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## Changing Family Environments of Delinquent Adolescents Using Paradoxical Therapy Techniques

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CHANGING FAMILY ENVIRONMENTS OF DELINQUENT ADOLESCENTS  
USING PARADOXICAL THERAPY TECHNIQUES

by

Steven G. Townsend

A Dissertation  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
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and Counseling Psychology

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CHANGING FAMILY ENVIRONMENTS OF DELINQUENT ADOLESCENTS  
USING PARADOXICAL THERAPY TECHNIQUES

Steven G. Townsend, Ed.D.

Western Michigan University, 1990

Resistance and opposition have long characterized the adolescent population in general and the population of delinquent offenders specifically. Family therapy has been used successfully to change delinquent families and paradoxical techniques have been used successfully to treat resistant clients suffering from a variety of symptoms. This two-factor randomized study examined the effects of three treatment conditions, e.g., 6 months probation (control group), probation plus family therapy without an ending paradoxical directive, and probation plus family therapy with an ending paradoxical directive. These treatments were applied to first offender and repeat offender groups of delinquents and their families on individual perceptions of family environment as measured by the Family Environment Scale (FES) (Moos & Moos, 1981). Subjects were 28 adjudicated delinquent offender families--a total of 67 individuals.

Analyses of the data found significant differences between the paradoxical therapy group and the control group on the Cohesion Scale and the mother/son Incongruence score of the FES. Significant differences were also found between the first offender group and the repeat offender group on the Independence and Moral/Religious Emphasis Scales.

It was concluded that paradoxical family therapy produced a decrease in perceptions of family cohesiveness for first offenders, whereas the other two treatment conditions produced no change. It was also concluded that paradoxical family therapy increased the differences in perceptions of the family environment between mothers and sons, suggesting that systemic change was occurring. A separate analysis of 12 counselor style characteristics lead to the conclusion that the above differences were found to be the result of the treatment condition rather than differences in client perceptions of counselor satisfaction.

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It is at this point in the completion of the much sought after degree that reflections can be made on the process and on those persons who helped along the way toward this conclusion. Thanks to:

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Steven G. Townsend

TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . . ii

TABLE OF CONTENTS . . . . . iii

LIST OF TABLES . . . . . vii

LIST OF FIGURES . . . . . ix

CHAPTER

I. BACKGROUND AND STATEMENT OF THE PROBLEM . . . . . 1

    History of the Problem . . . . . 1

    Statement of the Problem . . . . . 3

    Need for the Study . . . . . 3

    Theoretical Rationale . . . . . 4

    Definition of Terms . . . . . 5

    Limitations of the Study . . . . . 6

    Assumptions . . . . . 7

    Summary . . . . . 8

II. REVIEW OF THE LITERATURE . . . . . 9

    Family Therapy With Delinquents . . . . . 9

    Paradoxical Intention and a  
    Theory of Change . . . . . 10

        A New Theory of Change . . . . . 10

        The Theapeutic Double-Bind . . . . . 12

        Types of Interventions . . . . . 13

        Clinical Applications . . . . . 15

Table of Contents--Continued

Use With Resistant Clients . . . . .	19
Summary . . . . .	23
III. DESIGN AND METHODOLOGY . . . . .	24
Experimental Design . . . . .	24
Population and Sample . . . . .	24
Project Approval . . . . .	25
Random Assignment of Subjects . . . . .	25
Research Model and Design . . . . .	27
Method of Analysis . . . . .	27
Instrumentation . . . . .	27
<u>Family Environment Scale</u> . . . . .	27
<u>Counselor Rating Form</u> . . . . .	28
Data Collection . . . . .	30
Dependent Variable . . . . .	30
Therapist Objectivity . . . . .	30
Assurance of Treatments . . . . .	31
Research Hypotheses . . . . .	33
Research Hypothesis One . . . . .	33
Research Hypothesis Two . . . . .	33
Research Hypothesis Three . . . . .	33
Research Hypothesis Four . . . . .	33
Analysis of the Data . . . . .	34

Table of Contents--Continued

Group Differences in Family Environment: Number of Offenses by Treatments . . . . .	34
IV. RESULTS . . . . .	36
Description of Sample Prior to Treatment . . . . .	36
Description of Groups After Treatment . . . . .	36
The Effects of Treatment . . . . .	37
V. SUMMARY, DISCUSSION AND CONCLUSIONS . . . . .	53
Summary . . . . .	53
Interpretation of Analyses . . . . .	54
Hypothesis One . . . . .	54
Hypothesis Two . . . . .	54
Hypothesis Three . . . . .	55
Hypothesis Four . . . . .	56
Discussion . . . . .	57
Conclusions . . . . .	60
Suggestions for Further Research . . . . .	60
APPENDICES . . . . .	62
A. Informed Consent . . . . .	63
B. Letter of Approval From the Human Subjects Institutional Review Board . . . . .	71
C. Juvenile Court Dispositional Orders Instructions . . . . .	73
D. Paradoxical Directives . . . . .	76

Table of Contents--Continued

E. Sample of <u>Family Environment Scale</u> Items . . . . .	82
F. <u>Counselor Rating Form</u> . . . . .	85
G. Judges' Sample of Messages With Scoring Key . . . . .	87
H. Sample Demographics . . . . .	93
BIBLIOGRAPHY . . . . .	95

LIST OF TABLES

1. Number of Families by Group . . . . .	26
2. <u>Family Environment Scale</u> Subscales and Dimension Descriptions . . . . .	29
3. Summary of Two-Factor ANOVA for Number of Offenses by Client Satisfaction, Family Data Subset . . . . .	31
4. Chi-Square Analysis of Judges' Ratings of Messages . . . . .	32
5. Number of Single Parent vs. Dual Parent Families by Factor . . . . .	37
6. Number of Blended vs. Intact Families by Factor . . . . .	38
7. Number of Parents vs. Offenders by Factor . . . . .	39
8. Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Cohesion Scale, Raw Scores, Individual Data Subset . . . . .	40
9. Simple Main Effects, Cohesion Scale, Raw Scores, Individual Data Subset . . . . .	41
10. Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Mother/Son Incongruence Score, Raw Scores, Family Data Subset . . . . .	44
11. Multiple Comparisons of Levels of Treatments (Factor B) Mother/Son Incongruence Score, Family Data Subset, Protected LSD . . . . .	44
12. Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Independence Scale, Raw Scores, Individual Data Subset . . . . .	46
13. Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Moral/Religious Emphasis Scale, Raw Scores, Individual Data Subset . . . . .	46

List of Tables--Continued

14.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Expressiveness Scale, Raw Scores, Individual Data Subset . . . . .	48
15.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Conflict Scale, Raw Scores, Individual Data Subset . . . . .	49
16.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Achievement Orientation Scale, Raw Scores, Individual Data Subset . . . . .	49
17.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Intellectual/Cultural Orientation Scale, Raw Scores, Individual Data Subset . . . . .	50
18.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Active/Recreational Orientation Scale, Raw Scores, Individual Data Subset . . . . .	50
19.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Organization Scale, Raw Scores, Individual Data Subset . . . . .	51
20.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Control Scale, Raw Scores, Individual Data Subset . . . . .	51
21.	Summary of Two-Factor ANCOVA for Number of Offenses by Treatments, Family Incongruence Score, Raw Scores, Family Data Subset . . . . .	52



LIST OF FIGURES

1. A x B Interaction--Cohesion Scale, Effects of B . . . . .	42
2. A x B Interaction--Cohesion Scale, Effects of A . . . . .	43
3. A x B Interaction--Mother/Son Incongruence . . . . .	45
4. A x B Interaction--Independence Scale . . . . .	47
5. A x B Interaction--Moral/Religious Emphasis Scale . . . . .	48

## CHAPTER I

### BACKGROUND AND STATEMENT OF THE PROBLEM

Resistance and opposition have long characterized the adolescent population, and nowhere are these traits as pronounced as with the group of young people who have chosen to break the laws that govern our society. Attempts to deal with youthful offenders have usually followed a punishment model--aimed at deterring future offenses; a rehabilitative model--aimed at correcting deficient personality and behavior patterns; or a combination of the two. Both models generally address the problem of resistance by controlling environmental contingencies to increase the frequency of desired behaviors, or by using confinement as a show-of-force designed to break the "will" of the offender. Such methods, while effective as long as the environment can be controlled, often lose their potency when the child returns home. These failures, when viewed from a family systems perspective, occur because the homeostatic cycle of family interaction has not been changed. Additionally, the factors of resistance and oppositional behavior often reappear to sabotage any changes.

#### History of the Problem

Family therapy, as a class of interventions, has been frequently used to address part of the problem. Tolan, Cromwell, and Brasswell (1986), after conducting a critical review of the

literature, concluded that the evidence supports a preference for family therapy to other modalities, i.e., individual therapy (Parsons & Alexander, 1973; Sutton, 1978), other non-therapy interventions, e.g., a work-oriented program (Maskin, 1976), and traditional probation services (Johnson, 1977). They found the literature to be lacking, however, in studies which empirically compare the major types of family therapy, such as strategic, structural, and behavioral, and suggest that different therapies will vary in effectiveness for different classes of delinquents.

Paradoxical interventions have been used in various settings to address the problem of resistance. These techniques, so named due to the paradoxical nature of prescribing one thing in hopes that the client will do the opposite, are similar to the old idea of "reverse psychology." This class of interventions appears to be particularly well suited for use with an oppositional adolescent population. The essence of the approach is to use resistance in a positive way, or to put the client in a "therapeutic double bind" (Bateson, Jackson, Haley, & Weakland, 1956). Westerman, Frankel, Tanaka and Kahn (1987) found paradoxical interventions to be preferred over behavioral therapy for resistant clients, whereas a behavioral approach was more effective with clients who were cooperative. Others (Brown, 1986; Kolko & Milan, 1983) found paradoxical techniques to be effective with adolescents presenting a variety of problems, but relied on case study designs or used a small number of subjects to obtain their results.

No studies were found which examined the relationship between

family therapy alone vs. family therapy which contained paradoxical interventions. It is therefore unknown which technique is desirable, or if interaction between the two exists.

#### Statement of the Problem

The present investigation examined both family therapy in general, and paradoxical interventions specifically, to determine if differences occurred in their effectiveness with two different classes of delinquents, namely first offenders and repeat offenders. Questions considered were: (a) the effectiveness of family therapy sessions which included paradoxical interventions with a delinquent population as compared to family therapy alone, and, (b) differences in the effectiveness of the interventions, either within or between groups of delinquents who were first offenders as opposed to repeat offenders.

#### Need for the Study

The relevance of the present study is both practical and theoretical. Studies on paradoxical interventions suggest that they may be ideally suited for use with a resistant population, but the empirical validity of this assumption has not been demonstrated. In addition, much attention has been given to finding an effective alternative to prison or institutional care, largely because of the high cost of constructing and maintaining such facilities. The alternative of releasing untreated offenders into society is costly from a different standpoint. The replacement cost of stolen and/or

damaged property, and the diminished perception of safety and security, make the search for an effective treatment approach both significant and relevant.

#### Theoretical Rationale

From a cybernetic perspective, resistance to change can be both adaptive and maladaptive. Maruyama (1968) proposed two processes that were vital to the survival of any living system. The first, morphostasis, allowed the system to remain constant in the face of environmental adversity through the error-activated process known as negative feedback. The second process, morphogenesis, allows the system to change its basic structure to meet environmental challenge. This second process is accomplished through positive feedback which works to amplify deviations in a series of ever-widening overcorrections until the existing system is forced to change or face destruction. Maruyama (1968) argued that once a system is "kicked" in the right direction and with sufficient initial push, the deviation-amplifying mutual positive feedbacks take over the process, and the resulting development will be disproportionately large as compared with the initial kick. The first process is similar to the biological concept of homeostasis--a process whereby organisms can maintain stability through corrective responses to outside forces.

The homeostatic cycle has also been used to describe a similar process of family interaction (Ashby, 1952, 1956). Although often adaptive, this mechanism of stability can keep families from progressing through the normal stages of the family life cycle, creating

a dysfunctional family interaction pattern. It is an assumption of this study that delinquent families function maladaptively due to homeostatic stability that does not allow the family to develop normally. Paradoxical interventions allow development to resume by creating a systemic change that breaks the homeostatic cycle (Watzlawick, Weakland, & Fisch, 1974).

#### Definition of Terms

The terms delinquent and offender are used interchangeably throughout this study, and refer specifically to a male individual between the ages of 12 and 18 who had committed a felony offense in Allegan County, Michigan. Offenses were primarily against property rather than against persons, e.g., breaking and entering, auto theft, or malicious destruction against property, but also included less serious crimes against persons such as simple assault.

The term paradoxical directive refers to a written statement that was orally presented at the end of the session to families in the third treatment group. This statement included either a positive connotation, a symptom prescription, or a recommendation to proceed slowly or to not change. Care was taken to insure that no symptoms that were unlawful or potentially harmful were prescribed.

