura et al., 2018). So what are the characteristics of a family system that promote functioning, health, and well-being since in all cultures multiple family structures exist (Hayles, Xu, & Edwards, 2018)? The authors of this chapter found James Bitter's (2014) comments interesting and pertinent to the topic of functional versus dysfunctional families. He pointed out that family system theorists have used words such as *functional*, *dysfunctional*, *healthy* or *unhealthy*, *normal* or abnormal for decades, and he believes that, over time, these terms have taken on a pejorative connotation. He defines a *functional* family as a family in which family processes are successful in meeting the normal developmental demands as well as the abnormal and unexpected stressors experienced by most families. He defines a *dysfunctional* family as one in which there has been a breakdown in coping or in which the family continues to engage in patterns that are no longer successful. What distinguishes Bitter's viewpoint is that he prefers to identify family processes or relational patterns as dysfunctional to avoid stigmatizing the family by labeling it as dysfunctional. The authors subscribe to this approach to understanding family dynamics and add that labeling a family or family member is not helpful; instead, professionals should try to understand and address patterns, behaviors, communication, and other elements of the family system that are healthy or unhealthy at a certain point in time in the family context (Kanter & Schramm, 2018).

Much has been written about functional versus dysfunctional characteristics of a family system. For example, Gladding (2007, pp. 32–33) listed the following functional characteristics:

- commitment to the family and its individuals
- appreciation for each other (i.e., a social connection)
- willingness to spend time together
- effective communication patterns
- high degree of religious or spiritual orientation
- ability to deal with crisis in a positive manner (i.e., adaptability)
- encouragement of individuals
- clear roles

Becvar and Becvar (2000), on the other hand, prefer to discuss family functionality in terms of process dimensions. They discuss healthy families as those in which there is a focus of authority that has been established and supported as time has passed, a set of rules that is established and consistently followed, an ample amount of nurturing, effective and clear child-rearing and couple maintenance expectations, a set of goals for the family and the individuals in the family, and enough flexibility and adaptability for the family to cope with developmental issues and unexpected crises.

A solid body of research suggests that family system dysfunction affects individual mental health and psychopathology and vice versa. Family system dysfunction leads to internalizing and externalizing family symptoms—for example, when unclear family boundaries create childhood anxiety and a child from that family, as an adult, carries the family symptom of producing anxiety in interpersonal relationships (Pagani et al., 2008). To note how tangled this becomes in a system, Pinheiro and colleagues (2006) provide this comment on examination of cocaine addiction and family dysfunction: “The symptomatic child ... becomes the ‘battlefield’ that keeps the issues of the mother–father relationship in denial, originating intergenerational alliances that separate parents, stimulate the competition between them, and predispose the child to alcohol and drug abuse” (p. 308). The centrality of the family in a culture may heighten or mediate the interplay between family system functioning and individual mental health. For example, research by Chen, Wu, and Bond (2009) suggests that not only is suicidality heightened when there is family distress or fighting but also that such family discord may affect Chinese adolescents even more because of the centrality and weighted importance of family in Chinese cultures.

Although working with multiple members of the identified family may complicate conceptualizing therapeutic intervention, it also may provide reasonable avenues for positive change from the same therapeutic investment. One criticism of individual counseling is that the individual leaves counseling and often returns to the system that is not collaborating in therapy, placing the individual solely responsible for systemic shift. Furthermore, with one person in session it is harder for the therapist to explore all the family members' perspectives and conceptual frameworks.

VARIATIONS IN FAMILY SYSTEMS

The definition of what constitutes a family and a family system is ever changing and varies from culture to culture (Ventura et al., 2018). In the past, European Americans defined *family* as including only those related by blood, and it was identified as the *nuclear family*. Other groups, such as African Americans, defined family in terms of a network of kin and community and included anyone who was psychologically connected and categorized as a friend of long standing. Asian Americans include ancestors and all descendants in their definition of what constitutes a family (Gladding, 2007). In 2010, the U.S. Census Bureau defined *family* as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Beginning with the 1980 Current Population Survey, unrelated subfamilies (referred to in the past as secondary families) are no longer included in the count of families, nor are the members of unrelated subfamilies included in the count of family members. The number of families is equal to the number of family households; however, the count of family members differs from the count of family household members because family household members include any nonrelatives living in the household.

As you might surmise, it is difficult to arrive at a definition of what constitutes a family. For the purposes of this book, our definition will be comprehensive and will include those who are connected via birth or psychological, economic, or historical ties. This definition includes those who marry or never marry, have children or never have children, adopt, are gay or lesbian, or families composed of some other alternative constellation of individuals.

Turning the clock backward illustrates the changing nature of how people in the United States have perceived the definition of a family, especially when contrasted with current thinking about families and family systems.

Flashback to the 1950s

There were not as many accepted family forms 60 years ago as there are today. Typically, families could be categorized into three subgroups, which are discussed next.

The Nuclear Family

A nuclear family consisted of a husband, a wife, and their children. Usually the husband worked outside the home and the wife worked inside the home, assuming a large percentage of the responsibility for parenting, completing household chores, and making sure the needs of all family members were met. This family form was idealized through television shows such as *The Adventures of Ozzie and Harriet* (which ran from 1952 to 1966) and *Leave It to Beaver* (which ran from 1957 to 1963). Generally, the characters promoted and popularized on television were the career-focused husband as the decision maker and the wife who was well groomed at all times, supportive of her husband's efforts, and an excellent hostess, especially of events that would serve to promote her husband's movement up a career ladder. The image of a dual-career family or an unmarried couple living together with children was not promoted or even discussed to any great extent.

The Divorced Family

During the 1950s, divorce was an option, but it was not really approved of in the United States. The rising divorce rates in the 1960s and 1970s changed people's attitudes about permanent separation (Cherlin, 2010). In a divorced family, women were typically the custodial parents to any children resulting from the marriage. Women were likely to receive child support and alimony for a defined period of time, and they joined the workforce, moved back to their parents' homes with their children, or both. In many cases, as can be true today, the family stayed in contact with the former spouse, who participated in parenting the children, at least to some extent. Divorced women were not well received and were referred to, askance, as *divorcées*. Although many divorced women remarried, others found that they were perceived to be flawed and not the best prospects for marriage.

The Stepfamily or Blended Family

In a stepfamily, or blended family, at least one of the two people who marry have children from a previous marriage. In the 1950s and 1960s, the term *stepfamily* was used; the term *blended family*, which has a more positive connotation, was not in wide usage until much later but even more current research often uses stepfamily as the preferred term (Petren et al., 2019).

At the time, many people assumed that a stepparent could not parent as well as a birth parent, even if the stepparent was more stable and grounded and was very fond of the children brought into the family via marriage. The depiction of stepparents in fairy tales as unaffectionate and unaccepting of their spouse's children did not alleviate this misperception. As time has passed, Americans' views of family forms and constellations have changed dramatically.

Fast Forward to 2015 and Beyond

One way of tracking the changing views of what constitutes family in America would be to watch episodes of *Modern Family*. This television show debuted in 2009 and was an ensemble comedy that revolves around the experiences of three very different families: (1) a post-midlife man (Jay), his second (much younger) wife, her son from a previous relationship, and a son they had together; (2) Jay's daughter, her husband, and their three children; and (3) Jay's son, his husband, and their adopted daughter. The series chronicles the ups and downs of parenting (including parents talking to their teenagers about safe sex), marriage, and family relationships and features a very accepting depiction of same-sex parenting.

