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CLINICAL PROCESS RECORDING IN FOCAL FAMILY THERAPY*

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A method for systematically recording the process of family therapy (the Focal Therapy Record Sheet) is described, based on the focal approach developed in earlier papers by the authors. It demands a conceptual distinction between assessment of families and treatment techniques and embodies continuous evaluation of family improvement according to specific criteria. A detailed case illustration showing the Sheets completed for each of 14 sessions after two diagnostic interviews is provided, together with an anecdotal-style account. The value of the instrument for teaching purposes, in routine clinical work and for research is discussed.

Family interaction is of such complexity that the use of one-way screens and closed-circuit television has become standard in the supervision of family therapy (Haley, 1976; Meyerstein, 1977; Montalvo, 1973). In the absence of such facilities, the supervisor may choose to sit in the session (Smith & Kingston, 1980). Individual psychotherapy supervision, by contrast, usually depends on a remembered oral or written record. The absence of written records of the family therapy process has disadvantageous consequences: review of the progress of a case is difficult because watching videotapes again is extremely time-consuming, and the therapist's input, aims, impressions and evaluation of the session are absent from a recording. Clinical research and teaching family therapy depend on comparing cases and this could be aided by condensed records of therapy.

If written records of the family therapy process are to be useful, they must be prepared in a standard format which matches the therapeutic approach. This both ensures that the therapist will complete the form carefully and sensibly, and opens the way for deeper investigation of therapy, its concepts and its methods. To our knowledge, no method for the systematic recording of therapy by the clinician is available. Since 1973, a method of brief focal family therapy has been under development by the Family Studies Group at the Hospital for Sick Children in London (Bentovim, 1979; Bentovim

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& Kinston, 1978; Kinston & Bentovim, 1978, 1981, 1982). If this approach is of scientific value, it should be amenable to systematic recording.

In this paper, we will first briefly outline the key notions in the focal family therapy approach and describe the record sheet format to be completed by the therapist for each session (the "Focal Therapy Record Sheet"). Then we will provide a detailed case illustration showing the course of therapy over 15 sessions by providing both a conventional summary and complete FTRS notes. Finally, we will discuss the potential usefulness of our endeavor.

FOCAL FAMILY THERAPY

For a detailed account of the brief focal approach, readers are referred to the papers cited above. These include long and short clinical descriptions of assessment and therapy and our first outcome study. We will summarize here the key notions: focal formulation, focal hypothesis and criteria of improvement.

In the practice of family therapy, assessment and treatment take place simultaneously and continuously. This awareness is one of the key advances in psychotherapy articulated by the pioneers of the family therapy movement (Haley, 1970; Minuchin, 1974). Nevertheless, the two procedures are conceptually distinct and may be distinguished in practice if there is a need to do so. For example, a family may be assessed using one theoretical framework but treated by a different therapist working within another, if a research protocol called for such an arrangement. Our impression is that most therapists assess families principally in the light of the techniques they habitually use. The focal approach is in essence a mode of assessment which provides an encompassing vision for the therapist but is not derived from and does not prescribe or imply particular strategies or techniques.

Assessment of the family requires the construction of a family *focal formulation* (Kinston & Bentovim, 1981, 1982). This is a simple matrix-like format which enables the therapist to lay out the information obtained about family history and function which is believed to be pertinent. It has been devised so as to highlight the function and meaning of the symptom given the present interaction within the family system, and in the light of previous stressful experiences within the families of procreation or origin. Such a formulation can be constructed for a family without treatment automatically following. It becomes linked to therapy through the focal hypothesis and the criteria of improvement.

The *focal hypothesis* is created from the focal formulation by the therapist. It is a short, meaningful and memorizable statement which links key items from the sections of the focal formulation and can be kept in mind as the therapist gets embroiled with the family. In one sense, it is a further condensation of the enormous quantity of material produced by the family. This allows it to function as a metaphor which evokes the therapist's full range of knowledge about the family. In another sense, it contains a theory of this particular family, an explanation of why the family is the way it is. In this latter sense, each session should confirm the hypothesis or bring it into question. The therapist must rely heavily on the focal hypothesis for orientation in the complicated and sometimes confusing events that develop during therapy (theory function); once oriented, the focal hypothesis provides direction and guides the therapist from session to session, allowing the therapist to follow and understand the process as it develops (metaphor function). The focal hypothesis will generally be made explicit for the family members at some point during a successful therapy, and be found acceptable and sensible and significant by them.

The second link between assessment and treatment is continuous outcome evaluation. This has been built into the focal approach by developing explicit and objectifiable

criteria of improvement as part of the focal formulation. These are specified independently of the family, whose major concern is usually symptom removal and not alteration in patterns of interaction. Family therapy always requires changes in interaction and associated experiences and meaning systems. Changes in meaning must be made operational, for example, by defining in detail the subjects which family members are unwilling or unable to talk about in the beginning of therapy, or specifying particular necessary activities or patterns of relating which interrupt vicious circles or fill a void in family life. Because there are a variety of criteria, defined improvement will be a gradual rather than sudden event.

Assessment, therefore, remains properly linked to therapy only insofar as the therapist is confident of the continuing validity and usefulness of the focal hypothesis, and insofar as the family gradually achieves the criteria of improvement. Systematic process recording has proved to be a helpful way of maintaining the simultaneous process of assessment and therapy and driving the therapy forward.

THE FOCAL THERAPY RECORD SHEET

The Focal Therapy Record Sheet (FTRS) is laid out in seven columns: Therapist's Aims; Family Feedback and Intersession Events; Content Related to Focal Formulation; Further Information Relevant to Focal Formulation; Area of Focal Formulation Worked On; Therapist's Strategies and Interventions; Criteria of Improvement Met. These must be completed by the therapist (or in consultation with the therapist) in note form before, during or after each session. The purpose, use and value of each column is explained below. Illustrations will be found in the case discussion which follows.

Column 1: Therapist's Aims

This column should be completed prior to the session. The therapist records his/her aims and plans for the session and any key thoughts. These may include techniques to be used, diagnostic information to be obtained, issues to be focused on, interaction to be altered or interpretations to be tested. The aims should relate to the focal hypothesis and criteria of improvement so that, after the session, the outcome can contribute to an evaluation of the whole process.

