Intervening in the School-Family-Clinic Triangle*

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Abstract

Ideas from family therapy have recently been applied to school and learning problems. A systems view has been advocated rather than the more traditional individual one long used by teachers, parents and school psychologists. This paper describes a model that enables school problems to be formulated systematically and details the implications of this model for designing interventions. A new project in Perth that combines simultaneous interventions in family, social and educational systems is described and its work is illustrated with a case example.

INTRODUCTION

Traditional views of learning difficulties in school children, whether psychological or educational, have been based on an individual model greatly affected by traditional science and the so-called medical model (Howard 1980, Brodkin 1980). In this model, conditions which impede a student's progress at school are seen as originating in the pupil. When a child fails at school, various assessments of his cognitive functioning are usually undertaken and the diagnosis of a certain condition is sought (for example, specific learning disability). This diagnosis often points to an aetiology of the problem and the prescription of a particular treatment or method of remediation. However, when this process fails to identify any specific cognitive problems that could explain the child's school failure, confusion and uncertainty are engendered.

The resulting formulation, still focused on the individual student, frequently invokes (sometimes by exclusion rather than by positive identification) 'emotional factors' or 'an emotional basis'.

Rutter (1977) has referred to these "emotionally-based" school problems as learning inhibitions. He describes them as usually arising after the child has made a successful start in schooling and as including lack of motivation, avoidance of learning and impaired functioning, and frequently relating to anxiety or depression. This area has been the subject of relatively little study compared to the various other groups of learning disorders. One reason for this may be the precarious position these difficulties occupy between educational and clinical disciplines. There may be some uncertainty in the process of identifying these problems; but much more confusion arises when the questions of what should be done about the problem and who should do it are addressed.

Recently some attempts have been made to apply systems theory, and particularly family systems theory, to learning difficulties (Amatea and Fabrick 1981, Worden 1981, Holmes 1982). The 'interface' position occupied by learning inhibitions is one reason why systems theory seems so well-suited to their study and treatment. Most systems-oriented writers have, to date, concentrated on family influences on learning problems. This paper expands this view and applies systems theory to a formulation of, and intervention strategy for, learning inhibitions in a way that the family, the school and the peer social system of which the child is a member are encompassed.

THREE FEATURES OF FAMILY SYSTEMS THEORY[1]

(1) A Common View and Language:

One of the appealing characteristics of systems theory is that it can be applied to a wide variety of settings. It is as important to address the issues of wholeness, hierarchy, homeostasis and morphogenesis in the classroom and peer group as it is in the family group. One major benefit of this theory is that various professional groups can find relevance in "systems thinking" in their particular setting. Another benefit is that in multidisciplinary environments professionals can use systems concepts as a common language instead of behaviourism and psychoanalese which are exclusive languages that discourage interdisciplinary communication.

1. Three features of family systems theory pertinent to this discussion are introduced. For a general introductory review of family systems theory, see Robinson (1980) Australian Journal of Family Therapy, Vol. 1 (4) 183-194.

(2) Triangles:

One of the most fundamental systems concepts is the triangle, or three person system, recognized by many theorists as the most basic social system. Triangles are composed of dyads that form and reform by pulling in a third member. This 'triangulation' of a third member has the effect of reducing any stress in the original paired relationship, so that the relationship can be maintained without change (Bowen, 1978). Simply put, when tension occurs between two members, a third is brought in to relieve the tension. At the most basic level of operation, a story is exchanged between two people regarding a third; this is generally called gossip (Quadrio 1981).

Haley (1977) has written about the triangle most likely to produce dysfunction in a system. It is characterised by a coalition between two members against a third; the coalition breaches hierarchical divisions and is denied. Bowen (1978) has further shown how, in families, triangulation may be identified and this information used to therapeutic effect. Central triangles in a pathological system are modified, leading to change in other triangles. Therapeutic work can be directed at 'detriangling' by getting people to talk to, rather than about another person.[2]

(3) The Therapeutic System:

A related feature of the family systems model is that the change agent is not seen as standing outside the system, objectively evaluating and manipulating it, but is considered part of a new system. The change agent joins the system, is subject to its powers and pressures, but by his/her presence introduces a difference which is the catalyst for change. In therapy the change agent is constantly being 'triangled in' to the relationships that s/he is dealing with and works to recognize this, sometimes going with it, often disallowing it, and generally modifying its more consistently destructive patterns.

