Young people with serious behavioural-problems are clinically complex and often present with a combination of family problems, high-risk behaviours and mental health and substance-use problems. They are often involved and influenced by their social networks within their community where problem behaviour is the norm. Problem behaviours such as drug abuse and violence often result in huge problems for the individual, their family and community, often at substantial personal and economic cost. Removing them to treatment facilities tends to make these problems worse and does not improve the adolescents’ psychosocial systems once they return.

Family interventions have been shown to be effective in treating young people with high-risk behaviours (Huey et al., 2000; Ozechowski & Liddle, 2000; Waldron & Turner, 2008). Using a framework that is family and community focused is well suited to such youth as it treats the individual and their family within their context. Models such as functional family-therapy (Sexton & Alexander, 2010) and multi-systemic family-therapy (Henggeler et al., 2009a, 2009b) have been used successfully to treat troubled youth and their families. However, a difficulty faced by many clinicians in the community is how to work with these situations when such an intensive program is not available or viable. This brief article will consider some of the common factors to be addressed when working with this multi-problem, high-stressed population within the community.

Why the family?

Bowly (1979) stated that families evoke the most intense emotions, ranging from joy in the making to anguish in the breaking. Commonly, when a family accesses mental health services, there is distress, helplessness and despair. This is particularly the case when a young person is engaging in out-of-control behaviour or substance misuse, and other agencies or authorities have been notified. To help the family, at the bare minimum, one caregiver and the young person need to be seen to obtain a history of the development of the concerns and to review management options (Josephson, 2007). Others have postulated that the family should always be seen first because engaging all members provides opportunities to review the complex interactive relational-dynamics that may have influenced the development and maintenance of the problems (Vetere & Dallos, 2003).

However, a common dilemma when working with multi-stressed families is the overwhelming nature of the complaint, as family members present with complex relationships, grief, recurring crises and underlying mental health problems. In addition, the family is often embedded in a community where further stressors are occurring such as poverty, unemployment and substance misuse (Kazdin & Weisz, 2003). As such, it is important for the clinician to work systemically with the family, wherever possible considering the culture, school, peers, wider community and social networks (Sexton & Turner, 2011).

Principles of working with multi-problem high-stressed families

- Developing a relational approach to therapy

Awareness of the multiple systems which interconnect is important, both from the perspective of the therapist and the agency for which they work, and for the family within their social milieu. The individual, the family and the community are a continuum and behaviour needs to be considered as both an expression of self and of communication and relationship with others. A therapist starting out to work with a family needs to consider the complex hierarchy of interpenetrating influences, which will help them better understand the
relational aspects of the younger person within their context. Questions that target the understanding of interaction between people help to understand the person, precipitating influences and maintaining factors in their lives (Nics & Swartz, 2008).

### Relationship and communication focus

Evidence indicates that the therapeutic relationship to be a major contributor to positive outcome (Hubbble et al., 1999). Maintaining a relationship focus enhances the possibility of connection with multi-problem high-stressed families, and it is this connection that enables the family to trust the therapist and to engage in the therapy and ultimately to improve retention rates. Over time, therapists develop a repertoire of practice knowledge (Flaskas, 2010), and this may allow them to focus more on the relationship than on specific frameworks of practice. It has been identified that a number of factors may assist in the development of a therapeutic alliance including spontaneity, humour, creativity, warmth, genuineness, reliability and neutrality (Blow et al., 2007; Cade, 1982). These qualities come from a wish to help the family and can’t be faked. Other qualities include the use of non-blaming and respectful language and a focus on getting to know the identified client and their family outside of the problem. Being strengths based, using reframing and normalising experiences has also proved to be helpful. Also, the therapist needs to be constantly responsive to feedback from the family throughout therapy. Having a clear framework is helpful, especially for trainees starting out with family work (Falicov, 1998), but the therapist must remember that ‘one size does not fit all’, and adaptability is the key. A highly stressed multi-problem family can be fragile and the therapist must be mindful not to be critical or too easily discard attempts to change.

### Brief assessments

When multi-stressed families attend therapy, they typically do so because of an immediate crisis or issue needing attention. This contact usually generates anxiety for the family but, at the same time, can be an opportunity to engage members because at least one or more of them are, at this point, to an extent motivated for change. Using a strengths-based approach, where the therapist keeps assessment to a minimum, is a way to harness this wish for change. Only information that will help at the moment of contact and achieve a second session is required, geared towards learning just enough to start the process of therapy and the eliciting of change. Once the change process is in motion, further necessary ‘assessment’ work can be undertaken, also responding to any changes that occur within the family. A brief, strength-based assessment that is pragmatic and goal oriented can engage the family and have an immediate and powerful impact on problem behaviour by building on individual, family, school and community resources (Carr, 2009; Mendel, 2000).

### Family contract and ground rules

A strategy employed by McNeil & Herschell (1998) uses contracts that invite the family to determine their own treatment goals and to commit to therapy. Details include a description of the treatment program, homework tasks and a written commitment to attendance. Such a contract, common to those used in behavioural interventions, allows the members to see what is involved and can provide structure for an otherwise chaotic and unstructured family. However, contracts can often be hard to adhere to, so it is recommended they mainly be used with those families that appear more open and willing to engage (Eyberg, 2005).

### Focusing on strengths

Multi-problem families are generally used to being told they are not doing things right; that they need to change, to pull their son or daughter into line. A deficit approach can be ineffective if it is experienced as blaming on the part of the therapist and/or a member of the family, which in turn increases the family's reactivity and resistance to change. Focusing on what is working for the family and what can be done to improve functioning, frees members up to explore alternative ways of working together. Working collaboratively through co-constructing the therapeutic process allows for improved partnerships that examine both context and relationships within a broader framework (Cade, 1997; Flaskas, 2011).