Therapy will be neither brief nor focused if the therapist does not do preparatory planning for each session. Unfortunately, in busy clinics it is only too easy for this essential discipline to be omitted. The FTRS counters this tendency.

Column 2: Family Feedback and Intersession Events

Feedback from the family about therapy and events since the previous session reflect the family's starting point for the new session. Often there is important information about the degree and quality of any improvement, or some development or reaction to therapeutic interventions. Feedback must be judged as to whether it is in line with the overall process as understood by the therapist, an indication that assessment is unsatisfactory, or reflects the occurrence of some random event (e.g., unexpected change at school). Comparison of therapist's aims with feedback is the first task of the therapist and any serious incongruence must be resolved before the session can get properly under way.

Column 3: Content Related to Focal Formulation

Main details of family interaction and information provided by the family are noted. While the column may be used to document the way the session unfolds, inferences about the effect of interventions do not belong here.

Column 4: Further Information Relevant to Focal Formulation

Each session generates information relevant to the assessment and this may lead to amending or elaborating the focal formulation and, possibly, call for a change in the focal hypothesis. The deepening and increasingly comprehensive understanding of the family will frequently have implications for the aims and plans in the subsequent sessions and affect the style or exact details of therapeutic interventions. It is, therefore, important for the therapist to note explicitly the emergence of relevant new data. This column reflects the policy of continuous re-assessment.

Column 5: Area of Focal Formulation Worked On

The therapist notes which parts of the focal formulation were worked on in an attempt to produce change (e.g., stressful past events, surface action, active meaning systems). This makes it easy to check whether the focal formulation is being adhered to and whether identified problems in the family are being tackled. The notes in this column have immediate implications for the assessment of improvement.

Column 6: Therapist's Strategies and Interventions

The therapist records here the strategy and main techniques used during the session and provides details of the most important interventions. Any tasks for the family to complete at home are also recorded. This column enables an easy check that the therapist is intervening in a consistent, persistent and therapeutically logical fashion in successive sessions and, by comparison with Aims (Col. 1), assists in confirming that purpose and direction have been maintained within a session.

Column 7: Criteria of Improvement Met

Improvement in the family requires symptom loss and a variety of changes in interaction as laid down in the focal formulation. The therapist notes here any improvements which have occurred according to these pre-set criteria. All improvements must be publicly observable events and not dependent on vague or excessively subtle shades of therapist intuition. Changes in the meaning system are recognized by predicted alterations in relations or activities or the ability to discuss previously untouchable subjects. Changes in dysfunctional interaction and symptom loss are straightforwardly recognized. Successful therapy refers to the consolidated and continuing maintenance of changes in the family, and so, the same or similar achievements may be recorded for several consecutive sessions.

At the end of each session, the improvements made can be compared with the Aims (Col. 1) and with improvements noted for previous sessions as a check on the course of therapy and to assist in the choice of aims for the subsequent session. This column reflects the policy of continuous outcome evaluation.

Case Example: The K Family

We will now describe the therapy of the K family as an illustration of the focal approach in general, and to demonstrate the use of the Focal Therapy Record Sheet. Table 1 shows the focal formulation after two assessment sessions. Table 2 shows the Record Sheets for the 14 sessions that followed.

The K family (Mr. K, Mrs. K, Kate 13, Nicos 10, Anna 3) came for help because of difficulties in controlling the domestic and public behavior of their 10-year-old son, Nicos. His medical history revealed a moderate mental handicap and he attended a special school for this. He exhibited no behavior problems at school and teachers described him as a kind, rather withdrawn boy who played obsessionally with his toys. When 5 years, 3 months, his Verbal Comprehension was 2 years, 5 months, and Expressive Language 2 years, 7 months. By 8 years, 7 months, his Comprehension and

Expression were 3 years, 6 months, and his score on the Merrill-Palmer Performance Scale was 5 years, 3 months.

In the year prior to this referral, he had been getting increasingly aggressive, swearing in public and attacking his parents physically, especially his father. Their pediatrician tried drug treatment: amphetamines (Ritalin) had no effect and sedatives led to his lying in bed or sleeping most of the day.

This history (provided in the referral letter) suggested to the therapist that the behavior problem was not solely determined by neurological disturbance. At the initial diagnostic interview, he concluded that it functioned to cover parental discord. The key details of the family members, the history and their interaction as obtained at this interview are presented in the Focal Formulation (see Table 1).

The therapist conjectured that the serious problems of Nicos' aggression, "uncontrollable naughtiness" as the parents termed it, were experienced as insignificant in comparison to what was believed to be the family disaster: namely, that Nicos' handicap was the result of severe marital discord. Furthermore, as long as the behavior was not connected with the handicap or deflected thoughts of the handicap, the parents could avoid dealing with the issues of guilt and blame about the handicap. Nicos, therefore, was helping his parents psychologically and maritally by his bad behavior. In the second session, it was learned that the marital conflict had commenced at the time of mother's pregnancy with Nicos, so confirming and elaborating the initial conjecture about the symptom.

The Focal Hypothesis created after session two by the therapist therefore ran as follows: "Nobody in the family should control any child (1). The person who takes control of Nicos turns him from a 'naughty' boy into a 'handicapped' boy (2) and has to take responsibility and blame for the handicap (3) which the family believes to have been caused by marital conflict at the time of mother's pregnancy with him (4)." This statement includes the initial complaint restated in interactional form (1); a reframing of the surface interaction which reaches the meaning of the complaint (2) and the anxiety associated with it (3); and details of the original stressful experience (4).

The therapist decided that his first priority was to bring Nicos' hyperactivity under control and give the parents the opportunity to experience that they could do this. (See Focal Therapy Record Sheet, Table 2, which parallels the discussion which follows from this point.) This intuition was confirmed when the reception staff asked the therapist to start the session early because Nicos was out of control in the waiting room. In the consulting room he tried to attack the one-way screen and the parents seemed desperate for the therapist's help. The therapist adopted a structural tactic and asked the parents to calm their son down so that matters could be discussed. This revealed that the couple disagreed about how to handle Nicos. The therapist observed father and son working each other up into an aggressive state and mother undermining her husband. The result was a vicious circle of subtle mutual attack.