THE SYSTEMS OF CHILDREN WITH LEARNING INHIBITIONS

Havelock (1975) has pointed out that:
"Systems concepts are imaginary frames with which we can divide up experience into manageable pieces."
He goes on:
"I believe we **must** have these frames, we cannot cope adequately with our experience without them, especially when we are trying to develop a sensible strategy of changing, of helping people

to change their situations through better problem-solving and resource utilization." (p. 12)

The three frames that apply to children with learning inhibitions are the school system, the family system and the organizational or interface system.

The **School System** includes not only the school organizational structure in which the child occupies a place amongst principals, guidance officers, remedial teachers, and teachers, but also the school social system in which s/he has a place amongst other students. This school frame has been examined by Howard (1980). The areas to be attended to include the relationship between the presenting difficulty, be it anxiety about reading or school attendance problems, and the child's peer relationships, his relationship with his teachers, the principal's relationship with the teachers, the role of the school psychologist, and so on.

The **Family System** of children with learning problems has been addressed by, among others, Holmes (1982), Amatea and Fabrick (1981), and Worden (1981). These authors have examined the part played by the family in the perpetuation and resolution of school difficulties. The important issue here relates to how the child's learning difficulties occupy a place in the functioning of the family system. All school difficulties occur partly in the context of the child's family. Holmes (1982) has looked at the meaning that a child's success or failure in learning can have for a family. For example, in triangle terms (figure 1) stress in the relationship between a husband and wife may be avoided by the emergence of, or focus on, the child's learning difficulties. This reorganizes the relationship; for example, the mother-child relationship can become primary because of the mother's involvement in the learning problem, while the father can become increasingly distant. This is reminiscent of the sort of pattern which has been described as characterizing families in which a child school refuses (Hawkes 1982).
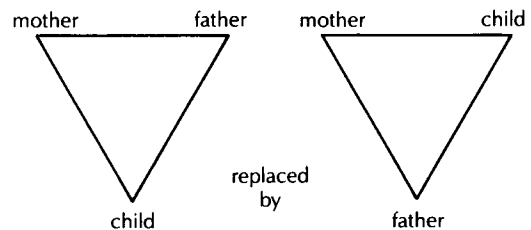

Figure 1

The **Interface System** (or interagency system) has a wider focus and includes the family and the school. Holmes (1982) refers to the "social/educational sys-

2. For a thorough review of the theory of triangle systems see Hoffman 1982.

tem", Hurley (1982) to the "family-clinician system", and both offer some suggestions as to the therapist's role in this system. However, it appears that an increased understanding of patterns and processes in family relationships has not been readily translated into understanding of the relationships between systems such as the clinic, school and the family. It is with these relationships that the interface system deals. For children with learning inhibitions the basic triangle here is:
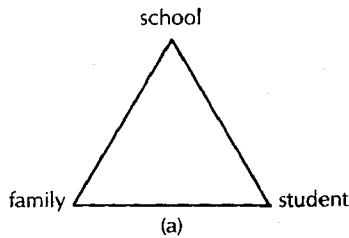

Figure 2

According to what is known about triangle relationships, if there is difficultly in the relationship between the child and his family, then (just as problems between husband and wife may be diverted through the child) these difficulties at (a) may be diverted through the school. As some relationship problems are said to be 'somatized' in psychosomatic families, some also might be said to be 'schoolized'. Once this has happened, disturbance in one relationship is often associated with disturbance in the other two. For example, if unrealistic academic expectations are put on a child at home, difficulties are almost certain to arise between the child and his teacher, followed by strain in the relationship between the parents or the rest of the family and the school.