Enabling a family to solve their own problems is a huge step and should be an underlying goal of all therapeutic encounters. A question the therapist should consider is, “What is getting in the way for this family in dealing with their problems?” Respectfully teaching the family behavioural skills and giving feedback can allow them to see alternative ways of viewing and acting within their situation that, in turn, helps maintain a commitment to therapy. Meaningful therapy that minimises blame and guilt and strengthens behavioural change and resources provides a sense of hope (Weakland et al., 1974). When therapy is prioritised, change is more likely to occur. Home visits with highly stressed families should also be considered, as these provide further opportunities to develop strategies for change.

### Setting realistic treatment goals

As already stressed, goals for treatment should be negotiated collaboratively. The challenge for many clinicians faced with a multi-stressed family is, “How do we deal with all the problems on the list?” Referring agency, clinician and family need to be realistic in their goals when first starting out. Isolating one or two areas that need immediate attention is often a good way to encourage an initial engagement that can then be focused onto further specific and achievable goals (Tighe et al., 2012). Acknowledging improvements, however small, can instil hope for further improvements over time. It is important to consider developmental treatment goals across the family lifespan – that is, the goal of the parent may not necessarily be the goal for the young person.

### What to do when there is a family fire

Typically, a multi-stressed family will present with a succession of crises, sometimes almost every week. If the therapist tries to deal with each crisis as it arises, this can take precedence and end up becoming the sole focus of most if not all contact, and the process of therapy will be constantly interrupted. Nevertheless, the therapist needs to acknowledge each problem and allow space for ventilation of family concerns. Ignoring them completely may distance the family and contribute to a feeling of not being heard or understood. One way to deal with the need for ongoing support and the ‘spot fires’ is to refer them to another agency or worker who can deal specifically with these issues (Henggeler et al., 2009b). Accessing the wider cultural and social context may open up new understandings and opportunities to help. However, caution is necessary as multi-

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**Context** June 2012

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Working with multi-problem high-stressed families and young people with behaviour problems
stressed families who cannot easily manage one therapeutic commitment are unlikely to cope well with a proliferation of other services.

- **Bring structure to the sessions and consider the wider social context**
  Because multi-problem high-stressed families present difficulties such as non-attendance, arriving late or cancellations, it is often difficult to engage with them. A contributing factor to the success of multi-systemic therapy is its organised and structured sessions, enforced by the therapist early in contact (Henggeler et al, 2009a). In practice, this means setting clear expectations for contact with the family. In addition, the therapist can help by appropriate modelling, clear communication and practical problem-solving. This may sound simple and obvious but regular session days and time of contact, predictable session-scheduling and even respectful telephone reminders can be ways to show genuine commitment by the therapist to therapy with them which, in turn, helps the client to commit to ongoing care.

  As parents and caregivers are ultimately the more influential in changing problem behaviours, they should be the targets for engagement. Action-oriented interventions designed to promote responsible behaviour within the family will ultimately translate into positive reinforcement and cooperation. In addition, interventions should target sequences of behaviour within and between multiple systems. Ultimately, a family that learns new ways of interacting and behaving will experience positive change, hope for the future and be more likely to value therapy (Henggeler & Sheidow, 2012; McNeil & Herschell, 1998).

- **Dominant discourses**
  Multi-problem families experience a sense of pervasive powerlessness. Usually economically and socially challenged, the family often comes to therapy not out of choice but driven by desperation. Respectfully giving families responsibility wherever possible regarding their treatment options helps by not disempowering family members. Giving choice may not always be feasible or practical but should always be considered. Considering wider-context issues, peers, schools, culture and religious influences should also be observed and their role made explicit in the therapeutic encounter (Mendel, 2000).

- **Self-care and supervision**
  A major contributing factor to rigorous programmes such as multi-systemic therapy is a close adherence to practice parameters and ongoing supervision. Family work is complex and challenging and it is not uncommon for therapists to opt for an easier path and work with an individual or part of the family. Supervision can help the therapist reflect on their experiences in working intensely with complex families, dealing with issues as they arise. Being reflective and being guided by a skilled supervisor to view the family from different perspectives allow the therapist to review their contribution to the change process (Orchowski et al, 2010). Complex, multi-stressed families will place demands on the therapist, emotionally and behaviourally. It is important not to be the person doing all the work and the worrying. Over-accommodating to the client’s demands on your time and energy can lead to burn out and, importantly, does not work in either the short or the long term.

**Concluding comments**

A common pitfall working with these families is being pulled into the families’ chaos. First and foremost, be clear with yourself and then the family about the rules of engagement; what you will do and what you can hope to achieve, and determine the goals for each family member. The basic needs for the members must be met before any changes can take place. The therapist must gain credibility by acting credibly throughout contact and a strong alliance will benefit outcome. Being confused or anxious about working with the family often reflects a parallel process occurring outside the therapy session, so the therapist must ensure they are aware of the impact of their involvement. Many of the core concepts of structured family-intervention programs offer sound advice: organisation, structure, predictability of sessions and a solution focused, practical approach. A person-centred collaborative approach where the therapist connects with all members of the family allows for genuine care. A focus on increasing parental confidence and skills is paramount as are improved relationships and communication patterns which encourage a young person to create a prosocial future. Above all, a holistic approach working with the systems around the young person productively engages struggling families and provides hope and strategies for change.

**References**


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Christine is a clinical psychologist at the NSW Institute of Psychiatry, Sydney, Australia.

Email: Christine.Senediak@nswiap.nsw.edu.au