At the fourth session, when Nicos was unable to attend because of chicken pox, the parents involved the therapist in a similar pattern. Both spoke to him simultaneously and were unable to listen to or talk to each other. No sooner had the therapist extricated himself from the triangle and left the parents as a couple, than the tension heightened. Mrs. K spoke of the marital troubles that had begun just prior to Nicos' birth and were still present. She still blamed her husband for having sided with his own mother against her. This subject was, however, rapidly pushed aside.

Nicos was present at the 5th session, and the original family pattern reappeared. The therapist was now confident that Nicos could be de-triangulated and needed to be. The parents were asked to cooperate in controlling and integrating Nicos by the use of physical holding. They achieved this.

Table 1
Focal Formulation After Session 2 For The K Family

Family Composition	Presenting Complaints	Stressful Events: Salient Features and Circumstances		Handling of Stressful Events	Active Meaning System	Surface Action	Requisite Criteria for Improvement
		Current Family	Family of Origin				
Father—Andreas, 39; Greek Cypriot Building Contractor (Foreman) Works outside London.		Caught in conflict between PGM and Mother at time of Nicos' conception and birth. Father often tired by considerable travelling in relation to work.	PGF could not afford to send Father to school. Father felt failed by his family.	Overcoming through leaving past and country of origin behind. Attempt to overcome disadvantage.	The family feels that they are failures and strives for miracles. Any marital conflict leads to disaster.	Parents are disqualified by each other and by the children. Mother passively undermining and Father over-reacting. Both ineffective.	Parents to acknowledge verbally achievements of the other partner. Parents not to undermine each other as a parental couple.
Mother—Chryssa, 35; Greek Cypriot, Machinist. (Both have been in UK for 17 years.)		Mother felt depressed and rejected following Nicos' birth; and unaccepted by Father's family.	MGF died when she was age 7. M always felt unaccepted.			Atmosphere of denigration and blame. No one is in control of anyone in the family.	Appropriate generation boundaries to be established: parents should talk to each other without a child stopping them.
Kate, 13; Secondary School.		Academically bright. "Hope of the family"		Attempt to reverse failure in the family and be successful.		Children are given an inappropriate amount of authority. Kate behaves like a 'parental' child.	Parents should take control over the children: Nicos should not be allowed to be destructive. He should stop swearing.

						Kate has to stop taking over mediation and control of her siblings.
Nicos, 10; Attends Special School	Uncontrollable swearing and aggressive tantrums especially in public and with Father. Well-adjusted at school.	Born at difficult time in marriage. Born blue at term (Apgar = 5.8); in incubator. Sleepy and immobile at 2 months; walked at 2 yrs; spoke at 4 yrs. Mentally handicapped; disinhibited and hyperactive.	If no one has control over the boy's behavior, handicap can be denied. Feeling of responsibility for the handicap is evaded; guilt and blame for the handicap is projected on to Nicos who can be scapegoated as being "bad."	Nicos seen more as naughty than as handicapped.	Nicos is blamed for bad behavior and provocativeness of others. Aggressive Father-Son overinvolvement.	Parents should be able to talk about guilt and responsibility for handicap. Nicos should not be scapegoated. Nicos' realistic potential and degree of handicap to be acknowledged.
Anna, 3; Nursery School.		Bright and strong-willed. Difficult to manage.		Girls are strong-willed and successful, boys are to blame for problems.	Anna is treated as "good," despite provoking Nicos considerably.	Anna's provocativeness to be acknowledged and dealt with.

Now that the parents knew they could control Nicos, the therapist anticipated interference from another member of the family, which would again distract attention from the marital conflict and apportionment of responsibility for the boy's handicap. This was confirmed by feedback and behavior in the 6th session. Anna, the younger sister, became uncontrollable. The family first tried to ignore her and blame the therapist for Nicos' poor behavior in the sessions (despite his good behavior at the time), and then blamed Nicos for his sister's antics.

The aim in the 7th session was to integrate Nicos into the family while preventing interference from Anna. Feedback revealed that the school had now become a focus for the family to blame as another distraction. The therapist, however, persevered with his structural approach and the use of games. The result was that Nicos enjoyed the session but his younger sister refused to cooperate and his father openly challenged the therapist's responsibility for the conduct of the session by breaking the simple rules set for a family task.

We can review progress to this point. On the one hand, there had been an increased freeing of Nicos from the role of an uncontrollable family member, and satisfactory progress in enabling him to participate in family activities. This constitutes both symptom removal and improvement in dysfunctional patterns of interaction (surface action). On the other hand, persistent scapegoating of Anna, the therapist and the school suggested that the underlying experiences which had generated the original problem were still unresolved.

In the 8th session, the therapist wished to deal with and improve control of all the children. The first achievement was that Mr. and Mrs. K accepted that Anna was now the naughtiest one who bossed other members. This enabled them to control her when she had a tantrum later. Nicos enjoyed playing the therapist's task-game and was successful at it for the first time, and Kate, who had always been protective of Nicos, renounced this role.

The aim in the 9th session was to make contact with the family's key experiences by asking them to discuss the sensitive issue of the handicap. However, feedback showed that the issue about control was still not resolved: another scapegoat, Kate, was still available. The family blatantly asserted that the therapist was about to damage Kate's future by continuing with therapy and forcing her to miss school. This was construed as an attempt to test the therapist's ability to carry responsibility and to make it impossible for him to exercise control of the therapy. The parents first attempted to shift responsibility for the decision about continuing therapy to Kate. The tension and pain mounted as the therapist faced the parents with the choice of taking responsibility either for the older girl missing a lesson each fortnight or for denying Nicos help through therapy. The parents finally accepted the responsibility for continuing therapy and it then turned out that the lessons to be missed were unimportant.

