Resilience-focused family counseling and consultation:
Applications with school related problems

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ABSTRACT
A step-by-step process model is delineated for family and school counselors when working with presenting issues involving child or adolescent school related problems. The process is adaptable to either the parent-teacher consultation process or to ongoing school based family counseling services. The model is based on the more positive, optimistic perspective of resilience research and other wellbeing-promotion approaches in counseling and psychology. The conceptual framework for the Resilience-Focused Family Counseling and Consultation (RFFC&C) process was delineated in a companion article in this journal (Nicoll, 2015). The RFFC&C and its conceptual framework combine to offer counselors working with school related problems of children and adolescents an alternative approach to the dominant, DSM-V based paradigm that assumes a biological etiology and thus utilizes primarily symptom control or reduction focused interventions. The resilience-focused model offers a more optimistic, developmental, wellbeing-promotion paradigm for home-school assessment and intervention.

Introduction
The conceptual framework on which RFBFC&C is based has been delineated in a previous article (Nicoll, 2015). The conceptual framework combines several complementary perspectives, including the family development framework, Adler's Individual Psychology, positive psychology, and resilience research. This article translates that conceptual framework into a step-by-step process for conducting a family counseling or consultation session pertinent to a school related problem.

The RFBFC&C process can be implemented in both problem solving parent-teacher consultations as well as in an on-going, school-based family counseling (SBFC) service (Nicoll, 2002). The goal is to assist both parents and teachers to view the presenting issue from a developmental, relationship frame of reference rather than from the prevailing medical (i.e. diagnosing of a purported disorder, dysfunction or disability) or moral frames (i.e. a character trait or flaw of the child). Intervention can then focus on building strengths and competencies rather than seeking to control or reduce symptomatic behaviors. The counselor focuses primarily on assisting parents and school staff to understand the function of the presenting concerns as

being symptomatic of family system and classroom interaction dynamics which, while intended to assist the child, actually serve to maintain the presenting issue. Intervention can then turn to altering parent-child-teacher patterns of interaction to implement more positive growth and wellbeing- oriented outcome strategies and goals (Nicoll, 2006, 2011).

Resilience-Focused Brief Family Counseling & Consultation, step by step

The process of RFBFC&C can be delineated in eight essential steps (see fig. 1). The school or family counselor leads the parents and teacher(s) through a step-by-step process with the goal of establishing a resilience-focused intervention plan. This begins by assessing the mindsets of both child and adults regarding the nature of the problem's etiology, the quality of the family and classroom social environments, and the social-emotional competencies and skills of all involved. The intervention plan follows logically from the assessment steps, seeking to improve the quality of one or more of these three components of resilience: the social-emotional competencies of parents, teachers and child; fostering a growth mindset perspective among all parties; and improving the quality and effective functioning of family and classroom environments in the five maintenance tasks for effective home and classroom functioning (Nicoll, 2015; Aldous, 1978).

Step one. The session begins with the counselor establishing a tone based in mutual respect, equality, and collaboration amongst all present. The counselor speaks to each person directly, by name, to ensure that all feel valued, respected and heard in the counseling/consultation session. It is important to keep the number of school personnel present and parents attending relatively equal. A "show of force" involving multiple school personnel adversely affects the collaborative process as it implies a defensive, "circling the wagons" position among the school staff. All are informed that the purpose of the session is to strive to gain a better understanding of the child or adolescent's school related difficulties, and to begin working together to develop and implement strategies for improving the current situation.

The parents are viewed as "consultants" in the process and not as responsible, or to blame, for the problem. The parents are there to assist the school staff in better understanding the child, given their longer and more in-depth history and knowledge of the child's life. The goal is for the school staff to better understand the dynamics surrounding the presenting concern and find strategies that might be more effective at school in addressing the student's school related behavioral or learning difficulties. The parents, meanwhile, will also gain a more complete understanding of the issues and learn how they might work collaboratively with the school in improving the situation. In other words, the counselor begins by establishing appropriate roles and responsibilities for all present, i.e. boundary maintenance (Nicoll, 2015)