The term family therapy session refers to a 50 minute session, followed by a five minute break, followed by a summary of the session for Treatment Group 2 and by the reading of the paradoxical directive for Treatment Group 3. The sessions consisted of a discussion of family symptoms, changes that family members would like to occur,

circular questioning, an exploration of interactional patterns, and an exploration of structural components in the family such as roles and alliances.

The term intervention is used synonymously with treatment, namely the family therapy sessions and the paradoxical directive.

#### Limitations of the Study

Because of practical limitations and the lack of available therapists who have been trained in the techniques of this specialized form of family therapy, the therapy for this study was carried out by the researcher. This raises questions of objectivity in terms of administration of treatments, and generalizability. Specifically, because the researcher has an interest in the outcome of the study, can he objectively administer uncontaminated treatments, and secondly, because only one therapist was used, can any positive effects be generalized to other therapists using similar techniques? The first concern was dealt with by compiling written copies of the specific interventions, which were reviewed by three impartial judges who had been trained to achieve an 80% level of inter-observer reliability. In addition, 12 therapist style characteristics were examined using an ANOVA analysis of posttest scores on a rating scale of therapist style to look for significant differences in the way the two therapy groups were treated. The second concern will be discussed further in Chapter V.

An additional limitation was the exclusion of females from the subject pool. This was necessary due to the low number of females

who have committed a felony offense, one of the inclusion criteria. This limits the generalizability of the results to male offenders.

#### Assumptions

The following assumptions were made in order to conduct the present study.

1. Resistance, as a hypothetical construct, increases as the amount of Court involvement increases.

2. Changes in family systems can be measured using the Family Environment Scale.

3. One-month intervals between family therapy sessions allow time for systemic changes to occur.

4. Four family therapy sessions can change family systems.

5. No difference in judges' ratings of the ending intervention means that the ending messages were paradoxical.

6. No difference in therapist style between the two therapy groups means that the two groups of families experienced the therapist in the same way.

These assumptions, themselves, constitute empirical questions that could be experimentally tested. The literature, as reviewed in Chapter II, justifies the making of assumptions 2, 3, and 4. If any of the first four assumptions proved, in fact, to be false, the results could be a failure to demonstrate the desired effect. If either of the last two assumptions were false, it could result in a false or artificial effect being found.

It was surmised that those families who were involved in therapy



which used paradoxical interventions would change significantly more than those families who were involved in family therapy alone, or no family therapy at all. Further, some interaction effect was predicted between type of intervention and class of offender, because resistance was expected to increase along with an increase in Court involvement.

#### Summary

In summary, the present examination looked at the effects of two different family therapy interventions on changes in the environments of families of delinquents. These changes were compared with two classes of offender, i.e., first and multiple offenders. The following chapters review the literature relevant to this discussion, describe the methodology which was employed to examine the variables, and report and discuss the results of the study.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Family Therapy With Delinquents

In a critical review of the literature, Tolan et al., (1986) cited over 100 studies that examined (a) the role of the family in delinquency, (b) family systems conceptualizations of delinquency, and (c) the effects of family therapy as an intervention in delinquent families. The outcome studies cited examined the overall effects of family therapy, family therapy as compared to other interventions, and specific factors that influence the effectiveness of family therapy. Cited in this review were studies that consistently showed that family interaction style and emotional atmosphere are direct indicators of delinquency (Alexander, 1973; Glueck & Glueck, 1952; Hetherington & Martin, 1979; Jacob, 1975; McCord, McCord, & Howard, 1961; Reiss, 1971).

A systems conceptualization of delinquency was first discussed by Minuchin, Montalvo, Guerney, Rosman, and Schumer in 1967 in a series of studies that related family structure to problematic behavior. They noted that indistinct roles and parent/child boundaries were evident in families of delinquents, and suggested that family therapy would provide an effective intervention aimed at correcting the structural problems in the family system. Ingram (1974) concurred, concluding that when delinquency occurs, it is an

integral part of family functioning and that effective intervention therefore requires change in the systemic organization.

In spite of the above emphasis on systems change, of the 25 outcome studies reviewed by Tolan et al. (1986), only four utilized a systemic family therapy approach, i.e., Johnson (1977), Beal and Duckro (1977), Michaels and Green (1979), and Kolko and Milan (1983). Since that time, no new reports on systemic family therapy with a delinquent population have been found in the literature.

#### Paradoxical Intention and a Theory of Change

The use of paradoxical interventions in psychotherapy has grown considerably over the years since they were first identified in the literature by Milton Erickson in 1959, and Victor Frankl in 1960. Others had used similar techniques in their practice of therapy (Adler, 1959; Dunlap, 1928; Rosen, 1953), but Frankl and Erickson first described such injunctions as being paradoxical in nature. However, it was not until a group of researchers at the Mental Research Institute (MRI) in Palo Alto, California began working toward a complex theory of change that the underlying process of this unique class of interventions was more fully understood (Bateson et al., 1956; Watzlawick, Beavin & Jackson, 1967; Watzlawick et al., 1974).

#### A New Theory of Change

Watzlawick et al. (1974) described two types of change that occur within families. First order changes are fluctuations that

occur within the system without changing system boundaries or limits of behavior that are already set. Second order change is a meta-change or a change of change. It pushes beyond the boundaries set by the family system and necessitates a re-grouping at a higher level. Whereas first order change often seems to be based on "common sense," second order change usually feels strange and unexpected, and there is a puzzling or paradoxical element that is involved. The authors give the example of a person having a nightmare. This person can do many things to cause changes in his dream--run, hide, scream, (first order changes)--but the only thing that will terminate the nightmare is to wake up (second order change).

Although invoking such changes in therapy does not involve different states of consciousness such as sleeping and waking, the process is often equally mystifying, as Erickson pointed out in equating such changes with hypnotic suggestion (Haley, 1973). This theory of change requires an epistemological shift from the linear reductionism of Aristotle and Newton to a circular, dialectical perspective. Linearity looks at the world in terms of cause and effect, and the reality of a thing is perceived in terms of the sum of its basic elements. Most modern day scientific inquiry is approached from this perspective. The dialectical alternative is based on four key concepts: developmental movement (motion), form, relationship, and transformation (Bopp & Weeks, 1984). These authors point out that:

From a dialectical viewpoint, change is basic, and the fundamental unit of analysis is activity or process . . . . The course and direction of this activity is explained in developmental terms. Dialectical theories typically postulate a teleological

end-state, or final cause, toward which change proceeds. . . . The reductionistic quest for the invariant elements of existence is of little use in a dialectical framework because such elements would be expected to pass into novel forms over time. (p. 50-51)

The Hegelian concepts of thesis, antithesis, and synthesis, provide the framework of change, and of key importance to the therapist: interaction is the source of movement.

### The Therapeutic Double-Bind

Bateson et al. (1956) proposed a theory of family communication that demonstrated how various dyadic interactions between parent and child would lead to disordered thinking. This particular sequence of imposed conflict was termed a double-bind, and is composed of the following ingredients:

1. Two or more persons.
2. Repeated experience.
3. A primary negative injunction. This may have either of two forms: (a) Do not do so and so, or I will punish you, or (b) If you do so and so, I will punish you.
4. A secondary injunction conflicting with the first at a more abstract level, and like the first, is enforced by punishments or signals which threaten survival. This is often communicated by nonverbal means.
5. Inability to leave the field. (p. 253-254)

An example cited in the article involves a mother who is feeling bothered by a child, but instead of saying "Go away, I'm sick of you," says "Go to bed; you're very tired and I want you to get your sleep." If the child interprets this message as a caring gesture and attempts to draw closer, the mother will probably withdraw. If he reacts negatively or challenges the loving behavior, she will probably get angry. If he comments on her anger, she may get angrier. The significant implication of this theory, addressed by the

authors, is the potential for the clinical use of this concept to help clients improve by creating a "therapeutic double-bind". Paradoxical interventions create just such a bind, and result in the process of second order change. Simply put, a therapeutic double bind, such as a symptom prescription, puts the client in the position of having to choose between putting himself under the control of the therapist, or giving up the symptom. Either way, the client is likely to improve.

### Types of Interventions

Although paradoxical techniques have been used for some time, it was not until recently that a serious effort at developing a taxonomy was completed. Weeks and L'Abate (1982) described seven bi-polar dimensions with which to categorize paradoxical techniques. These dimensions are as follows: individual vs. systemic, prescriptive vs. descriptive, direct insight vs. indirect insight, direct vs. cryptic, time-bound vs. time-random, reframing vs. relabeling, and specific vs. general. Most paradoxes fall within two or more of these categories.

The individual vs. systemic dimension refers to the degree to which the focus of the intervention is directed toward the system-at-large or a particular member of the system. Three types of paradoxes are described, with the first type being directed toward one individual, the second type being directed at two or more members, and the third type being directed toward a system or pattern of behavior within the system.

The prescriptive vs. descriptive dimension refers to whether a symptom is prescribed to occur at some point in the future, or whether a symptom is described or reframed in a positive and dialectical manner. Prescriptive paradoxes are also often predictive, when the therapist wishes to exercise control over the symptom.

Direct insight vs. indirect insight refers to the extent to which the therapist encourages insight into the changes that are taking place, thereby making the paradox either explicit or implicit.

The direct vs. cryptic dimension categorizes paradoxes according to the degree in which they are intended to be easy to understand. Occasionally, the therapist will choose to give confusing statements to the system in order to let the members select their own meaning for them, and to encourage discussion among members. Use of metaphors will often be used to indirectly address an issue or process.

The time-bound vs. time-random dimension refers to the time limitations that are imposed by the paradox. Some are prescribed to occur whenever a particular feeling or sequence of events is set into motion. Others are not as specifically limited, and are prescribed to occur whenever the person chooses. Reframing differs from relabeling in that reframing involves the changing of the meaning of a particular situation (e.g., viewing a glass of water as being half-full instead of half-empty), whereas relabeling refers to the process of redefining what the client views as desirable or undesirable. "In other words, any so-called undesirable behavior given a positive label must be desirable, and any so-called desirable

behavior given a negative label must be a behavior that is either carried to the extreme or inappropriately expressed." (Weeks & L'Abate, 1982, p. 71) The relabeling technique was described by Selvini-Palazzoli, Boscolo, Cecchin & Prata (1978). This technique is intended to illustrate the circularity of symptoms as opposed to a particular member being made the scapegoat and other members acting as persecutors. In addition, this technique places the system in a therapeutic bind.

The final category, specific vs. general, refers to whether knowledge of the context of the symptom is necessary, such as with a symptom description, or whether such knowledge is unimportant, such as in prescribing a relapse, or an admonition to go slowly in therapy.

#### Clinical Applications

Knowledge of the different types of techniques as described above is important from the standpoint of clinical application. Deciding which type to use in which situation is discussed in more detail below. Paradoxical techniques have been used in a number of studies with varied situations and have resulted in positive outcomes. Strong (1984) reviewed 12 experimental studies which employed paradoxical techniques in comparison with other treatment modalities. These studies suggest that paradoxical interventions are more effective than no treatment, placebo treatment, and other behavioral interventions in the treatment of depression and agoraphobia. They were as effective as behavioral techniques in treating procrastina-



tion and insomnia. Similarly, in a review of the literature that examined the use of paradoxical interventions in the treatment of agoraphobia and other anxiety disorders, Michelson and Ascher (1984) found these techniques to be significantly better at reducing anxiety than other cognitive-behavioral treatments.

Jacob and Moore (1984), in a review of the literature, examined the effectiveness of paradoxical interventions in behavioral medicine. Intra-individual symptom prescription was used to successfully treat insomnia, psychogenic urinary retention and constipation. Anorexia nervosa and depression after medical trauma were treated with techniques that were both general and specific in nature, but which generally were systemic rather than individual. The authors also described the use of individual and systemic techniques to treat sexual dysfunction and for the management of pain, and concluded that these techniques are effective in these applications.

Dowd and Swoboda (1984) suggested that two factors are of primary importance in assessing which intervention to use with which individuals: the person's reactance potential, and the perceived freedom of the problematic behavior. Reactance is the motivational equivalent of resistance, and characterizes an individual's response set across a variety of situations. A person who is high on potential reactance would be prone toward resistance in a therapeutic relationship. Perceived freedom of the problematic behavior refers to the degree of optimism regarding voluntarily improving the problem either now or in the future. An unfree problem is perceived to occur spontaneously and would therefore not be under voluntary control.

Dowd and Swoboda (1984) further divided paradoxical interventions into two categories: compliance based strategies, and defiance based strategies. Compliance based strategies refer to that class of interventions which follow the assumption that any attempt to comply with the prescription will cause symptom reduction. The authors point out that this class of techniques is especially useful in situations where the client's attempted solutions are to some degree part of the problem, e.g., insomnia. Defiance based interventions assume that the client will attempt to resist the therapist suggestions, thereby setting the stage for a therapeutic bind.