SIDEBAR 1.4 THE GOLDEN GIRLS

Locate and watch some episodes of *The Golden Girls*. Would you classify the three women who shared a home in this television series as a family?

This is a very different depiction of families in America than would have been portrayed 60 years ago and is illustrative of the many family forms or types that exist today and are described next.

The Single-Parent Family

In a single-parent family, either a mother or father is raising children without a partner. During the past 30 years, divorce and nonmarital childbearing have dramatically increased the proportion of single-parent families in the United States (Wojtkiewicz & Holtzman, 2011). This change has precipitated myriad research on the short- and long-term effects of single parenting on the family system and the well-being of children raised in single-parent families (Dronkers, Veerman, & Pong, 2017; Golombok & Badger, 2010; Parent et al., 2013).

Researchers and clinicians frequently refer to the difficulties and issues that many single-parent families face (Hornberger, Zabriskie, & Freeman, 2010). These issues are often related to the structure of the family (Parent et al., 2013) and whether it is headed by father or mother and whether the single-parent status is because of never marrying, divorce, death, military service, or some other reason. Financial insecurity, higher stress levels, school dropout, early childbearing, and nonmarital births have all been linked to single parenting (Wojtkiewicz & Holtzman, 2011). There is a lot of conflicting research, however, about whether single parenting really does negatively affect the children raised by a single mother or father (Hornberger et al., 2010). Some research shows that the children in single-parent families fare very well if they experience closeness as a family and feel a sense of accomplishment because they work through their difficulties, and some research shows that children in single-parent families may often be truant and engage in disruptive behavior in the classroom (Dronkers et al., 2017).

The following case study illustrates some of the possible dilemmas a single parent might face. As you read it, think about what could be accomplished in counseling and how some of the described difficulties could be addressed and dealt with so the family would benefit and feel a sense of accomplishment.

SIDEBAR 1.5 THE CASE OF AMY AND JAMES

Amy is the mother of James, a 5-year-old boy. Amy had James after a brief relationship with James's father, whom she is still in regular contact with to share custody of James.

Amy and James live in a small two-bedroom apartment that Amy found through another single-mother friend. Amy has several other friends who are also single parents. Amy works two part-time jobs and lives paycheck to paycheck. She receives some benefits from the Department of Social Services, such as food assistance, day care, and medical benefits, which help her make ends meet.

James started school this year, and Amy is going through a big adjustment. She had to take time off work to get him enrolled, which means she will lose a day's pay. James was nervous about starting school, and Amy wanted to be there on his first day; however, she had to be at work so he went to school from day care. As James progresses through kindergarten, Amy finds it difficult to help him with his homework because she is always working to provide for the two of them. James also has some difficulties in school, especially when other kids ask about his dad and why his mom and dad don't live together. James doesn't have an explanation to give.

Amy also struggles to have a social life as a single mother. She would like to go on dates, but she is worried that people will think badly of her for dating. Amy would like to go out for drinks with her friends after work for a short break, but she is worried she will be looked at negatively for going out. Amy often feels stuck because there is no end in sight for how hard she has to work to maintain a home for her and James. Amy seeks the help of a counselor to deal with the stressors of day-to-day life as a single parent.

If you were the counselor, how would you work with Amy, and what goals would you hope to develop for the counseling process? Would you want James's dad to participate in the counseling process with Amy? At what point would you suggest that that couples counseling take place? How could you reframe the situation so that Amy and James feel a sense of pride in working through their issues?

The Child-Free Family

This type of family results when a couple makes a conscious decision not to have children or cannot have children because of infertility or health-related reasons (Gladding, 2007). In 2007, Daniel Gilbert represented the thinking of many American couples when he wrote the best-selling book *Stumbling on Happiness*, in which he discussed that many couples decide not to have children for personal, economic, career, and a variety of other reasons. This decision would have been considered almost bizarre in the 1950s, but increasing numbers of couples are making the decision not to have children because they feel it is congruent with who they are and that it would not be in the best interests of children.

Despite the decision to be childless, there is always the possibility that child-free couples will face many challenges from those around them (Pelton & Hertlein, 2011; Whisenhunt et al., 2019). Assumptions that the couple is infertile, dislikes children, or disapproves of adoption or foster parenting or that the individuals had unhappy childhoods are just a few of the attitudes the couple may be faced with and asked to explain. Many child-free couples encounter pressure, disapproval, and ostracism by their peers who are raising children (Prikhidko & Swank, 2019). In addition, some child-free couples mourn the lack of a family as they age and question their earlier decision to remain childless. Although this type of family system is becoming more and more common in the United States and other countries, many child-free couples seek counseling because of pressures they experience.

The Same-Sex Couple Family

There is an abundance of recent research on the topic of same-sex couples with or without children (Armesto & Shapiro, 2011; Berkowitz, 2011; Byrn & Holcomb, 2012; Campbell, Zaporozhets, & Yarhouse, 2017; Gall, Softas-Nall, & Eberle, 2019; Mallon, 2011; Parker, Tambling, & Franklin, 2011). As noted by Ausbrooks and Russell (2011), it is estimated that one in three lesbian couples and one in five gay couples are raising children. This, too, is a departure from what existed 60 years ago and is representative of the heterogeneity (Berkowitz, 2011) that characterizes contemporary American families.

SIDEBAR 1.6 SAME-SEX FAMILIES

Same-sex families were not in the public eye during the first half of the 20th century. If you were talking to someone born in the 1930s or 1940s and attempting to explain or describe that such a combination of adults and children constitutes a family, what would you say? How would you answer the person's questions about how the children would respond to inquiries they might receive about who was their father and who was their mother? Do you think that the visibility of well-known celebrities with adopted children (e.g., Elton John and his husband, David, furnish and their two adopted sons) has made a difference in the perceptions of some older adults?

In addition, of the 250,000 children living in U.S. households headed by same-sex couples, 4.2% were either adopted or are foster children (Berkowitz, 2011); this also represents a development that is different from what existed in the past. More recently, four very interesting books—*Who's Your Daddy? and Other Writings on Queer Parenting* (Epstein, 2009), *Gay and Lesbian Parents and Their Children: Research on the Family Life Cycle* (Goldberg, 2010), *Becoming Parent: Lesbians, Gay Men, and Family* (Riggs, 2007), and *Coming Out of the Magnolia Closet* (Marszalek, 2020)—address the topic in ways that might interest the readers of this book and highlight some of the issues faced by these couples. Gay and lesbian families are gaining more social acceptance in recent years as evidenced by the depiction of these types of families in mainstream television sitcoms and real-life situations (e.g., Ellen DeGeneres and her wife, Portia DeRossi; Anderson Cooper and his boyfriend). Despite this, gay and lesbian families continue to experience stigma and discrimination that increase stressors to family dynamics (Gato, Santos, & Fontaine, 2017).

Families Living Apart Together

These couples are married or in marriage-like relationships (with or without children) and live in different households (Cherlin, 2010). Reports from national statistical agencies in the United States, Britain, Canada, and France indicate that living apart together relationships are relatively common, but they also suggest difficulties in conceptualizing and measuring the phenomenon (Cherlin, 2010). Much more research is needed about how the individuals in these family systems interact, communicate, and handle obligations (Ghazanfareon et al., 2016) since this type of family constitutes a growing demographic in the United States and in many other countries especially related to older couples (Connidis, Borell, & Karlsson, 2017).