Step two. The second step in the process is to establish a primary focus regarding the exact school/classroom behavioral pattern which the teacher(s) would like to see improved or changed. The counselor invites the teacher (or one teacher who represents the "team" if a middle or high school student) to identify the primary area of concern at this time. It is important that the counselor elicits a very specific behavioral interaction description of the presenting issue. Labeling of the student (i.e. a fixed mindset perspective) is avoided. In describing the concern, the counselor moves everyone away from using verbs of possession (i.e. verbs 'to be' and 'to have'), and instead to using action verbs ending in "ing" to solicit specific examples of specific behavioral interactions between the student and teacher. By asking for teacher-student

interactions ("what happened first; then how did you respond and feel, then what did the child do?"), the counselor begins to facilitate a reframing of the presenting concern from a biomedical or moral frame to a relational/interactional perspective (Nicoll, Bitter, Christensen, & Hawes, 2000)..

A common question might be, "*When you say Tom is stubborn and uncooperative, or unable to attend and concentrate, can you give me an example of the last time he was acting this way; What did he do?; Who responded; and how?*" This helps all present in beginning to see how they cooperate, albeit unknowingly, in maintaining the learning or behavioral difficulty in a circular causality pattern. The language change from 'he has/she is' to instead 'he/she does and I respond by' further initiates what might be described as a process of hypnotic suggestion as all begin to see that, while they cannot change what the child 'is' or 'has', they can change what they 'do' in response.

It is also critical at this point to clarify a positive or constructive goal in the counseling or consultation process. Rather than seeking to decrease or control problematic behaviors, the counselor asks the teacher(s) to describe what will be occurring differently when things have improved; what would we look for in a classroom observation that would indicate positive change? This provides a positive, growth oriented direction for everyone's efforts, and the criteria for monitoring progress.

In terms of assessment, the counselor listens to the interaction patterns to ascertain the likely goal or function of the presenting concern as well as the 'rules of interaction' on which the behavior is based (i.e. the cognitive schema). For example, the child who consistently fails to complete school work or study might function from the idea that "*no matter how hard I try, it will never be good enough, so instead I'll avoid failure by not doing anything*!" Conversely, the counselor strives to ascertain the teacher's rules of interaction and goal of his/her responses. For example, a teacher's rule of interaction might be something like "*my students must do as they are instructed, so I will find methods to make/coerce him/her into completing the assignments as told*!" Such an approach inevitably leads to an ongoing power struggle in which the child will typically win! As the saying goes, 'never fight with someone who can win by simply doing nothing'.

Finally, the counselor seeks to gain some understanding of the classroom climate and the teacher's style of leadership (i.e. autocratic, indulgent, disengaged or authoritative) Darling, 1999; Maccoby & Martin, 1983; Nicoll,2002). By inquiring about the typical daily classroom routines, some sense of teacher style as well as how well the classroom environment performs on each of the five maintenance tasks is obtained. This information is useful in developing an appropriate focus for the initial recommendation regarding a school/classroom intervention strategy.

Step three. Step three in the RFBFC&C process moves to requesting from the parents some further information and insights that might assist the school personnel in better understanding the student and thus lead to a more effective school intervention plan. The counselor first seeks to become acquainted with socio-cultural contexts (including ethnic, racial, SES, religious, familial, geographical, family history etc.) that might place the presenting issue in context. Sibling

constellation dynamics are also investigated that may be impacting on the current concerns. This is done by simply asking for brief descriptions of the ages and characteristics of each of the child's siblings. The counselor can then ascertain how each child in the family system has sought to find or define his/her place in the family, as well as identify key aspects of the family value system. The parents are asked about significant events in the student's developmental, social, and school histories that might also be pertinent to gaining a more complete and accurate understanding of his/her educational needs. By inquiring about the typical daily family interactions, the counselor strives to identify the relative level of functioning of the family system on each of the five maintenance tasks.

Step four. Step four involves addressing any presenting issues or concerns of the parents which they experiencing at home. The same step-by-step behavior focused, interactional description of the issues is requested as was done with the teacher(s). Parents too are asked to contribute to the goal setting process by asking them "*What would you like to work on changing or improving in your family or with your child at this time?"*. The goal of the counselor is to help the parents and teachers view themselves as both struggling with the similar concerns. This can assist in facilitating an alignment with one another, i.e., recognizing they are 'on the same team', and recognizing the need to work cooperatively toward improvement rather than blame one another.