The aim in the 10th session, as it had been in the 9th, was to probe the system of meanings surrounding the handicap. Now that the parents exercised adequate control over the children, Nicos' handicap was obvious. According to the focal hypothesis, the therapist now expected issues of who was responsible for this handicap to appear. Mrs. K did bring up blame and very indirectly placed it on Mr. K, but both were extremely defensive. Because of this resistance, the therapist used a strategic intervention. At the end of the session he stated that he had noted that the children were very sensitive to their parents. He suggested that the children felt that they had to help their parents avoid talking about the boy's handicap because they believed that their parents were unable to talk about it without getting angry with each other. When parental conflict seemed imminent, the therapist continued, the children got the parents to be angry with them instead.

This was confirmed dramatically in the following session when the parents began talking about the impact of Nicos' handicap on their lives. At this point Nicos interfered

and became uncontrollable. The therapist immediately reframed the tantrum again as an attempt to be helpful and to protect his parents from the painful issues, and following this, the boy calmed down rapidly and allowed the conversation to continue. The therapist used a genogram in this session in order to reach the marital conflict in an indirect fashion. It led to father reformulating their difficulties succinctly: "The whole problem is that we can't communicate." The therapist ended the session by asking the parents to spend five minutes daily discussing an important issue.

From this session on, Nicos never again became uncontrollable or unreasonably aggressive in the sessions and none of the children were again used to deflect attention away from the marital problem. Feedback at the next session revealed, however, that the parents had not been able to talk together, and so the original therapeutic aims were abandoned and the therapist concentrated on helping them do this. Initially, they had difficulty and soon they were blaming each other. This was part of a constructive session during which they spoke to Kate about her worries and wishes. This was an achievement because, in the past, there had never been time for a quiet talk without interruptions.

Feedback at the 13th session confirmed the gains: the parents had talked more together than ever before and were thinking about Nicos' future. The session, however, did not develop as expected into a discussion about blame for his handicap. Instead, the parents insisted on the possibility of a miracle drug cure. The therapist took this to mean that the parents wished to discuss marital problems without the children present and, to the disappointment of Nicos and Anna, the next two sessions were so arranged.

In the next session, blame and Nicos' handicap were approached by getting the parents to talk about what made them initially suspicious of the handicap. The parents revealed, apparently for the first time, their idea of his early development. After this, affect and conflict emerged. Mrs. K claimed that the family would have been different if she, Mr. K and his mother had not been in conflict at the time of birth. This discussion continued in the 15th session. The core experiences emerged again so realistically that it seemed as if Nicos had only just been born. Mrs. K blamed Mr. K and accused him of abandoning her emotionally when she felt depressed; she also blamed herself and said her nervous tension had damaged Nicos irreparably. Mr. K had felt torn between his own mother and his wife and blamed his wife for not understanding that he was on her side. Both had felt boxed in, separated and tense with each other ever since. At this session, the parents were offered the focal hypothesis and it seemed to be meaningful and helpful for them. This was not mere compliance: Mrs. K went on to fill out our theory. She explained that she never wanted Nicos' behavior to improve because she enjoyed using it as a revenge against her husband.

The final therapeutic task in the last session was to help the parents distinguish between behavior stemming from Nicos' handicap, on the one hand, and naughtiness, on the other, and to go over the focal hypothesis again. At this session, a very moving interchange took place between Nicos and his father. At the end, the therapist defined all remaining problems as a normal part of family life given the circumstances. It was suggested that the family join a self-help association for families with handicapped children and they agreed.

Comments on the Therapy

During this therapy, there was no need to change the focal hypothesis. The material that emerged as a result of work guided by the hypotheses (see Column 3: Content Related to Focal Formulation, and Column 4: Further Information Relevant to Focal Formulation) continually elaborated the initially determined Focal Formulation and confirmed the therapist's understanding of the case. The therapeutic process as reflected in Aims (Column 1), Feedback (Column 2) and Criteria Met (Column 7) similarly corroborated the Focal Formulation and Hypothesis.

Table 2
Focal Therapy Record Sheet for K Family

1. Therapist's Aims	2. Family Feedback and Intersession Events	3. Content Related to Focal Formulation
SESSION NO. 3, Week 4		
Help parents gain control. Calm down Nicos.	Nicos is as uncontrollable as ever. Parents ask for medical intervention, E.E.G.	Parents try to speak about Nicos and ignore his hyperactivity and the mess he makes in the consulting room whilst they speak. Father is openly critical and rejecting of Nicos. He does not want to talk about problems in the family. Mother makes remarks which disqualify father. Nicos irritates Anna—Anna irritates Nicos—Nicos fights back—he activates Father—Father blames Nicos, which triggers a row between Father and Nicos while Mother remains passive and lets Father be unsuccessful. Father again blames and then threatens Nicos, which again irritates Nicos. Anna interferes with Father's attempt to control Nicos, but succeeds herself in calming him down. Then she becomes uncontrollable and throws a tantrum.
SESSION NO. 4, Week 6		
Improve marital cooperation in parenting Nicos and communicating about hidden marital conflict.	Parents come on their own without the children because Nicos has chicken pox.	The parents do not seem able to listen to or respond to each other. Mother wants to speak about marital conflict. She feels she was not backed by her husband when PGM lived with them around the time of Nicos' birth, and she felt severely depressed. Father relates how he felt torn between his wife and his own Mother at the time before Nicos was born. Mother is very attacking and blaming, and Father becomes upset about this and tries to turn the focus back again onto Nicos' symptoms.

4. Further Information Relevant to Focal Formulation	5. Area of Focal Formulation Worked On	6. Therapist's Strategy & Interventions	7. Criteria for Improvement Met
The overinvolvement between Father and son is triggered by Nicos' naughtiness. Father pays attention to his son only in a negative interaction —after Nicos has provoked Father into reacting. Mother's passivity undermines Father's futile attempts to calm down Nicos. Nicos is treated as a naughty boy and not as being handicapped.	Activating parental control so they can calm down Nicos and stop Kate acting as parent for Nicos.	*Structural:* The therapist engages Father and son in activity together: "Who is taller, bigger, etc.?" Then the same exercise is carried out between Mother and son. Then the therapist introduces a family game which fits Nicos' ability: the family is asked to build a tower together.	Open parental disagreement appeared in regard to the handling of Nicos. The parents made a first attempt to control Nicos.
Mother blames Father for the severe marital conflict around the time of Nicos' birth.	Listening to each other without interrupting or disqualifying each other.	*Communication:* The therapist immediately blocks Father's attempted detour onto Nicos and gets Mother to speak for herself rather than remaining silent, disagreeing with her husband but not expressing her own view. In order to keep the parents to the topic, the therapist asks each to repeat what the other has said about his/her feelings, so as to help them to listen to each other.	The parents listened to each other. Father spoke less, listened more, while Mother was more active and also spoke more. The parents claimed that for the first time they are discussing the conflict which occurred around the time of Nicos' birth.