A four-cell matrix was constructed along the dimensions of reactance and perceived freedom, and various paradoxical techniques were then recommended for use with the different conditions. Symptom prescription was recommended for individuals with either low or high reactance potential, but with a perception of the symptom as being spontaneous or unfree. This technique places the client in a no-lose double-bind, and therefore is successful with compliant and resistant individuals. Restraining is a defiance based technique to be used with high reactance individuals who perceive their behavior as being free, and involves either the inhibition or restriction of change. Prescribing relapses or declaring hopelessness are examples of this technique. Positioning is an intervention to be used with the above group of individuals and consists of agreement with and exaggeration of the client's negative view of himself. Reframing (discussed earlier) is a compliance based technique that can be used with

clients who are characterized by low reactance and who perceive the behavior to be free.

Paradoxical intention, as applied to systemic family therapy, was first described in clinical settings by the MRI group at Palo Alto, (Haley, 1977; Watzlawick et al., 1974; Weakland, Fisch, Watzlawick, & Bodin, 1974), and in Milan, Italy (Selvini-Palazzoli et al., 1978). Selvini-Palazzoli and her team of therapists in Milan utilize a relabeling technique which they called positive connotation to place the system in a therapeutic bind. They also use paradoxical prescription, applied systemically, to produce powerful results. Another feature of the Milan group is an extended time interval (one month) between sessions to allow time for systemic change to occur. These practitioners, along with others trained in the MRI tradition (de Shazer & Molnar, 1984; Weakland et al., 1974), do not engage in long term therapy with their client families. Instead, they conduct therapy "briefly," often completing their goals in as few as 10 sessions, and occasionally in as few as six sessions.

Weakland et al. (1974) believe fundamentally that the problems which families bring to therapy, regardless of their etiology, persist only if they are maintained by ongoing current behavior of the system. Their approach is not aimed toward explicit clarification of family behavior and interaction, nor other attempts at insight, but instead, is pragmatically problem oriented. Their six stages of intervening are as follows: (1) introduction to their treatment set-up, (2) inquiry and definition of the problem, (3) estimation of behavior maintaining the problem, (4) setting goals of

treatment, (5) selecting and making behavioral interventions (usually paradoxical in nature), and (6) termination.

#### Use With Resistant Clients

Westerman et al. (1987) evaluated the differential implications of client cooperation for improvement in behavioral versus paradoxical brief treatment approaches. In this study, client coordinating style, or cooperation, was measured by two independent raters using a Likert scale. Client improvement was statistically regressed on three factors, namely coordinating style (coordinating vs. non-coordinating), treatment condition (behavioral vs. paradoxical), and the interaction of the previous two variables. Results indicated that a paradoxical approach is more effective with resistant clients, whereas a behavioral approach is well suited for cooperative clients.

Paradoxical and strategic techniques have also been found to be effective in the treatment of chemical dependency. McGarty (1986) reported on five cases where paradoxical interventions decreased symptoms, and Quinn, Kuehl, Thomas and Joanning (1988) used systemic interventions to attain drug-free behavior in adolescent abusers.

Descriptions of paradoxical techniques used primarily in family systems with acting out adolescents have not been prevalent in the literature, and those that have been reported have mainly used a case study approach to describe the outcome (Fisch, Weakland, & Segal, 1983; Williams & Weeks, 1984).

Fisch et al., (1983), describe the case of a 15-year-old girl

who had run away from home and was placed in the Juvenile Hall. Twenty-two excerpts from the five sessions that were done chronicle the process of change that was brought about by the therapist. Techniques of reframing and symptom prescription worked to break the pathological cycle of arguing and defiance.

Williams and Weeks (1984) report the use of paradoxical techniques with adolescent children in a school setting. They comment on the desirability of such techniques with this population because they require limited verbal abilities and insight, produce rapid results, and are well suited for oppositional clients. They utilized such techniques as reframing, symptom prescription, and something they called a "winner's bet." In a winner's bet, "the child's inappropriate behavior is described and a bet is made that the behavior will continue since the child cannot control it. The child who does not misbehave wins the bet. The child who loses must agree to teach the therapist how to go about misbehaving." (p. 47).

Seven cases were described by Williams and Weeks (1984), all involving students who had been sent to an in-school suspension program because of behavioral problems that had occurred. One case involved two boys who were sent to the program for fighting. The therapist suggested that they conduct a "scientific experiment" to see which teachers would write them up if they did the same type of behavior that got them in trouble. This prescription to engage in the problem behavior was met with disbelief on the part of the boys, and, after returning to class, their behavior improved considerably. In another

case, two girls, who had been friends, were referred after a falling out had resulted in disruptive classroom behavior. An explicit written contract was drawn up which forbade each from having anything to do with the other. When it was completed, the therapist predicted that another fight would occur within two weeks, and, with the girls present, called the principal to tell him to be on the lookout for an upcoming fight. They were told that under no circumstances could they attempt to be friends again. Subsequent observations and teacher reports indicated no further problems between them.

A final case involved an eighth grade girl who complained about the amount of work being given by a particular teacher, and about problems in getting along with other students. She was seen bi-weekly for four months by the therapists. The beginning sessions were directed toward expression of feelings through the assignment of keeping a daily journal. After reporting that some of the students thought of her as being a "dumb blond" and an "air head," the therapist assigned her to act like an air head at least once a day, particularly in the class where she was having problems with the teacher. A further assignment encouraged her to write a note to a particular friend with whom she was having problems on an every other day basis, but not to expect any responses in return. After she started making improvements in school and with her friend, the therapist warned her and her friend not to go too quickly with the friendship, and that things would probably deteriorate. As with the other cases, steady improvements were reported.

Brown (1986) reported three case studies in which paradoxical techniques were employed in a classroom setting. These cases were selected from a larger pool of observations in order to illustrate both success and failure in using the techniques. In all the cases, these techniques were used in order to provide a systemic alternative to a more linear behavioral approach. Teachers used reframing, symptom prescription and behavior rehearsal to decrease aggressive and disruptive behavior, but with limited success in one of the cases. The failure was attributed, in part, to the role that the child's behavior played in his family, and the lack of the intervention to address these family dynamics.

Fleuridas (1988), in an unpublished doctoral dissertation, reported on the use of the Milan model of systemic family therapy for treating 21 two-parent families with child related problems. Three treatment groups, each utilizing different interventions of the Milan model, were compared using a multi-level, multi-method, multi-repeated measures design. No significant differences were found between groups.

Kolko and Milan (1983) conducted the only reported experimental study of paradoxical techniques with a delinquent population. Using a multiple baseline design, they examined the effects of their interventions on the school attendance of three adolescents. Their results indicated that, in general, class attendance was poor for all three clients in the baseline period, it improved dramatically during paradoxical intervention, and was sustained in follow-up. The differing baselines of 2, 5, and 8 weeks, during which time therapy

was ongoing, allowed for the conclusion that improvements were due to the treatment procedures. The intervention combined a reframing component, designed to induce or maximize opposition, and a paradoxical directive consisting of a symptom prescription. They then utilized contingency contracts to sustain the gains that were achieved during the paradoxical phase. The authors concluded that resistance, or oppositional tendencies, are necessary for successful outcome when using a defiance based technique, particularly when the clients initially appear to be unresponsive or perhaps apathetic.

#### Summary

The above review of the literature has demonstrated (a) a systemic approach should be taken when attempting to intervene in delinquent families; (b) paradoxical interventions have been successful with a variety of presenting problems; (c) theory would predict, and studies have found, that paradoxical interventions are effective with resistant clients; and (d) there is a lack of empirical evidence to conclude that paradoxical interventions are more effective than other methods in changing the environments of families of delinquents.



## CHAPTER III

### DESIGN AND METHODOLOGY

#### Experimental Design

##### Population and Sample

Subjects for the study were taken from cases which had proceeded beyond the initial hearing stage at the Allegan County Juvenile Court, and included both the offender and his family. Subjects were selected after the conclusion of their adjudicatory hearing, the phase during which they enter a plea of guilty or not guilty. Only those pleading guilty were included in the study, and random assignment to groups was made prior to their dispositional hearing, which is the final phase of the judicial process at which time the sentence is imposed. Selection continued until all subjects had been assigned to the two major classification groups--first and repeat offender. This process lasted approximately 15 months.

Only males adjudicated for felony property crimes or non-serious personal crimes were included, thereby excluding those offenders who could have been considered to be dangerous to society and in need of incarceration.

### Project Approval

Because resistance was being studied, and because all subjects would be under order of the Juvenile Court, this project was initially submitted for approval by the Human Subjects Institutional Review Board (HSIRB) of Western Michigan University, Kalamazoo, with a request for exemption. The exemption was not granted and approval to continue was contingent on the explicit consent of subjects. Consent forms were developed (see Appendix A), and the project was approved (see Appendix B).

### Random Assignment of Subjects

Fifteen offenders and their families from each classification group were randomly assigned to the three treatment conditions, with five families going to each cell of the 2 x 3 matrix. Over the course of the study, seven families dropped out and four of these were subsequently replaced, resulting in a reduced number of total families (see Table 1).

Those offenders assigned to Treatment Level 1 (control group) were sentenced to be placed on probation until further order of the Court, with a review hearing after 6 months. This group will alternately be referred to as the probation only, PO, or B<sub>1</sub> group. Those assigned to Treatment Levels 2 and 3 were sentenced to be placed on probation until further order of the Court, with a review hearing after six months, and were ordered to attend four family therapy sessions. (See Appendix C for copies of the orders). After

Table 1  
 Number of Families by Group  
 N<sup>a</sup> = 28(67)

Number of Offenses	Treatments		
	PO	FT	FT+
First	5(11)	5(12)	5(15)
Repeat	3(8)	5(9)	5(12)

Note<sup>a</sup>. Numbers in parentheses refer to total number of individual subjects in each group. PO = probation only, FT = probation plus family therapy, FT+ = probation plus family therapy plus paradoxical directive.

their hearings, families meeting the inclusion criteria met with the experimenter, who described the study and read the informed consent statements. Those families who chose to participate in the study received four family therapy sessions which occurred at an interval of one session every four weeks. Treatment Level 2 consisted of four family therapy sessions, the first three of which, ended with a summary of the session. This group will alternately be referred to as the family therapy only, FT, or B<sub>2</sub> group. Treatment Level 3 consisted of four family therapy sessions, the first three of which, ended with a paradoxical directive which was presented to the family in the form of an ending message. This group is alternately referred to as the paradoxical therapy group, FT+, or B<sub>3</sub> group. All of the paradoxical directives used in this study are listed in Appendix D.

Of those families who did not complete the study, one was from a therapy group and discontinued due to moving to a different county, and six were from the probation only group and presumably discontinued due to no Court order requiring participation.

### Research Model and Design

The present study used a 2 x 3 control group, pretest posttest design, which can be diagrammed as follows,

E1(R)	T1	X1	T2
E2(R)	T1	X2	T2
C(R)	T1		T2

in which the control group (C) represents the probation only group, and the two experimental groups (E1 and E2) represent the family therapy with ending summary group and the family therapy with paradoxical intervention group. R denotes randomization, T denotes testing with the dependent variable, and X indicates a specific treatment condition.

### Method of Analysis

#### Instrumentation

##### Family Environment Scale (FES)

The FES, Form R (Moos & Moos, 1981), is a 90 item, individually administered, paper-and-pencil, self-report instrument which measures 10 relationship, personal growth, and system maintenance dimensions in families. In addition, an incongruence dimension that quantifies

differences in responses between family members is scored. The subscales and dimension descriptions are shown in Table 2.

The scale was originally developed in 1974 by Rudolf H. Moos. It was later revised into its present form (Moos & Moos, 1981) and is published by Consulting Psychologists Press, Inc. Representative test items from each subscale are found in Appendix E. The FES has been used in over 100 research studies and is designed to assess changes in family environments over time which result from therapeutic intervention. The 8-week test-retest reliabilities range from .68 to .86. Face validity was judged to be good, and this test was deemed acceptable for use so long as no comparative judgments are made on the relative worth of family environments (Mitchell, 1985).

#### Counselor Rating Form (CRF)

This seven point Likert scale was originally developed by Barak and La Crosse in 1975. A shortened version, developed by Corrigan and Schmidt (1983), uses three subscales, e.g., attractiveness, expertness, and trustworthiness, with four dimensions of each subscale, to allow clients to rate counselor style. This scale is included in Appendix F. The CRF is one of the most frequently used rating instruments (Ponterotto & Furlong, 1985), has been shown to be reliable and valid (Barak & La Crosse, 1975), and is used to measure client satisfaction in addition to counselor style (Crafton, 1990).