The Dual-Career Family

In dual-career families, each partner places a high priority on their career advancement and mobility. Some dual-income families are known as DINKS—dual income, no kids (Gladding, 2007)—while others have been given the slang DEWKS, or dually employed with kids. According to the Bureau of Labor Statistics (2020), 64.2% of families with children had two parents working. As noted by

Gladding (2007), more than half of couples with children have careers to which they are highly committed. Sometimes this heavy commitment can be seen in how some dual-career couples live apart and commute (living apart together) to satisfy their career aspirations.

Dual-career families often have their unique struggles and challenges, or at least, the same as other couples in different combination and intensity. Divided loyalties, workload balance, and equity around household duties take on a new flavor with dual-career families. Gender norms, expressed differently by various cultures, will often influence whether a person ranks career or family as more important or as equally important, where cultural bias tends to expect women to put family first and men to put career first (Zhang & Kmec, 2018). These norms come into play with dual-career families but also vary by where the family is in the life cycle. Couples may meet while highly invested in their careers and then need to negotiate as they add family goals and aspirations. Other couples find that individual career aspirations change as the needs of the individual, couple, or family develop, for example, when a stay-at-home parent launches their nondomestic career. Many cultural norms about dual-career families emerged out of 1980s sitcoms such as *Family Ties*, *Cosby Show*, or *Growing Pains*, which highlighted real challenges but also idealized women that could manage the best of both worlds and presented “fantasies of romantic partnership, shared domestic work, mutual sacrifice, and children happy to pitch in” (Leppert, 2019, p. 19). Many of the dual-career families rely on extended family, childcare programs, and hired help such as nanny services and domestic helpers to juggle it all.

SIDEBAR 1.7 DUAL-CAREER COUPLES AS DEPICTED ON TELEVISION SERIES

Consider a modern TV series depicting a dual-career couple (e.g., *House of Cards*, *Madam Secretary*). Watch a few episodes, and list what rules you think the two main married characters followed in their relationship. What kinds of values do you think provide the underpinnings for how they view their careers and how they make career-related decisions?

There is considerable research underway connected with how dual career couples negotiate moving for career opportunities. In some interesting studies of heterosexual couples (Morton, 2018; Wong, 2017) part of the focus was on whether women deferred to men or men deferred to women in the process of moving for career opportunities.

An Aging Family

Aging families, characterized as headed by individuals aged 65 years or older, are often involved in the launching or relaunching of adult children, caring for their much older parents, planning for and transitioning to retirement, long-term marriages or partnerships, the loss of a spouse or partner, grandparenting, and, quite often, acting as parents to their grandchildren. Living on a diminished income and coping with the loss of lifelong friends are other adjustments that may need to be made by aging families (Branson et al., 2019).

Because U.S. demographics are rapidly changing and the percentage of older adults in America can be expected to continuously increase, counselors can expect to have more older adult clients than in the past.

The Multigenerational Family

In this type of family, more than one generation lives within the same household (Otters & Hollander, 2018). Many young couples, whether married or cohabiting, live for a period of time in the household of one of their parents at the beginning of their union (Ghodsee & Bernardi, 2012). Goldenberg and Goldenberg (2002) accurately estimated that by 2020 many American families will be composed of four generations in a single household. Other examples of multigenerational households might include immigrants living with relatives during the time they adjust to a different

culture and locate work, several generations living together because of a housing shortage or the high cost of housing, or unmarried mothers and their children living in their parents' homes. During periods of economic turndown, the number of multigenerational households can be expected to increase as families are forced out of their homes because of foreclosure after job losses.

As the reader might guess, a multigenerational living arrangement can lead to conflicts and other relational issues that need to be addressed, as illustrated in the following case study.

SIDEBAR 1.8 THE CASE OF JOSEPH AND KALEE

Joseph and Kalee are a married couple in their 30s, and they have three children: Brian, age 10; Alyssa, age 8; and Kyle, age 4. Joseph works in heating and cooling as a skilled worker, and Kalee works as a hairstylist. Several months ago, Joseph's parents Robert and Mary fell into some financial problems and had to move into Joseph and Kalee's house. Together, the family of seven lives in a three-bedroom house with an attached suite that Joseph built for his parents.

Joseph and Kalee both typically work normal business hours. Occasionally, Joseph is called out on emergency repair jobs, and Kalee sometimes works late to accommodate her clientele. When Joseph's parents first moved in, space was limited, and the family had some difficulty adjusting. Together they solved this by pooling their resources and building the attached suite on the house. This was an almost ideal situation because Joseph's parents were able to provide live-in childcare if Joseph or Kalee was unable to be home on time.

After several months, however, things were not going so smoothly. Joseph's father, Robert, had taken more and more of a paternal role in his grandchildren's lives. Robert was often disciplining the kids before Joseph or Kalee could intervene, and the adults in the household had very different disciplinary approaches to raising children. Joseph and Kalee both spoke with Robert and Mary on several occasions, but the discussions seemed to go nowhere. The entire family presents to counseling to devise a plan so they can all live under one roof without damaging relationships.

If you were the counselor for this family, how would you begin the session? Would you suggest goals for the family counseling process, or would you ask the family to establish goals for themselves? Why or why not? What, if anything, do you anticipate would be difficult for this family to discuss?

The Military Family

An estimated 3.5 million Americans comprise the active duty and reserve military armed forces in the United States (Office of the Deputy Assistant Secretary of Defense, 2018). Currently, there is increasing concern about lack of support for those returning after deployment and attempting to reintegrate into the mainstream of community and family life, as well as into the workforce (Blow et al., 2017; DeBeer et al., 2019). Military families face the same issues that other families face, but often resolution of these issues is complicated because of deployment and redeployment experiences.

The Transgender Family

A transgender family may be composed of both adults and children (Austin, 2018). Often a transgender family is one in which one of the adults has decided to transition to the opposite gender. In the early 1950s Christine Jorgensen, a former army private, was one of the first people in the United States to become known as a transgender woman. Since then there have been a number of well-known celebrities such as Caitlyn Jenner and Lauren Cox, best known for her role as Sophia Burset from the Netflix show *Orange Is the New Black*, who have paved the way for new conversations about transitioning and trans rights. Chaz Bono, the son of Cher Bono, is a well-known transgender man. Despite such transparency and visibility, such a transition can be confusing to many (e.g., the

children in the family, neighbors, relatives, coworkers), and changing gender can precipitate the need for counseling connected with a variety of issues that were not previously part of the family dynamics (Dierckx et al., 2017). Because this is a type of family system that many people know little about, the following case study may prove helpful.

SIDEBAR 1.9 THE CASE OF JOHN AND MELISSA

John has always felt as though he did not have the correct body and that he should be a woman. He remembers going to sleep as a child and hoping he would wake up a girl. John learned to push these feelings down, and he became hypermasculine. Eventually John married Melissa, and they had two children, RJ and Becky.

John shared his feelings with Melissa when they got married, but his feelings seemed to be put on hold when they got pregnant with RJ. John later decided he would like to start transitioning but thought he would wait until RJ was 18 years old. However, they got pregnant with their second child, Becky, and John was both happy and frustrated.