When this situation develops, it frequently leads to a 'helper' being enlisted — a remedial teacher, a school psychologist, a child guidance clinic, a family doctor, etc. This gives rise to a new system in which one triangle is:
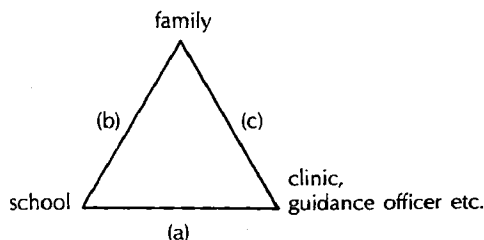

Figure 3

This triangle takes some of the pressure off the school-family and parent-child relationships by creating a school-clinic relationship. However, difficulties already occurring at (b) now give the newcomer a less than even chance of succeeding in a relationship at (a) or (c).

This is a well-known situation in which the family and 'helper' often end up talking about the school, while the school and 'helper' talk about 'that family', and the family and the school talk about 'that psychologist'. This sophisticated gossip lets everyone out of talking to each other directly and thereby out of the responsibility for resolving the important issues.

This situation parallels a mother and father talking to a psychologist about their disobedient child, instead of to each other about their dysfunctional marriage. The pattern or process in the relationships set up at various levels tends to be repetitive. For example, an over-involved mother and distanced father on one level may be mirrored by an over-involved school psychologist and distant school principal on another. In our example, the school principal may find himself sticking to a harder line with the family than he would usually do if the school psychologist (or clinic) was not involved, while the psychologist becomes more sympathetic to the child.

Returning to the basic triangle in this interface frame (school, family, pupil), it is obvious that help for the presenting learning inhibition may come in a number of forms and from a number of different disciplines and agencies (see Figure 4).

school welfare officer to ensure child's attendance, teacher sends a term report, psychologist mediates between parents and teacher etc.

remedial teacher to help student regain lost learning, psychologist to help with peer problems in a social skills group etc.

social worker to do family therapy, educational psychologist to counsel parents regarding expectations, etc.
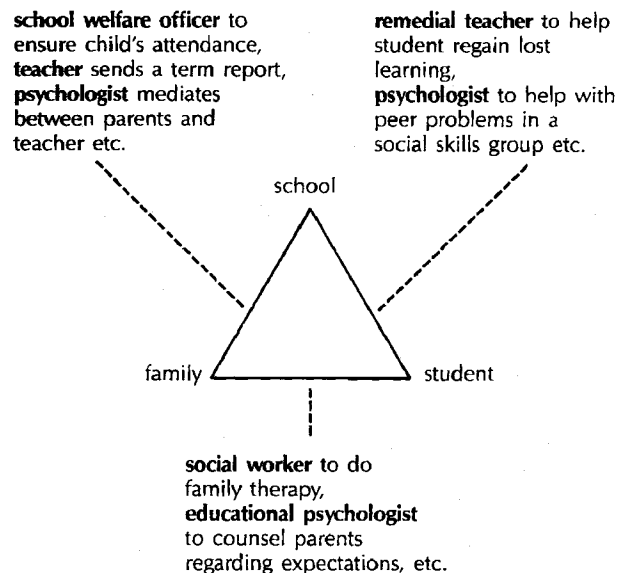
Figure 4

This situation, with its many participants, can be fraught with confusion, suspicion and competition where the pathogenic system is in danger of being reinforced by 'helpers' rather than moved in the direction of change.

THE IMPLICATIONS OF A SYSTEMS VIEW OF CHILDREN WITH LEARNING INHIBITIONS

When all the above frames are considered, a systems model has various implications and advantages when applied to the typical pattern which surrounds the child with learning inhibitions. Such a view not only helps to formulate what is going on, but points to various intervention strategies as well as various traps and pitfalls. Some of the features of this model, together with its implications, may be summarized as follows:

(1) Without losing sight of the individual level, the assessment, diagnosis and treatment is primarily of a situation, not of an individual. This results in an expanded perspective in which the crucial interface between school and home is encompassed. It results in taking account of as many as possible of the forces acting in the total system to produce the learning inhibitions and symptomatic behaviour. It also results in these behaviours being seen as adaptive to, and an outgrowth of, the system and not simply as a product of the individual child or of one relationship out of the many. The child is seen as belonging to a unique ecological system in which social, emotional and learning behaviour is viewed as an outgrowth of the child and his context.