Table 2

Family Environment Scale Subscales  
and Dimension Descriptions

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<u>Relationship Dimensions</u>	
1. Cohesion	the degree of commitment, help, and support family members provide for one another.
2. Expressiveness	the extent to which family members are encouraged to act openly and to express their feelings directly.
3. Conflict	the amount of openly expressed anger, aggression, and conflict among family members.
<u>Personal Growth Dimensions</u>	
4. Independence	the extent to which family members are assertive, are self-sufficient, and make their own decisions.
5. Achievement Orientation	the extent to which activities (such as school and work) are cast into an achievement-oriented or competitive framework.
6. Intellectual-Cultural Orientation	the degree of interest in political, social, intellectual, and cultural activities.
7. Active-Recreational Orientation	the extent of participation in social and recreational activities.
8. Moral-Religious Emphasis	the degree of emphasis on ethical and religious values.
<u>System Maintenance Dimensions</u>	
9. Organization	the degree of importance of clear organization and structure in planning family activity and responsibilities.
10. Control	the extent to which set rules and procedures are used to run family life.

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Note. Reprinted with permission from Family Environment Scale Manual (Moos & Moos, 1981).

## Data Collection

### Dependent Variable

The 10 scales and two Incongruence scores (mother/son and family) of the FES were the dependent variables used in the study, using a pretest and posttest design. Pretest measures of the FES were taken within two weeks following the agreement to participate, and were done immediately prior to the first session for the therapy groups. Posttest measurement was taken three months later, occurring immediately after the last session for the therapy groups. Pre- and posttest measurements were done on the offender and his parent or parents.

### Therapist Objectivity

Because the therapist and the researcher were the same person, the CRF was used as a posttest measure of client satisfaction. This measure was conducted to insure that both treatment groups were treated the same, except for the ending intervention. The CRF was administered at the time of posttesting and subjects were asked not to put their names on their ratings, so as to insure honesty in their responses.

Differences between the two therapy groups in client satisfaction and perception of counselor style were analyzed using 12 two-factor (2 x 2) ANOVAs to examine each of the 12 dimensions of the CRF. The results are shown in Table 3.

Table 3

Summary of Two-Factor ANOVA for Number of Offenses  
by Client Satisfaction, Family Data Subset

Style Dimension	Probability Level		
	Factor A	Factor B	A x B
Friendly	.728	.304	.304
Likeable	.229	.087	.306
Sociable	.397	.864	.864
Warm	.940	.213	.213
Experienced	.405	.087	.904
Expert	.176	.176	.176
Prepared	.286	.085	.718
Skillful	.940	.213	.269
Honest	.281	.610	.942
Reliable	.457	.457	.457
Sincere	.429	.790	.429
Trustworthy	.284	.876	.174

None of the probability values in Table 3 are below .05, therefore it can be concluded that there were no differences between the two therapy groups in terms of client satisfaction or perceptions of counselor style. This means that any differences between the two groups that are reported in Chapter 4 are due to the experimental treatments.

#### Assurance of Treatments

In order to assure that the ending messages in Group 3 were, in fact, paradoxical, a written record of all the paradoxical directives (in the form of an ending message to the family) was kept. At the conclusion of the study, a random sample of 15 messages was taken,



and these messages were randomly interspersed with eight "dummy" messages that were not paradoxical. This collection of 23 messages (see Appendix G) was then rated by three judges who had been trained to a .80 level of inter-rater reliability, as to whether each message was paradoxical or not. Judges were three Juvenile Court employees with no detailed knowledge of the study, and no training or experience in family therapy techniques. Their training consisted of judging sample messages (both paradoxical and non-paradoxical) until the .80 criterion was reached.

The differences in ratings of messages between the three judges were analyzed using a chi-square analysis for independence of observations. The results of this analysis are shown in Table 4.

Table 4  
Chi-Square Analysis of Judges' Ratings  
of Messages

Judge	Correct	Incorrect	Total
1	21	2	23
2	20	3	23
3	20	3	23

chi-square observed = 0.283      chi-square(.05, 2) = 5.99  
Decision: Retain  $H_0$

Table 4 indicates that there was not a significant difference between the judge's ratings of the messages. This means that there was agreement between all three judges that the ending messages were paradoxical.

## Research Hypotheses

### Research Hypothesis One

Changes in the family system, as measured by the Family Environment Scale (Moos & Moos, 1981), will be greater for those subjects who receive family therapy than for those subjects who receive no therapy at all. This means that both FT and FT+ will be greater than PO.

### Research Hypothesis Two

Changes in the family system will be greater for those subjects who receive a paradoxical directive as part of therapy, than for those subjects who receive a session summary. This means that FT+ will be greater than FT.

### Research Hypothesis Three

There will be differences in the family environments of offenders who are in Court for the first time as opposed to repeat offenders.

### Research Hypothesis Four

An interaction effect will be present between the two therapy groups in which the repeat offender group will change more in the third treatment condition, i.e., family therapy ending with a paradoxical directive, than the first offender group, while the first offender group will show the most change in the family therapy with

session summaries condition. This means that in the first offender group, FT will be greater than FT+, while in the repeat offender group, FT+ will be greater than FT.

#### Analysis of the Data

##### Group Differences in Family Environment: Number of Offenses by Treatments

The main effects of both factors (number of offenses and treatments) and the interaction effect between the two factors were obtained on the FES posttest data (both raw and standard scores) using a two factor analysis of covariance (ANCOVA) with the pretest FES scores as the covariate. The data were divided into two subsets, one containing individual scores, the other containing combined family scores. Each subset was subjected to the same analyses. The above procedure resulted in 24 analyses for each data subset. The analyses were completed using the Minitab statistical program on the Vaxcluster mainframe computer. The Minitab general linear modal command was used with the covariate subcommand. Post-hoc analyses, i.e., the tests for homogeneity of regression slopes, the protected LSD test for multiple comparisons, and the simple main effects test, were done by hand, using numerical values derived from the computer output and following the steps outlined in Huitema (1980).

The alpha level (probability of making a Type I error) for determining significance on all of the analyses was .05. Although a case might be made for adjusting alpha based on sample size or power

of the analytic tool, .05 is the current standard established by most journals and reflective of the discipline in general.

## CHAPTER IV

### RESULTS

#### Description of Sample Prior to Treatment

Three dimensions used to describe the families who completed the study, as they appeared prior to treatment are presented in Tables 5, 6, and 7. It can be seen from the tables that, of the 28 families studied, 10, or 36%, of them were being parented by a single parent and eight, or 29%, of the families had a step parent living in the home. Of the 67 individual subjects in the study, 41, or 61% of them were parents. Additional sample demographics can be found in Appendix H.

#### Description of Groups After Treatment

The results of the study which were measured after treatment are presented in Tables 8 through 21, and in Figures 1 through 5. There were no significant differences between analyses that used raw scores as opposed to standard scores, so only standard scores are reported in the figures. This allows for ease of interpretation for those persons not familiar with the Family Environment Scale (Moos & Moos, 1981). Furthermore, the analyses of the FES scales which used the individual score data subset found more significant differences due to the higher degrees of freedom, so these results are the ones

Table 5  
Number of Single Parent vs. Dual Parent Families  
by Factor

Number of Offenses	Treatments		
	PO	FT	FT+
First			
Single Parent	3	2	0
Dual Parent	2	3	5
Repeat			
Single Parent	0	3	2
Dual Parent	3	2	3

Note. PO = probation only, FT = probation plus family therapy, FT+ = probation plus family therapy plus paradoxical directive.

which are presented. The Incongruence scores (family Incongruence and mother/son Incongruence) necessarily required analysis on the family data subset, due to the combined nature of these scores. Tests for homogeneity of regression slopes (one of the assumptions underlying the use of ANCOVA) were done on those analyses where significance was found.

#### The Effects of Treatment

The results showing the effects of treatment are found in Tables 8 through 21, looking separately at each null hypothesis.

Table 6  
 Number of Blended vs. Intact Families  
 by Factor

Number of Offenses	Treatments		
	PO	FT	FT+
First			
Blended	0	1	2
Intact	5	4	3
Repeat			
Blended	2	2	1
Intact	1	3	4

Note. Blended families had a step parent, intact families did not. PO = probation only, FT = probation plus family therapy, FT+ = probation plus family therapy plus paradoxical directive.

$H_{01}$  stated that there would be no differences between the control group and the two family therapy groups in terms of degree of change on any of the dependent variables. Tables 8 through 11 and Figures 1, 2 and 3 show significant differences between  $B^1$  and  $B^3$  on the Cohesion scale and on the mother/son Incongruence score.  $H_{01}$ , therefore, is rejected.

Table 8 indicates that there was a significant interaction effect between the two factors (number of offenses by treatments,  $P = .014$ ). A post-hoc test for homogeneity of regression slopes was done to insure that ANCOVA was the appropriate analysis for these data. The results of this analysis called for the retention of the null

Table 7  
 Number of Parents vs. Offenders  
 by Factor

Number of Offenses	Treatments		
	PO	FT	FT+
First			
Parents	6	7	10
Offenders	5	5	5
Repeat			
Parents	6	5	7
Offenders	3	5	5

Note. PO = probation only, FT = probation plus family therapy, FT+ = probation plus family therapy plus paradoxical directive.

hypothesis, i.e., that the slopes are homogeneous, thereby allowing the significant interaction effect found using the ANCOVA to be interpreted.

Table 9 further describes the significant interaction effect shown in Table 8. This post-hoc analysis shows that the significant effect occurs on Factor B (treatments) at  $A^1$  (first offender group). It can be seen that a significant effect exists between  $B^1$  (control group) and  $B^3$  (paradoxical group) at  $A^1$  (first offender group).

Figure 1 graphically shows the significant interaction effect shown in Tables 8 and 9. Adjusted cell means were plotted to show



Table 8

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Cohesion Scale, Raw Scores,  
Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	12464.5	10272.6	10272.6	75.45	.000
Factor A	1	97.4	26.9	26.9	0.20	.658
Factor B	2	384.1	233.8	116.9	0.86	.429
A x B	2	1238.6	1238.6	619.3	4.55	.014
Error	60	8169.5	8169.5	136.2		
Total	66	22354.0				

Test for Homogeneity of Regression Slopes

$F_{obt} = 0.596$        $F_{(.05, 5, 55)} = 2.39$       Decision: retain  $H_0$

where the significant effect occurred. This difference was between the PO (control) and FT+ (paradoxical) groups in the first offender condition.

Figure 2 further illustrates the interaction between the two factors (number of offenses by treatments) on the Cohesion scale. This figure shows the effects of Factor A (number of offenses). There were no significant differences found between the two levels of Factor A, but the adjusted cell means were plotted to assist in showing the differences between the two factors.

Table 10 indicates that significant differences were found for both factors ( $\underline{P} = .027$  for Factor A;  $\underline{P} = .021$  for Factor B) on the Mother/Son Incongruence score. A post-hoc analysis was done to determine if the regression slopes were homogeneous, an underlying

Table 9  
Simple Main Effects, Cohesion Scale, Raw  
Scores, Individual Data Subset

Comparison	Error Term	Obtained $t$	Critical $t$	Decision
<u>Factor A</u>		$t_{DB}(.05, 3, 60)$		
A at B <sup>1</sup>	5.54	2.118	2.463	retain H <sub>0</sub>
A at B <sup>2</sup>	5.18	1.396	2.463	retain H <sub>0</sub>
A at B <sup>3</sup>	4.54	1.847	2.463	retain H <sub>0</sub>
<u>Factor B</u>		$t_{DB}(.05, 6, 60)$		
<u>At A<sup>1</sup></u>				
B <sup>1</sup> -B <sup>2</sup>	5.01	2.295	2.729	retain H <sub>0</sub>
B <sup>1</sup> -B <sup>3</sup>	4.67	3.122	2.729	reject H <sub>0</sub>
B <sup>2</sup> -B <sup>3</sup>	4.56	0.675	2.729	retain H <sub>0</sub>
<u>At A<sup>2</sup></u>				
B <sup>1</sup> -B <sup>2</sup>	5.70	1.300	2.729	retain H <sub>0</sub>
B <sup>1</sup> -B <sup>3</sup>	5.33	1.021	2.729	retain H <sub>0</sub>
B <sup>2</sup> -B <sup>3</sup>	5.16	0.382	2.729	retain H <sub>0</sub>

Note.  $t_{DB}$  refers to the Dunn-Bonferroni  $t$  statistic

assumption for use of ANCOVA. The null hypothesis, i.e., that the slopes were homogeneous, was retained, thereby allowing for the use of the ANCOVA and indicating that the significant results can be interpreted.

Table 11 shows the results of a post-hoc analysis to further describe the significant differences found between the levels of Factor B (treatments). Because there are only two levels of Factor A, this further analysis was not necessary for Factor A. The results

as shown in Table 11, indicate that the significant difference occurred between levels B<sup>1</sup> (control group) and B<sup>3</sup> (paradoxical group).

Figure 3 depicts the differences between adjusted cell means on the mother/son Incongruence scores. As was shown in Tables 10 and 11, there was a significant difference between the PO (control) and FT+ (paradoxical) groups.

