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The Family-Directed Structural Assessment Tool: An Approach to Assisting Families Impacted by COVID-19

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The Family-Directed Structural Assessment Tool: An Approach to Assisting Families Impacted by COVID-19

The Family-Directed Structural Assessment Tool (FDSAT) is a family-driven, strengths-focused helping modality that is based upon concepts of Structural Family Therapy (Minuchin, 1974) and Strengths Perspective (Weick, Rapp, Sullivan, & Kisthardt, 1989). It has been developed over the last 25 years, and current discussion centers around its utilization with families impacted by the COVID-19 pandemic. The assessment tool, completed by family members, emphasizes family structure and roles, as well as core issues (i.e., fabric of emotional family function) and external stressors. The family is understood as the expert regarding its functioning, with the service provider acting as a guide assisting the family to make decisions it believes to be in its best interest. The FDSAT is non-diagnostic in nature and provides a common language for all family members. Using this common language, the FDSAT specifically enables family members to identify strengths and areas of concern in the structure of family functioning (McLendon, 2013).

The COVID-19 pandemic undeniably threatens the stability of many, if not most, families. The framework of the FDSAT offers a potential means by which families and service providers can navigate these uncertain times. While the current crisis is unique and extremely complex, the concepts and language of the FDSAT have been successfully implemented in a variety of settings with families with a multitude of presenting issues. Implementation sites include traditional outpatient offices (Radohl, Murphy, Petr, McLendon, & McLendon, 2011), a residential treatment facility (McLendon, McLendon & Hatch, 2012), a child welfare agency (McLendon, McLendon, Dickerson, Lyons, & Tapp, 2012), and a therapeutic wilderness camping program (McLendon, McLendon, Petr, Kapp, & Mooradian, 2009), with empirical studies demonstrating statistically significant findings supporting its implementation (Radohl, Murphy, Petr, McLendon, & McLendon, 2011; McLendon, McLendon, Petr, Kapp, & Mooradian, 2009).

One of the many devastating characteristics of COVID-19 is its impact on families and society in almost every aspect of functioning, including: family relationships (nuclear and extended), living conditions/arrangements, school/education, employment, finances, friends, legal concerns, involvement with social services, spirituality, healthcare/mental health, and substance use. For the past 25 years, the FDSAT has been utilized with families in various states of crisis and included each of these dynamics in the assessment and change process. Finally, the FDSAT has been successfully used with single-parent families,

married and unmarried partners, couples considering marriage, grandparents parenting grandchildren, and divorced couples co-parenting children.

The COVID-19 pandemic clearly presents extreme challenges for all levels of society, especially the family unit. While the term “family” can be defined in a multitude of ways, it is arguably one of the core foundations of society. Broadly defined,

The family performs several essential functions for society. It socializes children, it provides emotional and practical support for its members.....and it provides its members with social identity. In addition, sudden or far-reaching changes in the family’s structure or processes threaten its stability and weaken society (“Sociological perspectives on the family,” 2020).

The family unit has unquestionably been impacted by the myriad of consequences created by COVID-19 that before now would have been unimaginable. In this time of confusion and unpredictability, it is all the more important that families have a means by which to identify their strengths, understand evolving expectation of familial roles, and assess the impact of external stressors on family functioning. Moreover, it is vital to assist families to conceptualize ways in which those stressors can be addressed in the healthiest manner possible.

In considering the concept of “family” within the FDSAT framework, the idea that adults are the *fulcrum of power and source of change* is fundamental. Any time of crisis likely brings about varying levels of fear and uncertainty among family members. During the current pandemic, these emotions are potentially intensified from previous times of struggle. The gravity of COVID-19 creates extraordinary need for adults to support one another in decision making and provide an optimally stable and predictable family environment. This does not imply that children’s emotions and opinions are not taken into consideration. On the contrary, the wishes and preferences of the child(ren) (e.g., school arrangements, need for socialization and contact with friends) are undoubtedly of substantial familial concern. Furthermore, FDSAT framework includes a child version that allows children to rate family *core issues*. This tool is incorporated when adult family members have made basic decisions regarding strengths and areas of concerns. While the child tool is incorporated at points in the helping process beyond the scope of this discussion, the point is that the

ultimate responsibility for fundamental decision-making and basic, catalytic behavioral change lies with adult family members.

Another key component of this helping process is the use of the common language the FDSAT creates. This framework provides families a means by which to effectively communicate, with *communication* defined in the FDSAT as “the exchange and understanding of information” (McLendon, McLendon, & Petr, 2005, p. 328). The shared language of the assessment tool (e.g., *boundaries, roles, core issues* and *external stressors*) enables adults and children to discuss issues of internal functioning and external stressors utilizing a shared vernacular. This aids in decreasing extreme emotion and volatility among family members, a potentially helpful coping tool to manage heightened tensions produced by the strain of the pandemic. To be clear, this paradigm is not “anti-emotion.” Instead, this framework and shared language encourages family members to identify what they think, feel, and need, and communicate with others in a way that generates meaningful, productive change. Dynamics of family communication as influenced by language of the FDSAT are explored in later portions of this manuscript.

The COVID-19 pandemic has posed and will continue to present unprecedented struggles to the family unit. Clearly, no assessment tool, helping process, or intervention can address all the innumerable challenges families have faced and continue to weather. Moreover, it is challenging to summarize the complex process involved in family decision-making, particularly during COVID-19; however, the concepts and processes specific to FDSAT potentially provide a framework to assist people to make decisions they deem to be in the best interest of their families.