(2) It is important to collect information regarding roles, hierarchy, repeated patterns of interaction and communication not only about the family and classroom, but also about the wider system containing the various clinical and educational agencies. This results in a basis for analysing and dealing with systemic problems, including those difficulties which arise between disciplines and organizations involved in cases. This also allows for clarification of various people's roles and responsibilities within the system. As a consequence there will be less likelihood of the appearance of statements like: "This learning problem is emotionally-based and as such further help is outside my province of responsibility" — a statement which is variously made by teachers, remedial teachers, school psychologists, child guidance clinic staff, mothers and fathers.[3]

(3) A related implication is that the various professionals involved (teachers, social workers, speech therapists, etc.) will view themselves as part of a new system and not as external agents, standing apart from each other. This results in a focus on the influence of the various organizations and professions involved in the system, as well as the various relationships between them. Taking account of these relationships as well as those between the family and the school is important in changing the learning and behavioural patterns of the presenting child.

(4) Circular formulation rather than traditional linear thinking is implied by the systems model. By its concentration on current forces that maintain behaviours rather than finding historical reasons for them, circular formulation will lead to present-centred descriptions that clarify goals and the action required to meet them. By stressing action rather than aetiology, and by including everyone as equal participants in the system, circular formulation discourages guilt, blame and stagnation, and encourages action and change.

Professionals with this view will see problem behaviour, including learning problems, as the product of a system which needs altering. Consequently, they will not blame themselves for these problems.[4] They will not allocate blame to others involved in the system (an unusual experience for parents and children with these problems). With the interruption of the guilt and blame cycle comes a clearer vision of the responsibility that each person has in the system (parents, teachers, psychologists, children, etc.), and a halt is called to the static-inducing effects of triangulation.

(5) Lastly, a systems model views description, formulation and intervention as dynamic and fluid. This has the advantage of suffering fewer of the fixed assumptions that are often characteristic of traditional formulations. Patterns of problem learning and behaviour are not perpetuated by the expectation that they will occur. Parents are encouraged to change, and rigid ideas about what a teacher or a psychologist does or does not do can be abandoned. As Havelock (1974) has said "The important thing is to think systems, not to follow them religiously." (p. 13).

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3. An illustration of this process is the age that some children get to with their learning inhibitions untreated.

4. It seems to me that teachers are trained and later work in systems which encourage a guilt and blame perspective on problems of behaviour in general, and learning in particular.

THE 'NEW SCHOOL'

The "New School" is a clinic school, started in Perth in 1982, which attempts to implement the systems view of learning inhibitions as outlined above.

The school is for young adolescent students (12 to 14 years) with severe emotional problems relating to school difficulties (learning inhibitions) that result in school attendance being unprofitable or untenable. In addition to emotional difficulties, all students have significant learning retardation (approximately 2 years behind in at least one basic subject), as well as peer relationship problems. The school is situated at the back of the Warwick Child and Adolescent Clinic, and is close to a high school and a primary school. Congruent with the position which learning inhibitions occupy between clinical and educational disciplines, the 'New School' is a joint project of the Education Department of Western Australia and Mental Health Services, Western Australia.

Prior to admission, the adolescents are assessed at one of three child psychiatric clinics in Perth. The students attend school daily for approximately two terms and return either to their schools of origin or to new high schools. The school is staffed by a remedial teacher, a teacher's aide and a clinical psychologist. The methods used at the 'New School' emerge from the three systems frames referred to earlier, and may be summarized as follows.

A. Within the School Frame:

(1) The student is given a fresh start in a different school setting, breaking a vicious cycle and offering a chance to begin a virtuous one.

(2) The 'milieu' of the classroom is carefully constructed and monitored. This includes teacher actions and reactions, daily programme, physical environment, selection of children who will create the right 'mix' and so on. In short, we attempt to construct a system that engenders the right amount of both homeostatic and growth-promoting properties.

(3) Remedial teaching is undertaken that includes attitudinal change (to learning, teachers, homework, self, etc.), as well as straight academic input.