H<sub>02</sub> stated that there would be no difference in amount of change between the two therapy groups. The above Tables (8 - 11)

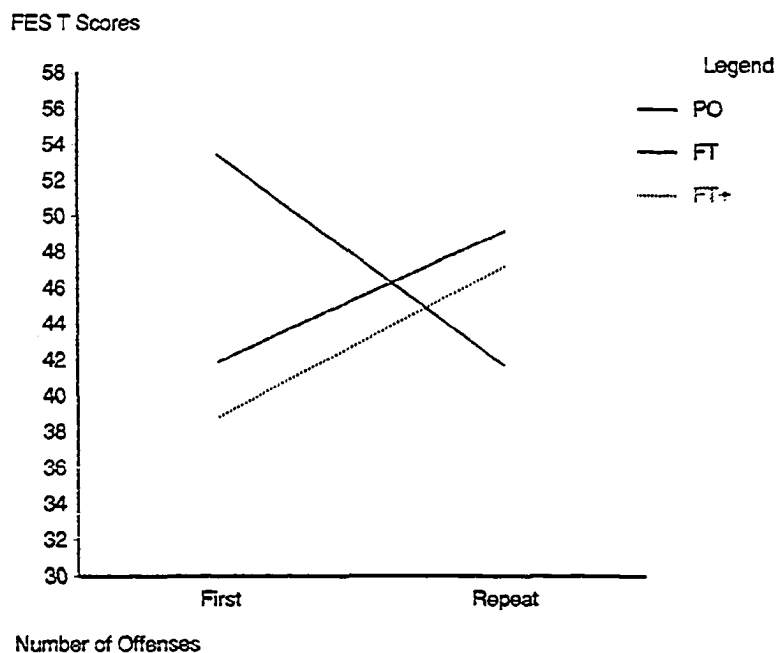


Figure 1. A x B interaction--Cohesion Scale, effects of B.

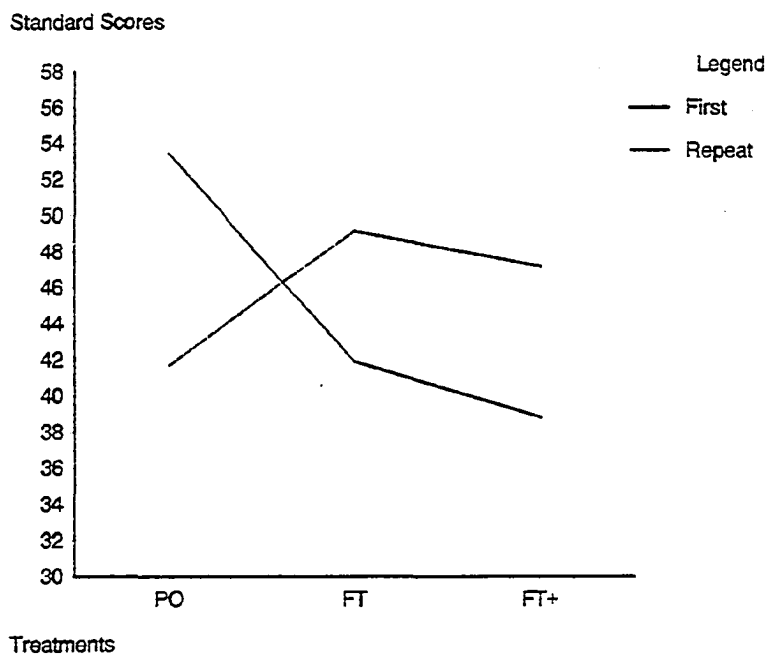


Figure 2. A x B interaction--Cohesion Scale, effects of A.

show that the paradoxical family therapy group was significantly different from control group, whereas the ending summary family therapy group was not, therefore  $H_{02}$  is rejected.

$H_{04}$  stated that there would not be a significant interaction effect where the paradoxical family therapy group would have the greatest effect in the repeat offender group. The results support retention of this null hypothesis.

$H_{03}$  stated that there would be no significant differences between the first offender group and the repeat offender group. Tables 12 and 13 and Figures 4 and 5 summarize the results on the Independence and Moral/Religious Emphasis scales, and indicate that significant differences did occur.  $H_{03}$ , therefore is rejected.

Table 10

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Mother/Son Incongruence Score,  
Raw Scores, Family Data Subset

Source	DF	Seq SS	Adj SS	Adj MS	F	P
Covar.	1	60.59	73.27	73.27	5.74	.028
Factor A	1	89.71	74.49	74.49	5.84	.027
Factor B	2	103.87	125.38	62.69	4.92	.021
A x B	2	58.98	58.98	29.49	2.31	.129
Error	17	216.81	216.81	12.75		
Total	23	529.96				

Test for Homogeneity of Regression Slopes

$F_{obt} = 0.04$        $F_{(.05, 5, 12)} = 3.11$       Decision: retain  $H_0$

Table 12 indicates that there was a significant difference  
between the two levels of Factor A (number of offenses,  $P = .030$ ). A

Table 11

Multiple Comparisons of Levels of Treatments (Factor B)  
Mother/Son Incongruence Score, Family Data Subset,  
Protected LSD

Comparison	Error Term	Obtained $t$	Critical $t_{(.05, 17)}$	Decision
$\bar{B}^1 - \bar{B}^2$	1.82	1.65	2.11	retain $H_0$
$\bar{B}^1 - \bar{B}^3$	1.85	3.21	2.11	reject $H_0$
$\bar{B}^2 - \bar{B}^3$	1.74	1.68	2.11	retain $H_0$

post-hoc analysis found that the null hypothesis, that the regression slopes were homogeneous, should be retained, thereby indicating that the use of the ANCOVA was appropriate and that the significant difference can be interpreted.

Table 13 indicates that there was a significant difference between the two levels of Factor A (number of offenses,  $p = .017$ ). A post-hoc analysis indicated that the null hypothesis, that the regression slopes are homogeneous, was retained, thereby indicating that the use of ANCOVA was appropriate, and that the significant difference can be interpreted.

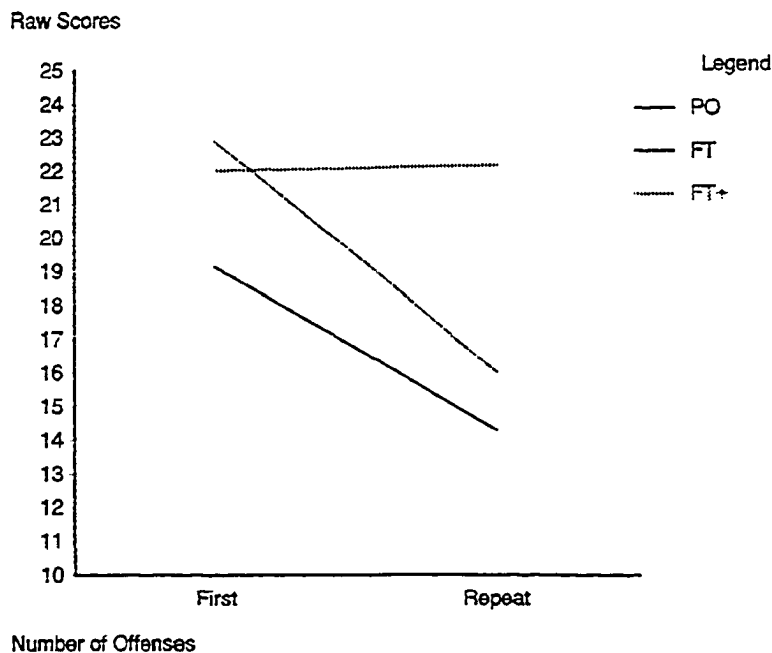


Figure 3. A x B interaction--Mother/Son Incongruence.

Table 12

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Independence Scale, Raw  
Scores, Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	41.471	35.632	35.632	19.24	.000
Factor A	1	11.285	9.177	9.177	4.96	.030
Factor B	2	3.381	2.905	1.452	0.78	.461
A x B	2	3.932	3.932	1.966	1.06	.352
Error	60	111.096	111.096	1.852		
Total	66	171.164				

Test for Homogeneity of Regression Slopes

$F_{obt} = 1.23$        $F_{(.05, 5, 55)} = 2.39$       Decision: Retain  $H_0$

Table 13

Summary of Two Factor ANCOVA for Number of Offenses  
by Treatments, Moral/Religious Emphasis Scale,  
Raw Scores, Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	160.847	155.952	155.952	113.26	.000
Factor A	1	7.250	8.288	8.288	6.02	.017
Factor B	2	0.415	0.715	0.357	0.26	.772
A x B	2	3.527	3.527	1.764	1.28	.285
Error	60	82.618	82.618	1.377		
Total	66	254.657				

Test for Homogeneity of Regression Slopes

$F_{obt} = 1.04$        $F_{(.05, 5, 55)} = 2.39$       Decision: Retain  $H_0$

Figure 4 further shows the difference between the first offender and repeat offender groups on the Independence Scale, by plotting the adjusted cell means.

Figure 5 graphically depicts the significant difference between the first offender and the repeat offender groups shown in Table 13. Adjusted cell means were plotted to show this difference.

Tables 14 - 21 summarize the results of those scales on which no significant differences were found.

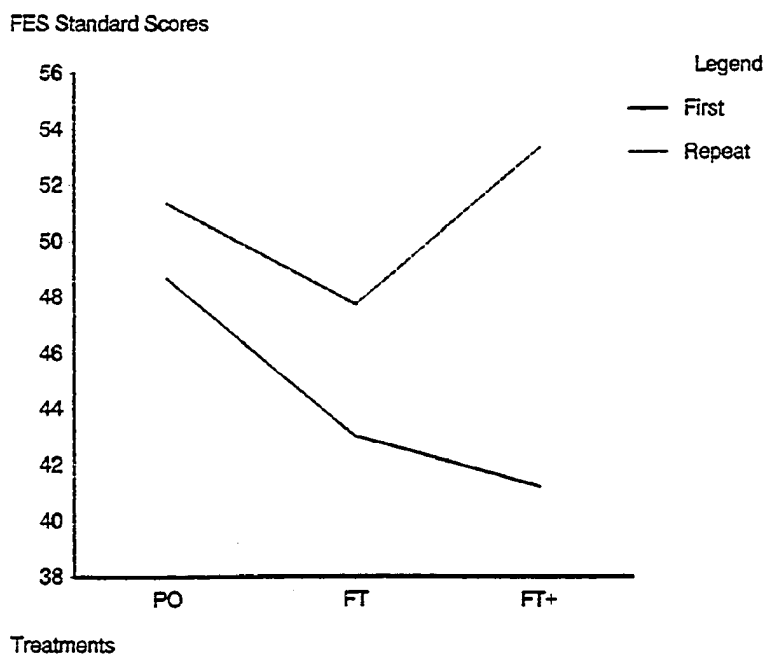


Figure 4. A x B interaction--Independence Scale.



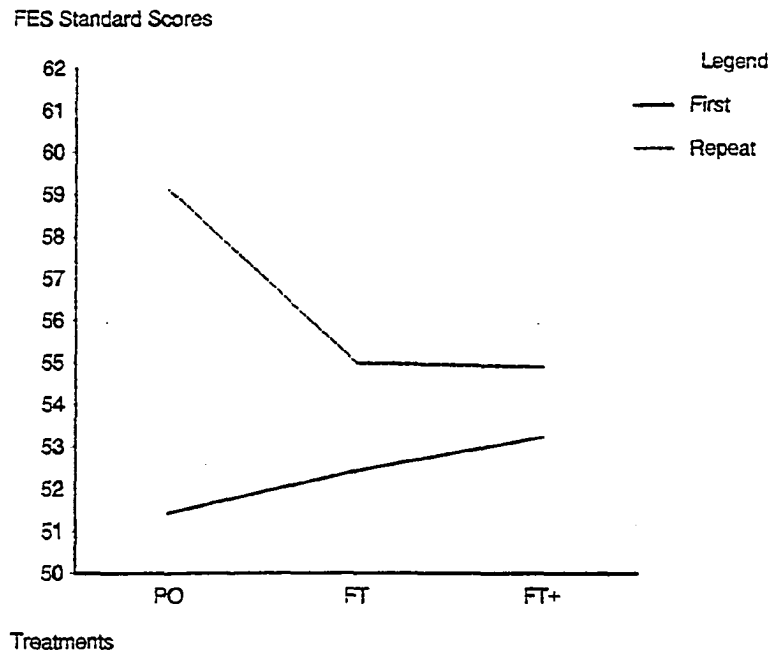


Figure 5. A x B interaction--Moral/Religious Emphasis Scale.