It should be noted that in RFBFC&C process, the word 'problem' is avoided. Use of the term 'problem' can create a counterproductive assumption that is discouraging and undermines progress. Having, or not having, a problem creates a mindset based upon a false dichotomy implying that only 100% total cure or transformation is the true indicator of success. Even when significant improvement occurs, it still leaves room for the comment, "*but he/she still has a problem with…"*. From a resilience perspective, the goal is to adopt a growth mindset perspective, continually seeking to improve, not completely cure or transform. The counselor models the growth mindset perspective that, through constant effort, the goal is to grow and improve; if we are seeing progress, then we are progressing in the right direction.

Step five. With *s*tep five in RFBFC&C, we begin the intervention process for growth and improvement. For true change to occur (i.e. transformative change), parents and teachers must be assisted in considering the presenting concern from a growth mindset based, developmental, and social-interactional perspective rather than from the fixed mindset of either the moral perspective (e.g. lazy, irresponsible, unmotivated, bully, etc.) or the biomedical perspective (e.g. has a learning disability, attention deficit disorder, conduct disorder, etc.). This empowers the entourage of significant adults in the child's life to recognize their capacity to effect positive change and improvement by altering their own behavioral responses in existing circular, problem maintaining interaction patterns. Thus, the change process begins by reframing the presenting concern from a fixed mindset, moral or medical frame of reference, to a growth mindset, social-interactional frame of reference. This perspective moves all to recognize how the presenting concern(s) are based in the child/student's mindset, or tacit assumptions about self and others, which lead logically to counter-productive or negative/destructive social-emotional coping strategies. Such actions are then, in turn, unwittingly reinforced or maintained by the fixed mindset assumptions of the adults and their resulting, problem maintaining interaction patterns in the family, classroom and school settings. Such patterns inevitably erode the degree of positive,

supportiveness (cohesion and safety maintenance) within the classroom and family social environments.

The counselor must handle this step carefully so as to maintain a collaborative relationship with the parents and teachers. This is usually best accomplished by the counselor's avoidance of labeling terminology and instead framing the issue in developmental, interactional terms only. Further, the suggesting of a resilience-focused approach is best accomplished by assuming a 'one-down, not knowing but can't help wondering' position. For example, the counselor might reframe the parent or teacher's presenting concerns regarding a child's failure to complete homework and to organize herself and attend to details as "*While we've been discussing Mary's difficulties in organizing herself and remembering homework, I can't help also noticing how well she's actually remembered to forget her agenda and books every single day for the past 45 days. This effectively leaves all the adults in her life feeling frustrated and defeated. Could it be that she fears ever being able to live up to these demands and expectations and has learned to resist and protect herself by passively defeating you all?*" Such 'active wondering' strategies avoid defensive responses while also inviting everyone to entertain the possibility of this alternative, resilience- focused conceptualization.

It should be cautioned that the most typical therapeutic error in the RFBFC&C process is moving to steps six and seven too quickly, without first carefully progressing through each of the preceding steps. Aligning with the parents and teachers in creating a new, interactional perspective for understanding the presenting issue is critical for success. Failure to do so can invite resistance or unsustainable 'faux-change' processes whereby a new behavior is attempted half-heartedly or covertly sabotaged. Only by facilitating what is essentially a Copernican shift in the mindsets of the parents and teachers regarding their understanding of the student's difficulties can the counselor move on to prescribing new resilience-focused intervention strategies successfully.

Step six. Prescribing new behavioral interactional patterns constitutes both the sixth and seventh steps in the RFBFC&C process. By first identifying the positive intent in existing parent and teacher attempts to improve the situation, and fostering a growth mindset perspective among both parents and teacher(s), the counselor can now move to suggesting ideas for creating more positive, encouraging teacher-student-parent interaction patterns. The objective is to improve the student's social-emotional competencies, as well as those of the teacher(s) and parents (i.e. improved parenting and classroom management skills). Through this process, the counselor seeks to assist the parents and teacher(s) in initiating resilience building, supportive interactions and thus facilitate positive growth and change in the child. Changing shared perceptions or mindsets (step five) and improving behavioral interaction patterns (steps six and seven) facilitates the creation of a more positive, supportive classroom environment. Intervention often begins with prescribing specific steps to improve classroom maintenance task functioning.