The following section provides a visualization and description of the *family circle*, the foundation of the FDSAT. Core emotional issues and family roles are outlined. Stressors external to the family circle are discussed with specific application to the COVID-19 crisis. Finally, an in-depth case study is provided that includes an example of a family-driven plan of action.

Basic Concepts of FDSAT: Family Circle, Boundaries, Roles, Core Issues and External Stressors

The *family circle*, based on concepts of Structural Family Therapy (Minuchin, 1974), enables adult family members to establish a mental and emotional *external boundary* around their family unit. Therefore, as families and service providers address ever-changing effects of the pandemic, this *family circle* and *external boundary* provide a vital foundation for the problem-solving process. These concepts relate to the idea that adults are

the *fulcrum of power and source of change* in the family and are responsible for maintaining the external boundary. Thus, they are responsible for decision making, facilitating positive change in internal family functioning, and minimizing the negative impact of influences external to the family circle.

Building on this idea, *external stressors* are conceptualized as people and dynamics outside the family circle. It is important to note that “stressor” can be defined as either positive and helpful (i.e., eustress) or negative and destructive (i.e., distress). Delineating these external stressors can help families to clearly define and differentiate the numerous challenges impacting the family unit (e.g., school, finances, employment).

Inside this external boundary are *roles*. These include: *husband/partner, wife/partner* (the intimate relationship between these adults), *individual role* (adult family members’ feelings regarding their own personal worth and dignity outside of their roles as a partner, mother, father, and parent), *father/parent one* (the individual relationship between the father/parent one and children), *mother/parent two* (the individual relationship between the mother/parent two and children), and *parenting role* (the ability of the two parents to work together for the health, education, and welfare of the children), or the ability of a single parent to advocate for the health education and welfare of the children. Finally, the *children* role encompasses the emotional, physical, and behavioral health of the children in the family.

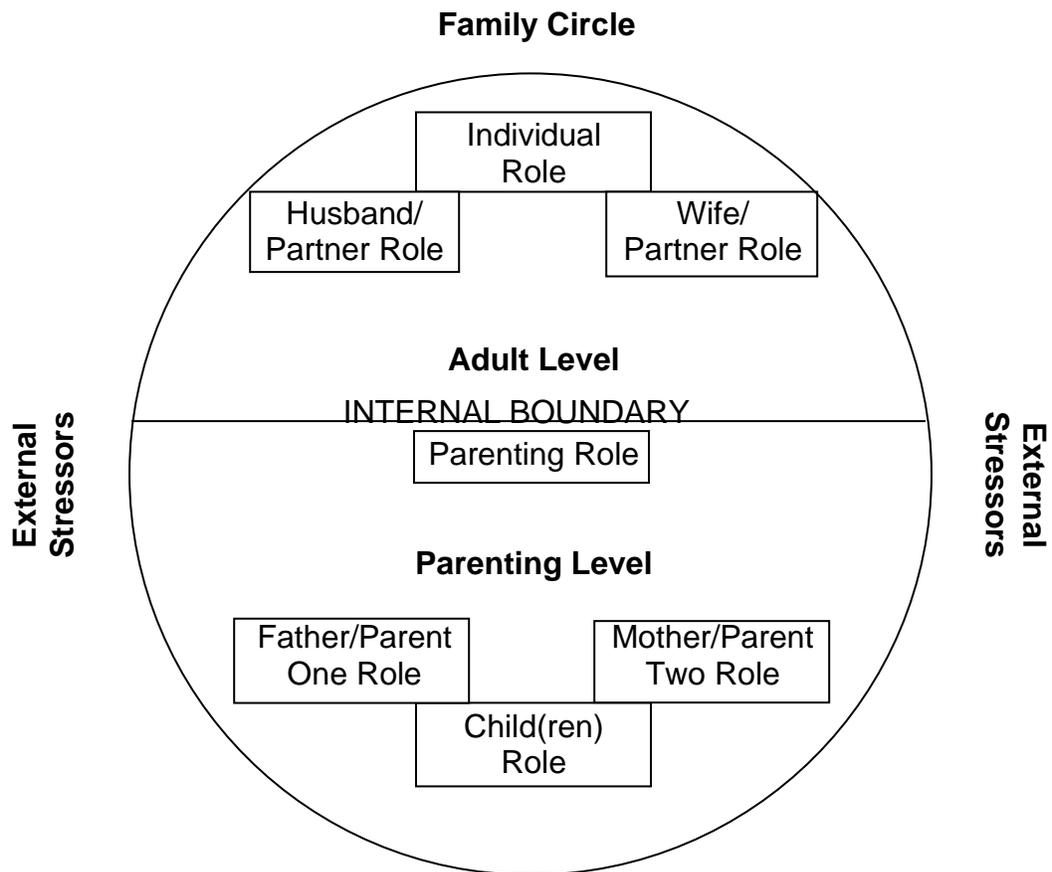
Within this external demarcation is an *internal boundary* that separates *adult level* roles/issues from *parenting level* roles/issues. The presence of this internal boundary assists families in addressing areas of concern more purposefully. For example, both parents lose their jobs due to Coronavirus and finances become an extreme concern (*jobs/employment* and *finances* are both external stressors). Assisting families to determine the most appropriate level on which to address these issues can lead to a productive outcome. Specifically, if adults choose to process and problem-solve these topics on the *adult level*, rather than sharing details of these situations and involving the children on the *parenting level*, the children are somewhat protected from what are arguably topics more effectively dealt with by adults on the corresponding level.