(4) Social Skills training is introduced; formal and informal focusing on the acquisition of social skills and the alteration of problem-interpersonal behaviours.

B. Within the Family Frame:

(1) Family therapy is provided. This may or may not focus from the outset on the student or his problems with school and covers both the fami-

ly's internal relationships as well as their external relationships, particularly with educational and clinical agencies.

(2) While the family therapy is done by the clinical psychologist or another member of the clinic staff, a less formal but no less vital relationship is set up between the teacher and the family, particularly with the parents. This casual alliance focuses on apparently incidental issues that are in fact of great importance: homework, lunch, 'sickies', sport and so on.

(3) A continuation of family therapy is the means by which changes begun at the New School are followed up and perpetuated after the student has returned to an ordinary high school.

C. Within the Interface or Interagency Frame:

The New School has the advantage of centralizing various clinical and educational interventions. This is particularly important when intervening in very rigid systems in which outside agencies and professionals can easily and unwittingly be used to detour or fragment difficulties and thus perpetuate rather than alter the system and its presenting difficulties.

A series of triangles illustrate the New School's position within this frame. Figure 5 shows the usual school-family-student triangle which has involved various 'helpers'.
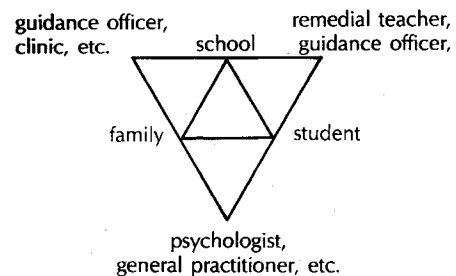

Figure 5

Admission to the New School disengages (detriangles) the various diverse 'helpers' and, with the advantage of information and preparation, engages ('triangles-in') the New School. (Figure 6)

The New School is seen as having both clinical and educational responsibilites but actively disallows the detouring of family problems through the school and school problems through the family. It is particularly important, when replacing various other agencies, that their previous efforts are positively connoted, and that the relationship between the family and the New School is not based on a mutual dislike or distrust of a third party. It is, after all, these agencies that will
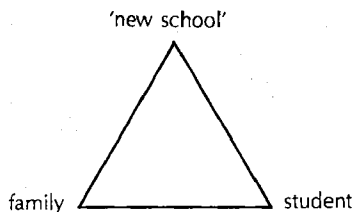
'new school'

Figure 6

be important when the child leaves the New School. Figure 7 shows what the situation looks like with the original school represented, with each relationship the New School enters into suggesting various treatment methods. After the various interventions, described above, the New School withdraws leaving a different and better functioning version of the original triangle (Figure 8).
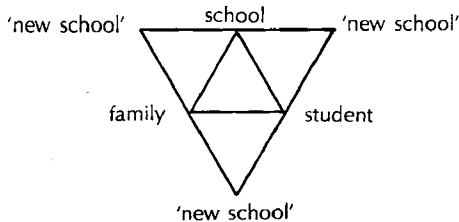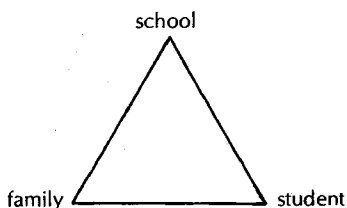

Figure 7

Figure 8

Various forms of data are collected at the New School, but the above is probably best illustrated by a case example of a student who has attended the New School.[5]

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5. In the following case, the nature of therapy has obviously been simplified. As in the earlier discussion on triangles, calling a halt to detouring of difficulties, or detriangling is not meant to imply a style of therapy based on the encouragement of open communication for its own sake. All names and biographical details have been altered to protect the true identity of the student and her family. Because of its relevance to this journal, the second and third frames (i.e. the family and the interface frames) have been highlighted in the detailing of the case. Specific features of the school frame, (remedial teaching, social skills training, etc.) have largely been passed over.