Once parents and teachers begin to entertain the possibility of understanding the presenting concerns from a developmental, interactional perspective, the counselor can offer a possible resilience-focused intervention strategy. It is important to begin by first suggesting a new classroom intervention plan, as this is in keeping with the overall RFBFC&C tenet of seeking to improve the school's effectiveness. A premature focus on changing parent-child interactions can

all too readily be interpreted as 'blaming the parents' and undermine the collaborative nature of the RFBFC&C process.

It is important to focus initially on only one single key issue of concern. The counselor offers a specific technique or strategy to the teacher(s) for creating a more positive, supportive classroom environment and improving the quality of the student-teacher interaction pattern. The intervention plan must be stated in specific, behavioral terms so that teachers know precisely what to do, beginning the next moment they are in the classroom. For example, in the situation of Mary noted above, the counselor might suggest a resilience-focused plan for aligning with Mary rather than against her to de-escalate the power struggle and create a more positive, encouraging relationship with her teachers. The counselor could say "*I wonder if it might be helpful in decreasing Mary's self-protective behavior and increasing her willingness to take the risk of trying by focusing more on what she does do, when she does attend, and what she does complete in class? Would you be willing to give this a try, starting tomorrow by stopping the reminders to attend and complete her homework and instead stepping in when you see her engaged in an activity or comment in positive, growth-mindset terminology, on what she has done rather than has not done? Perhaps you could even send home a daily note to her parents identifying specific examples of such progress, effort and improvement so they could reinforce your efforts in the classroom*." This would serve to improve the teacher's social-emotional competencies in positive classroom behavior management and motivation of students, while also creating a more positive and supportive classroom environment for the child. Moreover, the note home component of the intervention puts the parents and teachers into a mutually supportive, collaborative relationship, seeking to build competencies in Mary rather than control her behavior.

Step seven. Following the prescription of a new behavioral interaction pattern in the school, the counselor can turn to suggesting a similar change in the parent-child interaction patterns, or in one of the family maintenance tasks. By providing the parents with practical strategies for improving their parenting skills (i.e. social-emotional competencies) and improving their level of functioning on the five family maintenance tasks, problematic behaviors will typically diminish as healthier interaction patterns increase.

Again, the counselor must focus change on only one issue or concern at a time, and give the parents no more than one (two maximum) new behavioral rituals to initiate in the coming week(s). It is important not to overwhelm either parents or teachers with numerous intervention strategies. Rather, it is best to keep the session focused on improving in one area at a time. As a rule, initial interventions are best if directed primarily at improving family interaction patterns or performance in the cohesion maintenance task. Research evidence has fairly consistently indicated that approximately a 4:1 or 5:1 ratio of positive interactions to negative ones is required for effective, healthy relationships (Gottman, 1994, 2002; Heaphy & Losada, 2004; Walker, Ramsey & Gresham, 2004; Fredrickson, 2009).

Most families (and teachers) arrive in the counseling/consultation session with a ratio significantly below this minimal standard. Additionally, it must be noted that a parent's ability to be successful in the behavior maintenance task is correlated directly with the degree to which they function on the cohesion maintenance task. When the sense of belonging, engagement,

connectedness, mutual respect and caring between a parent and child is diminished, the motivation behind behavior patterns becomes more to overpower or hurt one another rather than to cooperate and maintain the relationship. As positive parent-child interactions increase, negative/destructive interactions decrease. A shared motivation to preserve a positive, cohesive family relationship pattern increases children's receptivity to corrective influences.