Also conceptually included within this external boundary are five *core issues* or the “emotional fabric of family functioning” (McLendon, McLendon, & Petr, 2005, p.329). These concepts offer a framework for families to reflect upon internal family dynamics. Core issues include: *commitment* (the willingness to see situations through despite difference and conflict),

empowerment (the degree to which one believes his/her opinion is valued and respected by other family members), *control of self* (the ability to change behaviors in order to bring about reduced conflict or improved relationships), *credibility* (the ability to say what one will or will not do and the ability to carry through) and *consistency* (the ability to be predictable on an ongoing basis).

Finally, there are 17 *external stressors* presented for consideration with the definition of most being self-evident. These dynamics outside the family circle include: *ex-relationships* (e.g., ex-husbands, ex-wives, ex-significant others, etc.), *in-laws* (e.g., mother in-law, father in-law of adult family members), *parents* (adult family members' parents), *grandparents* (the child(ren)'s grandparents, such as in-laws, parents and grandparents are the same people functioning in different roles), *military service*, *employment*, *living conditions*, *finances*, *religion/spirituality*, *legal issues*, *social services*, *hobbies/interests*, *school*, *friends*, *alcohol and drugs* (both legal and illegal), *health care/mental health*, and "other."

The graphic representation of the family circle is provided in Figure 1. Figure 1.



*Core Issues are the “fabric” of emotional family functioning within the family circle.

The role of the service provider is to orient adult family members to these basic concepts and guide them through the following scoring and problem-solving process. The FDSAT framework allows adult family members to rate *core issues*, *roles*, and *external stressors* on a four-point scale (1 = positive, 2 = more positive than negative, 3 = more negative than positive, 4 = negative). For the purposes of clarity and ease of application, Figure 2 summarizes the way in which these scores are collected. Note that each adult family member completes a separate assessment tool. Scores are then compared and contrasted to assist the family and service provider in formulating a plan of action. Children can be included with the use of the FDSAT child assessment tool that introduces children to and allows them to rate the *core issues*. Inclusion of this tool is beyond the scope of this discussion; however, it is available for use with more in-depth application of the FDSAT framework.

Figure 2.

Please rate your core issues and roles utilizing the rating scale below.

- 1—Core Issue/Role is positive
- 2—Core Issue/Role is positive with some negative effects
- 3—Core Issue/Role is negative with some positive effects
- 4—Core Issue/Role is negative
- N/A—Not Applicable (specific to roles – e.g., if you do not have a partner)

Core Issues	1	2	3	4
Commitment				
Empowerment				
Control of Self				
Credibility				
Consistency				

Roles	N/A	1	2	3	4
Husband/Partner					
Wife/Partner					
Individual					
Father/Parent One					
Mother/Parent Two					
Combined Parenting					
Child(ren)					

Rate these external stressors based on the impact on your family. Use the rating scale below.

1—Stressor is positive and helpful

2—Stressor is positive with some negative effects

3—Stressor is negative with some positive effects

4—Stressor is negative

N/A—Not Applicable (e.g., you do not have any ex-relationships impacting your family circle, you do not have any in-laws, you or a family member have not served in the military, etc.)

External Stressors	N/A	1	2	3	4
1. Ex-relationships					
2. In-laws (your in-laws)					
3. Parents (parents of the adults in the family)					
4. Grandparents (grandparents of your children)					
5. Military Service					
6. Employment					
7. Living Conditions					
8. Finances					
9. Religion/Spiritual					
10. Legal Concerns					
11. Social Services					
12. Hobbies/Interests					
13. School					
14. Friends					
15. Drugs and Alcohol					

16. Health/Mental Health Care					
17. Other					

The scores from this assessment are then utilized to identify family strengths as they relate to *core issues*, *roles*, and *external stressors*. Areas of concern are also identified specific to these concepts. Finally, a plan of action is created using these strengths and areas of concern. Examples of this process follow.

Assisting Families to Identify Strengths and Areas of Concern

Core Issues

When families and service providers are reviewing the assessment tool, they examine all scores from core issues, roles, and external stressors. Adults in the family give meaning to scores to address strengths and areas of concern. Similar scores by partners on a specific core issue, role, or external stressor that are marked as a 1 or 2 may be an area of strength. For example, if both partners score commitment as 1, they likely perceive this core issue as positive and believe they are committed to addressing the challenges they are facing. Within the context of COVID-19, this a particularly essential asset. The unpredictability of many situations can be overwhelming. Yet both partners firm commitment to “seeing things through despite differences and conflict,” is a clear family strength. This is not to say the family will not encounter tremendously challenging situations; however, identifying a solid sense of overall familial commitment is a vital quality.

Conversely, if one partner scores his credibility as 3, and through the processing of scores his partner agrees with this self-report, this indicates he has difficulty stating what he will or will not do and has difficulty following through behaviorally. Specifically, he has been exposed to COVID-19 and has been ordered to quarantine for 14 days. He states he is isolating in the basement of their home 24/7. Despite this statement, his partner learns that while she is at work, he leaves home to meet a friend who does not believe the virus is a legitimate threat. She believed that the potentially infected partner was following protocol; however, they both identified a significant credibility issue in that his actions were not consistent with his statements. Therefore, credibility is identified as an area of concern and the conversation transitions to a plan for him to improve this core issue.

