The Family Dynamic in Children's Mental Health: Considerations for Counseling and Psychotherapy within Schools

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Abstract

Children and adolescents are coping with an extraordinary range of mental health needs. While the widespread nature of psychopathology in children is becoming better understood, the interaction with family factors is less known. In fact, from shared custody arrangements where children move between households to children raised by single sex couples contemporary families often do not resemble past images. In this climate schools are faced with an increased need to offer assistance. Unfortunately many school psychologists lack specialty training involving family dynamics and family psychotherapy. This paper explores stresses on the family and considers contributions school psychologists and consulting psychotherapists can offer with appropriate education and training in family therapy.

Keywords: Children's mental health, family counseling and children, family dynamics.

Children's mental health needs are pressing. Kozak et al. (2010) noted, for example, that children's mental health is critical. Elsewhere Tolan and Dodge (2005) suggested a crisis in children's mental health, with 10% to 20% of youth exhibiting a mental health disorder (Kataoka, Zhang, & Wells, 2002). More broadly, looking at families, the wide array of family configurations and new insights on changing family dynamics is key to understanding children's mental health issues. With 594,000 same sex couples in the United States, and with 115,000 having children (Lofquist, 2011), this one structure alone demands greater awareness. Still, this is only one type of family configuration.

When considering incarceration in families, Schirmer, Nellis, and Mauer (2009) noted that 1.7 million children in the U.S. have a parent in prison. Sadly, the consequences of parental incarceration are long-lasting and can have critical ramifications on adolescent and adult adjustment, yet it is unknown how many mental health professionals working with children actually know this data. Unhappily, this data outlines numerous negative outcomes with more then half of these children demonstrating problems ranging from poor academic grades to aggressive outbursts. Further, the problems escalate if the mother is incarcerated.

Looking within families almost two decades have passed since Wolak and Finkelhor (1996) noted that approximately 11% to 16% of children are exposed to intimate violence at home. More recently Meltzer, Doos, Vostanis, Ford, and Goodman (2009) indicated that approximately 10 million children witness violence, with numerous negative outcomes including greater likelihood of a conduct disorder. Moeover, Newcomb-Rekart, Mineka, Zinbarg, and Griffith (2007) note that children from families with high levels of conflict are likely to be anxious.

Truly, the changes within families are creating a daunting arena for children. Goldenberg and Goldenberg (2013) have observed that families are occurring in increasingly diverse forms, and note that we can no longer speak of a typical American family. Ryan and Claessens (2013) observed that most children in the U.S. will experience one or more changes in family structure.

Still the changing nature of the family is not new. Carlson and Sperry (1993) noted, two decades ago, that families were changing with stepfamilies, single-parent families, and gay families representing a sampling of family configurations which were becoming common. More recently Liu, Elliott, and and Umberson (2009) observed that the average age at which people marry has increased from early twenties to late twenties.

In addition, in an earlier work it was noted that issues such as alcoholism, impacting 1 in 6 families, repeated violence within 1 to 14 marriages, and sexual abuse of young women affecting 1 in 5 families, loomed as illustrations of key issues impacting children and families. The impact of these environments along with the warmth and sensitivity, parents are able to provide, can effect a child's ability to concentrate on academic tasks and further, put them at risk for experiencing a number of internalizing and externalizing symptoms (Crespi, 1997; Eiden, Edwards, & Leonard, 2006; Edwards and Leonard, 2007).

Most clearly, then, families are continuing to experience both structural change and mental health challenges impacting children. The Centers for Disease Control and Prevention (2009) noted that divorce alone presently impacts more than 1 million families annually. This data suggests that 13.7 million single parents are raising 21.8 million children. Again, this is not new as Booth and Dunn (1994) indicated that 1 in 3 Americans is a stepparent, stepchild, stepsibling, or generally part of a step-family. This in hand, Nicoll (1992) reported a critical link between family dynamics and academic and behavioral adjustment.

Truly, then, the challenges facing children and families are disconcerting. In a critical summary Cooper, Osborne, Beck, and McLanahan (2011) suggested that growing numbers in divorce, cohabitation, and nonmarital childbearing alone have increased the exposure of children to greater parental relational instability, impacting school performance. Vennum and Vennum (2012) suggested that with a virtual national health crisis facing children and families Licensed Marriage And Family Therapists [LMFT's] are in a critical position to offer assistance in the schools. In point of fact that is unknown to many mental health professionals both within and outside schools, marriage and family therapists are actively working to become more prominent within schools. Smith (2013) has noted as example (personal communication, American Association of Marriage and Family Therapy, October 28, 2013) that while Connecticut is presently the sole state to specifically offer a State Department of Education credential for school marriage and family therapy, four other states have laws that allow LMFT's to work in the schools (New Mexico, Maine, Texas, and Ilinois). A sixth state, Massachusetts, allows MFT's to work under a general mental health designation.