Step eight. The final stage in the RFBFC&C process is that of terminating, or concluding, the initial session and scheduling a follow-up. The counselor should gain a very specific commitment from all to implement the new behavioral patterns, including specifying exactly who will do what and when, so that nothing is left vague or unclear. The next session is identified as a time to see how well the parents and teacher(s) have done in implementing the plan, and to recognize or evaluate any observed improvement in the child's functioning. This is also a good indicator for the counselor as to the degree to which the respective adults actually want change or are willing to work toward improving the child's learning and behavioral adjustment. A counselor must keep a close watch on who might covertly sabotage the plan. This may indicate a deeper, as yet undisclosed, goal for that person, requiring more intensive counseling intervention.

Periodic RFBFC&C sessions can be scheduled to build upon any progress made, or to re-think and adjust strategies if progress is minimal or non-existent. Opportunities for parents, teachers and the child/student to further improve their respective social-emotional competencies (personal, parenting, or classroom behavior management) can be explored as well as additional strategies for improving performance in one or more of the five family and classroom maintenance tasks.

Case Example:
Kevin was a five-year old student in his first year at school. Within just six short weeks, he had already become the most notorious pupil in the school. Kevin came to school each day in a sullen mood. Daily, he acted out in an aggressive manner toward peers and teachers. The classroom teacher and school principal referred him for counseling assistance in order to get help in making Kevin behave appropriately at school.

Utilizing the RFF&C model, an initial consultation session was arranged to include his classroom teacher and the school's assistant principal (who handled discipline issues) and Kevin's aunt with whom he lived. In the session, the tone was initially set by stating the purpose of the session as being to help the school staff learn more about Kevin such that they can be more effective in helping him make a positive adjustment to school (*step 1*). The focus then turned to the teacher and asst. principal to identify specific areas in which they'd like to see Kevin change or improve at school (*step 2*). Initially, they indicated that Kevin was a "mean child" who hurt peers and adults alike both verbally and physically in the school hallways, classroom, cafeteria, and on the playground. He was described as having an Oppositional Defiant Disorder and needing to be controlled more effectively in the classroom and on school grounds. When reprimanded, Kevin's verbal aggression was typically then turned upon that school staff member.. The teacher and asst. principal stated that they wanted to "make him" obey the rules, behave appropriately, and respect the rights of others. When asked as to how they had attempted to correct such behavior to date, it was revealed that Kevin was moved to a study

corral in the classroom away from his classmates and was no longer allowed to go to recess on the playground and instead had to sit in the cafeteria watching others play. Such punishments, they felt, would teach him to stop hurting others.

The counselor then turned to Kevin's aunt for assistance in getting to know more about Kevin (*step 3*). The aunt revealed that she was awarded guardianship of Kevin three years ago. He was the youngest of four siblings who were all removed from the biological mother's home when his mother was found to be negligent due to her cocaine addiction. The father was not known. Kevin occasionally saw his older sister (age 11) around town but she was placed with a foster family some distance away. His twin brothers (age 8 yrs.) were also in foster care in another town so Kevin had no contact with them. The aunt lived in a very impoverished community and had a very limited income working as a dishwasher at two local restaurants; she left for work at 7am and returned daily at 7pm. She reported not experiencing many problems with Kevin at home but she did want to find a way to be of assistance to Kevin and his teacher in regard to improving his school behavior (*step 4*)

A most revealing piece of information emerged during the discussion of daily interaction patterns at home. The aunt noted that Kevin was the first to arise each morning at 6am. He would proceed to stand by the front window knowing that his biological mother would walk by on her way to make her first drug purchase of the day. Kevin would then watch her return home with her crack cocaine. This same scene also occurred each evening at 7pm. This provided the counselor with a way to reframe the presenting issue (step 5).

The counselor reframed the issue by actively wondering if, "*perhaps, Kevin is not so much a mean hurtful or ODD child, as he is a pained and hurting little boy? Is there anything more hurtful and punitive for a five year old child than to be completely ignored and emotionally neglected by his own mother every day? Yet, in hopes that someday she'll turn and acknowledge her youngest son by at least waving to him, he subjects himself to this pain twice a day!*." The counselor then offered the possibility that Kevin comes to school each day feeling hurt and rejected and thus instinctively acts out and hurts others.as he feels hurt. The counselor continued by noting that, "*While it appears that the one thing Kevin most needs in his life right now, a sense of positive connection, caring, and belonging at school, his reactive behaviors stemming from the pain of disconnection, abandonment and rejection only results in further rejection, isolation and abandonment at school?"* In this manner, both school staff and the aunt were able to view Kevin's behavior from a totally new relational perspective and empathize with his life situation.