Table 14

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Expressiveness Scale, Raw  
Scores, Individual Data Subset

Source	<u>DF</u>	<u>Seq SS</u>	<u>Adj SS</u>	<u>Adj MS</u>	<u>F</u>	<u>P</u>
Covar.	1	84.460	63.942	63.942	27.84	.000
Factor A	1	5.871	4.327	4.327	1.88	.175
Factor B	2	5.597	4.696	2.348	1.02	.366
A x B	2	2.833	2.833	1.416	0.62	.543
Error	60	137.807	137.807	2.297		
Total	66	236.567				

Table 15

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Conflict Scale, Raw Scores,  
Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	211.592	191.271	191.271	62.84	.000
Factor A	1	0.029	0.002	0.002	0.00	.979
Factor B	2	0.375	0.583	0.292	0.10	.909
A x B	2	2.548	2.548	1.274	0.42	.660
Error	60	182.620	182.620	3.044		
Total	66	397.164				

Table 16

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Achievement Orientation Scale,  
Raw Scores, Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	82.749	76.349	76.349	53.57	.000
Factor A	1	1.674	1.413	1.413	0.99	.323
Factor B	2	0.124	0.164	0.082	0.06	.944
A x B	2	0.445	0.445	0.223	0.16	.856
Error	60	85.515	85.515	1.425		
Total	66	170.507				

Table 17

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Intellectual/Cultural Orientation  
Scale, Raw Scores, Individual Data Subset

Source	<u>DF</u>	<u>Seq SS</u>	<u>Adj SS</u>	<u>Adj MS</u>	<u>F</u>	<u>P</u>
Covar.	1	204.063	161.315	161.315	77.67	.000
Factor A	1	0.066	0.005	0.005	0.00	.962
Factor B	2	4.016	2.957	1.479	0.71	.495
A x B	2	2.226	2.226	1.113	0.54	.588
Error	60	124.614	124.614	2.077		
Total	66	334.985				

Table 18

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Active/Recreational Orientation  
Scale, Raw Scores, Individual Data Subset

Source	<u>DF</u>	<u>Seq SS</u>	<u>Adj SS</u>	<u>Adj MS</u>	<u>F</u>	<u>P</u>
Covar.	1	192.040	181.709	181.709	104.08	.000
Factor A	1	0.282	0.477	0.477	0.27	.603
Factor B	2	1.815	1.450	0.725	0.42	.662
A x B	2	2.220	2.220	1.110	0.64	.533
Error	60	104.748	104.748	1.746		
Total	66	301.104				

Table 19

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Organization Scale, Raw  
Scores, Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	142.389	133.200	133.200	62.85	.000
Factor A	1	0.147	0.433	0.433	0.20	.653
Factor B	2	8.595	9.200	4.600	2.17	.123
A x B	2	2.494	2.494	1.247	0.59	.558
Error	60	127.151	127.151	2.119		
Total	66	280.776				

Table 20

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Control Scale, Raw  
Scores, Individual Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	51.059	51.544	51.544	17.58	.000
Factor A	1	0.252	0.027	0.027	0.01	.924
Factor B	2	0.245	0.233	0.166	0.04	.961
A x B	2	5.942	5.942	2.971	1.10	.369
Error	60	175.965	175.965	2.933		
Total	66	233.463				

Table 21

Summary of Two-Factor ANCOVA for Number of Offenses  
by Treatments, Family Incongruence Score,  
Raw Scores, Family Data Subset

Source	<u>DF</u>	Seq <u>SS</u>	Adj <u>SS</u>	Adj <u>MS</u>	<u>F</u>	<u>P</u>
Covar.	1	166.64	156.65	156.65	15.11	.001
Factor A	1	21.98	31.44	31.44	3.03	.098
Factor B	2	54.88	56.98	28.49	2.75	.089
A x B	2	57.57	57.57	28.78	2.78	.088
Error	19	196.97	196.97	10.37		
Total	25	498.04				

## CHAPTER V

### SUMMARY, DISCUSSION AND CONCLUSIONS

#### Summary

This study was designed to examine the effects of family therapy both with and without an ending paradoxical directive on the family environments of groups of first and repeat offender delinquent males. Twenty-eight families (a total of 67 individual subjects) were randomly assigned to one of three treatment conditions, i.e., probation only (control group), probation plus family therapy, and probation plus family therapy plus a paradoxical directive. The Family Environment Scale (Moos & Moos, 1981) was administered both prior to and after treatment for each of the three conditions. Family therapy consisted of four family therapy sessions, occurring at four-week intervals, with the experimenter acting as therapist. At the conclusion of the last session, family members also completed the Counselor Rating Form to rate their perceptions of therapist style and counselor satisfaction. In addition, the ending paradoxical directives were rated by three independent judges to determine whether they were actually paradoxical.

The resulting data were analyzed using separate ANCOVAs for each FES scale. Differences were found which support the rejection of the first three null hypotheses and retention of the fourth.

## Interpretation of Analyses

### Hypothesis One

Hypothesis One stated that changes in family environment would be greater for the therapy groups than for the probation only group. This hypothesis was tested by the main effects of Factor B (treatments) for all 10 scales of the FES and the two Incongruence scores. Significant differences between Factor B main effects were found on the Cohesion scale and on the mother/son Incongruence score, although the post-hoc analyses did not find significance for both therapy groups. The first null hypothesis really consists of two parts, that there is no difference between B<sup>1</sup> and B<sup>2</sup> or B<sup>3</sup>. The first part, that there is no difference between the probation only group (B<sup>1</sup>) and the family therapy with session summaries group (B<sup>2</sup>), is retained, but the null hypothesis that there is no difference between B<sup>1</sup> and B<sup>3</sup> (the family therapy group with paradoxical directive) is rejected.

### Hypothesis Two

Hypothesis Two stated that changes in family environment would be greater for the therapy group that ended with a paradoxical message than for the therapy group that ended with a session summary or the probation only group. This hypothesis was tested by the main effects of Factor B (treatments) for all 10 scales of the FES and the two Incongruence scores, and specifically by the post-hoc analyses.

Significant differences were found on the Cohesion scale and on the mother/son Incongruence score.

The simple main effects test on the Cohesion scale score differences (see Table 9) indicated that there was a significant difference between the FT+ group ( $B^2$ ) and the probation only group ( $B^1$ ) at level one of Factor A (the first offender group). This difference can be seen in Figure 1. This means that family therapy with a paradoxical message decreases the level of family cohesiveness for first offenders, whereas probation alone and family therapy without the paradoxical message do not result in any changes in family cohesiveness.

The multiple comparison test for differences between treatment levels of the mother/son Incongruence score (see Table 11) were significant between Levels 1 and 3 of Factor B (probation only and family therapy ending in a paradoxical message). This finding indicates that there was a higher level of incongruence between mothers' and sons' perceptions of their family environments in the group that received family therapy with a paradoxical message, whereas no changes were found in the other two groups.

The second null hypothesis, that there is no difference between the two types of therapy, is rejected.

### Hypothesis Three

Hypothesis Three stated that differences would be observed between the first offender and repeat offender groups, independent of treatment condition. This hypothesis was tested by the main effects



for Factor A (Number of Offenses). Significant differences were found on the Independence scale (see Table 12 and Figure 3) and on the Moral/Religious Emphasis scale (see Table 13 and Figure 4).

The Independence scale significant differences indicate that the repeat offender group, as a whole, perceives their families as being more assertive, self-sufficient, and able to make individual decisions to a greater degree than the first offender group.

The Moral/Religious Emphasis scale significant differences indicate that the repeat offender group, as a whole, places a higher emphasis on religious issues and values than the first offender group.

The third null hypothesis, that there are no differences between the first offender and the repeat offender groups, is rejected.

#### Hypothesis Four

Hypothesis Four stated that the amount of change in family environment for the repeat offender group would be greatest in the FT+ condition, whereas change in the first offender group would be greatest in the FT condition. This hypothesis was tested by the interaction effects of the two factors on the 10 scales and the two Incongruence scores. Post-hoc analysis of the only significant interaction, found on the Cohesion scale, revealed that the effects of B (Treatments) were not significant at A<sup>2</sup> (Repeat Offender Group) (see Table 9 and Figure 1).

The fourth null hypothesis, that there is no interaction effect between factors that would find significance for B<sup>3</sup> (paradoxical group) at A<sup>2</sup> (repeat offender group) and for B<sup>2</sup> (ending summary group) at A<sup>1</sup> (first offender group), was retained. Such an interaction effect approached significance on the mother/son Incongruence and the family Incongruence scores, and is further discussed later in this Chapter.

#### Discussion

Of importance at this time is an examination of where differences occurred and where they did not, from the context of the theoretical foundations of this study. As was seen in Tables 14 - 21, no differences were found between groups on the following scales: Active/Recreational, Achievement Orientation, Intellectual/Cultural, Organization, Expressiveness, Conflict, and Control. Differences were found on the Cohesion, Independence, and Moral/Religious Emphasis scales and on the mother/son Incongruence score, as was seen in Tables 8 - 13 and Figures 1 - 5.

The differences in independence make sense when viewed in conjunction with the concept of family disengagement (Minuchin, et al., 1967). These investigators found that delinquent family members tended to be more "disengaged" from each other, i.e., that they were often free to make decisions for themselves, to come and go as they pleased, and to violate the generational boundaries between parents and children. The repeat offender group may be more disengaged than

the first offender group, with this difference being measured by the Independence scale.

The differences in the Moral/Religious Emphasis scale are somewhat more difficult to explain. On the surface, it would make sense that the less delinquent group, e.g., the first offender group, would place more of an emphasis on morality and ethical values than the repeat offender group, but the results indicated that the opposite was true. Two possible explanations are offered. First, this scale, with its emphasis on religious beliefs and practices, may measure rigidity in a family's belief system. It was found (Friedman, Utada, & Morrissey, 1987) that families of adolescent drug abusers are more rigid in their family structure than had been previously reported (Olson, Portner, & Bell, 1982). If this is also true of delinquent families, the more delinquent repeat offenders would be more rigid, scoring higher on this scale. Second, this scale may serve the function of a "lie" scale for delinquents, i.e., defensive families with high resistance may wish to appear more ethical and moral than they in fact are.

Differences found on the Cohesion scale and on the mother/son Incongruence score are perhaps the most interesting when viewed from the context of family systems theory. The Cohesion scale scores measure how much support and togetherness family members feel for each other, while the Incongruence scores measure differences in perceptions of the family environment. Both may be indicators that the family is undergoing systemic change. It would make sense that, as long as the family homeostatic mechanism was in place, family

members would be "in tune" with each other regarding their perceptions of the system, and would feel as though everyone was supportive in his or her respective family roles. After the deviation amplifying feedback, or "kick" (Maruyama, 1963), provided by the paradoxical therapy, the system would begin to change and members' perceptions would not be as much in agreement, and the sense of equilibrium would be threatened. This would account for the difference only being found in the FT+ group, and would also account for no differences being found on other scales not as sensitive to systemic change.

It was predicted that a significant interaction would be found between the two levels of A and the 3 levels of B that would indicate that the paradoxical therapy was more effective for the repeat offender group and less effective for the first offender group. Although this interaction was not found to be significant, the probability values from Tables 19 and 21 suggest that significance was close and may have been found with a larger sample size. It is also important to note that the test for interaction effects done by ANCOVA has less power than the test for the main effects, so the chances of making a Type II error are increased. While remembering that the data do not support such a suggestion, it is possible that an interaction effect does exist, that would indicate that the paradoxical therapy was more effective in producing systemic change with the more resistant repeat offender group.

### Conclusions

It is concluded that paradoxical family therapy techniques are effective for creating changes in family environments. First offender families receiving paradoxical therapy perceive other members as being less supportive and as having a lesser sense of commitment than families who receive therapy with a session summary or families who receive no therapy at all.

It is also concluded that paradoxical family therapy produces more discrepancies in the way mothers and sons perceive their family environments.

Although both changes seem to reflect disharmony and not what would be expected from a helpful intervention, it is suggested that these changes are indicative of changes in the overall family system, thus indicating a systemic or second-order change.

Finally, it is concluded that first offender and repeat offender populations differ from each other in terms of the latter group having a greater degree of perceived independence and a greater emphasis on moral and religious issues.

### Suggestions for Further Research

The results of the present study raise some questions that could be addressed by further research. These questions fall into the categories of durability of results, generalizability of results, and construct validation.

First, how lasting are the results of the present study? Posttesting done six months or a year from the conclusion of therapy

would help to answer this question. Second, how well do the results generalize? Looking at different categories of offenders, e.g., more or less serious crimes, females in addition to males, as well as varying the number of sessions and the length of time between sessions would help to answer this question. Multi-cultural differences with respect to subject response to the interventions could be explored by using American racial minority groups, e.g., African Americans, Spanish surname Americans, or Asian Americans. Therapy conducted by different therapists in a double-blind design would also examine whether the results generalize across therapists.

Additional studies could focus on varying strengths of the paradoxical interventions. No attempt was made in the present study to quantify intensity of treatment. Therefore, different families could have received interventions of varying strength.

Last, replicating the study with a larger sample size would examine whether an interaction effect really exists on the Incongruence scores.