Katherine was a 13 year old girl who lived with her parents and older sister. She had another two older siblings who no longer lived at home. At the first meeting with Katherine and her parents the difficulties were mainly defined in terms of Katherine's academic problems. In relation to the three older siblings, who had all succeeded at school and gone to university, Katherine was seen by her parents (and siblings) as lazy, lacking in concentration, having a poor memory, anxious and moody (especially about her school work), and as having "picked up and retained very little" from the whole of her primary school education. She had started secondary school that year at a large academically-oriented government school and after one term had fallen out with peers and was behind with work. She was moved into grade 8 at a private church school. Here, she had been similarly unhappy and friendless. The teachers gave apparently conflicting views on her school work — believing she couldn't cope with grade 8, they demoted her to grade 7 and then said she was doing okay but gave her poor remarks for assignments and consistently failing marks for tests. This confused Katherine and her parents. Katherine made much of the alleged cruelty of the teachers and her mother backed her up in this. Katherine's assessed academic levels revealed that she was functioning at a more or less grade-appropriate level in reading and spelling while she was more than two years behind in maths. There were problems getting Katherine to school several times a month, with attendant aches and pains. Several times a week there were fights at home between Katherine and her mother over homework. Most recently, Katherine complained of 'black-outs' occurring at school. This had led to neurological investigations but the 'black-outs' appeared to be anxiety and stress related moments of depersonalization rather than organically based. Katherine reported that she felt unhappy most of the time at school and at home.

Katherine was placed in the New School and was given a lot of extra help, in maths particularly, but also in the less specific areas of concentration skills and attitude to work, homework, teachers, fellow-pupils and so on. She made some steady progress in these areas as well as in the area of social skills acquisition. However, much of the work was focused on the family who were seen weekly.[6]

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6 One interesting aspect of the New School arises from the first-hand observation of the way in which changes in one system (say the family) are mirrored in alterations in the others (say, the peer system, or the classroom system).

Katherine's parents tolerated each other by distance and resignation: they had been married for twenty-six years and had not been close for about twenty-two of those years. Mrs Cooper felt unsupported and lonely in the marriage and filled her time with duties to her children, husband and parents. She did little for herself (in terms of friends and recreation) and felt very pressurised. Mr Cooper had several outside interests, both work and recreational; he was sarcastic and brisk with his wife and children, as if creating an artifical distance between himself and them.

Katherine and her mother were very close. Katherine backed her mother up, especially in any disagreement she had with her husband. At the same time Katherine was distant and hostile towards her father, whose teasing interactions with her always provoked hostility rather than enjoyment. Mrs Cooper said openly that she had often tried to explain to Katherine that her father was not the sort of man one could get close to and that she should just learn to live with him.

Katherine fought a lot with her older sister although the latter was frequently out of the house. Katherine particularly resented her sister's pious and mature advice and instructions. At one time Katherine said she felt like she had had four mothers (a mother and three older siblings). Katherine's school work problems appeared to be part of the glue that kept the family together. It was certainly the reason for which the family could seek assistance. Mrs. Cooper saw her role as facilitating the expression of Katherine's bad feelings about school, teachers, etc. She felt inadequate to help Katherine with her homework since she was reminded of her own poor school performance. Her husband's intolerance of Katherine's school and homework problems irritated Mrs Cooper as he had been good at school work, especially maths. For Katherine and her mother, Mr Cooper represented at home what they saw as the cruel and unhelpful teachers at school.

In family therapy, an alliance between mother and father was encouraged. Mrs Cooper was to experiment with eliciting her husband's care and concern at certain times and with certain issues. A simultaneous alliance between Katherine and her father was initiated at first via bike-riding outings to a local swimming pool and later over initiating and gradually increasing his help with her homework. The establishment of these two positive alliances greatly reduced the restricting and negative effects of the former coalition between Katherine and her mother. With her surplus mental energy, Mrs Cooper was encouraged to take up (at her suggestion) a recreational course in Botany and join a local health club.