Positively such efforts can be seen as an attempt to increase services. Unfortunately, too many school psychologists are unfamiliar with the issues impacting families and with MFT education and training. This paper explores key issues impacting families, examines training requirements specific to marriage and family therapy, and highlights training options to provide families with enhanced services.

Contemporary Children's Mental Health

While children comprise 25% of the population in the United States only one-ninth of health care funding is targeted to children (Costello, Egger, & Angold, 2005). Kataoka, Zhang, and Wells (2002) found, for example, that only 20% to 30% of children with a need for psychological services receive services! Costello et al. (1996) found that 20% of children have been identified with a DSM Disorder.

Ryan and Claessens (2013) noted that children are highly dependent and impacted by changes in families and Oxford and Lee (2011) noted that family process can also impact academic achievement. In a broader scope a wide spectrum of problems have created an enormous strain on families (Crespi & Howe, 2001). In fact, the financial burdens of raising children alone, loss of time, loss of autonomy, and concerns about world overpopulation all have created additional pressures on families (Bulcroft & Teachman, 2004).

With such large numbers of children impacted, the American Psychological Association Subcommittee on Children and the Family (2003) noted a pressing need to provide mental health interventions to youth. Sadly, the issues experienced by children are encompassing. Fieldman and Crespi (2002) noted, as one example, that child sexual abuse is a widespread problem which can manifest myriad symptoms including anger, sleeping disorders, school difficulties, as well as memory lapses. The complexity they note can raise the potential for a misdiagnosis as each symptom can represent a co-occurring problem where the underlying issue of sexual abuse may not be easily revealed. This misrepresentation can lead to an intervention for one behavior while leaving the underlying problem untreated.

Tragically, then, the psychological and familial issues impacting children are quite profound. In a specific way Tjaden and Thoennes (2000) reported that 25% of women and 7% of men have been physically assaulted at time by someone within the house, and Johnson and Ferraro (2001) found that children who witness violence within the home can typically experience such problems as anxiety, depression, low self-esteem, as well as delinquency.

Sadly, too, males who were beaten as children or who witness battering are more likely to become batterers (Wareham, Boots, & Chavez, 2009). To understand families in crisis, then is to understand the myriad stresses, strains, and dramatic challenges confronting contemporary families. The numerous references on familial alcoholism alone is daunting. Crespi (1990) noted approximately twenty years ago that more 1 in 6 families is stained by alcoholism, producing numerous untoward consequences on family functioning. In fact, more

recently alcohol has been associated with child abuse, partner violence, and murder (Foran & O'Leary, 2008), as well as student aggression in older adolescents and young adults (Wechsler et al, 2002).

More globally, Crespi, Nissen, and Lopez (2000) reported that teenage pregnancy, adolescent violence, substance abuse, depression, and academic disorders all face children, while Ringel and Sturm (2001) suggested that at least 75% of children with emotional disorders do not receive services. Given that children spend approximately 6 hours daily in the schools, educational sites are a natural access point for services. In fact, Kratochwill (2007) suggested that schools, then, are a prominent opportunity. Throughout the United States, overall then, families are facing troubling issues. Sadly, as long as problems including drug abuse, addiction, family violence, depression, suicide, physical, sexual, and emotional abuse of children, as well as divorce impact families the need for mental health services will not diminish. Maag and Katsiyannis (1996) suggested years ago that schools should carefully consider the ramifications of not providing services.

With less than 7% of families resembling traditional families, family interventions can produce profound changes. More recently Crane and Christenson (2012) reported that marriage and family interventions are both effective and cost-efficient. Still, too many school-based clinicians may not know that a national study on family therapy in the 1990's found that both therapists and clients reported family treatment as helpful, and reported satisfaction with family-based mental health treatment (Doherty & Simmons, 1996). Clearly, then, a thoughtful consideration of skill acquisition in this area, and of training standards, is prudent.

Education and Training in Marriage & Family Therapy

The American Association For Marriage And Family Therapy (AAMFT), founded in 1942, is the premier organization for the practice and profession of marriage and family therapy. Given this stature, while many readers might not have an interest in AAMFT Membership nor credentialing, the standards are depicted as a template for discussing education and training, which can have applicability for the Certified School Psychologist, Licensed Psychologist, or various Psychotherapists working actively with children, adolescents, and families.