Once Becky was 11, John decided he would like to begin transitioning. He talked to Melissa, and together they told the kids. RJ (then 22) was immediately defensive and stormed out with his girlfriend, and they stayed away for a couple days. Becky cried a lot but then started asking a lot of questions. John found a counselor to work with as he started the transition process. John eventually chose the female name Jennifer and began taking on a female persona.

The process of the transition was difficult and lengthy. Jennifer went through the courts to change her name and started taking hormones. She also began wearing female clothes and coming out to her coworkers, friends, and family. As Jennifer's identity became more prominent, her marriage to Melissa began to weaken. Melissa does not have good memories of the marriage and now does not know how to feel about Jennifer's transition. Melissa and Jennifer come to counseling to work on their relationship and determine the new roles in the relationship or even if the relationship will continue. Jennifer would very much like to remain in the relationship, but Melissa is having trouble with the idea of having a wife instead of a husband. The stress is also taking its toll on the relationships with the kids. The entire family decides to go to counseling for help.

Do you think you would be able to counsel such a family? Why or why not? If you felt you could not do a competent job on behalf of this family, what would you do, and how would this decision relate to the American Counseling Association (ACA) code of ethics?

All the previously described family types experience family life cycles over time. The next section provides a generalized description of what many families experience. As one might expect, however, no single description can account for variations caused by individual family characteristics and changes in society.

THE FAMILY LIFE CYCLE

Family life cycle theory describes the developmental stages a family usually experiences as time passes (Berge et al., 2011). A number of researchers and theorists have addressed the topic of the family life cycle; Evelyn Duvall (1977) was one of the first to draw this topic to the attention of practitioners. Duvall's model was based on the concept of the traditional nuclear family so popular in the 1950s and 1960s. Other professionals (Becvar & Becvar, 2000; Carter & McGoldrick, 1999; Gladding, 2007) have also addressed this topic.

One of the dilemmas inherent in describing the life cycle of a family is that most depictions are stage theories and are linear in nature and those practicing couples, marriage, and family counseling think systemically and interactively. Stage theories, although helpful in assessing critical tasks that

are usually experienced during a specified period of time, do not completely address the interpersonal relationships, power hierarchies, and family rules, and they provide only a snapshot of what transpires at a given time. In addition, they do not take into account the couple or family's interaction with the systems around them, variances from family to family, the impact of culture, and the many forms or types of families found in the United States and other countries today. Kumar (2117), for example, found that stage theories do not adequately describe the family life cycle of blended families. Subsequent discussion of the topic will provide the reader with an outline of the normal, developmental stages of the family life cycle and the tasks and issues that need to be addressed at each stage.

The Single, Unattached, Young Adult

This stage is characterized by the necessity of facing the critical task of differentiating from the family of origin and developing a new relationship with parents. Both the young adult and parents may experience some starts and stops as the young adult transitions to a more independent lifestyle and parents adjust to letting go of control. The young adult may further develop peer relationships, experiment with the establishment of a career, and assess whether a marital relationship is the option of choice.

Many young adults choose to live with someone of the same or opposite sex and gain experience with maintaining a day-to-day relationship with the same person. This is very different from what the norm was 50 or 60 years ago, and it provides couples with a rehearsal prior to making a marriage commitment. It is during this time that some young adults experience pressure to marry, which can be internally and externally imposed. In some cases, issues connected with lack of ability to separate from the family of origin or with difficulty in maintaining even short-term relationships can precipitate the need for counseling.

The New Couple

In the past, this second stage of the family life cycle could easily be labeled the *newly married couple*, but because so many couples live together without being married such a label would be a misnomer today. This is the stage during which both individuals adjust to what they think will be a long-term relationship, work through their idealized perceptions of each other, make room for their partner in each of their families of origin, and further develop career goals.

This stage could last anywhere from a few months to a few years and often involves a series of role modification expectations. Marriage may or may not occur during this early stage of the family life cycle, and, based on the laws in a particular state, if a marriage does take place it could be between two people of the same or opposite genders. Issues, if they arise, can relate to myriad topics inclusive of changing perceptions and roles, lack of acceptance by families of origin, the beginnings of career competition between the individuals in the relationship, and conflicts over the importance of making a marriage commitment.

SIDEBAR 1.10 ADJUSTMENTS OF A NEW COUPLE

Interview a new couple and ask them about some of the adjustments they have had to make since moving in together, such as living together and pressures experienced from their respective families. Ask them to identify which of these adjustments could precipitate a decision to seek couples counseling. Evaluate whether you think you could counsel a couple around the identified area. What kind of supervision do you think you would need?

Families With Very Young Children

Starting a family requires changes in routine, loss of freedom, the escalation of responsibility, and an alteration of lifestyle (Goulden, 2019). One way of describing this stage would be to point out

that the marital or couple's system has to be adjusted to make room for a parenting role. In addition, the extended family must adjust to grandparenting during this stage. New parents, more likely than not, experience fatigue, a changed social calendar and less time available to spend with friends, interruption of career-related work habits, and the necessity to alter financial and other priorities.

Parenting requires around-the-clock responsibility for childcare and safety. Unlike many of the neighborhoods of the 1950s and 1960s, neighborhoods today may be too traffic and crime ridden to allow children the free, unsupervised run of the neighborhood, and parents must drive children to activities and monitor many children's activities on a full-time basis. Many couples make play dates with parents of other children in their desire to make sure their preschool-aged children engage in age-appropriate activities with peers. Any of these responsibilities associated with child rearing could precipitate the need for couples or family counseling.

Families With School-Age Children

Allowing children to establish connections that parents are not involved in monitoring on a full-time basis often presents the biggest challenge for parents of children who are entering preschool, kindergarten, or first grade (Harper, 2016). Parents often have trouble letting go, even if children are only at school for part of the day, because up to this point parents may have been with their children full-time. Even though most parents want to support their children's educational progress and extended socialization opportunities with peers, they worry about how the child will fare at school and may even experience feelings of loss. These feelings of loss may relate to the absence of the child in the home or under parental supervision full- or part-time, or they may relate to generalized feelings of loss of control. In many instances, parents experience even more demands on their time as the children express interest in participating in an increasing number of activities. Parents sometimes lose touch with each other as these demands crescendo.

As might be expected during this stage of the life cycle of a family, parents may struggle to balance responsibilities between work and home, and conflicts over child supervision can occur with more frequency as parental stress escalates. Sometimes one member of the parental dyad begins to feel overburdened, and confusion or arguments over whose career has priority may occur, especially if each adult is quite committed to climbing a career ladder. It is not unusual for any of these areas to precipitate the need for counseling.

Families With Adolescent Children

Adolescence can be a time of turmoil as children adjust to changing bodies and emotions. At times, parents attempt to delay this period of their child's development, especially during the tween years (ages 10 to 12), because seeing children mature can make parents more aware of the passage of time. Often parents spend time assessing their own achievements and career progress, and past feelings of uncertainty can be rekindled. Parents may simultaneously be dealing with their children's demands for independence and the realization that they themselves are now middle-aged. Parents may have difficulty with the fact that they cannot expect to control everything their child says and does and maintain the set boundaries and limits of the past.