Using *empowerment* as another example, both partners rate this core issue as 3 or 4, meaning that neither of them feel particularly “heard” or respected by other family members. This may be an area of concern they select to address by creating a plan of action specific to this issue. This could include, among other strategies, establishing guidelines by which to resolve conflict. An example of this includes when disagreeing, partners agree to allow the other to “walk away” for a pre-established length of “cooling off”. Another example focuses on “I and me” messages that emphasize what the specific partner wants, needs, and feels, rather than using “you and we” message that tend to focus blame on the other partner.

As families navigate the uncertainty of the pandemic, the importance of the role of the *core issue* of *empowerment* cannot be overstated. Undoubtedly, there are numerous difficult decisions that families have been making and continue to make daily. Many of these are represented as *external stressors* in the FDSAT. For example, many families must make on-going decisions regarding online, hybrid, or in-person education of their child(ren). Family members often have differing opinions of the most advantageous alternative, which is to be expected. If family members discuss these choices in a respectful manner, it is much more likely that some level of agreement can be reached as opposed to a conversation defined by anger and aggression.

Roles

In reference to *roles*, the mother role/parent two might be scored as a strength (e.g., 1 or 2), meaning that the one-on-one relationship between this person and the child(ren) is a positive dynamic in internal family functioning. On the other hand, the combined parenting role may be rated a 3 or 4. In a two-parent family, this could mean these people have difficulty agreeing on issues specific to the health, education, and welfare of the child(ren). In a single parent family, a score of 1 in the mother and 3 in the parenting role would likely mean this person has a positive one-on-one relationship with her child, but she struggles with making decisions about and advocating for the health, education, and well-being of her child(ren).

Placing these dynamics within the context of COVID-19, the mother role can be identified as a positive quality within the family. Because many children have experienced tremendous disruption in their daily lives, accompanied by varying amounts of fear and uncertainty, a strong and supportive mother (or parent two) is an asset to the family’s well-being.

In contrast, if the parenting role (either combined in a two-parent family or a single parent rating her/himself in the parenting role) is more negative than positive, this may be an area of concern the family would like to address via a plan of action. For instance, in a two-parent family, this could potentially relate to addressing a child's mental health concerns that have resulted from the social isolation of COVID-19. One parent may believe that the child just needs to "get over it," while the other may want to consider teletherapy resources to assist the child. By clearly identifying this conflict and addressing it using the "rules" established that are specific to empowerment, the parents can begin to discuss options that take into consideration all opinions and work toward an agreeable solution.

In a single parent family, this may mean the mother struggles in deciding what is in the best interest of her child's academic process. She is aware her 13-year-old daughter is suffering socially because of online schooling; however, she is extremely fearful of her daughter returning the physical building and encountering an increased risk of contracting Coronavirus. Mother feels "alone" in the decision and questions her own judgement. As she is able to clearly identify this struggle, she can create a plan of action to acquire the needed resources (e.g., additional information from reputable sources, talking with a trusted friend, or consulting with another parent whose child has returned to in-person classes) to assist her in making this decision.

External Stressors

During the COVID-19 pandemic, the process of assisting family members to conceptualize, delineate, and rate the impact of *external stressors* on their family is invaluable. Individuals need look no further than their own neighborhood, family, friends, community, and media sources to understand the devastating impact of Coronavirus on all levels of society. This includes, but is not limited to, uncertainty in employment, finances, childcare, school, living arrangements, struggles with health care, mental health, social isolation, and religion/spirituality. In light of all these dynamics, it is vital to highlight the *external boundary* around the family circle and continue to emphasize *external stressors* that may be positive and supportive or negative and destructive. Particularly in times of extreme crisis and constantly evolving demands on the family, it can prove immensely helpful to identify entities outside of the family that are or can be of assistance. For example: a grandparent can provide support for homeschooling and childcare; one partner may have secure employment; connection with a religious community is a stabilizing influence; teachers

are working diligently to meet the homeschooling needs of a family's child with special needs; the family has a stable living situation, etc. While this exercise may seem basic in nature, it can prove to be a powerfully beneficial coping mechanism.

Furthermore, it can be helpful for adult family members to determine in what ways and to what extent they can reasonably address the stressors that are negatively impacting the family unit. For instance, *living conditions* may be problematic because the family was forced to move in with parents/in-laws because both adults lost their jobs. The situation is far from ideal and emotionally taxing, yet the family presently has no other options. If, however, the adults support each other in the decision to move in with their parents/in-laws, respect each other's feelings about the situation (i.e., *core issue of empowerment*), and agree this situation cannot be altered at the present time, they can then more readily focus their attention and energy to external stressors upon which they can have some level of impact.

School is a significant COVID-19 related stressor for most families with children. The ever-changing implementation status of face-to-face classes, various hybrid models, or use of completely remote pedagogical methods is often creating tremendous strain on and anxiety for families. Moreover, many families face the daily challenges of effectively engaging children in a meaningful and productive homeschooling environment. Parents are expected to function effectively in the *role* of Mom and/or Dad, as well as advocate for the health, education, and welfare of their children in the *parenting role*. To add to these more predictable roles, many of these people are now functioning as their child(ren)'s teacher. This melding of roles likely cannot be avoided during the pandemic. If, however, adults in the family are able to mentally differentiate these roles and problem solve around the myriad of issues that accompany this situation using tenets of *empowerment*, there is potential for a supportive and mutually agreeable plan of action.