At this point, the aunt, teacher, assistant principal, and counselor began to explore strategies for providing a positive, supportive and connecting environment (cohesion maintenance task) at home and school for Kevin rather than to seek further punishments (*step 6*). The strategy ultimately developed included three primary prescriptive components. First, the classroom teacher (and other staff at direction of the asst. principal) would make it a point to greet Kevin each day in a friendly, accepting manner before problems occurred. Second, the teacher would create a 'I can" basket for Kevin's desk in which she would place a short, one or two sentence, written description of Kevin's observed positive social behaviors each day so as to develop his social-emotional competencies. Finally, the assistant principal agreed to stop by the classroom

each day just prior to lunch, and again just prior to the end of the school day, to invite Kevin outside and review all his "I can" basket comments (**Note**: no criticisms or "but next time let's…" type comments were allowed; the asst. principal was to only review the positive, constructive acts and move on!). The aunt agreed to take the first fifteen minutes of each evening when she came home to do the same with Kevin (*step 7*). Thus, both the school staff and aunt were now viewing Kevin's behavior from a new, interaction based frame of reference and working collaboratively to develop Kevin's resilience by providing a more positive, supportive school and family environment, actively teaching social-emotional competencies, and adopting a growth mindset oriented communication pattern in relating to Kevin.

The RFFC&C session ended with all parties agreeing to initiate these suggestions effective immediately. A follow-up session was scheduled for three weeks later when the counselor returned to the school (*step 8*). The counselor also would call the school and the aunt twice weekly to see how things were proceeding. After just two days, Kevin's behavior improved significantly. At the follow-up session three weeks later, the school noted there had only been one behavior incident since initiating the new plan as opposed to the "several daily incidents" at the outset. Most importantly, other school staff had been made aware of this new insight into Kevin's behavior and voluntarily found ways go out of their way to initiate positive interactions with him daily and, in essence, make the school environment a much needed accepting, safe haven for him thus improving the school's performance on the cohesion maintenance task.

Summary

The eight step process model for Resilience-Focused Family Counseling & Consultation provides family counselors and school counselors with a positive and specific process for assisting parents and teachers to be more effective when working with school related problems. Most importantly, the model is based on a resilience paradigm and, as such, offers an alternative to the biomedical, symptom control based methods currently advocated in the DSMV and Special Education programs such as Behavioral Assessment and Response to Intervention based programs. The goal then becomes not one of assigning diagnostic labels and controlling or managing problematic behaviors, but rather, one of understanding the child's presenting issues from a social context and seeking to instill the three dimensions of resilience: positive, supportive social environments, social-emotional competence, and a Growth Mindset perspective.

The RFFC&C model is clearly an evidence-based approach as documented in the preceding article, A Resilience-Focused Conceptual Framework for Working with School-Related Problems (Nicoll, 2015). However, the true value of any theory or counseling model lies in its usefulness to children and families in actual practice. It is therefore important for school and family counselors to receive intensive training in the RFFC&C model and then implement action research methods so as to evaluate its effectiveness in school-based practice. Outcome focused research might address such important and practical variables as: degree of improvement in student learning and behavioral outcomes, increased requests or referrals for RFFC&C services, decreased placements in special education programs, improved attendance and graduation rates, increased parental support of schools, improved parent-teacher morale and supportiveness, and greater family participation in additional, more intensive family counseling services when so referred. Additional outcomes worthy of research investigation might include addressing

decreased costs versus the diagnostic labeling and medicating of children or behavioral based interventions of the psychobiological paradigm so dominant in the field today.

One caution, or limitation, must also be noted when employing the RFFC&C model. Both school and family counselors need to be well trained in recognizing signs of abuse and maltreatment during the counseling process. Whenever such indicators appear, the focus must shift to protecting the child first; further counseling and consultation is not warranted, nor safe and ethical, until such abuse (physical, sexual, verbal or psychological/emotional) is addressed. Effective counseling cannot occur when individuals feel unsafe in the counseling setting itself.

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