These changes were greatly aided by simultaneous movements in the teacher-family relationship. At first the parents, aided by reports from Katherine, complained to the psychologist about the academic programme and the teacher's approach. These issues were slowly resolved with both Katherine's and the teacher's behaviour being positively connoted[7] and, whenever possible, the teacher being invited into discussion. In this way the long-standing detouring was avoided. At several meetings with the parents the teacher offered her assistance and asked for theirs — thus replacing years of conflict with an alliance. The parents were encouraged to communicate with the teacher regarding the school programme or problems with homework. At this stage, Mr Cooper's role was further expanded by the suggestion that Katherine mention to him, alone and on the way home from school, any things that had gone wrong at school. Mr Cooper's now overtly caring but matter-of-fact approach to these reports aided the development of autonomy of school-related issues from the family, and initiated a new relationship over positive things between Katherine and her mother.

One incident of school refusal took place in the first two months. In response an 'insurance policy' was agreed on amongst the parents and Katherine. If her feelings threatened to come between her and school attendance (which she wanted) she would ask her father, rather than her mother, to take her to school. This was because Mrs Cooper's own feelings tended to further stir up the situation. This positive use of father's cool and practical approach to feelings was, in retrospect, the start of his movement into the family and into positive relationships with his daughter and wife. There were no further incidents of school refusal or aches and pains. Also, the reports of 'black-outs' disappeared when Katherine was encouraged to inform the psychologist of any episodes before going home each day and discouraged from discussing them with her parents or peers.

These changes greatly influenced Katherine's attitude to the teachers and to school work. She became particularly creative and imaginative in English. Her supposedly unimaginative father became particularly intrigued in this subject from Katherine's homework assignments. At one time he said "You just have to give the teachers a lot of rhubarb" and when Katherine, in her characteristic way, reported this to the teachers and psychologist, they responded "Yes, rhubarb, as much as you can, as best you can."

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7. For example, Katherine's complaints were taken as instances of her asserting her independence in the face of authority while the teacher's experience and knowledge were reiterated.

When these family and school-family changes had been in place for 8-10 weeks, the family and the New School began liaising with a local high school to take Katherine in at the start of the next school term. Follow-up at the New School takes the form of continued but less frequent family meetings that provide reinforcement and generalization for the changes begun there. During the next four months, the family reported that Katherine was achieving good school grades and was making friends. The changes at home had been maintained although at times there were conflicts, now especially between mother and daughter as Katherine moved towards adult independence.

CONCLUSION
Katherine and her family are representative of many seen at the New School. Some of the more consistent changes reported by families and therapists are as follows:

1. The involvement of an uninvolved or distant parent (often father).
2. The loosening of involvement of an over-involved parent (often mother).
3. The modification of consistent patterns in which essentially family-related problems are detoured through the school to become educational problems. An essential element in effecting this change is the capacity of the therapist to represent, simultaneously the school and the clinic.
4. The establishment of an alliance between parents and school staff in which parents are invited to assist the school (especially the teachers) in their attempt to assist the child. This alliance is frequently set up where antagonism and conflict have existed, where parents have sided with the child against the school to the detriment of the child's learning.

Placement of a child in an alternative situation like the New School is not being advocated for all children with emotionally-based school problems. It is suggested only for those severe difficulties where patterns have become particularly rigid and entrenched.

The implications of a systems view of learning inhibitions apply as much to children in an ordinary school setting as they do to those placed in a specialized setting like the New School. These may be summarized as follows:

1. Diagnosis of a situation as well as of the individual child.
2. The analysis and alteration of systems characteristics of the family, classroom and interagency relationships.
3. Professionals viewing themselves as part of a family-clinic-school system.

4. Circular formulations encouraging future oriented change and action interventions
5. Formulations and interventions seen as fluid and dynamic with as few restraints as possible being placed on the student's learning problems, the family and the various professionals and their roles.

Experience at the New School appears to demonstrate that rapid and sustained change can be brought about in cases of severe learning inhibitions where intervention is aimed at the school system and at the family system. It has also demonstrated that altering the relationship between school and family is essential. Rapid change can be effected, particularly when the therapeutic agent temporarily takes control of or subsumes all other 'helping' agencies. The New School is in a unique and advantageous position in it's role as both the school and the helping agency (clinic). Where this combined role is not possible, it would seem essential for the staff of the school and the 'helping agency' to focus on the relationships between themselves, and between them and the family, so that the harmful effects of detouring around the school-family-clinic triangle can be altered.

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