Case Example

John and Jane Doe (ages 36 and 35, married for 15 years) have presented to a mental health center for help with their sons, Andrew and Tyler (ages 12 and 14), who have both been diagnosed with Oppositional Defiant Disorder (i.e., easily angered, spiteful and vindictive, consistently defiant of multiple authority figures). They were diagnosed six months ago by a child psychiatrist in a town three hours away from their rural home town. Andrew and Tyler were placed on a "therapeutic" dose of Depakote, but no positive change in behavior has been evident.

The family has not received any mental health services other than the psychiatric consultation. Jane is frustrated with the boys' situation and is desperate for guidance. She made the current appointment with the mental health center and John reluctantly agreed to attend. During the telemedicine intake, the adults share the following details about their family:

- John works 10-12 hours a day at a local manufacturing company. His employment has not yet been impacted by COVID-19, but furlough is always a possibility.
- Jane previously operated a daycare out of the home. She was forced to close three months ago due to Coronavirus precautions. It is unclear when she will be able to reopen.
- The boys had significant problems at school (e.g., suspensions due to behavioral issues) prior to the move to online classes three months ago due to COVID-19.
- Jane has been solely responsible for the boys' homeschooling, which has been quite difficult due to her feelings of inadequacy to address their behavioral issues. Both children constantly complain of feeling bored and missing their friends.
- Andrew and Tyler have each become physically aggressive with Jane on two occasions in the last three months. Law enforcement was called to the house each time.
- Jane feels isolated and hopeless, as she gained personal satisfaction from her business and she has only had text-message conversations with two friends in the last three months. She also attended church services regularly, a source of support for her. She has not been able to do this since pandemic precautions were put in place.
- She also is frustrated with being responsible for homeschooling the children, dealing with their behavioral issues all day, and not sensing any support from John.
- John is in a constant state of anxiety over the prospect of being furloughed and the decrease in family income resulting from the closing of Jane's daycare.
- As a result of these negative stressors and the sense that there is "no end in sight", John and Jane have grown distant in every aspect of their adult relationship.

A summary of John and Jane's assessment tools follows. It was completed with the assistance of and processed with the service provider.

Core Issues

- John rates *commitment* as 1, Jane rates it as 3. He is committed because he does not believe in divorce. Jane rates it 3 because she feels no support from John and “might as well do all of this on my own.”
- The partners rate *empowerment* as 4, as John has completely withdrawn from Jane because, “it doesn’t matter what I think or say, she does what she wants.” Jane rates it in this way because “he doesn’t care what I think, his response always is ‘just do what you want.’”
- They both rate *control of self* as 1, with each of them stating that if they decide they are going to do something it will get done (e.g., Jane decided that she was going to stop drinking a glass of wine on occasion and, as she stated, “that was the end of that.” John made the decision that he was going to arrive at work one hour early to demonstrate his dedication to his job and this has been his pattern for three months.
- John struggles with *credibility* and *consistency*. He states to Jane that he will be home from work by 6:00 p.m.; however, he is not able to follow through with this and is unpredictable as he rarely arrives home before 7:30 p.m. Jane rates her credibility as 1 and John agrees, “If she says she is going to do something, it gets done and she is very predictable.”

Roles

- John and Jane struggle significantly with all roles on the *adult level*. They each rate the *partner role* as 3, as they have grown apart emotionally due to the strain of the pandemic and have no physical relationship. Neither feel good about themselves as *individuals*, as they feel consumed by the multiple stressors around finances, employment, social isolation from friends, and lack of connectedness to religion.
- On the *parenting level*, Jane feels her *mother role* has “all but disappeared” (rating it 4) due to her “overwhelming and unmanageable” role as homeschool teacher and “constantly nagging” disciplinarian. John feels relatively good about his role as a *father*, as he spends “quality time” with the boys on the weekends. They agree that they do not effectively work together in the *parenting role*. Specifically, Jane does not feel supported in her role as the

boys' full-time teacher, they disagree about the boys' need for psychiatric medication (John does not agree with this decision), and they do not agree about the consequences for the boys' physical aggression towards Jane.

- The *children* role is rated 4 by Jane and 2 by John. Jane explains this score by reiterating her constant struggle with the boys' behavior, their physical aggression and encounters with law enforcement, and lack of improvement in behavior despite medication. She also notes the boys are very unhappy with the homeschooling situation and they say they are "bored and miss our friends." John agrees there are some behavioral problems but "these are expected – they are young boys under a lot of stress because of this COVID thing."

External Stressors

While there are some substantially troublesome external stressors impacting the family, there are also supportive (or neutral) influences on the family unit.

- John and Jane have no ex-relationships and is rated N/A (not applicable). While this may not be immediately identified as a positive dynamic as it is "non-existent," the service provider points out that this is a significantly negative stressor for many families. For John and Jane, however, this is a neither a positive nor negative stressor that they identify as "one less thing to worry about."
- The partners rate *parents, in-laws* and *grandparents* 1 or 2. They both get along with their *parents*, Jane thinks her *mother-in-law* (John's mother) is judgmental of her but it does not trouble her, and these same people are perceived as supportive and helpful in the *grandparent role* to Andrew and Tyler. Specifically, they are all emotionally close to the boys, live nearby, and enjoy spending time with them.
- *Military service* is scored N/A.
- *Employment* and *finances* are rated as negative stressors (3s and 4s). As mentioned by the couple, Jane lost her source of income and employment due to the closing of her daycare. John, while currently employed, is under constant threat of being furloughed. They have a small savings account they are utilizing, but they are not sure how much longer it will last. The

couple has not created a budget since the recent employment and financial upheaval.