## APPENDICES

Appendix A  
Informed Consent



FORM KEY

- PF1 -- Parent or guardian in therapy group
- PF2 -- Parent or guardian in probation only group
- PF3 -- Other adults in home in probation only group
- PF4 -- Other adults in home in therapy group
- MF1 -- Minor in therapy group
- MF2 -- Minor in probation only group

PF1

PROFESSIONAL STATEMENT AND  
INFORMED CONSENT

You have been ordered by the Court to participate in four (4) family counseling sessions. You may meet this requirement in any way that you choose, such as going to Community Mental Health or selecting a private therapist on your own. Your therapist will be asked to give written verification to the Court after you have completed the four sessions.

An additional option that is available to you involves participation in a research study being conducted for a doctoral dissertation through Western Michigan University. This study is interested in looking at how families interact and communicate with one another, as well as seeing how effective counseling is as a sentencing alternative.

If you choose to be part of the study, you will receive family counseling free of charge, but will be asked to give about 1/2 hour of your time on two occasions to fill out a questionnaire on family communication. The sessions will be tape recorded for future listening by the people conducting the research. The use of information obtained from these recordings will be consistent with ethical and professional standards of the counseling profession safeguarding the confidentiality of such information.

I have read the above statement and hereby agree to participate in the research study. I understand that I may drop out of the study at any time without penalty, at which point I would be responsible for completing the remainder of the sessions with another therapist of my choice.

I give permission to have audio recordings made of our counseling sessions, and understand that portions of the recordings will be listened to by persons not affiliated with the Court for purposes of rating statements made by my therapist. I understand that these tapes will be held in a manner that will protect my confidentiality for up to three years following the completion of the study, at which point they will be erased.

This permission is granted for myself and for my minor children.

I understand that if I have any questions about the research I can contact Steven Townsend at 673-xxxx. If I have a problem that can't be discussed with my counselor, I can contact Dr. Robert Betz, Ph.D., at 387-xxxx.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

PF2

PROFESSIONAL STATEMENT AND  
INFORMED CONSENT

You have been selected to participate in a research study being conducted for a doctoral dissertation through Western Michigan University that is interested in looking at how families interact and communicate with one another, and at the effectiveness of counseling as a sentencing alternative. You are under no obligation to participate in this study, and what you decide will not affect your Court involvement in any way. If you choose to participate, however, you will be asked to give about 1/2 hour of your time on two occasions to fill out a questionnaire on family communication. The use of information obtained from these forms will be consistent with ethical and professional standards of the counseling profession safeguarding the confidentiality of such information. I understand that these forms will be held in a manner that will protect my confidentiality for up to three years following the completion of the study, at which point they will be destroyed.

I have read the above statement and hereby agree to participate in the research study. I understand that I may drop out of the study at any time without penalty.

This permission is granted for myself and for my minor children.

I understand that if I have any questions about the research I can contact Steven Townsend at 673-xxxx. If I have additional problems or concerns, I can contact Dr. Robert Betz, Ph.D., at 387-xxxx.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

PF3

PROFESSIONAL STATEMENT AND  
INFORMED CONSENT

You have been selected to participate in a research study being conducted for a doctoral dissertation through Western Michigan University that is interested in looking at how families interact and communicate with one another, and at the effectiveness of counseling as a sentencing alternative. You are under no obligation to participate in this study, and what you decide will not affect your Court involvement in any way. If you choose to participate, however, you will be asked to give about 1/2 hour of your time on two occasions to fill out a questionnaire on family communication. The use of information obtained from these forms will be consistent with ethical and professional standards of the counseling profession safeguarding the confidentiality of such information. I understand that these forms will be held in a manner that will protect my confidentiality for up to three years following the completion of the study, at which point they will be destroyed.

I have read the above statement and hereby agree to participate in the research study. I understand that I may drop out of the study at any time without penalty.

This permission is granted for myself.

I understand that if I have any questions about the research I can contact Steven Townsend at 673-xxxx. If I have additional problems or concerns, I can contact Dr. Robert Betz, Ph.D., at 387-xxxx.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
relationship to minor

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

PF4

## INFORMED CONSENT FORM

I have read the statement that explains the research study being conducted through Western Michigan University on family communication. I agree to participate in the research study, and I understand that I may drop out of the study at any time without penalty.

I give permission to have audio recordings made of our counseling sessions, and understand that portions of the recordings will be listened to by persons not affiliated with the Court for purposes of rating statements made by the therapist. The use of information obtained from these recordings will be consistent with ethical and professional standards of the counseling profession safeguarding the confidentiality of such information. I understand that these tapes will be held in a manner that will protect my confidentiality for up to three years following the completion of the study, at which point they will be erased.

I understand that if I have any questions about the research I can contact Steven Townsend at 673-xxxx. If I have additional questions or concerns, I can contact Dr. Robert Betz, Ph.D. at 387-xxxx.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
relationship to minor

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

MF1

## MINOR ASSENT FORM

I have read the statement that explains the research study being conducted through Western Michigan University on family communication.

I agree to participate in the research study, and I understand that I may drop out of the study at any time without penalty, at which point my family and I would be responsible for completing the remainder of the sessions with another therapist of my parents choice.

I give permission to have audio recordings made of our counseling sessions, and understand that portions of the recordings will be listened to by persons not affiliated with the Court for purposes of rating statements made by the therapist. The use of information obtained from these recordings will be consistent with ethical and professional standards of the counseling profession safeguarding the confidentiality of such information. I understand that these tapes will be held in a manner that will protect my confidentiality for up to three years following the completion of the study, at which point they will be erased.

I understand that if I have any questions about the research I can contact Steven Townsend at 673-xxxx. If I have additional questions or concerns, I can contact Dr. Robert Betz, Ph.D. at 387-xxxx.

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Minor

---

Counselor

---

Date

MF2

## MINOR ASSENT FORM

I have read the statement that explains the research study being conducted through Western Michigan University on family communication.

I agree to participate in the research study, and I understand that I may drop out of the study at any time without penalty.

I understand that if I have any questions about the research I can contact Steven Townsend at 673-xxxx. If I have additional questions or concerns, I can contact Dr. Robert Betz, Ph.D. at 387-xxxx.

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Minor

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Counselor

---

Date

Appendix B

Letter of Approval From the Human  
Subjects Institutional Review Board





Western Michigan University  
Kalamazoo, Michigan 49008-3899

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*Human Subjects  
Institutional Review Board*

TO: Steven G. Townsend  
FROM: Ellen Page-Robin, Chair *EP-R*  
RE: Research Protocol  
DATE: September 19, 1988

This letter will serve as confirmation that your research protocol, "Changing Family Environments of Delinquent Adolescents Using Paradoxical Counseling Techniques" is now complete and has been signed off by the HSIRB.

If you have any further questions, please contact me at 387-2647.

Appendix C  
Juvenile Court Dispositional Orders  
Instructions

INSTRUCTIONS FOR  
DISPOSITIONAL ORDER 1

This case has been selected to be part of my study. It has been assigned to the Probation Only group, therefore, the dispositional order will be:

1. Placement on probation until further order of the Court. A review hearing will be held in 6 months.

INSTRUCTIONS FOR  
DISPOSITIONAL ORDER 2

This case has been selected to be part of my study. It has been assigned to the Probation Plus Family Therapy group, therefore, the dispositional order will be:

1. Placement on probation until further order of the Court. A review hearing will be held in 6 months.
2. The family is ordered to attend four (4) family therapy sessions. Written verification of completion of this order is required.

Appendix D  
Paradoxical Directives

## PARADOXICAL DIRECTIVES

1.1. In spite of the expressions of conflict, I am struck by how well you parents work as a unit in your respective roles. This is important since it sounds as if things become like a 3-ring circus on occasion. John's acting out helps to keep the roles stable. It is my recommendation that John continue, for the time being, doing what he has been doing, so as not to introduce change too quickly into the family system.

1.2. John, even though you may not know it, you have developed a complex and powerful way of getting some of the parental control away from your parents. This is not abnormal for a teenager to do. I am going to make a prediction that sometime, between now and the next session, you will do something you aren't supposed to do and will fabricate a story so that your father will get upset and your mother will come to your defense, thus demonstrating the power you have.

1.3. Once again, it is evident that John holds a great deal of power in this relationship. I think, though, that you both experienced an occasion where his power was diminished and you regained some of your power as parents to act together. I would proceed fairly slowly, however, and not try to make too many changes too quickly, as John is at an age where a little change goes a long way.

2.1. It is obvious to me that there is pain in this family relating to past and recent losses. You all seem, however, to have an honest desire to get along with each other and to be open and honest. It is my recommendation, however, that all of you proceed slowly in this process of getting to know one another, because there are hidden pitfalls in moving too quickly.

2.2. It seems that much of the conflict we have discussed tonight centers around roles--primarily parental roles and adolescent roles. Because your family is still getting used to playing these roles together, I want you to concentrate over the next month on practicing playing them. Specifically, Mrs. Smith, I would like you to deliberately act in a parental manner toward John, and John, I would like you to deliberately act like an adolescent around her.

2.3. It is good to hear that everyone seems to be getting along better and is happier with their respective role in the family. Once again, however, I would caution you not to make too many changes too quickly, as lasting changes are those that are developed slowly over time.

3.1. The strong loyalty that your family has shown to John at this time of crisis is commendable. It conveys the love and caring that you all have for each other. I hope that you all can continue to show this strength and support for John during the time he is on

probation, as he will need this support during the time it takes for his anger to go away.

3.2. Your observations of the connection between your grief over the loss of Bob and your anger over John's involvement with the Court is a good one. It is important not to give up your anger or your grief too quickly, as your experiences can teach John much about these unpleasant emotions.

3.3. It is nice to see your family having fun and joking with each other. It must feel good after some of the tensions of the past few months. It is important, however, not to expect to put this experience behind you too quickly, or some of the negative feelings may not properly heal.

4.1. Mr. and Mrs. Smith, it is evident that even though each of you has a different way of relating to John, you both love him very much. It is also evident that you, John, love your parents and don't want to hurt them. It is my recommendation that each of you continue interacting with each other in the same way you have been, since this is the way that you know best to say "I love you."

4.2. John, I want to agree with your father that you are lucky to have many advantages that your parents did not have when they were your age. You also are lucky to have two parents whose roles balance each other so nicely. Your mother sets the limits that you as a teenager need, and your father gives you support, encouragement and love. I hope that they don't get discouraged in playing their roles, because each one is very important for your growth.

4.3. I'm glad to hear that changes are occurring in your family--that you are able to trust John more and that you are becoming more flexible. I want to caution you, however, not to make too many changes too quickly, because there are hidden dangers in changing too fast.

5.1. It would seem that although your children's actions often seem chaotic, there is a pattern to their fighting. Each one has a way to get the others angry. It is important to realize that John's use of walking away and not doing what he is told is his way of interacting with his sisters. Because of the function it serves in their interaction, it would not be recommended that John give these things up too quickly.

5.2. It is a difficult job raising children in this day and age with all of the temptations and negative influences. It's enough to give all parents gray hair! I am in agreement with your cautiousness and recommend that you continue to closely monitor John's free time and outside activities.

5.3. One of the most difficult things that a person has to do in life is prepare to leave home. Different people handle this task in

different ways, and some try to slow down the process by returning to childish ways. This seems to be what is happening with John. It would be a mistake to try to rush this process for him, so it is my recommendation that you try to remember how he was treated when he was 10 years old and to try to treat him in the same way now. It is important to remember that this is not a punishment, but an act of love to help him feel less threatened about having to grow up.

6.1. I can certainly understand the concern and worry that you all feel with regard to Jane and her relationship with John. It is admirable that you care enough about her that you are willing to have your lives disrupted on a continual basis to help her. In spite of this discomfort, I would continue to open your home to her, as it sounds like she really doesn't have any other options.

6.2. Mrs. Smith, you have learned that letting your feelings out has been helpful for you and you find it hard to accept the silence that your husband shows when he is angry. I would continue to express your feelings to him, but not expect him to change too quickly, as this is a skill that is sometimes quite difficult to learn.

6.3. Mr. and Mrs. Smith, you are both very worried about what might happen if you talk to each other about your true feelings. Sometimes it is like walking on eggshells, trying to avoid upsetting each other. Although this is frustration at times, it is important to think of this as being considerate of the other person and not wanting to cause each other unnecessary hurt feelings.

7.1. John, you are lucky to have two parents who care about you and who worry about your future. You are also lucky that each parent plays a different role with you, one who helps you by being strict and wants you to follow the rules, and one who gives you support and friendship. Because each role is important for John's growth, I hope that both of you continue playing each role, even though it is difficult to do and takes a lot of energy.

7.2. Mrs. Smith, it is obvious that your son and husband care for you very much, and that one of their ways of showing you that you are loved and needed is for your son to create minor conflicts for you to get involved in and for your husband to sit back and let you deal with them. Even though these actions on their parts can be frustrating at times, it is important to view them as acts of love and caring.