It is also during this time that parents may be expected to take responsibility for their own parents as the normal aging process limits their autonomy or changes in physical or mental health create complications that must be addressed. Many readers of this book have heard the term *sandwich generation*, applied to the squeeze experienced by adults who are simultaneously parenting their own children and looking after aging parents. If anything, responsibility and stress escalate even more during this time in the life cycle of a family. Sometimes watching the capacities of aging parents diminish precipitates concern about individuals' own aging and vulnerability. Although many

families experiencing this developmental stage cope well because of a history of good communication with one another, excellent time management skills, and grounded personalities, it is during this stage that many couples begin distancing themselves from each other and find that they need counseling if the relationship is to endure.

SIDEBAR 1.11 FAMILY LIFE CYCLE CHALLENGES

Now that you have read all but the last two descriptions of the stages of the life cycle of a family, identify the stage that was most challenging for you and share your thoughts about this with someone in your class. What were some of the adjustments or issues you faced, and how did you cope with them? Do you think you are equipped to assist a family with similar adjustment issues? Why or why not? What do you need to do to be as prepared as possible? Ask a partner to share their feelings on the same questions.

Families With Children Who Are Launching or Leaving the Nest

Releasing children who are leaving for college, the military, or the workforce or who are entering relationships presents other challenges to families in this stage of the family life cycle (Silva da Silva, Slongo, & Rohde, 2016). Finances may be of great concern because of the escalating cost of obtaining a college education. Many parents and their children go deeply in debt during this time period unless they have been setting money aside since their children were quite young. Parents of a child who has chosen to enter the military worry about deployment and whether their child will be injured far away from home or, even worse, killed in the line of duty. Parents of a child who enters a live-in relationship at a young age and prior to completing college or vocational preparation often worry about the financial well-being of their young adult child and feel obligated to contribute financially. When a young adult enters the workforce immediately after high school graduation, parents may be concerned about the potential for advancement and financial security of their child.

Families in Retirement and Later Life

During this stage, the family is usually composed of a couple in their last years of employment or in retirement. The age range is 62 to 65 or older, although recent fluctuations in the financial markets have resulted in the postponement of what used to be the typical retirement age. In general, the ages of 65 to 74 are considered the “young old,” 75 to 84 the “old old,” and 85 and older the “oldest old.” Currently, because of increasing longevity and the increasing percentage of the older adult population in the United States, older couples or widowed individuals may experience myriad problems because of factors such as:

- loss of identity after retirement
- dwindling finances and buying power
- decreasing energy
- grief reactions after the death of a spouse, partner, or long-term friend
- chronic or terminal illness
- escalating costs connected with assisted living facilities and skilled nursing care

As health and mental health disparities are heightened and continue in later life for racial and ethnic minority populations, counselors should assess for unmet needs in these seven primary categories: health care, health, social support, housing, education, financial security, and transportation (McCarron et al., 2020, p. 106). There are many dilemmas that aging families face for which the assistance of a counselor could prove helpful. The following case study provides an illustration of what a family counselor or therapist may encounter.

SIDEBAR 1.12 THE CASE OF HATTIE AND FELIX

Hattie and Felix are a couple in their 70s, and they have been married over 40 years. Felix retired from a blue-collar job working in a lumber company, and Hattie has been a homemaker since she married Felix. Hattie and Felix have lived in the same house for 30 years, and it is paid off; however, the neighborhood is not as nice as it once was, and the value of their home has dropped considerably. Many of their friends and neighbors have passed away or moved into assisted living, and they do not know very many people in their neighborhood anymore. Felix's parents and Hattie's father are deceased. Hattie's mother lives in assisted living and is barely able to afford it on her social security income. Hattie and Felix lost a lot of their retirement in poor financial decisions and now primarily depend on social security as well. Finances between the three adults are often shared to make up differences.

Hattie and Felix have two adult children: Kim, age 39; and Greg, age 36. Kim is married to David, and they have one son, Brayden, age 3. Kim and David live several hours away in a larger city. Greg is unmarried and working on his doctorate in another state. Hattie and Felix do not get to see their children or their grandchild except on holidays because their children are busy and have family and professional commitments.

Recently, Felix was diagnosed with prostate cancer and is reluctant to proceed with care. He often experiences sleepless nights and feels tired all day, most days of the week. Felix has become short-tempered with Hattie and has not disclosed his diagnosis to her yet. He is worried about medical costs because neither of them has signed up for their Medicare supplemental coverage, and they would be responsible for a large portion of the cost of treatment. Hattie has been talking with Kim, her daughter, about how Felix has been acting, and Kim called the counseling office to make an appointment. All three adults—Kim, Hattie, and Felix—present to the first session.

If you were the counselor for this family, it is unlikely that you would know, at the time counseling began, about Felix's diagnosis. How would you begin working with this family, and what might you hope to accomplish?

Additional Factors Affecting the Life Cycle of a Family

There are issues that may arise in the life cycle of a family in addition to those previously discussed. For example, the birth of a child with a disability could require the family to develop specific coping skills for each stage of the family's life cycle. Parents may experience feelings of grief, loss, and self-blame when the infant or very young child is diagnosed with a disability. The necessity for special education and other school-related support may cause parents and siblings to wish their child or sibling was just like other children who did not need accommodations. Delayed exiting from the K–12 educational system could precipitate resentment and feelings of being different. As another example, the onset of a chronic or terminal illness of family member may precipitate issues around responsibility for caregiving and caregiver fatigue, medical expenses, reduction in family income, and the overall quality of family life.

The varying traditions of racial and ethnic cultural groups can also be a complicating factor connected with one or more stages of the family life cycle. The following case study is one example.

SIDEBAR 1.13 THE CASE OF A MULTIRACIAL FAMILY

Javier is from Argentina, and Sakiya is from Japan. They met while in graduate school in the United States and decided to stay in the country. They originally lived in an urban area with a lot of diversity, but they decided to move into a suburban area once they got married and wanted to start having children. The neighborhood they moved into

is primarily White and African American. They both feel disconnected from their culture because of the lack of cultural similarities in their current community.

Javier and Sakiya's children are 3 and 5 years old. One time when Javier had the children with him at a grocery store, a woman stopped him on his way out and asked if the children were his. Another time, when both parents were at the school to register their older child for school, the school administrator asked where they adopted their children.

Javier and Sakiya struggle with a decision to see a counselor because they both feel families should handle their own issues—but for different reasons. Javier feels the individual family unit should handle the issue, whereas Sakiya feels they should both talk to her parents. After many lengthy talks and arguments, the couple decides to seek help from a counselor.

Given what you know about competencies for counseling multiracial population (American Counseling Association, 2020), what principles would guide you as you worked with his couple?

Crises and the Family System: COVID-19 Example. Family life cycles are also moderated by historical events and crises. The COVID-19 pandemic brought with it waves of heightened anxiety and uncertainty about the future that rippled through world populations (Lee, 2020) changing much of the way the family lived their day-to-day lives. It also impacted how the family life cycle was experienced. For example, many single, unattached young adults lost their jobs and spent more time living with their parents and siblings because they did not have the income to live independently in rented or leased apartments. Normally expected rites of passage faltered; graduating teens, engaged couples, and forced early retirees had little options for face-to-face public celebrations. This set of circumstances also applied to new couples who were looking forward to more independence, a changed relationship with their respective families, and developing traditions of their own. Family counselors not only had to move to telehealth counseling (American Psychological Association, 2020) but were also called on to do either couple's counseling or intergenerational counseling because of the unexpected and changed living circumstances, adjusting to a spouse or partner's family rules and structure, and concern about future employment possibilities.