- John and Jane rate *living conditions* 2. They have full ownership of their home, as it was a gift to them from Jane's grandmother. While it only has two bedrooms and one bath, they perceive it as a definite strength because rent or mortgage payments are not a concern. Andrew and Tyler have always liked the home, as it sits on a large piece of land that allows them room to play and explore.
- *Religion/spiritual* is rated as 1 by Jane and N/A by John. Jane attended church every Sunday for many years and has a circle of friends through this affiliation. While in-person services have been cancelled for the last three months, her personal spirituality is source of comfort and peace for her. John does not attend services, has no desire to do so, and it is a "non-issue" for him.
- John and Jane each score *legal issues* 2. Andrew and Tyler have become physically aggressive with Jane on several occasions while John was at work and unavailable to provide assistance. They agree law enforcement has been helpful; however, they also agree the family should not have to rely on them.
- The external stressor of *social services* is scored N/A, as child protective services and foster care services have not been involved with the family.
- *Hobbies/interests* is rated by both adults as 3. This is due to the strain of the pandemic and, consequently, having little time or energy to pursue hobbies and interests they once enjoyed. Jane found meaning in cooking for the guests of the local homeless shelter and volunteering for the church food pantry. The shelter is now closed because of COVID-19 and pantry's distribution is now limited because of pandemic protocol. John, Andrew, and Tyler enjoy fishing together, but recently this activity has not been a priority due to the multiple demands on the family.
- *School* is a significant source of negative stress. John and Jane rate this as 4 and, in later conversation, Andrew and Tyler agree with this. The lack of predictability in upcoming weeks and months regarding the status of remote learning, hybrid schedules, and in-person protocols is anxiety-provoking for all family members. Jane believes she is adequate as a home-

school teacher; however, she feels helpless in her ability to manage the boys' disruptive, aggressive behavior on a 24/7 basis. She feels completely unsupported by John. He rates this stressor 4 because, "Jane is constantly complaining about all these troubles with the boys' schooling, but she doesn't care about or contradicts what I have to say, so I just don't say or do anything."

- The external stressor of *friends* is rated 3 by both adults. The children have also voiced concerns about this external stressor. All family members have close friends. As a result of COVID-19, however, each of them is experiencing various degrees of social isolation and missing the connectedness and support of these friendships. They are all attempting to keep connected via the internet and social media, yet they miss in-person contact.
- *Alcohol/drugs (both legal and illegal)* is rated by both partners as N/A. John does not drink and Jane historically had a glass wine on occasion but has not consumed any alcoholic beverages in several months. Neither partner voices concern regarding abuse of legal drugs nor have ever used illegal drugs.
- *Healthcare/mental health* receives a score of 2 by John and 3 by Jane. John perceives this stressor as "more positive than negative" because all family members are healthy, he has employer-based family health insurance, and the family has an excellent primary care physician. His only concern is the boys' mental health diagnoses and medication. He does not believe the behaviors are "disorders," are only "boys being boys" and does not support the use of psychotropic medication. Jane agrees with the positive dynamics that John outlines. She also believes the boys need the psychiatric help they are receiving but would like to have seen more behavioral improvement by this point.
- John and Jane identify no *other* external stressors impacting the family.

Identifying Strengths and Areas of Concern

Next, the service provider assists the family to identify strengths and areas of concern. It is vital the adults are reminded they are the *fulcrum of power and source of change* in the family. As such, it is ultimately up to the couple

to determine familial strengths and concerns, with the service provider acting as a guide in this process. This review provides the foundation of a *plan of action*. During COVID-19, the recognition of positive characteristics and influences is particularly valuable. As families face extremely adverse challenges, the acknowledgement of what previously may have been perceived as inconsequential positive familial traits can become a powerful coping mechanism.

In the case of the Doe family, there are several helpful *core issues*, along with some difficulties. John indicates a strong *commitment* to the family, and while Jane's *commitment* is not as solid, she is able to articulate why she struggles with this issue. The partners agree *empowerment* is a concern which elucidates an important point. At the very least, they agree there is problem with family members valuing and respecting one another's opinions. This dynamic is helpful in that it is an issue upon which they can agree to address. *Control of self* is an asset to the family, as the adults are able to change specific behaviors if they chose to do so. *Credibility* and *consistency* are strengths for Jane upon which change can potentially take place. John, on the other hand, struggles with these domains of functioning, which could possibly be part of the family's *plan of action*.

In reference to *roles*, John and Jane agree all adult level roles, *husband/partner*, *wife/partner*, and *individual* present a struggle. Again, this agreement provides a starting point from which to move forward. The *mother* role is a particular concern, as Jane feels overwhelmed by increased responsibilities of homeschooling and round-the-clock discipline. The *father* role appears to be a strength which, if clearly identified and capitalized upon, could contribute to healthier family functioning. John and Jane agree they have difficulty working together as *parents*. They struggle with agreeing on the boys' mental health needs and ways in which to address their defiant and aggressive behaviors. Finally, while Jane perceives the *children* as functioning quite poorly, John perceives them in a more positive light.

There are several *external stressors* with a positive, or at least neutral influence to the family. To reiterate, during the often-overwhelming strain of the pandemic, acknowledging even marginally helpful influences on the family is vital. First, John and Jane have no *ex-relationships* to potentially put a negative strain on the family. This is a significantly difficult dynamic many families experience. *Parents*, *in-laws*, and *grandparents* are all positive influences with only slight concern on Jane's part regarding her mother-in-law. The grandparents' positive relationship with the boys is a strength. *Living conditions* is rated mostly positive with only the size of the home being of concern. John and Jane acknowledge a safe and stable

living situation is an invaluable asset, both financially and emotionally, during this time of extreme uncertainty. The boys enjoy the freedom the large yard provides, which has been helpful during the social isolation required by pandemic protocol. *Religion/spirituality* is a source of support for Jane and has been a vital coping mechanism during difficult times in her life.