Table 2, continued

1. Therapist's Aims	2. Family Feedback and Intersession Events	3. Content Related to Focal Formulation
SESSION NO. 5, Week 8		
Foster positive interaction between Father and Nicos. Further improve parental control and cooperation.	Parents and Nicos attend; Anna has chicken pox. Father reports that Nicos is much calmer at home and is only aggressive when the family comes to the session.	The parents give Nicos conflicting and undermining messages. Father makes promises about rewards, which also contain threats in order to exert control. Mother remains passive. Nicos has a temper tantrum and starts destroying toys. Neither parent is able to calm him down. Game of "Who is the strongest, tallest?" successfully played between Nicos and both parents.
SESSION NO. 6, Week 10		
Ask each parent to calm down Nicos in the presence of the whole family, but without interference by any other family member.	The whole family attends. Parents report that Nicos is only uncontrollable in the sessions and is much better when anywhere else.	Parents try to speak to each other whilst ignoring the children's attempt to interfere through noise and fighting. Mother takes more active role in calming down Nicos, whilst Father tries not to interfere. "Building a tower" game introduces positive interaction in the family. Nicos enjoys it. He is much less hyperactive and sometimes listens. But then Anna starts breaking the rules and Kate tries taking over the role of playmaster. She is very protective towards Nicos.
SESSION NO. 7, Week 13		
Get parents to integrate Nicos in family task. Get Nicos to take responsibility on his level of abilities as a mentally handicapped 9-yr.-old boy. Do not allow Anna to interfere.	Nicos' behavior is good at home but worsening at school. Nicos' schooling rather (Ritalin) by parents. Parents want to discuss Nicos's schooling rather than the homelife of Nicos and the family.	Nicos introduces new family game with pencils, which he gets under way on his own initiative. At first everyone takes part, then Father and Anna boycott the game. Father says of Anna's interference: "I like her strong will." Mother remains passive. Parents discuss how to help Nicos play the game. Then they both back Nicos and the family enjoys the game.

4. Further Information Relevant to Focal Formulation	5. Area of Focal Formulation Worked On	6. Therapist's Strategy & Interventions	7. Criteria for Improvement Met
When Mother's undermining is stopped, Nicos thoroughly enjoys playing with his Father and receiving his attention.	Parental cooperation to help each other to calm down Nicos.	*Structural:* The therapist asks the parents to get in bodily contact with Nicos to calm him down, and he introduces rules for the parents to help each other in this task.	Parents did not interfere with each other; but they are still unable to support each other actively. Each parent succeeded in calming and controlling Nicos for the first time. Positive interaction occurred between parents and Nicos: possibly a first step towards de-scapegoating.
Scapegoating and blame are transferred from Nicos and on to the therapist. Anna gets completely out of control and bossy when Nicos is controlled. Nicos is blamed and scapegoated for Anna's bad behaviour.	Parents' sharing of the control of their children.	*Structural:* Introduction of rules for a family game, which have to be followed by every member of the family.	Each parent succeeded in calming down Nicos.
Parents avoid speaking about the situation at home. The school and therapist get scapegoated in turn. When Nicos behaves himself Anna takes over the role of the uncontrollable child. Neither parent is able to control Anna just as they were unable to calm down Nicos. Nicos is not as handicapped as the parents seem to want him to be.	Further de-scapegoating of Nicos. Increasing members' responsibility for themselves and others.	*Structural:* The therapist asks the whole family to play a game with rules set by Nicos and controlled by him. Mother is given the task of stopping Father from breaking the rules of the game. Both parents are asked to help Nicos keep the family sticking to the rules of his family game.	Positive interaction between Father and Nicos is enjoyed by both. Both parents helped Nicos to join in *and* control the family game at his level of intellectual ability. Nicos was treated more as a 9-yr.-old boy by all members of the family.

Table 2, continued

1. Therapist's Aims	2. Family Feedback and Intersession Events	3. Content Related to Focal Formulation
SESSION NO. 8, Week 15		
Relieve Kate of parental role and stop Anna from interfering and undermining attempts to deal more normally with Nicos. Establish clear intergenerational boundaries and more parental authority over all three children.	Parents report that Nicos is much better-integrated at home, plays nicely with Anna.	The family plays a verbal game. Father patiently helps Nicos to fulfil his task of saying who he is in the family. Anna undermines the game when her mother begins to tell her a story. She throws a tantrum when both parents try to control her. Nicos, who follows the game and enjoys it, gets confused about Anna's tantrum. Parents acknowledge that Anna is now the "naughty child" and the family "boss." Father suddenly gets very angry with Anna.
SESSION NO. 9, Week 17		
Help the family to see that Nicos is not a "naughty" but a "handicapped" boy.	Father says Kate cannot come to therapy any more because she will miss too many lessons.	Mother wants Nicos treated equally to the girls. Father says that Kate's life and her schooling are more important than Nicos'. Father becomes very stressed when the parents are asked to decide between therapy being stopped for Nicos or bringing Kate to the sessions. He wants Kate to decide. Nicos tries to interfere when tension rises between therapist and parents following the request to the parents to make a decision. Kate rescues Father, saying that the missing lessons are voluntary and not important. Father had never asked her about them. Parents discuss, in very tense atmosphere , whether to stop treatment or to bring all children including Kate. They decide to continue therapy and to bring Kate, who is very relieved that her parents have taken responsibility for deciding about the therapy.