Families with very young children who were living apart from parents at the start of the pandemic became reluctant to visit their parents because of being apprehensive about infecting their parents especially if their parents were older or had underlying health conditions. The same apprehension also affected families with school-age children. Often grandparents felt the loss of contact time with their grandchildren and their grandchildren's parents, and both generations sought virtual counseling. Families with adolescent children often felt pressure from their children to ignore suggested or mandated restrictions because their adolescent children did not respond well to curtailment of face-to-face time with peers because such restrictions were levied just at the time adolescents want more time with their peers and more opportunity to develop independence from adult supervision. As noted earlier, families with adolescent children often find this stage of the family life cycle extremely difficult to transverse not only because of the needs of their adolescent child or children but also because of simultaneous responsibilities for aging parents and the realization that they are now middle-aged and have less time to achieve their goals or change directions. All these factors complicated the usual expectations for transitioning from one stage to the next of the life cycle of the family and precipitated the need for couples or family counseling.

Although the COVID-19 pandemic complicated the usual progression from one stage to the next of the life cycle of the family in many ways, there were a number of unanticipated yet positive family and cultural outcomes for the role of couples, marriage, and family counselors. For example, couples and families with children experienced heightened realization of the value of family time, and working remotely changed the expectation that all employment responsibilities had to be undertaken in a specified work setting. In addition, some American families decided to live below their means to save money or invest for future unanticipated events, and the focus on consumerism lessened. As some companies considered repurposing office buildings, downtowns in some communities

became less congested. Because increased awareness of the importance of providing better health care to more people became a topic of concern and consideration of creating jobs by repairing and extending the infrastructure took place, Americans began to value the importance of collaboration and the possibility of transitioning to a more collectivistic culture.

SUMMARY

Couples, marriage, and family counseling is a rapidly growing specialization within the profession of counseling. Because working with a couple or a family focuses on relational issues and the patterns of relating that family members employ, emphasis during the counseling and therapy process is systemic and holistic rather than linear and individual. The theory and research that a couple, marriage, and family counselor draws from is quite different from the classic theories developed for use in classic individual counseling and psychotherapy. The requisite education and supervised practice required for family counseling can be obtained from programs subscribing to the standards promoted by either the IAMFC or the AAMFT.

Whether a family engages in relational patterns that are functional or dysfunctional, the types of family systems that a counselor may encounter in 2020 and beyond are quite varied and diverse when compared with what were typical and acceptable 50 or 60 years ago in the United States. Even though stage theories provide only a general idea of what families experience during a specific period of the developmental cycle, counselors can anticipate the kinds of adjustments and issues that families may need to address in the context of counseling, depending on how they cope with those life cycle challenges especially unanticipated challenges such as those connected with the COVID-19 pandemic.

USEFUL WEBSITES

HelpGuide

http://www.helpguide.org/mental/blended_families_stepfamilies.htm

Blended Families

<http://blended-families.com/>

SAIGE (Society for Sexual, Affectional, Intersex, and Gender Expansive Identities)

<http://www.algbtic.org/>

AARP Help for Caregivers

<http://www.aarp.org/home-family/caregiving/>

American Association for Marriage and Family Therapy

<http://www.aamft.org>

International Association of Marriage and Family Counselors

<http://www.iamfconline.org/>

PFLAG

<http://www.pflag.org>

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Using Community Genograms to Position Culture and Context in Family Therapy

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Family counselors view issues of health, distress, and disorder from an ecosystemic perspective that encompasses individuals as they develop within families that reside within intercultural communities. Individuals, families, and communities are seen as both unique systems and as participants in wider interactive systems. Subscribing to this perspective has direct implications for counselors and counselors-in-training. First, they need a *conceptual framework* that incorporates individuals, families, and communities and the relevant cultural and contextual factors operating within and across these systems. Second, they need a *therapeutic framework* with guidelines for weighing the relevance of each system and of each factor with respect to the difficulties that clients experience. Third, they need a *therapeutic approach* for accessing resources and facilitating change within and across these systems (Rigazio-DiGilio, 2000). These implications can be daunting, and counselors can use various existing tools to understand and intervene within the multiple layers of human and systemic existence.

This chapter introduces one such tool: the community genogram (Kang, 2017; Rigazio-DiGilio, Ivey, Kunkler-Peck, & Grady, 2005), a graphic interactive assessment and treatment device used by counselors and clients (i.e., individuals, partners, families, significant others, or wider systems and networks directly or indirectly participating in the therapeutic process) to collaboratively explore cultural and contextual factors that have contributed and are contributing to the difficulties prompting treatment. By using community genograms, counselors and clients can examine how difficulties develop over time and across contexts and can identify and activate relevant individual, family, and community resources. Specifically, this chapter focuses on using community genograms to understand clients as they develop over time and across the various communities within which they live and provides guidelines and examples for how to construct and use basic community genograms in ways that bring clients' multiple lived experiences to the forefront of the therapeutic exchange and that identify client, counseling, and community strengths and capacities that can be brought to bear throughout counseling. To position the community genogram within the wider backdrop of graphic devices, we begin with a review of some mainstream approaches that served as a basis for its construction and use.

MAKING THE INVISIBLE VISIBLE: THE EVOLUTION OF GENOGRAMS

The counselor's theoretical assumptions about the nature and origin of emotional illness serve as a blueprint that guides his [her] thinking and actions during psychotherapy.

Bowen (1976, p. 42)

Bowen introduced the *family diagram* in the late 1950s, a method for visually arranging information about extended family systems over several generations to demonstrate relational patterns and emotional processes for objective review and examination (Bowen, 1966). He designed it as a therapeutic approach that was consistent with the theory he developed through his clinical research with families (Bowen, 2004; Kerr, 2019). The *process* used for gathering and discussing information reflected Bowen's assumptions about how change occurs, and the *content* represented in the diagram reflected the eight constructs (Gilbert, 2013) core to his theory (see Chapter 8).

Over a decade later, the term *genogram* was introduced (Guerin & Fogarty, 1972) and soon became the common nomenclature used to classify graphic devices derived from Bowen's original work. The most recognized among these is the *family genogram*, which provided guidelines for constructing three-generational graphics in ways that enabled counselors and clients to examine patterns and worldviews transmitted from one generation to the next (McGoldrick, Gerson, & Petry, 2020).

Here we present the basic components of family genograms and provide an illustrative case example. This is followed by brief descriptions of two alternative formats that, along with the family genogram, have informed the construction of the community genogram.

Family Genograms

[Family] genograms should be seen as a roadmap that, by highlighting certain characteristics of the terrain, guides us through the complex territory of family life.

McGoldrick et al. (2020, p. 19)

McGoldrick et al. (2020) present guidelines for conducting family genogram interviews, along with a set of symbols (Figure 2.1) for visually arranging the information gathered from the family. The resultant family genogram could be used to illustrate how interactional patterns, emotional processes, and dominant themes take form, transmit, and replicate over at least three generations of an extended family system (McGoldrick et al., 2020).

The basic elements of a family genogram consist of information about the structure of the family and about relevant emotional processes and themes as depicted by the *index person* (i.e., the person from whose perspective the genogram is constructed). Information gathered typically includes family demographics; biological, legal, and social connections; significant life events and stressors; and emotional relationships among family members. The graphic serves as a common point of reference for counselors and clients to examine presenting concerns from a broader temporal and contextual lens.