The topic of *legal issues* is rated 2 by the couple. Law enforcement is perceived as a support for the family; however, John believes Jane should be able to handle the boys' behavior without this intervention. Jane, on the other hand, feels isolated and unsure of herself when attempting to address the boys' aggressive behavior, thus necessitating her use of law enforcement. Specifically, Jane does not feel supported by John in her decisions regarding the discipline of the children. In response, John returns to the idea that "it doesn't matter what I say, she just does what she wants anyway" (i.e., an *empowerment* issue). While the area of *legal concerns* is scored 2 (more positive than negative), this is a topic they choose to address in the *plan of action*. The couple related their conflict regarding this external stressor to *empowerment* issues as they relate to discipline of the *children*. Finally, external stressors rated N/A were *military service, alcohol and drugs, social services, and "other."*

Areas of concern include *employment, finances, school, hobbies/interests, friends, and healthcare/mental health*. These issues are identified using scores provided by John and Jane, as well as the discussion that followed. The external stressors of *employment* and *finances* are intertwined, with the couple choosing to simultaneously discuss them. To summarize, Jane feels frustrated because much of her self-perceived worth (relating to her *individual role*) was based in her business that is now closed. This loss also places a financial strain on the family. Jane does not share her financial concerns with John, as she feels he "shuts down" when she broaches the subject (*core issue* of *empowerment*). Jane also reiterates her frustration with John's inconsistent and unpredictable behavior regarding the time at which he arrives home from work (*core issues* of *credibility* and *consistency* as previously identified by John). This causes Jane to question John's *commitment* to the family.

John experiences constant anxiety regarding the financial ramifications of potentially being furloughed, yet he does not talk with Jane about his concerns because he questions her *commitment* to the family (e.g., her statement, "I might as well be doing this on my own"). He also believes she is not sympathetic to his feelings (*core issue* of *empowerment*). Therefore, the couple identify the *external stressors* of *employment* and *finances* as two issues to address in the *plan of action*. They also

acknowledge the struggle with these *external stressors* likely relates to the *core issues of commitment* (both partners), *empowerment* (both partners), *credibility* (John), and *consistency* (John).

John and Jane score *hobbies/interests* as an area of concern. Jane believes her work with the church and the food pantry contributed to “feeling good about myself” (*individual role*) and would like to find something meaningful to do within the context of the pandemic. John agrees he struggles with this, as he enjoyed fishing with the boys and believes it helps to enhance his *father role*. As a part of their *plan of action*, the couple agrees to discuss steps to take to re-establish these positive aspects of their family functioning.

School clearly places a great strain on the family as they navigate the pandemic. Jane believes Andrew and Tyler receive adequate instruction via virtual classes and is relatively confident in her abilities to meet their academic needs. However, it is a constant struggle to physically manage the boys. They resist “attending” class as scheduled, do poorly working independently (even with Jane’s supervision), and become physically aggressive (e.g., defiantly pushing and shoving Jane, throwing books, screaming and yelling). Jane has implemented every reward-based incentive she knows, threatens them with negative consequences, and attempts to ignore unwanted behavior; however, nothing seems to be effective. She does not feel supported by John. In response to Jane’s need for “help with the boys,” he states, “I am doing my part to take care of the boys by working 50 hours a week.” Moreover, he believes it is Jane’s responsibility to manage the boys’ behavior and academics. Through the processing of this complex issue, the couple identify the *core issue of empowerment* (i.e., neither partner listens to or values the opinion of the other) as a source of struggle.

Finally, Jane and John identify a strength specific to *school* despite the negativity. This is that Jane is able to stay home with Andrew and Tyler to provide support for the virtual learning environment. John and Jane know of many families in which all adults must work, so providing homeschooling is a tremendous struggle. While it is difficult, the Doe family is able to meet basic financial needs which enables Jane to home-school.

The *external stressor of friends* is identified as a dynamic negatively impacting the family. All family members have close friends and miss spending time with them due to Coronavirus social isolation protocol. They attempt to keep in touch via the internet and social media, but the isolation is still a struggle. One way they cope is talking as a family about the idea that this is their “reality” for the time being. Furthermore, they acknowledge it is not reasonable to expect any substantial changes in the near future. As

they process this, the family verbally acknowledges this frustration and makes a plan to handle the disappointment and boredom they all experience. This process is identified as a problem-solving method to potentially be utilized with other *areas of concern*.

Healthcare/mental health is the final external stressor presented as an area of concern. John and Jane agree the family is fortunate to be in good health, have health insurance through John's employment, and have an exceptional primary care provider. The challenge with this external stressor stems from Jane's frustration with the boys' behavioral problems. Six months ago (prior to the pandemic), they each were diagnosed with Oppositional Defiant Disorder and prescribed Depakote. The family was not referred to counseling, case management, or any other supportive service. While the primary care physician made the referral to the psychiatrist, the family has not seen her since the psychiatric appointment. After talking with a family friend with similar family struggles, Jane and John decided to seek services from the mental health center.