4. Further Information Relevant to Focal Formulation	5. Area of Focal Formulation Worked On	6. Therapist's Strategy & Interventions	7. Criteria for Improvement Met
Nicos sees himself as "stronger than Daddy." Anna says "Kate is older than Mum." Father is reluctant to exert control over Anna. Collusion between Father and Anna.	Intergenerational boundaries, and difference in position in the family between parents and children.	*Communication game:* Playing the game, "Who is who in the family?" each gives his name, age, position, etc., in the family, the others listen and keep the game going. Clarifying the confusion about "who is boss?" in the family.	Nicos was successfully involved verbally in a family activity for the first time. He enjoys the game as long as he is controlled. Parents took more responsibility but seemed to leave one child still uncontrolled.
Father colludes now with Kate because she has to make up for his lack of schooling. Father and the two girls align against Mother and Nicos. Nicos and Anna have been shown to be controllable. Parents now introduce Kate as uncontrollable. Parents produce minor disaster (i.e., of Kate's schooling) to prevent their having to acknowledge the major disaster about Nicos (i.e., therapy).	Locating effective control in the family. Taking parental responsibility for the family means acknowledging the possibility of causing damage to a child.	*Structural:* Dealing with the issue of control of therapy by letting parents discuss whether to bring Kate or stop. Children are kept out of this discussion.	Parents succeeded in discussing and deciding an issue of open parental disagreement for the first time. First open acknowledgment of the different needs of the children. Father took responsibility for Kate missing school, despite his fear he may be damaging her.

Table 2, continued

1. Therapist's Aims	2. Family Feedback and Intersession Events	3. Content Related to Focal Formulation
SESSION NO. 10, Week 20		
Continue to re-frame Nicos' behavior from "naughty" to "handicapped." Uncover the family idea that the parent who acknowledges that Nicos is handicapped has made him handicapped and is to blame for it.	Parents report that it is okay for Kate to come. Her lessons were not too important. Parents talk about Nicos being better behaved at home; but both parents are still worried about his intellectual performance.	Parents cannot avoid realising that Anna is very naughty. Father speaks about seeing his fault in handling Anna. Mother says that nobody is to blame for anything. Mother: "If anybody would be to blame it would be too late." Both parents hint about blame for Nicos' handicap but refuse to go into the issues of blame and fault for it openly, instead they focus back on his behavior as being the only problem in the family.
SESSION NO. 11, Week 22		
Make a genogram, so as to get through to the focus of parental conflict about blaming and guilt at having damaged Nicos.	Now Anna gets naughty at home and bossy with Nicos. Nicos is good at home but still difficult when the family goes out.	Nicos is very interfering, e.g., switches off the light, when parents start talking about the 3 children in the family, and him being the only handicapped one. Blame continues to be an issue (e.g., Father says PGF was not at fault for his lack of schooling). Father tries to avoid speaking about Nicos' birth. Both become rather sad. Mother says she tries all ways to make her husband happy but she does not succeed. Father acknowledges difficulties in communication: "We cannot communicate, we sit down and say nothing and worry in isolation. We cannot help each other." At those times in the session when boundaries are clear and the parents speak about their problems, the children play very quietly and calmly.

4. Further Information Relevant to Focal Formulation	5. Area of Focal Formulation Worked On	6. Therapist's Strategy & Interventions	7. Criteria for Improvement Met
Mother brings up blaming in connection with non-control over Anna by her husband. Mother's "too late" for blame points to earlier conflicts between the parents.	Nobody should be in control, with focus now on Anna. Linking the surface action with underlying meaning through uncovering the connections the parents make between control, blame and guilt.	*Video feedback:* The therapist plays back a very short video clip where Anna secretly interferes in Nicos' play, and Nicos gets blamed for it. *Positive reframing:* Asserting that the children feel they have to help their parents avoid talking about Nicos' handicap because they believe such talk leads to conflict. The children behave badly to get the parents to be angry with them instead.	Firm parental control is established with all children, but: Parents still avoid issues of responsibility and blame and continue scapegoating Nicos.
MGF and Mother's sister's son are also named Nicos. They are healthy. MGF died when Mother was 7. Nicos is seen as replacement by Mother. Nicos is only male on Father's side. Father wanted sons to be proud of. The youngest daughter, Anna, is very like PGF.	Connecting surface interaction with meaning system. Connecting Nicos' handicap with topics of blame and failure. Parents' problems of being unable to communicate.	*Family Task:* Information is gathered through constructing and discussing the family tree. *Structural:* The children want to interfere when the family tension rises, so therapist uses his body as a boundary between parents and children when the parents talk about their communication problems. *Strategic:* The therapist re-frames Nicos' disruption as being helpful: he produces a minor disaster in order to avoid talk about painful things including the major disaster of having a handicapped boy. *Task-Setting:* The parents are asked to talk together for 5 minutes every day about one important issue.	Intergenerational boundaries successfully established. Parents spoke about their marital problems before Nicos' birth, without triangulating the children, and the children did not interfere.

Table 2, continued

1. Therapist's Aims	2. Family Feedback and Intersession Events	3. Content Related to Focal Formulation
SESSION NO. 12, Week 24		
Try 3-step strategy: 1. Place a symbolic boundary between parents and children; then 2. Help parents accept that there are some things which cannot be controlled, e.g., Nicos' handicap; then 3. Help parents to share pain and blame about this with each other.	Parents were unable to do the set tasks. Father felt depressed. When he comes home, he does not feel understood by his wife because of poor communication between them.	Parents share some parenting problems they had at home last week. Husband tells his wife about trouble at work. He also feels hurt that his wife does not acknowledge his love towards the children. Parents discuss Kate's role as the family baby-sitter.
SESSION NO. 13, Week 26		
Explain that the discussion about blame and guilt had to be avoided because of the parental belief that the handicap was caused through marital conflict before the boy's birth.	Parents did speak with each other at home about problems with the children. (Task set in Sess. 10 now accomplished.)	The parents talk about Nicos' future and their hopes of a "miracle drug" for his hyperactivity. Nicos is very tiring for the parents, only the parents or Kate can look after him and they fear that this will always be so. Parents say they have been coming to therapy for too long.
SESSION NO. 14, Week 29		
(Parents only) Find out what first made the parents see that Nicos was handicapped. Reassess Nicos' handicap.	Father reports that the parents communicate much better, and that Nicos is still the problem.	Mother first blames herself for not having done enough for Nicos concerning school and medical care. She feels guilt about his handicap. Father blocks the subject of guilt, and diverts the talk to drugs, then to schooling and the values of a boarding school. All problems are projected into the future. Then the parents start talking of the time around Nicos' birth, and Mother breaks into tears. She feels that he would be different if there had not been the conflict between her and her husband. Mother expresses pain about realising that Nicos is handicapped. Parents share pain. Lack of communication acknowledged as reason for insecurity in the marriage.