Illustrative Family Genogram: Donna

Donna (age 50) sought counseling to understand the circumstances surrounding her adoption and to determine whether to pursue stronger ties with members of her birth families. The rules and symbols depicted in Figure 2.1 were used to identify members of Donna's birth and adoptive families over three generations and to illustrate connections and emotional relationships that had been and are significant to her.

As illustrated in Figure 2.2, Jewel was unmarried when she gave birth to Donna at age 21. Despite marriage requests by Donna's birth father (Michael), Jewel conceded to her mother's expectations and relinquished parental rights. Michael and Jewel severed ties at that time. In addition, Jewel's relationship with her brother became and remained highly conflictual until Jewel's death at age 45.

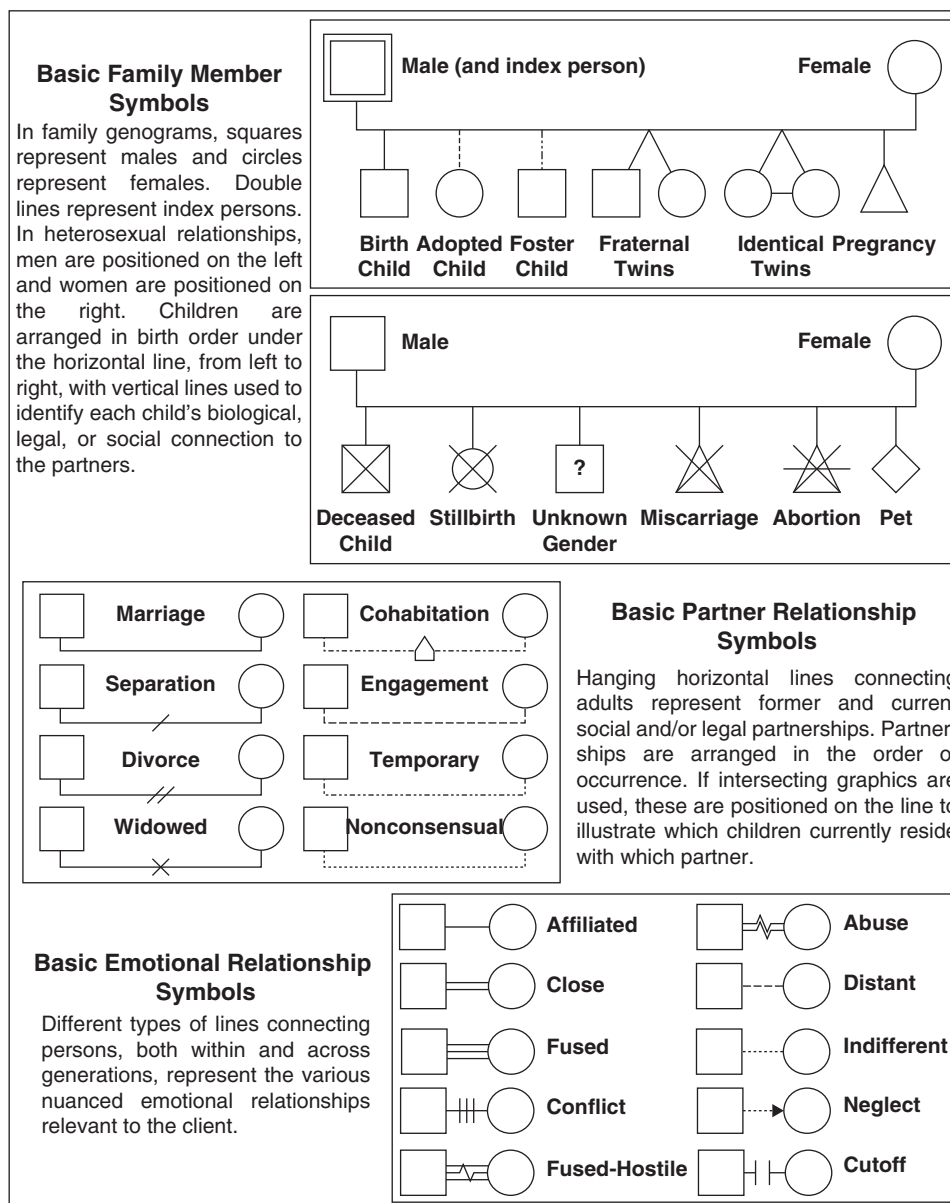


Figure 2.1 Illustrative family genogram symbols and rules.

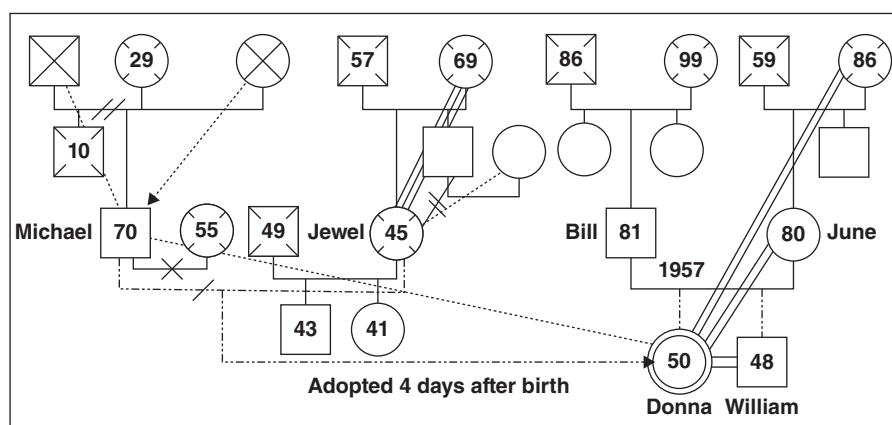


Figure 2.2 Illustrative family genogram: Donna.

After Jewel began her nursing career, she married Jordon, a professor. Together, they raised two birth children until their deaths, which occurred 1 year apart. Their children hold professional positions and have not had any significant partnerships. Michael married soon after Donna's adoption. He and his wife worked at the post office until her death at age 55 and his retirement at age 65.

Bill and June adopted Donna 4 days after her birth and William soon after. Donna positioned herself with her adoptive family members to illustrate her love and regard for them.

At age 22, Donna searched for her birth parents. By the time she located Jewel, she had already passed. She learned this from Jewel's brother, who agreed to speak with her and to arrange for her to meet with Jewel's biological children. The meetings with Jewel's brother, sister-in-law, and biological children were contentious, as this was the first time the children learned of Donna and the stories told by Jewel's brother to explain her presence were threaded with negative overtones. Learning of her mother's passing and participating in these exchanges were emotionally draining experiences for Donna and delayed her search for Michael. At the time she began counseling, she had recently connected with him, and they were meeting approximately once or twice a year.

SIDEBAR 2.1 A CASE STUDY: INITIAL IMPRESSIONS OF DONNA

What are your initial impressions of Donna and her family relationships? How would you describe her and her situation? Based on the patterns illustrated in Figure 2.2, how might you begin to assist Donna toward expanding her perspectives about her sense of herself in relation to her birth family and her adoptive family? What members of either or both families might you talk with Donna about joining her during the counseling process? How would you approach identifying treatment goals with Donna?