The most significant factor causing negative stress for the family is the couple's disagreement over the cause of the boys' behavior, the need for psychiatric medication, and the lack of improvement during the last six months. Jane is also frustrated because she was told the Depakote was at a "therapeutic" level, but she does not understand what that means and changes or side effects she should be expecting. As the adults process this stressor, they again identify the *core issue* of *empowerment* as a factor contributing to their difficulties. Neither parent feels supported or "heard" by the other in addressing the boys' behavioral struggles, nor does Jane believe she is receiving needed information regarding Andrew and Tyler's medication.

Plan of Action

John and Jane then prioritize *areas of concern* and create a *plan of action*. It is important to acknowledge this is a complex and dynamic task for any family. Moreover, families may present with similar struggles yet chose to address them in different ways. This is especially true during the family crises created by COVID-19. A narrative description of this process, while helpful, clearly does not capture the multiple intricacies involved in this on-going discussion. However, the following section offers a summary of the initial problem-solving dialogue and the creation of a *plan of action* based on the family's self-identified strengths and needs.

First, Jane and John decide to attempt to better support one another in the challenges in role functioning as *partners, individuals, and parents*,

as well as addressing the *external stressors* of *employment, finances, school, and healthcare/mental health*. Broadly speaking, the couple returns to the theme of *empowerment* that was common to struggles in these areas. John and Jane create the following *plan of action* to address *empowerment*. They agree to utilize “I” and “me” statements to focus on stating what each partner thinks, feels, and needs. For example, John states, “I want to feel valued as a husband. I need some time alone as a couple once a week” (*partner role*). He also acknowledges, “I am anxious about being furloughed. It would help if I could talk about it when I’m worried” (*employment and finances*). Jane articulates, “I need to feel worthwhile as an individual. I need support in re-establishing time for myself” (*individual role*). Jane is also able to express, “I am exhausted and frustrated with the boys. The homeschooling and constant supervision is terribly difficult. I need help with a consistent plan for discipline and support when I implement that plan.” These needs relate to the *parenting role, school, and healthcare/mental health*. Jane and John also agree to “walk away” for a pre-determined 30-minute “time-out” when a discussion becomes uncomfortable and/or voices are raised. Building on this foundation, the couple can implement specific behavioral steps to help meet these needs.

Jane’s most immediate need is assistance managing the boys’ defiant attitude and aggressive behavior. In response to Jane’s statement above that relates to her frustration and sense of isolation, she and John are able to agree on a plan that includes: 1. With the assistance of the mental health service provider, John and Jane will create an agreed upon discipline plan and support one another in its implementation. 2. John will address his *credibility* and *consistency* issues by arriving home from work by 6:00 p.m. If he is not able to do this, he will telephone Jane and apprise her of the situation. 3. If there is a disagreement between Jane and John regarding discipline of Andrew and Tyler, this discussion will take place in private.

Moving on to the *partner roles* and *individual role*, the couple identifies a way to potentially enhance these areas of functioning. During the scoring and discussion of the FDSAT, John and Jane indicate the *external stressor* of the children’s *grandparents* is a helpful influence. Both sets of grandparents live nearby and are able to provide childcare. Each set of grandparents is asked to watch the boys for one afternoon or evening every two weeks. With some negotiation, the grandparents are able to assist in this way. The couple decides to use this time to focus on spending time together or attending to individual needs.

In reference to *healthcare/mental health*, the worker points out the positive step Jane and John have taken by contacting the mental health

center and asking for help. This illustrates the idea the couple is *committed* to the family and improving their collective well-being. Moreover, the service provider reiterates the value of the family's access to health insurance and a quality primary care provider. The worker also notes the family has not been offered case management for the boys, a service that could provide support in creating a behavior plan, navigating the challenges of home-based schooling, and better understanding the purpose of and expectations for the boys' medication. These steps also have the potential to assist in enhancing the *parenting role* (i.e., helping Jane and John to work more effectively together as parents) and *legal issues*, as Jane feels unsure of herself in independently addressing the boys' behaviors when alone, thus initiating her contact with law enforcement.

Finally, during the process of prioritizing *areas of concern*, Jane and John note they have not created a budget since Jane's business was forced to close. The couple agrees to use skills specific to *empowerment* and create a budget. This could potentially create some level of predictability in the family's *finances* during the extreme unpredictability of the pandemic. The worker also highlights the family's home ownership, which is a financial strength.

This case study represents a consolidation of several families' struggles with daily life as inextricability shaped by the COVID-19 pandemic. Many families facing significant change and unpredictability during this time will experience times of growth and adaptation, as well as strife, disappointment, and frustration. The trajectory of change is uncertain for many families at this time; however, a helping intervention that enables families to place structure and some level of predictability can potentially serve as a valuable resource.

Conclusion

This paper outlines a brief history of the Family-Directed Structural Assessment Tool and provides a discussion of fundamental concepts, including *the family circle, internal and external boundaries, core issues, roles, and external stressors*. The scoring mechanism and corresponding strength/area of concern prioritization process is discussed, culminating in a plan of action. At the foundation of the FDSAT is the idea adult family members are the *fulcrum of power and source of change*. The overall intent of the process is to enable family members to identify, select and prioritize strengths and areas of concern. The service provider acts as a guide working with the family unit, which is regarded as the expert of its own situation.

The change process is a challenging proposition at most any time. During the COVID-19 pandemic, this task becomes even more daunting. Families have faced and will continue to confront severe difficulties regarding employment, finances, school, housing, role functioning, and illness, among many other realities of daily life. The FDSAT offers one way in which to potentially assist families during this unprecedented time of challenge for all levels of society.

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