4. Further Information Relevant to Focal Formulation	5. Area of Focal Formulation Worked On	6. Therapist's Strategy & Interventions	7. Criteria for Improvement Met
Both parents compete for the love of their children in an open way.	Dealing with parental problems by sharing rather than undermining, and open communication rather than denial and diffusion.	*Communication:* Parents were asked to talk with each other about parenting problems. Kate was asked to talk with her parents about one of her problems while the therapist kept the other two children occupied. *Structural:* Therapist's body was used as a boundary between parents and children.	Nicos and Anna played quite calmly and happily together. Parents shared problems about not feeling understood by each other. Kate is freed from the role of the parenting child. She claims that speaking with her parents about her own needs, without interruption from her siblings, is a new and enjoyable experience.
Parents were very reluctant to continue to talk with each other about marital problems. The attempt to bring back Nicos as the only problem is indicative of the great anxiety about opening up marital conflicts.	Parents' unrealistic views of Nicos' handicap. Parents' reluctance to think about the time of Nicos' birth.	*Structural:* Therapist accepts parents' reluctance to talk. Therapist suggests that the parents should come on their own to discuss help for them as parents of a handicapped child.	Definite deterioration: parents less able to talk about their problems than expected.
Father gets blamed not only for the parental conflict around the time Nicos was born, but also for the handicap.	Active meaning: Marital conflict prior to birth of a handicapped son as the original precipitating stressful experience reflected in the parents dysfunctional interaction.	*Dynamic:* Therapist's interpretation of the wish for a "wonder drug" to make Nicos normal leads the parents to refer to his birth. The therapist then explores the details of the original conflict around this time.	Commencement of shared mourning for the handicap.

Table 2, continued

1. Therapist's Aims	2. Family Feedback and Intersession Events	3. Content Related to Focal Formulation
SESSION NO. 15, Week 31		
(Parents only)		
Dynamic: Assist operational mourning: speak about Nicos, who, as a handicapped boy, is different from other children. Talk about what happened around the time of Nicos' birth.	Mr. K: "Everything O.K." Mrs. K: "For the time being."	Parents speak about developmental differences between Nicos and his sisters, and about how they saw that Nicos was handicapped. Father tries extremely hard to avoid the issue of blame; Mother gives strong hints about her own blaming of Father. Both parents blame the teacher for having done harm to Nicos through having locked him in a cupboard when he was 3 yrs. old. Father suddenly explains the main cause as the great tensions between the PGM and Mother just prior to Nicos' birth. This becomes a focus of discussion. Mother blames PGM for having damaged Nicos; then she blames Father; then herself.
SESSION NO. 16, Week 33		
(Whole family)		
Help the family to a new definition of itself. Let the parents assess for themselves how handicapped Nicos is, and decide when he is "handicapped" and when he is "naughty." Involve Nicos in the session: bring out his positive side and capabilities which can be developed. Define the remaining problems as "normal" family problems in the circumstances.	Nicos has been quite okay. Parents had thought about the differences in behaviour of their children.	Father has a long, friendly conversation with Nicos. Anna is bored and becomes naughty, but is controlled. Parents understand that Anna becomes bossy and attention-seeking through feeling left out and neglected. This is because Nicos needs so much care and attention. Kate finds it very hard to think about an age-appropriate activity she likes, because up until now she has been too involved in the parenting role.

4. Further Information Relevant to Focal Formulation	5. Area of Focal Formulation Worked On	6. Therapist's Strategy & Interventions	7. Criteria for Improvement Met
Mother doubted, from Nicos' infancy, whether he would ever be happy, but never said this. Father's defensiveness right from the start is understandable in the light of PGM's role as seen by Mother.	Realising the handicap and sharing this awareness. Connecting present problem of communication with parental conflict around the time of Nicos' birth.	*Dynamic:* Working through open parental conflict about blame and guilt for handicap, and facilitating mourning about handicap. Giving them the focal hypothesis: seeing Nicos as "naughty" instead of "handicapped" has enabled them to escape their own traumatic conflict about the handicap. *Structural:* Mother and Father are asked to argue the other's point in relation to guilt and blame. Father to speak like Mother, to be depressed and unsupported by husband. Mother to speak like Father, who is torn between two women.	Marital conflict around the time of Nicos' birth was acknowledged as the starting point of the communication problem. Parents took responsibility for the handicap and guilt feelings about having damaged Nicos. Parents tried to understand each other's situation. Parents took responsibility for their own actions and feelings. Parents accepted the focal hypothesis as an explanation of their family problem.
	Finding out the degree of Nicos' handicap. Reviewing differing roles and needs of each of the children.	*Dynamic:* Operational, working-through and re-assessment with the whole family.	Parents spoke more realistically about Nicos' abilities, and were more realistic about future possible change. Parents acknowledged that the other children in the family have different and important needs. Parents took responsibility for running and structuring family life.

It is not pertinent to the purposes of this paper to discuss in detail the therapist's rationale. He initially chose a structural approach in order to change the surface action, later moved to a strategic approach to overcome resistance and finally used a psychodynamic approach to work through the experiences of the parents at the time of Nicos' birth. The improvements in the family paralleled this. Initially, Nicos was calmed and the parents began to control him, at first individually, then cooperatively; then Nicos, the other children and outside agencies were removed from the triangulation which served to avoid acknowledgment and resolution of marital conflict; finally, shared mourning for the handicap and resolution of the conflict occurred. At the end of the therapy, the parents appeared to have taken responsibility for running and structuring family life and for realistically differentiating among the children and responding to their needs. The children seemed to have shown a corresponding maturation and individuation.