The family genogram was used throughout treatment. First, it helped identify options Donna could pursue to learn more about the circumstances of her adoption. She chose to prepare for meetings with Michael by developing questions to fit her current perceptions of his temperament and their distant relationship. Second, it was used as a backdrop to examine the stories Michael shared. This examination revealed how the intersection of core family values transmitted to Jewel through her mother (e.g., education and career) and societal norms dominant at the time of Donna's birth (e.g., pressure for unwed mothers to relinquish parental rights) limited Jewel's options. The examination also highlighted how significant losses throughout Michael's life (Figure 2.2) served to shape his current disposition. Secondary gains that came out of the way she chose to approach Michael were the sense of comfort he felt to share stories and the sense of empathy these stories engendered in Donna. These emotions extended the foundation upon which they could build their relationship, prompting more frequent contact.

Donna then decided to make another attempt to reconnect with Jewel's children, using the same approach she relied on with Michael to solicit and share stories. She saw this as an experience that would inform her decision about whether to pursue stronger ties. Reviewing their stories through the same intergenerational lens revealed significant obstacles. First, her appearance several years prior reignited the uncle's hostile feelings toward his sister, which served to taint the stories told when they first met, as well as his responses to questions Jewel's children asked after those meetings. Thus, efforts to share multiple perspectives based on what Donna had learned were less than successful. Second, Jewel's life choices upheld intergenerational values that appeared to be directly transmitted to her children, as evidenced by their professional achievements and their disregard for others who did not accomplish the same—including Donna.

The last sessions were used to review the totality of Donna's genogram in relation to her counseling goals. She now identified Michael as a member of her family and looked forward to building stronger ties. She did not identify with the relationships, themes, and stories transmitted to Jewel's biological children by their uncle and did not feel appreciated or welcomed by them. Thus, Donna chose not to pursue stronger ties at this time.

SIDEBAR 2.2 CREATING AND INTERPRETING FAMILY GENOGRAMS

It is important for counselors to understand how their own life experiences influence their perceptions of the clients they serve. This increases their ability to listen to client stories without interpreting these from their own lenses. Family genograms can be used to help counselors understand their own families, learn ways to carefully listen to client stories, and practice organizing client information into pictures of extended family systems over the course of several generations.

Two students will be partnered to complete this exercise. Each student will:

- Review a free trial of GenoPro (1996–2020), which provides more information, symbols, and instructions for creating and interpreting family genograms: <https://www.genopro.com/free/>.
- Obtain information from their family members to help them construct their own family genograms.
- Take turns serving as interviewers and interviewees. As interviewers, ask for information that can be used to create a family genogram for the interviewee (recording is recommended).
- Independently review the family genogram made by the interviewer. Indicate accurate and less accurate portrayals of information shared, and highlight familiar and new information about patterns, relationships, and themes that stand out.
- Discuss the independent reviews with their partners.

Submit reviewed family genograms and one-page reactions about the experiences of (a) constructing these, (b) reviewing these, (c) practicing empathic listening and accurately arranging information heard within a visual display of a family genogram, (d) reflecting on ways personal lenses might impact empathic listening skills, and (e) reflecting on ways to use family genograms with clients.

Ecomaps

Understanding interactions between families and their environments is a long-standing social work tradition. Hartman, a social worker and family counselor, developed ecomaps as a method for diagramming the ecological system of a family. These diagrams provide holistic insight into ways to coordinate services and resources for clients (Hartman, 1979).

Using genogram and other diagrammatic symbols, ecomaps illustrate the current composition and structure of a family, the outside systems surrounding a family and the degree of influence each system has with respect to client difficulties, the nature and type of connections between relevant systems and the family as a whole or specific family members (e.g., confirming or disconfirming perceptions, constraining or facilitative resources), and the nature and type of connections occurring across the network of systems involved with the family. By visually diagramming these conditions, counselors and clients can examine the supportive connections to build on, the conflictual connections requiring mediation, and the gaps in connections that could be bridged to mobilize resources (Nguyen, Gafsky, & Munoz, 2016).

Cultural Genograms

Because cultural experiences and values affect worldviews, attitudes, and behaviors multidimensionally, it is essential to understand the multiple aspects of clients' sociocultural identities. Hardy and Laszloffy (1995) developed cultural genograms to "promote cultural awareness and sensitivity by helping trainees understand their cultural identities" (p. 228). Cultural genograms illustrate how

various aspects of culture influence families and help trainees explore how various aspects of their cultural identities inform their counseling style and effectiveness (Warde, 2012; Yokoyama et al., 2011). Although these were originally designed as training tools, cultural genograms have been extended for use with clients (e.g., DeMaria, Weeks, & Twist, 2017). As a therapeutic approach, it enables counselors to better understand clients' culturally constructed realities and discover how cultural experiences might impact clients' changing worldviews.

Genogram Variations

Efforts have been made to modify family genograms to account for larger cultural contexts and to consider how factors such as gender, ethnicity, and power contribute to the emergence, definition, and management of client difficulties (Becvar, 2005). For example, there are genograms that consider spirituality (e.g., Limb et al., 2018) and other salient aspects of one's cultural identity (e.g., Owens, Magyar-Moe, & Lopez, 2015), address wider systems (e.g., Kosutic et al., 2009), target underserved populations (e.g., Gambescia, 2016) and specific clinical issues (e.g., Jordan, 2006; Keskin, 2017), explore the intersectionality of multiple sociocultural identities across various contexts (e.g., Enns, 2010; Storlie et al., 2019), and incorporate theoretical (e.g., Goodman, 2013) and multicultural advances into therapeutic approaches (e.g., Comas-Diaz, 2015).

Some modified versions provide structured protocols intended to render reliable clinical information considered relevant for assessment and treatment planning, sometimes from one therapeutic lens, treatment modality, or manualized approach. According to Platt and Skowron (2013), such efforts make it possible to advance research on multigenerational family processes. Other versions provide collaborative semi-structured or open-ended protocols intended to engage clients in selecting and illustrating relevant information in an order and manner meaningful to them. According to Taylor, Clement, and Ledet (2013), such collaborative approaches increase client participation in defining, managing, and monitoring treatment, which are factors known to be significant predictors of positive counseling outcomes (e.g., Friedlander, Escudero, & Heatherington, 2006; Sperry, 2019).

COMMUNITY GENOGRAMS: CAPTURING THE COMPLEXITY OF CULTURE AND CONTEXT

Community genograms are used to explore clients' cultural legacies, important episodes in clients' contextual and developmental histories, and untapped resources for change.

Rigazio-DiGilio et al. (2005, p. 11)

The community genogram is derived from two concepts. First, the term *genogram* reinforces the importance of legacies and traditions for individuals and families, as these evolve over time. Second, the term *community* reinforces the importance of positioning these legacies and traditions within the wider interactive system comprised of individuals, families, and the wider community networks within which they have lived and now reside. Thus, community genograms widen the scope of assessment and the territory of intervention by expanding the understanding of clients within social and historical contexts.

Examining a graphic of this wider terrain makes it possible to identify relevant cultural and contextual factors that influence how clients come to understand and participate in their current communities, factors now serving to constrain or enhance effective functioning across the multiple life spaces within which clients reside, and positive strengths and resources existing within these wider terrains. Such examinations provide a multidimensional, nonpathological, and contextually contingent portrayal of the wider contexts within which client difficulties are embedded. This portrayal can reveal paths within the wider terrain that can be navigated to address clients' difficulties. By moving culture and context from the margins to the center of assessment and treatment, it becomes possible to generate multiple perspectives about the difficulties being experienced and to consider multiple options for accessing and activating strengths and resources that have been less