7.3. John, it's going to be a real challenge to complete the school year with no problems with your teacher. Although I would like to be optimistic, unfortunately, I would have to predict that you and she will have a major confrontation before school is out. When this happens, talk with your Dad, and have him instruct you on how you should handle the problem, since he has gained a wisdom from dealing with problems in the field of work.



8.1. I am happy to hear that things are going better between the two of you now that Jane is not longer living in your home. I would caution you, however, not to be too optimistic or expect John to change too quickly, as it is likely that he will act out again in the future, although not necessarily by breaking the law.

8.2. Even though things are going well right now between the two of you, it is important not to make too many changes, too quickly, because lasting change only comes after much time and much effort.

8.3. John, it is difficult to express negative feelings to your father because of being worried about hurting him or creating feelings of guilt. It is best not to proceed too quickly in the area of increased communication.

9.1. Mr. and Mrs. Smith, you both bring strengths into the family system that stem from natural and learned abilities. Mr. Smith, you are the disciplinarian in the family, and can say, "no" without too much difficulty. Mrs. Smith, although you find it harder to say no, your strengths lie in helping to keep peace in the family. Although both roles carry with them aspects that are difficult, both functions are needed and therefore should not be changed too quickly.

9.2. John, after hearing your parents today, I hope you appreciate everything they do for you. Their generosity shows itself when they give you things, when they give things to your brother, when your father gives his sleeping time for you, and when your parents do chores for you. Mr. and Mrs. Smith, this generosity is a rare quality in parents, and I hope that you never give it up.

9.3. John, even though you have been making some positive changes, and have good intentions for more, it is important that you don't make too many changes too quickly, because lasting change can only occur over a gradual period of time.

10.1. When a family comes apart, there is grieving the same as if a loved one were to die. Each of you has handled your grief in a different way, and in a sense this coping has added to the pain already there. In spite of the discomfort, it is important to let the grieving process continue, so the wounds won't be closed up with infection still inside.

10.2. John, you are trying hard to provide support to your father as he continues the painful process of grieving. It is important for you to continue to do this, and Bob for you to accept his support, as it is one of the ways he is able to cope with his own grief.

10.3. Trying to blend two different families together is a difficult task that takes time. John needs time to adjust to having two teenagers at home, and Jim and Bob need time to adjust to seeing their mother go through the ups and downs of a marital relationship. During this time of adjustment, it is good for you boys to give

support to your mother, even if it seems like you are choosing sides, and Bill it is important for you to take your sons' side in their conflicts with John.

Appendix E

Sample of Family Environment Scale Items

Sample of FES Items  
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Cohesion Subscale

Family members really help and support one another.

We often seem to be killing time at home.

There is a feeling of togetherness in our family.

Expressiveness Subscale

Family members often keep their feelings to themselves.

We say anything we want to around home.

We tell each other about our personal problems.

Conflict Subscale

Family members hardly ever lose their tempers.

Family members rarely become openly angry.

We fight a lot in our family.

Independence Subscale

We come and go as we want to in our family.

In our family, we are strongly encouraged to be independent.

We don't do things on our own very often in our family.

Achievement Orientation Subscale

How much money a person makes is not very important to us.

Getting ahead in life is very important in our family.

We feel it is important to be the best at whatever you do.

Intellectual-Cultural Orientation Subscale

We are not that interested in cultural activities.

We rarely go to lectures, plays or concerts.

We often talk about political and social problems.

Active-Recreational Orientation Subscale

We often go to movies, sports events, camping, etc.

Nobody in our family is active in sports, Little League, bowling, etc.

We spend most weekends and evenings at home.

Moral-Religious Emphasis Subscale

We don't believe in heaven or hell.

We don't say prayers in our family.

Family members attend church, synagogue, or Sunday School fairly often.

Organization Subscale

It's often hard to find things when you need them in our household.

We are generally very neat and orderly.

Activities in our family are pretty carefully planned.

Control Subscale

Family members are rarely ordered around.

There are very few rules to follow in our family.

There are set ways of doing things at home.

Appendix F  
Counselor Rating Form

## COUNSELOR RATING FORM

## Counselor Style

We are interested in your honest opinions about your experience with your counselor. For each of the adjectives below please circle the point on the scale that best describes your feelings about your counselor.

<b>FRIENDLY</b> 1 2 3 4 5 6 7 not            very very	<b>EXPERIENCED</b> 1 2 3 4 5 6 7 not            very very	<b>HONEST</b> 1 2 3 4 5 6 7 not            very very
<b>LIKEABLE</b> 1 2 3 4 5 6 7 not            very very	<b>EXPERT</b> 1 2 3 4 5 6 7 not            very very	<b>RELIABLE</b> 1 2 3 4 5 6 7 not            very very
<b>SOCIABLE</b> 1 2 3 4 5 6 7 not            very very	<b>PREPARED</b> 1 2 3 4 5 6 7 not            very very	<b>SINCERE</b> 1 2 3 4 5 6 7 not            very very
<b>WARM</b> 1 2 3 4 5 6 7 not            very very	<b>SKILLFUL</b> 1 2 3 4 5 6 7 not            very very	<b>TRUSTWORTHY</b> 1 2 3 4 5 6 7 not            very very

Appendix G  
Judges' Sample of Messages  
With Scoring Key



## Judges Sample of Messages

1. John, your mother has a tendency to make excuses for your unacceptable behavior and to rescue you from the natural consequences. Mrs. Smith, I am going to ask you to try not to rescue your son or make excuses for him during the next week. Mr. Smith, I want you to give a gentle reminder to your wife if she slips and starts with this behavior.

2. When a family comes apart, there is grieving the same as if a loved one were to die. Each of you has handled your grief in a different way, and in a sense this coping has added to the pain already there. In spite of the discomfort, it is important to let the grieving process continue, so the wounds won't be closed up with infection still inside.

3. Trying to blend two different families together is a difficult task that takes time. John needs time to adjust to having two teenagers at home, and Jim and Bob need time to adjust to seeing their mother go through the ups and downs of a marital relationship. During this time of adjustment, it is good for you boys to give support to your mother, even if it seems like you are choosing sides, and Bill it is important for you to take your sons' side in their conflicts with John.

4. Mr. Smith it is evident that you are uncomfortable with the task of setting limits for your son. This is a difficult thing to learn, so I am recommending the following prescription: every time John comes to you, Mrs. Smith, to ask if he can go out, you are to direct him to his father. Mr. Smith, when he asks you if he can do something that is against the specified rules, you are to say "no." With practice, this task will get easier.

5. In spite of the expressions of conflict, I am struck by how well you parents work as a unit in your respective roles. This is important since it sounds as if things become like a 3-ring circus on occasion. John's acting out helps to keep the roles stable. It is my recommendation that John continue, for the time being, doing what he has been doing, so as not to introduce change too quickly into the family system.

6. As parents, you know that the job of raising a teenager is difficult and trying. You are fortunate to have the help of a probation officer to help with setting limits for John to follow. The events of the past week are serious enough that you can not ignore them. My recommendation is for you to call your son's probation officer tomorrow morning to explain what has happened so he can assist you in arriving at an appropriate consequence.

7. One of the most difficult things that a person has to do in life is prepare to leave home. Different people handle this task in

different ways, and some try to slow down the process by returning to childish ways. This seems to be what is happening with John. It would be a mistake to try to rush this process for him, so it is my recommendation that you try to remember how he was treated when he was 10 years old and to try to treat him in the same way now. It is important to remember that this is not a punishment, but an act of love to help him feel less threatened about having to grow up.

8. Although things seem bleak at present, they may not be as bad as they seem. John, you are getting along better with your sister, and fighting less with your parents. Mr. and Mrs. Smith, although you are disappointed with this current report card, John has not been suspended yet this semester. It is important for you as a family to keep hope alive and not to give up just yet.

9. John's problem of not coming home on time needs to be addressed in order to improve. It is my recommendation that every time John comes home on time from being with his friends, he be allowed to stay up one hour later the next night. After he has mastered this task, we will concentrate on his chores.

10. I am happy to hear that things are going better between the two of you now that Jane is no longer living in your home. I would caution you, however, not to be too optimistic or expect John to change too quickly, as it is likely that he will act out again in the future, although not necessarily by breaking the law.

11. John, it's going to be a real challenge to complete the school year with no problems with your teacher. Although I would like to be optimistic, unfortunately, I would have to predict that you and she will have a major confrontation before school is out. When this happens, talk with your Dad, and have him instruct you on how you should handle the problem, since he has gained a wisdom from dealing with problems in the field of work.

12. Mrs. Smith, you have learned that letting your feelings out has been helpful for you and you find it hard to accept the silence that your husband shows when he is angry. I would continue to express your feelings to him, but not expect him to change too quickly, as this is a skill that is sometimes quite difficult to learn.

13. It is obvious to me that there is pain in this family relating to past and recent losses. You all seem, however, to have an honest desire to get along with each other and to be open and honest. It is my recommendation, however, that all of you proceed slowly in this process of getting to know one another, because there are hidden pitfalls in moving too quickly.

14. The strong loyalty that your family has shown to John at this time of crisis is commendable. It conveys the love and caring that you all have for each other. I hope that you all can continue to show this strength and support for John during the time he is on

probation, as he will need this support during the time it takes for his anger to go away.

15. John, it is evident that you are engaging in your irritating behavior specifically to get attention. Mr. and Mrs. Smith, you have been giving your son the attention he seeks when he acts up. John, I am going to ask you to try getting your attention by being good for the next week, and Mr. and Mrs. Smith, I want you to pay attention so you can give him praise when he is being good.

16. I'm glad to hear that changes are occurring in your family--that you are able to trust John more and that you are becoming more flexible. I want to caution you, however, not to make too many changes too quickly, because there are hidden dangers in changing too fast.

17. Mrs. Smith, it is obvious that your son and husband care for you very much, and that one of their ways of showing you that you are loved and needed is for your son to create minor conflicts for you to get involved in and for your husband to sit back and let you deal with them. Even though these actions on their parts can be frustrating at times, it is important to view them as acts of love and caring.

18. The changes that this family has made over the last two months are commendable. Mr. and Mrs. Smith, you have begun working together as a unit, and have been able to agree more on parenting issues. John, you have been taking care of your responsibilities in a very acceptable manner. Keep up the good work!

19. It seems that much of the conflict we have discussed tonight centers around roles--primarily parental roles and adolescent roles. Because your family is still getting used to playing these roles together, I want you to concentrate over the next month on practicing playing them. Specifically, Mrs. Smith, I would like you to deliberately act in a parental manner toward John, and John, I would like you to deliberately act like an adolescent around her.

20. John, after hearing your parents today, I hope you appreciate everything they do for you. Their generosity shows itself when they give you things, when they give things to your brother, when your father gives his sleeping time for you, and when your parents do chores for you. Mr. and Mrs. Smith, this generosity is a rare quality in parents, and I hope that you never give it up.

21. I can certainly understand the concern and worry that you all feel with regard to Jane and her relationship with John. It is admirable that you care enough about her that you are willing to have your lives disrupted on a continual basis to help her. In spite of this discomfort, I would continue to open your home to her, as it sounds like she really doesn't have any other options.

22. John, the death of a family member is always difficult to deal with, and it is important to go through the grieving process in your own individual way. When you act out, however, it merely makes it more difficult for your parents to cope. Therefore, it is my recommendation that you try to suppress your inappropriate behavior until your parents can get over their sadness.

23. Mr. and Mrs. Smith, you are both very worried about what might happen if you talk to each other about your true feelings. Sometimes it is like walking on eggshells, trying to avoid upsetting each other. Although this is frustrating at times, it is important to think of this as being considerate of the other person and not wanting to cause each other unnecessary hurt feelings.

## SCORING KEY

- |                    |                     |
|--------------------|---------------------|
| 1. not paradoxical | 13. paradoxical     |
| 2. paradoxical     | 14. paradoxical     |
| 3. paradoxical     | 15. not paradoxical |
| 4. not paradoxical | 16. paradoxical     |
| 5. paradoxical     | 17. paradoxical     |
| 6. not paradoxical | 18. not paradoxical |
| 7. paradoxical     | 19. paradoxical     |
| 8. not paradoxical | 20. paradoxical     |
| 9. not paradoxical | 21. paradoxical     |
| 10. paradoxical    | 22. not paradoxical |
| 11. paradoxical    | 23. paradoxical     |
| 12. paradoxical    |                     |

Appendix H  
Sample Demographics

## Sample Demographics

	PO	FT	FT+	N
Mean Age of Offender	15.75	14.8	15.3	
First Offender	5	5	5	15
Repeat Offender	3	5	5	13
Single Parent (mother)	3	7	1	11
Single Parent (father)	0	0	2	2
Two Parents in Home	5	3	7	15
Caucasian	8	10	9	27
Hispanic	0	0	1	1

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