Comments on the Completed Record Sheets

The above clinical summary is not untypical of the anecdotal reporting which is usual and useful in family therapy presentations and writing. To a critical researcher or clinician, however, it can be faulted for retrospective smoothing out of the complexity of therapy, for lack of systematic evidence on many issues, and for the absence of any evidence as to accuracy of what is asserted. The successive focal therapy record sheets laid out in Table 2 should go some way to satisfying both clinicians and researchers, and may possibly provide a base for the development and investigation of new ideas about families and family therapy.

The clinician tends to be interested in process rather than outcome and the sheets display this process in reasonable detail. The therapist's aims are clearly visible; they can be seen changing throughout therapy, to be wrong at times, to vary in their focus, and to lead to a variety of interventions. General principles of management cannot be derived from a single case, but those used in this case stand out clearly, e.g., structural interventions precede a dynamic approach (cf. Shapiro & Budman, 1973). Such findings lend themselves to criticism or to comparison with other cases. Upsets in the therapeutic process are also made explicit. In Session 4, for example, a (probably) random factor intrudes when Nicos develops chicken pox and cannot attend. In response, the therapist alters his tactic but maintains his structural strategy. By contrast, in Session 9, there is a marked incongruence between therapist's aims and the family feedback. The therapist identified serious opposition to change and believed it called for a move in the therapeutic approach from structural to strategic. In retrospect, this session appears to have been a watershed which enabled subsequent work on the depth structure of family life.

The researcher is frequently interested in outcome rather than process, or rather, in process for what it says about outcome (Greenspan & Scharfstein, 1981). The researcher should find the development of improvement in the family both instructive and convincing. It is possible to follow the first glimmerings of improvement, the setbacks, the further development and, finally, the consolidation and firm establishment of previously specified desirable changes in the family interaction. For example, a key change required in this family was proper control of the children. This is referred to in Column 7 (Criteria Met) of almost every Record Sheet commencing with Session 3 ("The parents made a first attempt to control Nicos") up to Session 10 ("Firm parental control is established with all children"). For the remaining six sessions, control continues to be adequate. This form of outcome evaluation is more convincing than the usual pre and post snapshot approach. It can perhaps be compared with a cinematic record, i.e., multiple linked snapshots each informing and highlighting previous and subsequent

pictures and so providing a more satisfactory model of the clinical reality under investigation.

Both clinician and researcher will be interested in the relation between therapist aims, intersession events, interventions and outcome as recorded in the respective columns. The protocol reveals, e.g., how a genogram (Session 11) succeeds in enabling exploration of marital conflict when a direct approach fails (Session 10). The aims in a session were markedly influenced by outcome of the previous session, e.g., the outcome of Session 3 was: "The parents made an attempt to control," but they were still undermining, so in Session 4 the aim was "to improve marital cooperation in parenting." Possibly the subsequent set of aims should be decided regularly at the end of the session and the next FTRS commenced then.

IMPLICATIONS FOR FUTURE USE

The FTRS calls for careful completion as its use requires both the comparison of columns within a sheet and comparison of columns between sheets. Clinicians and researchers will tend to use it differently.

Clinical Use

The FTRS enables a therapist, especially a trainee, to be explicit about the major aspects of his/her work with a family, and can so help prevent the loss of purpose, impetus and control which is an ever-present possibility in family therapy. Taking on the discipline of stating the aims, describing the process and evaluating the outcome of each session is not excessively time-consuming. The FTRS probably takes less time to write up than informal, disorganized, and usually incomplete, clinical notes. Most of the time demanded by this approach is taken up by thinking, not writing; thinking, which in a busy clinic can be so easily postponed until the details of the session fade.

Disciplined thinking keeps the clinician oriented, ensures he/she is clear about his/her purpose and helps keep immediate aims and tactics linked to the larger goals and strategy.

The value of the FTRS is possibly most apparent when the clinician feels stuck or lost with a family and is uncertain how to proceed. Because the procedure builds in systematic evaluation, it should go some way to anticipate or prevent such situations. If, however, therapy becomes deadlocked, the therapist can use the record to check whether he/she is facing expectable opposition by the family to earlier intervention, to consider whether material has been appearing which suggests an incorrect or unhelpful focal hypothesis or incomplete formulation, or whether he/she is faced with some chance interference. An additional possibility is that the therapist lacks in skill or understanding. In the example provided, deadlocks occurred in Sessions 10 and 13. In the former, it was due to expectable opposition; in the latter, to a lack of therapist skill which had to be resolved through supervision.

The main value of the FTRS for the clinician, therefore, lies in the very process of using it. There may also be some later benefit in that there will be a permanent, concise, readable, and ordered account of therapy understandable by himself in the future or by other professionals who may come into contact with the family.

Research Use

The FTRS can be completed either by the therapist(s) or observers with therapist cooperation. It is, therefore, possible to ensure regular and reliable completion of the Sheets. The data obtained in this way may be useful for suggesting hypotheses, for testing hypotheses and for outcome evaluation.

The case provided has sparked off a number of conjectures within our research

group, particularly in relation to therapist style and tactics, the main determinants of therapy outcome (Gurman & Kniskern, 1978). Are structural approaches regularly required prior to exploration of experience and meaning? Is improvement always gradual? Is there a link between the usual method of handling stressful events and the success of specific techniques? The FTRS simply highlights and records material which is the stuff of informal assertions by clinicians (Alkire & Brunse, 1974; Hollis, 1968).

Previous clinical work has suggested a typology of families based on our focal model (Kinston & Bentovim, 1981). We intend to use the FTRS to test out the validity of the typology and to examine a variety of hypotheses concerning methods of treatment and the likelihood of successful therapy. Other researchers may find their own clinical hypotheses similarly testable with this instrument.

CONCLUSION

The Focal Therapy Record Sheet is an instrument developed by the Family Studies Group to enable clinicians to get a firmer grasp of the clinical reality with which they deal daily. Its construction and coherent completion as demonstrated in this paper, represents an important new step in the development of our "focal approach." By linking process to outcome, it can serve as an aid to teaching, a regular clinical tool, a form of permanent record, and a data base for relevant systematic research.

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