AAMFT offers varying membership levels, each requiring specific standards for education and training. Members noted as a "Clinical Fellow" have met one of two tracks to become an AAMFT Clinical Fellow. The first path, the licensure track, is designed for

individuals submitting proof of current licensing or certification as a marriage and family therapist. The second path is an evaluative path for individuals with degrees and credentials in a profession other then MFT.

A qualifying graduate degree from a regionally accredited institution.

Completion of 11 specific courses in 5 topic areas:

- Marriage & Family Studies

- Marriage & Family Therapy

- Human Development

- Research Methods

- Professional Ethics

Supervised client practicum hours.

Two years of Post degree experience involving 1000 client contact hours with 200 hours of concurrent supervision from an AAMFT Approved Supervisor or someone deemed equivalent. One hundred hours must be individual.

Professionally, clinicians trained to offer marriage and family therapy services can be trained in both the practice and/or profession of marriage and family therapy. The distinction is notable as a Licensed Counseling Psychologist, as example, may offer marriage and family therapy services while not necessarily trained in the profession of marriage and family therapy. For school counselors or school psychologists this training route, without qualifying degrees, may be appealing as a program of continuing education. Clinical supervision may be a viable route for skill acquisition while others might pursue credentialing as a Licensed Marriage and Family Therapist. In either case, the AAMFT Standards offer an engaging template to examine in developing an educational plan. At the same time, given that AAMFT's Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) has been recognized by the United States Department of Education as the national accrediting body for marriage and family therapy education, these standards represent an important point of discussion in planning a continuing education program.

School-Based Family Therapy

Within the schools mental health providers can make important contributions. Lightner Witmer (1867-1956), who established the first psychological clinic at the University of Pennsylvania, acquired detailed individual and family histories (Fagan, 1996). The American Psychological Association has also described schools as important settings for health care delivery (APA, 1995).

Still, training within family systems is not always a classical component to school psychology training. Yet, given that the American Association of Marriage and Family Therapy (AAMFT) has aggressively advocated for school-based credentialing for the Licensed Marriage and Family Therapist [L.M.F.T.], and given that Laundy, Nelson, and Abucewicz (2011) noted a growing initiative for MFT's to join school teams, appropriate family training seems worthy of discussion. Vennum and Vennum (2012) have noted that states are beginning to change legislation such that MFT's are increasingly becoming approved mental health providers in schools! In fact the authors note that the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* in 1999 suggested that children and their families represent a national health crisis, and note that the various divisions of the American Association for Marriage and Family Therapy are working aggressively to implement credentialing initiatives for school practice. More critically, throughout the country marriage and family therapists are actively working within state associations to develop legislative initiatives to expand such opportunities, including work to change federal law to include marriage and family therapists in federal education law.

Conclusions

With 4.5 million to 6.3 million children and adolescents in the United States possessing a serious emotional disturbance (Marsh, 2004), and with more than 40% possessing a co-occurring substance abuse disorders alone (Substance Abuse and Mental Health Services Administration, 2002), children's mental health represents a critical area of concern. In today's rapidly changing world families are presenting in increasingly diverse forms (Goldenberg and Goldenberg, 2013). In fact, Ryan and Claessens (2013) observed that most children in the U.S. will experience one or more changes in family structure. Sadly, though, the challenges are not new. Crespi (1997) observed that alcoholism impacts 1 in 6 families, repeated violence occurs within 1 to 14 marriages, and 1 in 5 young women experience sexual abuse.

Most clearly, families are continuing to experience both structural change and troubling challenges. Of particular note, more then two decades have passed since Nicoll (1992) reported a critical link between family dynamics and academic and behavioral adjustment. The scope of problems faced by children and families, and the linkage between family dynamics and school performance suggests that notable benefits can be derived through family intervention efforts. Because school psychologists have a long history of working with children and parents, beginning with the country's first psychological clinic at the University of Pennsylvania, it is clear that school psychologists can be and should be leaders within these intervention efforts.

Overall, children are experiencing a wide array of unprecedented problems within families. However, not all school psychologists possess training in family therapy, and not all training programs offer family therapy training and supervision initiatives. Partially, this may be one reason why marriage and family therapists have actively worked to pursue credentialing and practice opportunities within the schools. On the other hand, school psychologists are in an ideal position to help, and the opportunity exists to develop an array of continuing education options which can strengthen appropriate skill sets. Some options might simply lead to developing additional competencies as is appropriate for continuing education overall while other options might actually lead to additional credentials as a marriage and family therapist.

Truly, families no longer can be characterized in any one structural form, and the problems facing children and families is without precedent. To initiate positive change, though, requires that schools, communities, and universities develop and support initiatives to enhance family treatment and family treatment skills. To begin, practitioners and trainers must consider different ways that they can help. The opportunities for positive change are also without precedent. The positive possibilities for children are profound.

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